

Health and Hospitals Fund - Approved Projects

Last update December 2013

	Total Amount (\$m)
Translational Research and Workforce Training	430.3
Ingham Health Research Institute Facilities, Liverpool NSW	46.9
Monash Health Research Precinct Translation Facility, Clayton VIC	71.0
The Melbourne Neuroscience Project, Melbourne VIC	39.8
Children's Bioresource Centre, Melbourne VIC	4.7
Eccles Institute - John Curtin School of Medical Research Stage 3, Acton, ACT	60.0
Stage 2 Menzies Building, Hobart TAS	44.7
New Research and Training Facility, Menzies School of Health Research, Darwin NT	34.2
Hunter Medical Research Institute, Newcastle NSW	35.0
Academic and Research Precinct for Melbourne's North, Epping VIC	14.0
Translational Research Institute (formerly Smart Therapies Institute), Brisbane QLD	40.0
Nepean Clinical School, Kingswood NSW	17.2
Clinical medical education and best practice in ambulatory care, NSW/VIC	22.8
National Cancer Statement (Better Cancer Care)	735.6
Parkville Comprehensive Cancer Centre, VIC	426.1
Lifeforce at RPA : The Chris O'Brien Cancer Centre, Sydney NSW	119.5
Garvan St Vincent's Cancer Centre - Kinghorn Centre, Sydney NSW	70.0
Digital Mammography	120.0
Regional Cancer Centres	556.4
ACT Capital Region Cancer Centre (servicing ACT and South East NSW)	29.7
New England and North West RCC, NSW	31.7
Central Coast Regional Cancer Service	28.6
North Coast Cancer institute, NSW	17.1
Shoalhaven RCC (servicing the Shoalhaven)	23.8
Illawarra RCC (servicing the Illawarra)	12.1
Lismore Cancer Patient & Carer Accommodation, NSW	2.6
Central Integrated Regional Cancer Service, QLD	84.6
Toowoomba and South West Queensland Integrated Cancer Service, QLD	9.6
Townsville & Mt Isa Integrated Regional Cancer Service, QLD	70.1
Enhancement of Service Capability of the St Andrew's Cancer Care Centre, QLD	6.7
Ballarat RCC, VIC	42.0
Gippsland CCC, VIC	22.0
Statewide enhancements to RCCs, VIC	9.5
Stage 2 Accommodation Rotary Centenary Gippsland CCC, VIC	1.5
Albury/Wodonga Patient & Carer Accommodation Centre, VIC	1.5
Strengthening Cancer Services in Regional WA	22.3
South West Health Campus CCC, WA	23.4
Premion Nambour RCC, QLD	12.8
SA Whyalla RCC	69.8
Tasmanian Cancer Care Centre, TAS	18.7
Expanding Radiotherapy Services in Burnie	16.5
Hospital Infrastructure and Other Projects of National Significance	1,465.5
Australian Red Cross Blood Service: Principal Site Development, Melbourne VIC	120.0
Donor Tissue Bank of Victoria, Melbourne VIC	13.0
Townsville Hospital Expansion, QLD	250.0
Rockhampton Hospital Expansion, QLD	76.0
Health and Medical Research Institute, Adelaide SA	200.0
New State Rehabilitation Unit at Fiona Stanley Hospital, Perth WA	255.7
Midland Health Campus, Perth WA	180.1
Kimberley Renal Services, WA	8.6
Replacement Paediatrics Unit, Broome and Kimberley region, WA	7.9
Hospital Emergency Department, Alice Springs NT	13.6
NT Medical Program Flinders University, Darwin NT	27.8
Royal Darwin Hospital – Short term Patient Accommodation, NT	18.6
Acute Medical and Surgical Service Unit, Launceston TAS	40.0

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	Total Amount (\$m)
Narrabri District Health Service, NSW	27.0
Blacktown Clinical School, Research and Education Centre, NSW	17.6
Nepean Health Services Redevelopment - Stage 3 (including Pialla), NSW	96.4
Oral Health Centre Queensland	104.0
Primary Care Infrastructure in Rural Australia	9.2
2010 Regional Priority Round	1,287.0
Improving Critical Care Outreach and Training in the ACT and SE NSW (Multi-site)	2.3
Bega Valley Health Service Development, NSW	160.1
Port Macquarie Base Hospital, NSW	96.0
Tamworth Base Hospital Redevelopment Stage 2, NSW	120.0
Wagga Wagga Base Hospital Redevelopment, NSW	55.1
Dubbo Base Hospital Redevelopment, NSW	7.1
Maintain and Expand Cancer Centre services for the Wingecarribee Shire, Bowral NSW	0.5
Dalmeny Dental Facility, NSW	0.2
WAMS Multidisciplinary Health Care Centre & accommodation, Walgett NSW	3.0
Drug & Alcohol Services - Detoxification & Rehabilitation Facility, Wagga NSW	3.5
Our House - Lismore Patient & Carer Accommodation, NSW	1.0
Redevelopment of the Emergency Department, Tennant Creek Hospital, NT	3.7
Redevelopment of the Emergency Department, Gove District Hospital, NT	13.0
The Palmerston Hospital, NT	70.0
Improving Aboriginal Access to Primary Health Care in Remote NT	50.3
Short Term Patient Accommodation, Katherine Hospital, NT	1.5
Short Term Patient Accommodation, Gove District Hospital, NT	1.2
Laynhapuy Homelands Clinic & Multipurpose Rooms, NT	0.7
Townsville Base Hospital - Planned Procedure Centre, QLD	12.1
Cairns Base Hospital - Planned Procedure Centre, QLD	12.1
Regional Mental Health Community Care Units QLD (multi-site)	40.4
Bloomhill Cancer Help Community Therapy House, Buderim QLD	0.6
Mater Misericordiae Hospital Mackay - Operating Theatre Expansion, QLD	3.1
Operating Theatre Equipment Upgrade, Rockhampton QLD	3.1
St Stephen's Regional Hospital, Hervey Bay (Construction), QLD	25.9
St Stephen's Hospital Regional e-Health Initiative, Hervey Bay QLD	21.3
MIFNQ Mental Health Hub, Townsville QLD	1.7
RFDS Charleville Base Redevelopment, QLD	2.3
RFDS Mt Isa Base Redevelopment	2.8
Patient & Family Accommodation Project, Rockhampton & Bundaberg, QLD	3.7
Cairns Health and Wellness Stay Centre Development, QLD	1.9
Retention of GPs in the McKinlay and Julia Creek area, QLD	0.6
Walleroo Community Dental Clinic, SA	3.3
Mount Gambier Health Service Redevelopment, SA	26.7
Port Lincoln Health Service Redevelopment, SA	39.2
Mount Gambier Ambulance Station, SA	3.5
Riverland Oral Health Centre, Berri SA	6.1
Primary Health Care Enhancement on the Anangu Pitjantjatjara Yankunytjatjara Lands, SA	2.4
Kincraig Medical Clinic Development, Naracoorte SA	1.4
Royal Hobart Hospital Redevelopment, TAS	240.0
Medical Centre at Cygnet, TAS	1.2
Sheffield Multi-purpose Health Precinct, TAS	1.8
Albury-Wodonga Regional Cancer Centre, VIC	65.0
Integrated Regional Cancer Service, Geelong VIC	26.1
Ballarat Dental Clinic, VIC	8.3
Expansion of Kilmore and District Hospital, VIC	10.0
Expansion of Echuca Regional Health, VIC	12.1
Expansion of Kerang District Health, VIC	18.4
Dialysis Unit Upgrade, Ararat VIC	1.1
Colac Youth Health Hub, VIC	1.2
Ambulatory Care Centre, Kyneton VIC	6.8

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	Total Amount (\$m)
Integrated Primary Health Care, Timboon VIC	1.0
Expansion of Mildura Base Hospital, VIC	9.5
Strengthening Aboriginal Services to Close the Health Gap, Bairnsdale VIC	5.2
Central Primary Care Facility, Ballarat VIC	11.7
Development of Wallan Integrated Primary Health Care Centre, VIC	2.7
Expanded Integrated Primary Health Care Facility, Shepparton VIC	3.9
Busselton General Dental Clinic, WA	2.6
Bringing Renal Dialysis & Support Services Closer to Home, WA	45.8
Centre of Excellence in Aboriginal Primary Health Care & Training for Rural WA	3.9
Renal Dialysis Unit Expansion, Bunbury WA	2.6
Multi-Purpose Health Centre, Eucla WA	2.7
2011 Regional Priority Round	475.0
Development of e-Health Capacity at the New Kinglake Ranges Health Centre, VIC	0.2
North West Qld establishment of an Oral Health Clinic Mobile Van, QLD	1.1
Toowoomba Primary Health Care Centre and Training Facility, QLD	7.0
Ballarat Health Care Service Expansion (BDNH), VIC	1.7
Bundaberg Integrated Cancer Care Centre Expansion, QLD	5.6
Port Macquarie Private Hospital Rehabilitation Service Expansion, NSW	1.5
St Vincents Private Hospital Surgical Service Expansion, Lismore NSW	2.5
Hillcrest Rockhampton Private Hospital Mental Health Unit Expansion, QLD	2.1
Health Clinic Redevelopment Wodonga, VIC	3.9
Dudley Private Hospital Hydrotherapy Pool Development, NSW	1.4
Purchase of Land for Wallan Integrated Primary Health Care Centre, VIC	1.0
Griffith Community Private Hospital Development, NSW	11.4
Development of a State Wide Integrated Cardiac Network Service, NT	6.1
Moe Interprofessional Community Health Centre Redevelopment, VIC	5.9
Townsville Expansion of Operating Theatre Services Mater Private Hospital, QLD	10.1
Bendigo Aboriginal Health Services Development, VIC	5.7
Expansion of Allied, Mental, Dental and Telehealth Services, Townsville QLD	2.0
RFDS Charleville Remote Staff Accommodation for Health Care Professionals, QLD	1.4
Bathurst Interprofessional Health and Wellness Precinct Development, NSW	6.0
Mudgee Allied & Mental Health Centre Expansion, NSW	0.6
Staff Accommodation Redevelopment and Pipalyatjara Community Clinic, SA	0.2
VicStroke (Telemedicine Stroke Care for Regional Victorian Hospitals)	7.3
Mildura Community Health Services Redevelopment, VIC	15.3
Hyden Health Centre Redevelopment, WA	0.5
Kurri Kurri Community Health Care Centre Expansion, NSW	2.0
Bundaberg Friendly Society Private Hospital Cardiac Care Services Expansion, QLD	5.4
Queenscliff Community Health Centre Redevelopment, VIC	3.0
Coffin Bay Wellness Clinic Development, SA	0.4
Newman Primary Healthcare Hub and Staff Accommodation Development, WA	12.1
Broken Hill Health Care Service Development, NSW	4.7
Orange Aboriginal Health Service Redevelopment, NSW	4.0
Bega, Cooma, Moruya South East NSW Health Collaborative Development, NSW	31.5
Ballan Primary Care Centre Expansion, VIC	3.3
Ballarat Student Placement Accommodation, VIC	2.6
Wangaratta Integrated Primary Care Centre Redevelopment, VIC	4.4
Bluewater Fitness Centre Hydrotherapy Pool Development, Colac VIC	2.8
Cape York Development of Primary Health Care Services, QLD	11.7
Yulu-Burri-Ba Community Health Centre Redevelopment, Dunwich QLD	3.2
RFDS Roma Aircraft Hangar and Patient Transfer Facility Development, QLD	1.2
RFDS Establishment of a Remote Area Mobile Dental Unit, WA	0.4
Ringer Soak Yura Yungi Medical Service Clinic Redevelopment, WA	0.6
Halls Creek Medical Centre Redevelopment, WA	4.8
Halls Creek Aboriginal Medical Service Staff Accommodation Redevelopment, WA	2.8
Ngaanyatjarra Training & Staff Accommodation, Warburton and Warakurna, WA	3.6
Tumby Bay Health Services Redevelopment, SA	0.6

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	Total Amount (\$m)
Port Augusta Calvary Regional Outreach Telehealth Centre Redevelopment, SA	0.7
St Giles, The Amy Road Re-development, Newstead TAS	6.8
Ulverstone Mount St. Vincent Professional Development Centre, TAS	1.3
Katherine Clinical Training Academic Health Centre Development, NT	2.5
E-Health to Support Integrated Care in Regional Queensland	35.0
Co-location of Primary Health Care Service, Mansfield, VIC	1.4
Lismore Base Hospital Redevelopment, NSW	60.3
Hillston Multipurpose Service Redevelopment, NSW	6.0
Peak Hill Multipurpose Service Redevelopment, NSW	6.0
Kempsey District Hospital Redevelopment Stage 1, NSW	40.0
Thursday Island Staff Accommodation for Health Care Professionals, QLD	12.7
Mount Isa Remote Staff Accommodation for Healthcare Professionals, QLD	10.9
Yamba Community Health Centre Development, NSW	4.3
Numurkah Multi-disciplinary Community Health Centre Development, VIC	4.0
Heathcote GP Primary Care Clinic Expansion, VIC	2.4
Leongatha Integrated Primary Care Centre Development, VIC	3.7
Gisborne Integrated Primary Health Care Expansion, VIC	5.0
Warracknabeal Campus Redevelopment Stage 2, VIC	8.8
Redevelopment of Paediatric Wards at Royal Darwin Hospital, NT	11.9
South Coast Primary Health Care Precinct Victor Harbour, SA	10.0
Redevelopment of Pathology Laboratories at Bunbury, Narrogin and Collie Hospitals, WA	7.0
Multi-disciplinary Teaching & Training Facility, Alice Springs Hospital, NT	5.2
Murray Bridge Community Dental Clinic Development, SA	3.8
Kyabram Health and Wellbeing Centre Expansion, VIC	3.5
Narrogin General Dental Clinic Development, WA	2.8
Bairnsdale Staff Accommodation Development, VIC	2.0
Proserpine Hospital Acute and Primary Care Clinic Expansion, QLD	1.5
Bowen Hospital Expansion, QLD	1.2
Tamworth Rural Referral Hospital Nuclear Medicine Department Upgrade, NSW	1.1
Point of Care Network for Rural & Remote Regions of WA	0.8
Charters Towers Primary Healthcare Clinic Redevelopment, QLD	0.4
Regional Priority Round allowance for compliance costs	6.5
TOTAL FROM HHF	4,949.8



Australian Bureau of Statistics

2016 Census QuickStats

Australia | Tasmania | State Suburbs

Cygnet

Code SSC60142 (SSC)

People	1,556
Male	49.5%
Female	50.5%
Median age	44

Families	411
Average children per family	
for families with children	1.9
for all families	0.6

All private dwellings	706
Average people per household	2.3
Median weekly household income	\$908
Median monthly mortgage repayments	\$1,196
Median weekly rent	\$240
Average motor vehicles per dwelling	1.8

People — demographics & education

People tables are based on a person's place of usual residence on Census night

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People	Cygnet	%	Australia	%
<i>Persons count based on place of usual residence on Census night</i>				
Male	767	49.5	11,546,638	49.3
Female	784	50.5	11,855,248	50.7
Aboriginal and/or Torres Strait Islander people	284	18.3	649,171	2.8

In the 2016 Census, there were 1,556 people in Cygnet (State Suburbs). Of these 49.5% were male and 50.5% were female. Aboriginal and/or Torres Strait Islander people made up 18.3% of the population.

Age	Cygnet	%	Australia	%
Median age	44	–	38	--
0-4 years	77	5.0	1,464,779	6.3
5-9 years	104	6.7	1,502,646	6.4
10-14 years	123	7.9	1,397,183	6.0
15-19 years	107	6.9	1,421,595	6.1
20-24 years	60	3.9	1,566,793	6.7
25-29 years	57	3.7	1,664,602	7.1
30-34 years	71	4.6	1,703,847	7.3
35-39 years	78	5.0	1,561,679	6.7
40-44 years	120	7.7	1,583,257	6.8
45-49 years	119	7.7	1,581,455	6.8
50-54 years	91	5.9	1,523,551	6.5
55-59 years	107	6.9	1,454,332	6.2
60-64 years	125	8.0	1,299,397	5.6
65-69 years	132	8.5	1,188,999	5.1
70-74 years	79	5.1	887,716	3.8
75-79 years	51	3.3	652,657	2.8
80-84 years	24	1.5	460,549	2.0
85 years and over	28	1.8	486,842	2.1

The median age of people in Cygnet (State Suburbs) was 44 years. Children aged 0 - 14 years made up 19.6% of the population and people aged 65 years and over made up 20.2% of the population.

Registered marital status	Cygnet	%	Australia	%
<i>People aged 15 years and over</i>				
Married	548	44.1	9,148,218	48.1
Separated	56	4.5	608,059	3.2
Divorced	137	11.0	1,626,890	8.5
Widowed	71	5.7	985,204	5.2
Never married	430	34.6	6,668,910	35.0

Of people in Cygnet (State Suburbs) aged 15 years and over, 44.1% were married and 16.1% were either divorced or separated.

Social marital status	Cygnet	%	Australia	%
<i>People aged 15 years and over</i>				
Registered marriage	484	43.7	8,001,141	47.7
De facto marriage	140	12.6	1,751,731	10.4
Not married	484	43.7	7,024,973	41.9

In Cygnet (State Suburbs), of people aged 15 years and over, 43.7% of people were in a



Australian Bureau of Statistics

2016 Census QuickStats

Australia | Tasmania | Local Government Areas

Huon Valley (M)

Code LGA63010 (LGA)

People	16,199
Male	49.9%
Female	50.1%
Median age	45

Families	4,458
Average children per family	
for families with children	1.9
for all families	0.7

All private dwellings	7,997
Average people per household	2.4
Median weekly household income	\$987
Median monthly mortgage repayments	\$1,300
Median weekly rent	\$230
Average motor vehicles per dwelling	2

People — demographics & education

People tables are based on a person's place of usual residence on Census night

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People	Huon Valley (M)		Australia	
<i>Persons count based on place of usual residence on Census night</i>		%		%
Male	8,079	49.9	11,546,638	49.3
Female	8,119	50.1	11,855,248	50.7
Aboriginal and/or Torres Strait Islander people	1,492	9.2	649,171	2.8

In the 2016 Census, there were 16,199 people in Huon Valley (M) (Local Government Areas). Of these 49.9% were male and 50.1% were female. Aboriginal and/or Torres Strait Islander people made up 9.2% of the population.

Age	Huon Valley (M)	%	Australia	%
Median age	45	–	38	--
0-4 years	868	5.4	1,464,779	6.3
5-9 years	996	6.1	1,502,646	6.4
10-14 years	1,042	6.4	1,397,183	6.0
15-19 years	939	5.8	1,421,595	6.1
20-24 years	671	4.1	1,566,793	6.7
25-29 years	699	4.3	1,664,602	7.1
30-34 years	799	4.9	1,703,847	7.3
35-39 years	862	5.3	1,561,679	6.7
40-44 years	1,030	6.4	1,583,257	6.8
45-49 years	1,168	7.2	1,581,455	6.8
50-54 years	1,204	7.4	1,523,551	6.5
55-59 years	1,394	8.6	1,454,332	6.2
60-64 years	1,295	8.0	1,299,397	5.6
65-69 years	1,289	8.0	1,188,999	5.1
70-74 years	790	4.9	887,716	3.8
75-79 years	558	3.4	652,657	2.8
80-84 years	342	2.1	460,549	2.0
85 years and over	260	1.6	486,842	2.1

The median age of people in Huon Valley (M) (Local Government Areas) was 45 years. Children aged 0 - 14 years made up 17.9% of the population and people aged 65 years and over made up 20.0% of the population.

Registered marital status	Huon Valley (M)	%	Australia	%
<i>People aged 15 years and over</i>				
Married	6,454	48.5	9,148,218	48.1
Separated	463	3.5	608,059	3.2
Divorced	1,477	11.1	1,626,890	8.5
Widowed	723	5.4	985,204	5.2
Never married	4,178	31.4	6,668,910	35.0

Of people in Huon Valley (M) (Local Government Areas) aged 15 years and over, 48.5% were married and 14.5% were either divorced or separated.

Social marital status	Huon Valley (M)	%	Australia	%
<i>People aged 15 years and over</i>				
Registered marriage	5,651	48.2	8,001,141	47.7
De facto marriage	1,738	14.8	1,751,731	10.4
Not married	4,343	37.0	7,024,973	41.9

In Huon Valley (M) (Local Government Areas), of people aged 15 years and over, 48.2% of people



the Cygnet Association Incorporated

Incorporation Number IA 11867 ABN 43 880 160 304

Office Address: [Redacted]
Mobile: [Redacted]
Email: [Redacted]
<https://cygnet.org.au/>

The Mayor
Huon Valley Council
Huonville

Dear Mayor,

The Cygnet Association is concerned about the selloff of the undefined amount of land and the Medical Centre in George St in Cygnet. Our expectation was that if council intended to sell the public land the boundary adjustment of the Old School Farm would have been defined and approved by the Council and then, after consultation with the Cygnet community and support for the sale under s 178 of the Local Government Act, expressions of interest would be called for.

It seems to us that the land is undefined and expressions of interest asked for prematurely, especially closing just before the community consultation in Cygnet towards the end of March.

We understand the Council is seeking to limit its exposure to the risk of being obliged to ensure that the provision of medical care at the Medical Centre continues until 2032. We recognise that this contractual obligation would be passed to any purchaser but feel that there is no guarantee that they, in turn, would be able to fulfil this obligation. If unable to do so for some unforeseen reason (ie insolvency) they might not be able to sell the land to a purchaser who could. It is not clear who then would be able to provide medical services to the community.

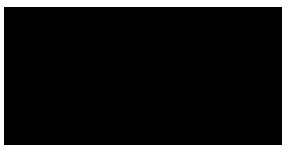
We understand that the facility could then be sold after 2032 to any purchaser for any purpose and the community could then be deprived of a valuable asset.

We understand the Council is seeking to ensure the medical centre continues until 2032 but, in the best interests of the Cygnet community it is also important that the medical centre continues to operate for more than the 13 years remaining in the contractual agreement with the Commonwealth Government. The lease can also be subject to expressions of interest after 2022 when the current lease expires, and once the property is properly defined.

If leased at a normal commercial rate this would continue to bring in an annual income to council and while not compromising Council's obligation to respect competitive neutrality.

Thank you for giving this issue your consideration,

Yours sincerely



Summary of Comments on Combined Redacted Objections.pdf

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- Author: Subject:Note Date:28/03/2019 12:40:31 PM
The land area will be approximately 2,050m2. The exact dimensions of the lot are subject to subdivision approval, which is why the area has been described as "approximately" however the lot will not be larger than 2,050m2.
- Author: Subject:Note Date:28/03/2019 12:42:47 PM
The subdivision process was anticipated to occur prior to the s178 process however the Council's decision to place land dealings on hold has prevented this.
- Author: Subject:Note Date:28/03/2019 12:49:40 PM
The process to be undertaken was outlined in the resolution of September 2018. Since that time Council has received no correspondence or engagement from the Community expressing concern with the process that is now being followed.
- Author: Subject:Note Date:28/03/2019 12:53:42 PM
A solution can and should be achieved through contractual negotiation between the Commonwealth, the Council and a purchaser.
- Author: Subject:Note Date:8/05/2019 4:37:06 PM
The land which the medical centre sits upon is zoned Community Purpose which restricts the use of the land. After 2032 there will be no caveat on the property and if there are sufficient medical services in the area Council would not provide additional services. In that instance, the land may then not be considered as public land and may be sold in accordance with applicable legislation.

- Regarding the potential sale of the Cygnet Medical Centre.

I object to this potential sale for the following reasons,

This building is a purpose built medical centre, a community asset, so selling it is privatisation of a community asset. The centre was built in 2011; it is short termed thinking selling it when it can be gainfully rented and still be publicly owned. By selling, the community loses twice, in the loss of annual rental income and the building gaining more capital value over time. Has the Council evaluated the expected working life of this building? Plus there is no guarantee funds gained from selling the centre will be used solely in Cygnet. The community had in the past responded widely and positively to consultation of how the Old School Farm land, [which is public land,] could be developed, the medical centre being an acknowledged first building and an integral component of future development. There is an expectation that the Cygnet Medical Centre remain a permanent fixture on the future development site.

With a caveat to provide medical services to 2032 [just 13 years away!!] The other medical service providers in Cygnet are located in older, perhaps even heritage-listed buildings? Which in ten years time may not be able to be updated further to accommodate all medical requirements. It is important maintain the Cygnet Medical Centre as being a medical centre into the future, as the most recently built medical building in Cygnet, with no similar facility being available in Cygnet.

Refs- **Huon Valley Media release March 1st 2019** quote 'Even if the medical centre is sold, the medical services at that location will remain secured until 2032 and any potential purchaser will need to be approved by the Federal Government. This will ensure that the interest and wellbeing of the Cygnet community is prioritised.' Unquote.

Does this mean that after 2032 the interest and well being of the Cygnet community will no longer be a priority?

Medical services are an essential service. Selling the Cygnet Medical Centre to a private owner, after 2032 has the potential for the building to 1. To be repurposed or 2. Operated as a private clinic for private patients, removing equal access to medical services or 3. The private owner may entirely exclude the building from being part of the future development of the Old School Farm Site all of which can cause undue hardship to the community as a loss of amenity.

Referencing Huon Valley Council document the expressions of interest lease of building and car park – closing 30 November 2016

Expressions of interest are invited for the leasing of the building and car park located as part of a larger lot at 14 George Street, Cygnet Tasmania 7112. The building is a purpose built medical centre and is only suitable for this purpose. It is a condition of lease that the building be used on a full time and permanent basis as a medical centre offering primary health care services including the provision of allied health services as well as a training site for medical students and interns.

Author: Subject:Note Date:28/03/2019 2:31:32 PM

Depreciation affects the capital growth of the asset over time. Councillors have been provided with depreciation values and the working life expectancy of the building.

Author: Subject:Note Date:8/05/2019 4:41:10 PM

Council needs to be objective in considering the needs of the community and any impact of interests of businesses. Retaining an asset for private business to benefit from in the future could place Council at a commercial disadvantage.

Author: Subject:Note Date:28/03/2019 2:39:06 PM

This question is not relevant to the issue of objecting to the sale of public land and is taking the statement from the Media Release out of context.

Author: Subject:Note Date:8/05/2019 4:41:27 PM

The medical centre is already being run by a private operator. In the future Council would not be in a position, unless there is full cost attribution (likely causing running of the centre at a significant loss) to run the medical centre as long as there are other providers in the area.

Author: Subject:Note Date:8/05/2019 4:44:59 PM

This suggestion does not explain how the community would lose access to the amenity by reason of excluding the centre from development of the surrounding land. The medical centre will still be available for use based on this suggestion.

A lease is offered for an initial term of 5 years however this may be extended without the requirement of calling for expressions of interest in the future.

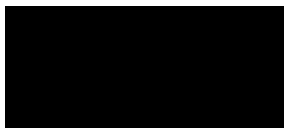
Note the building is described as 'purpose built medical centre' and is only used for this purpose, with the lease being provided for the building to be fulltime use on a 'permanent basis as a medical centre' offering 'primary health care services'.

The present tenants are only into year 3 of a 5 year lease, so calling for expressions of interest is unfair to the other local medical providers who also tendered interest in 2016 because they would have rightly assumed that the lease was not due to finish until 1922 or beyond. Presently working within the limits of their current premises and having made their business plan around these dates. The premature calling of expressions of interest and possible sale of the Cygnet Medical Centre is disadvantaging these health care providers, due to the limited timeframe of application and unexpected action of calling for expressions of interest during a lease term. The present tenants are the best advantaged to submit an EOI. It is not competitive neutrality on the part of the Huon Valley Council to have commenced this process and with such limited community consultation preceding it.

I believe that the Huon Valley Council should maintain ownership, and fulfill obligations agreed to with the Commonwealth Government of providing medical services, as part of the grant enabling the centre to be built. With steady population growth in Cygnet and surrounds, I doubt the situation would arise where the centre would not be able to rent. It is a loss of face by the Council to try and divest their agreed obligations. Should the current tenants give notice or request to break a lease then proper procedures would need to be followed and the centre advertised for rent. A commercial lease should have these safeguards to prevent financial loss to Council?

The potential sale and disposal of the Cygnet Medical Centre is akin to the idea of selling the Cygnet Town Hall, which has the words 'public building' inscribed into it façade. This building has serviced the community needs already for over a century. The Cygnet Medical Centre in its short operating life has seen the passing of two HVC general managers, and is now facing the decision of requesting EOI with the view to being sold. This decision was made unchallenged by an interim commissioner, who is not living in the community. The only way that the Huon Valley Council can ensure the long term health and well being of the community is to continue owning the building. Any potential buyer will work and eventually retire, with the building then changing hands over time. The only way the Huon Valley Council can ensure that medical services are always provided to the Cygnet community and surrounding areas is to maintain ownership of this public asset.

- Author: Subject:Note Date:28/03/2019 3:20:19 PM
The business interests of "other local medical providers" cannot be considered without the consent of the business. Basing a decision around the interests of a business is not objective and could place Council at a commercial disadvantage.
- Author: Subject:Note Date:28/03/2019 3:24:23 PM
Council needs to obtain a commercial rent for the premises in accordance with the Lease Policy. Limited market demand for that type of commercial lease would affect the Council's ability to obtain commercial rent at valuation.
- Author: Subject:Note Date:8/05/2019 4:46:49 PM
Council cannot ensure the long term health and wellbeing of the community. It can promote those things but to place an onus on Council to such a high standard as ensuring, is impossible as it is inconsistent with legal and government systems.















From: [Redacted]
Sent: Tuesday, 19 March 2019 3:20 PM
To: 'Huon Valley Council'
Subject: Objection Cygnet Medical Centre - Sale of Public Land and Expressions of Interest - Closing 22 March 2019

Dear Sir or Madam

I write as a Ratepayer in the Huon Valley to express my objection to the proposed EOI and potential sale of the Cygnet Medical Centre and adjoining land.

My objections are based on:

1. At the September 2018 HVC Meeting Commissioner Taylor advised "The Council engages an independent probity officer to conduct the expression of interest process and make recommendations to the Council for a decision in relation to the expression of interest;". To my understanding this has not been undertaken. An employee of the HVC can in no way be considered "independent" 
2. At the October 2018 HVC meeting Mayor Enders advised the situation that occurred with the sale of the land in Dover "would not happen again". There has been no further consultation with the community about the sale of the Cygnet Medical Centre until the meeting on the 14th March 2019. This meeting was held 14 days after the EOI was already called. This is not proper consultation. 
3. The matter of the sale has not be included in any HVC agenda in the months since September 2018. This matter should first be raised with our sitting Councillors before this resolution is enacted on. If for no other reason than transparency. 
4. I would like to see a motion at the next Council meeting that asks the question should HVC be disposing of our Ratepayer assets, and in this case the Cygnet Medical Centre without full and proper community consultation. 
5. There appears to be no business case made for the sale. What is wrong with continuing the lease, and then extending until 2032. Is the centre costing Ratepayers money under the current arrangement, or is there a return on the investment? 
6. If the current lessee is paying market rate rental for the centre then there cannot be any concern about competitive neutrality. The tenant is occupying premises at no advantage to any other similar practice in Cygnet. 

-  Author: Subject:Note Date:28/03/2019 3:32:05 PM
An independent probity officer has been appointed. The probity officer is not an employee of Council.
-  Author: Subject:Note Date:28/03/2019 3:32:46 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.
-  Author: Subject:Note Date:28/03/2019 3:34:09 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.
-  Author: Subject:Note Date:28/03/2019 3:34:12 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.
-  Author: Subject:Note Date:8/05/2019 4:49:10 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold as there is no argument for or against the potential sale.
-  Author: Subject:Note Date:8/05/2019 4:50:04 PM
This does not make any argument for or against the potential sale.






From: [Redacted]
To: [Redacted]
Subject: Wednesday, 20 March 2019 2:15 PM
 hvc@huonvalley.tas.gov.au
 Objection to sale of Cygnet Medical Centre


General Manager


As a resident of Cygnet I am lodging an objection to the sale of the Cygnet Medical Centre under section 178 of the Local Govt Act

The reasons for my objection , being not in the public interest, are....


1..The community of Cygnet was never consulted, or indeed even made aware , that the HVC was intending to sell Cygnet Medical Centre until after a proposal for sale , including the preferred buyer, was lodged at the sept 2018 council meeting. I assert that it is not in the public interest for a lessee of a HVC facility to approach HVC to purchase that facility without any public consultation. The Cygnet Medical Centre is held by the HVC for and on behalf of the residents of Cygnet and no attempt was made to gauge the publics views concerning this sale. 

Even now in March 2019 the HVC is pursuing with the sale irregardless of what Cygnet residents want.

2.. The Cygnet Medical Centre is a first rate medical centre far surpassing anything else in the private sector in Cygnet. To sell this to one provider seriously dampens competition now, and into the future, as no new interested medical provider could hope to commercially compete with this centre. It will have the effect of stifling competition by monopolising medical services which is not in the public interest. Open competition is in the public interest. 





3.. The HVC earns an income from this medical centre which it uses to supplement council works. A proportion of any money from a sale will have to be shared with the Federal Govt being the source of the original grant.The sale will forgo all this income into the future which would be clear profit to the HVC. This is not in the best interests of the residents. 

4.. The proposal to sell makes the point that a sale would remove the HVC from the prospect of having to themselves supply medical services if the current lessee was to somehow not be able to continue with their lease. They make the point that this is in the public interest. I ask if this sale goes through and the successful buyer was to go bankrupt and was then unable to trade as a medical centre what would become of our medical centre? Being unable to trade ,all services would cease immediately. What would become of our centre? Either we would loose it completely or the HVC would have to step in and rescue it, which is counter to the reason for selling in the first place. Or a new provider could possibly be found , and if so, why does the HVC proclaim this to be a possible problem.To put it more simply..if it is possible to arrange for a new provider to take over then it defeats the main reason for selling the centre in the first place. I assert that it is in the public interest to retain ownership of this wonderful resource so HVC can be proactive to any events in the future , not reactive.

5.. The Cygnet Medical Centre ,by far, surpasses any other medical facility in Cygnet . For the HVC to remain as the landlord it helps to keep competing medical providers on a more equal footing. If one provider was to acquire this centre it would seriously put other medical providers at a great disadvantage. It would be instrumental in helping monopolising services in the new owners favour. This is definitely not in the public interest. The public interested is best observed by the HVC being a neutral observer in the provision of medical services, not favouring one over the other. 

Kind regards



-  Author: Subject:Note Date:8/05/2019 4:58:58 PM
Public interest involves considering responsibility over financial, economic and commercial matters. If Council is placed at a commercial disadvantage by revealing its commercial position to potential lessees, purchasers or competitors indirectly via community consultation, it cannot ensure that the community is receiving value for money in terms of asset management.
-  Author: Subject:Note Date:8/05/2019 5:00:16 PM
If there is sufficient population and demand for services, private operators are likely to invest in the community to provide services.
-  Author: Subject:Note Date:8/05/2019 5:00:59 PM
There is no requirement to repay the Federal Government if the Federal Government approves the purchaser.
-  Author: Subject:Note Date:28/03/2019 3:48:52 PM
Council cannot take into account the interests of a business when making a decision.

This page contains no comments

From: [REDACTED]
Sent: Wednesday, 20 March 2019 2:47 PM
To: hvc@huonvalley.tas.gov.au
Subject: Cygnet Medical Centre Att: General Manager

Hi




Objection to potential sale of HVC-owned Cygnet Medical Centre




I wish to register my objection to any action by Huon Valley Council that might end up resulting in the sale of the Cygnet Medical Centre (CMC), owned by HVC — and, therefore, the people of the Huon Valley — to private interests.

The CMC was paid for by federal money (I think \$1.01 million) on the condition that it would be run as a medical centre until 2032.

Therefore, sale of the CMC to private interests (as HVC apparently intends) would no longer guarantee that the assurance council gave the Federal Government to maintain it as a medical centre until 2032 could be fulfilled.

There are many reasons the CMC should not be sold, including:

- The guarantee to maintain it as a medical centre until 2032, if sold into private hands, could not be honoured. 
- The CMC is leased from council until 2022 at a market rental and at no cost to council (by the GM's admission at the public meeting at Cygnet on Thursday, March 14, 2019). 
- Therefore, council has a steady source of revenue while retaining ownership of the structure and the land it stands upon.
- Because council is charging a market rental, and, therefore, because it is not actually running the medical centre, the question of “competitive neutrality” does not arise. 

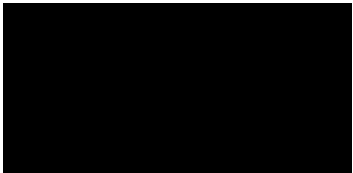
-  Author: Subject:Note Date:28/03/2019 3:51:53 PM
This is incorrect and correct information has previously been provided. The Federal Government will not allow a transfer unless the conditions are maintained.
-  Author: Subject:Note Date:28/03/2019 3:58:27 PM
The GM advised at the session that details of the rental were not available but confirmed that commercial rent is received. Details of depreciation and costs to Council have been provided to Councillors.
-  Author: Subject:Note Date:28/03/2019 4:00:03 PM
The risk identified is if no providers are willing to operate out of the centre and the Council has to resume services which would likely be impacted by competitive neutrality.

— The steps taken by council management are based on a motion passed at the September 2018 council meeting by the then State Government-appointed commissioner. This is, therefore, a matter that should be put back on council's agenda now that it has a fully elected council — and it certainly should not be proceeded with without further reference to council at an open council session.

— The medical centre is on a large piece of land (not yet subdivided to my knowledge) owned by council (therefore the community), the future of which has not yet been settled. Selling off the centre and that piece of land on which it stands could, therefore, prove unwise should it later be seen that it would have been an advantage for council to still own the structure, either as a medical centre, or, after 2032, for some other purpose, such as, a structure like the West Winds Centre at Woodbridge.

— Should council somewhere down the track find itself requiring land in the heart of Cygnet, it would have to pay much more for that land than it would get today for the Cygnet Medical Centre and the land upon on which it stands.

Yours faithfully



21 MAR 2019

CUSTOMER SERVICE

Action
Officer: Legal

22 MAR 2019

File No: 19/76 7830242

Set ID:



March 13th

To the Huon Valley Council
Dear Councillors,

I am very disappointed to find the 'new' council displaying such limited vision in regard to the proposed sale of the medical centre site in George St. What a wasted opportunity.

Given the current joint struggles statewide to provide adequate health care and low cost accommodation, the reasoning behind the proposal says little for an ability to fully comprehend current and future needs of this growing community. If the Council is unable financially to take action on the land it holds adjacent to the medical centre for communal benefit; then at least retain ownership with a view to supporting developments that meets a variety of needs that support the well being of the Cygnet community. 📄

That is what being a responsible governing body is all about.

Yours Sincerely



21/3/19

HUON VALLEY COUNCIL

Action Officer: Legal

22 MAR 2019


HUON VALLEY COUNCIL

File No: 19/76 7830242 21 MAR 2019

Set ID: CUSTOMER SERVICE

THE GENERAL MANAGER
HUON VALLEY COUNCIL

RE: PROPOSED SALE OF CYGNET MEDICAL CENTRE
GEORGE STREET CYGNET.

I OBJECT STRONGLY TO THE PROPOSED SALE OF THE CYGNET MEDICAL CENTRE (CMC). THIS PROPERTY IS PUBLIC PROPERTY SERVING THE PEOPLE OF CYGNET; IT IS A VALUABLE ASSET OF COUNCIL WITH LONG TERM FINANCIAL BENEFIT TO THE COMMUNITY. 

THE HUON VALLEY COUNCIL (HVC) FACT SHEET SAYS THAT THE CMC IS "OWNED BY COUNCIL BUT IS NOT OPERATED BY COUNCIL." THEREFORE, IN MY OPINION, IT IS DISINGEROUS OF HVC TO SAY IT DOES NOT WANT TO INTERFERE "IN THE PROVISION OF SERVICES BY LOCAL BUSINESSES." PLAINLY, THERE IS NO INTERFERENCE AT ALL AS THE HVC ACTS SOLELY AS A LANDLORD BY PROVIDING PREMISES FOR AN INDEPENDENT PRIVATE COMMERCIAL BUSINESS TO CARRY ON ITS BUSINESS IN COMPETITION WITH OTHER LOCAL PROVIDERS. HVC OWNS THE BRICKS AND MORTAR, IT DOES NOT OWN OR OPERATE THE BUSINESS FROM THOSE PREMISES, THEREFORE, HVC IS NOT BREACHING ANY COMPETITIVE NEUTRALITY PROVISIONS.


IF COUNCIL HAD VOTED NOT TO SELL IN SEPTEMBER 2018 THEN HVC WOULD CONTINUE TO OWN THIS ASSET WITH VERY LITTLE

(2)

RISK OF ANY DEFAULT OF ITS COMMONWEALTH OBLIGATIONS. THE CURRENT LESSEES HAVE DEMONSTRATED A STRONG AND ON-GOING COMMITMENT TO THE VALLEY EG NOT ONLY MEDICAL SERVICES AT THE CMC BUT ANCILLIARY SERVICES AT A MUCH SMALLER LOCATION IN CYGNET, AND MORE, THEIR RECENT EXTENSION INTO SERVICES AT HUON REGIONAL CARE (ELDERCARE). SERVICES AT CMC ARE ~~IN~~ ^{AT} LITTLE OR NO RISK OF ENDING.

IF A RISK EXISTS, IT COULD OCCUR AFTER A SALE WHEREBY THE NEW OWNER DEFAULTS, OR SIMPLY BUYS OUT ~~ITS~~ OBLIGATIONS AND IS THEN ABLE TO SELL ON THE OPEN MARKET FOR WHATEVER USE.

CMC IN ITS CURRENT FORM OR POSSIBLE RE-DESIGN WILL BE A VALUABLE ADJUNCT TO ANY FUTURE HVC DEVELOPMENT ON THE ADJOINING LAND. SHORT TERM GAIN MUST NOT DISADVANTAGE THE COMMUNITY IN THE LONG TERM.

PARAPHRASING AMERICAN HISTORIAN BARBARA W. TUCHMAN, THE HVC REFUSES TO DRAW THE RIGHT CONCLUSIONS FROM THE EVIDENCE (MUCH COMMUNITY DISQUIET/OPPOSITION TO THE SALE OF PUBLIC PROPERTY AT DOVER) AND SEEMS TO BE ADDICTED TO COUNTER-PRODUCTIVE ACTIONS BY THIS CURRENT PROPOSAL WITHOUT PUBLIC CONSULTATION. 

SADLY, COMMENTS BY THE GENERAL MANAGER AT THE FIRST COUNCIL MEETING ~~WAS~~ ^{OF} ~~BY~~ THE NEW COUNCIL HAVE NOT BORN FRUIT. AT THAT MEETING THE GM SAID THAT THE HVC HAD LEARNT ITS LESSON IN THE

(3)

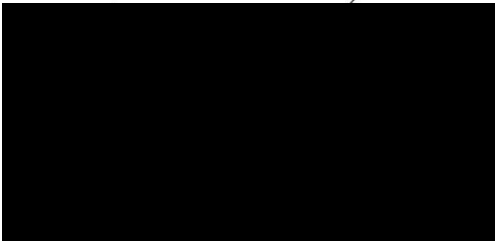
DOVER AFFAIR (RELYING ON OLD RESOLUTIONS AND NOT UTILISING A FRESH APPROACH). HISTORY DEFINITELY REPEATS ~~ITSELF~~ ITSELF. TO RELY ON A DECISION OF THE OUT-GOING ADMINISTRATOR AND NOT TO RE-INTRODUCE IT WITH THE NEW COUNCIL WAS LESS THAN OPEN AND TRANSPARENT ACTION.

WHY HAS HVC NOT PUBLISHED ITS ANNUAL LEASE INCOME. SURPRISINGLY, THE GM DID NOT ADVISE THE PUBLIC MEETING AT CYGNEY LAST WEEK, ~~AS~~ EXCEPT TO SAY IT WAS AT COMMERCIAL RATES. THIS INFORMATION WILL EVENTUALLY COME TO LIGHT AND THE PUBLIC WILL SEE WHAT A VALUABLE YEARLY INCOME IS TO BE FORFEITED FOR SHORT TERM GAIN.

I STRONGLY URGE COUNCILLORS WHO MAY READ THIS SUBMISSION TO RECALL THE RESOLUTION TO SELL BY EOI AND TO KEEP THIS PROPERTY IN HVC HANDS.

FOR THIS AFFAIR TO HAPPEN SO SOON AFTER DOVER (NO LESSONS LEARNT (SAID IT WOULD NOT HAPPEN AGAIN)) IS SHEER FOLLY ON THE PART OF HVC.

Yours sincerely,



To the General Manager,
Huon Valley Council,
40 Main St
Huonville

Dear General Manager,

Re Proposed sale of Public Land at 14 George Street Cygnet

Objection to the sale of public land at 14 George Street Cygnet

I strongly object to the sale of public land at 14 George Street Cygnet.





The proposed sale of public land should not be considered unless there is demonstrated strong support from the local community and quantitative evaluation of the proposal, not simply based on a recommendation from council staff. Details of all financial and social consequences of the proposed sale must be made available to the public so that they have full knowledge on which to respond to the sale proposal.

Introduction

Land is not an asset that can be replaced. Public land, especially in such a strategic position, is a unique asset and should be kept in public ownership. The site on which the Cygnet medical centre was built is integral to Cygnet’s future development. It is adjacent to the Cygnet Children’s Centre, situated between the two schools and within easy walking distance of the centre of the township. The potential development of the adjacent Old School Farm site to provide inclusive housing, recreation and support for a healthy community should allow for full integration of the medical centre into the development during the planning and construction phases. An example might be the construction, close to proposed independent living units on the Old School Farm site, of a respite centre and/or a small palliative care unit and/or a hydrotherapy pool as an extension of the existing medical centre complex. These facilities would complement the excellent emergency room that is already part of the facility. Such initiatives should not be left to the discretion of private enterprise or constrained by land ownership.

Background

The application for funding to build the medical centre was prepared by Huon Valley Council staff and the grant received from the Commonwealth government was more than \$1 million. There was inadequate consultation with medical practitioners in Cygnet at the time. The medical centre was initially run by council staff who did not appear to have the necessary experience to manage such a facility. It appeared that the pay structure for medical staff was not conducive to doctors staying there, and the high turnover of doctors resulted in confusion and distrust among patients. Despite the problems the Cygnet medical centre was run by the council on a “break-even” cost basis (see HVC Annual Report 2016-2017). It was a valid decision by the council to lease the premises to a private medical practice in February 2017

-  Author: Subject:Note Date:8/05/2019 5:04:37 PM
Insight on the impact on social aspects are to be gleaned from the objection process. Unfortunately the objections have not raised that evidence. Financial details have been provided to Councillors on a confidential basis to make a decision.
-  Author: Subject:Note Date:28/03/2019 4:13:48 PM
The Medical Centre has been developed with the support of the community. There is no intended future development of the Medical Centre.
-  Author: Subject:Note Date:28/03/2019 4:15:37 PM
The ownership of the medical centre will not impact or hinder such proposals.
-  Author: Subject:Note Date:8/05/2019 5:06:40 PM
There was adequate consultation with medical practitioners. Council cannot control decisions made by practitioners which shows how vulnerable Council is when responsible for operating the centre.

for five years so that it could be run efficiently for the benefit of the Cygnet community. However, the fact that the current lessee is successfully running the facility does not mean that the council should sell the medical centre.

In the HVC Q&As sheet there is a statement that “the centre is not just a council asset, it is also an asset of the Federal Government in the sense that they have the final say over whether it can be sold”. If the Medical Centre were sold, would the funding provided by the Federal Government be returned to it?

On February 27th the council endorsed eight principles for good governance – see list at end of this submission.

Reference to council’s **Strategic Plan 2015 – 2025** also supports the role of council in planning for the future and providing benefits for the community.

Huon Valley Strategic Plan 2015 – 2025 – Characteristic 1 – Population

Characteristic and Trend Measures include *rate of increase of the population and demographic profile diversity*





Have these trend measures been assessed for the Cygnet population before consideration of the sale of the Cygnet medical centre? Such an analysis is an essential prerequisite to important decisions that will affect the long term health and wellbeing of the community.

Huon Valley Strategic Plan – Characteristic 8 – Health and Safety Services: *Council’s strategic stance is to intervene and as necessary facilitate services on a break-even cost basis.*


In 2011 council determined that medical facilities in Cygnet were inadequate and intervened to seek Commonwealth Government funding for the Cygnet medical centre. The funding application was successful in obtaining a grant of more than \$1 million and the purpose-built medical centre that was constructed is far superior to any other premises available to a medical practice in Cygnet.

If this facility were to be lost to the community in 2032 (ie in 13 years) due to its sale to a private business in 2019, how would the council then intervene and/or facilitate medical services for the Cygnet community after having received the funding from the Commonwealth government in 2011?

It is important that a strategy for future development of Cygnet be developed so that subdivisions do not take over valuable agricultural land and cause “urban sprawl”. Housing that is appropriate to a variety of the Cygnet community’s needs, that is well-designed, energy efficient and attractive has been proposed through a consultation process that was conducted by the Cygnet Association in 2018. Integration of the medical centre with any future sustainable development on the Old School Farm site could not be assured if the land is transferred to private ownership. For example, respite care, a small palliative care unit and/or ancillary services including a hydrotherapy pool could be included on the publicly owned site, and integrated with services available from all Cygnet’s health service providers.


-  Author: Subject:Note Date:28/03/2019 4:22:07 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument that the decision to sell would affect the long term health and wellbeing of the community.
-  Author: Subject:Note Date:28/03/2019 4:23:16 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument that there would be any need for the Council to intervene.
-  Author: Subject:Note Date:28/03/2019 4:24:18 PM
This is an irrelevant point as the land is not agricultural land, nor is it adjoining agricultural land.
-  Author: Subject:Note Date:8/05/2019 5:12:09 PM
These concepts would require funding and Council has limited resources. Integration of development or even development of those services by Council is not assured irrespective of whether Council owns the land.

September 2018 – Report to Council


In the report presented to the council by the Director of Legal and Governance Services in September 2018 it was stated that the third option (to run an EoI process for the purchase of the medical centre with the contingency that a purchaser must take over the obligations under the funding agreement on conclusion of the current lease in 2022) “cannot be undertaken until 2022”. Nevertheless the process is being undertaken now, in 2019. 

- **How can the EoI process be undertaken with three years of an existing lease still in place?**

Questions


Cygnets population appears to have an increasingly older cohort as retirees move into the area. **Has this changing demographic been documented by the council?** 


Why is there urgency for making the decision to sell the medical centre since the current lease runs until 2022?


This urgency is indicated by the concurrent advertising of the EoI before the council has made the decision to sell the land. This could result in considerable waste of time and resources by all organisations that prepare EoIs if the council, or the Resource Management and Planning Appeal Tribunal, then decides it is not in the best interests of the Cygnet and wider community to sell the public land. 

Financial reporting on Cygnet medical centre


Very little information is available to the public regarding the Cygnet medical centre and this raises the following questions:

What was the total amount provided to the council through the grant from the Commonwealth Government in 2011-2012? 

What was the total cost of providing and commissioning the medical centre in 2012? 


There does not appear to be any record of the rent paid to council for the lease of the medical centre either in the 2018 - 2019 Budget or in the 2017 – 2018 Annual Report. The costs to council for property and public liability insurance, depreciation and all ongoing maintenance arising from wear and tear which includes medical equipment, as described in the HVC “Information Session Q&As” (p.2) also need to be made public. 

What are those costs?


- Why is there no reference to the financial status of the medical centre in either the Annual Report 2017 – 2018 or in the budget June 2018? 
- What is the annual rent being paid for the five year lease of the medical centre? Is the amount being paid for the lease consistent with competitive neutrality principles?

 Author: Subject:Note Date:28/03/2019 4:28:34 PM


This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.

 Author: Subject:Note Date:28/03/2019 4:30:39 PM

This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument that the decision to sell would affect the changing demographic.

 Author: Subject:Note Date:15/04/2019 12:49:04 PM


This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.

 Author: Subject:Note Date:28/03/2019 4:32:26 PM


This information is publicly available, see attachment to report.

 Author: Subject:Note Date:15/04/2019 12:49:55 PM






This information is publicly available, see report.










 Author: Subject:Note Date:28/03/2019 4:34:15 PM


This information has been provided to Councillors on a confidential basis.


 Author: Subject:Note Date:28/03/2019 4:35:01 PM

The Council is no longer operating the medical centre as a significant business activity.


- Was the proposed site valued at \$83,000 (not \$8,300 as in “Information Session Q&As”) and why was the subdivision of the land on which the medical centre is situated not completed when the building was completed, or at any time since, especially as it was included in the HVC Land Strategy, if it was intended to sell the property? This indicates that the council had not developed a plan to sell the land. 
- What is the value of equipment donated to the medical centre (including the emergency room) because it is a publicly owned facility maintained by HVC? 
- How much could be borrowed over a ten year period using the rental income to finance infrastructure for other projects in Cygnet? 
- Has the council applied for other grants from Commonwealth or State governments for infrastructure in Cygnet since the 2010 Cygnet Township Plan was endorsed by the council?
(Note that the carpark behind the Town Hall was financed by transfer of funds that had previously been allocated for underground power). 
- Was the proposal discussed with the councillors who were elected after the decision was made in September 2018 by Commissioner Taylor before the advertising of the sale of the land and the EoI process, and was it brought to council’s Health and Wellbeing committee? 

-  Author: Subject:Note Date:28/03/2019 4:37:29 PM
The implementation of the land strategy was placed on hold by the newly elected Council. The estimated value was based on the land size compared to the rest of the 2.467 hectares on the same title.
-  Author: Subject:Note Date:28/03/2019 4:38:36 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument.
-  Author: Subject:Note Date:28/03/2019 4:39:27 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument.
-  Author: Subject:Note Date:28/03/2019 4:39:57 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument.
-  Author: Subject:Note Date:28/03/2019 4:54:36 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument.
-  Author: Subject:Note Date:28/03/2019 4:41:31 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument that the decision to sell would affect the wellbeing or the best interests of the Huon Valley community.
-  Author: Subject:Note Date:28/03/2019 4:42:35 PM
This statement is incorrect as the obligation is relieved if sold to a private practice.
-  Author: Subject:Note Date:8/05/2019 5:17:32 PM
There is no evidence or argument in this objection of any hardship or undue hardship.
-  Author: Subject:Note Date:28/03/2019 4:44:09 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.

The report presented by the Director of Legal and Governance Services in September 2018 made constant reference to the potential financial risk to the council through leasing the medical centre, although there was no assessment of the risk to council through a risk matrix. There was no reference to community wellbeing or the best interests of the Cygnet community. 

Under the contractual agreement between the council and the Commonwealth Government, the council’s obligation is to maintain medical services at the site for 13 years, until 2032 even if it site were sold to a private practice. However, it is critical to realise the risk that the sale the Cygnet Medical Centre could result in loss of the facility to the public after 2032, resulting in undue hardship to the community because there is no similar purpose-built facility to provide medical services in Cygnet. 

Governance

My experience as an elected member of the Huon Valley Council from 2002 to 2016 was that, among staff at the council, a culture of secrecy and resistance to change persisted, resulting in poor standards of governance, with the majority of staff and councillors appearing to believe that this lack of accountability was acceptable, perhaps through ignorance of the higher standards now required of those providing services in local 

government through public funding and those elected to public office. This resulted in low levels of trust in the council by a large sector of the community.

The election of a progressive mayor, Peter Coad, in 2014 was a direct result of the poor opinion of the council held by the majority of residents.



Board of Inquiry

Following his election the new mayor found it impossible to work with a general manager who consistently withheld information that he required to do his job.

Eventually, in 2015, the Minister for Local Government set up a Board of Inquiry. The resulting report dealt in some detail with the relationship between the mayor and the general manager but, in my view, not with the systemic problems of poor governance within the council.



Commissioner 2016 – 2018

The Minister for Local Government appointed a commissioner, Mrs Adriana Taylor, in October 2016 and the then general manager left the council in November 2016.

There was hope that high levels of transparency and accountability in decision-making would result, and there would be a fresh start for the Huon Valley.

However, since early 2017 there have been three outstanding examples of poor governance regarding land acquisition and sales that have apparently been made either on the recommendation of staff or solely by staff, with inadequate community involvement, despite the council’s endorsement of the Good Governance Guide.

These have been:

- The purchase of a building in Main Street Huonville in April 2017 for a Visitor Information Centre without any options paper having been provided to a council meeting to justify the expenditure of more than \$1 million of council’s reserves and to explore whether it would be more viable to rent premises in Huonville or buy a building, given the changing nature of the tourism industry and the visitor information centre available at Geeveston.
- The sale of five acres of land at Dover in October 2018 by private sale without any consultation with Dover residents. The land was reportedly sold for an amount lower than the valuation, despite a council resolution in 2005 that it be sold by public auction and for not less than valuation. The land had been rezoned by the council without contacting those who had successfully appealed to RMPAT against the rezoning in 2006.
- This proposed sale of the Cygnet medical centre without prior consultation with key stakeholders and residents in the Cygnet community and no inclusion of statements of the potential benefits or detriments to the community in the report to the council by staff in September 2018.



These are examples of poor governance, especially in relation to land, an asset that is of crucial importance to the community.



- Author: Subject:Note Date:28/03/2019 4:44:46 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.
- Author: Subject:Note Date:28/03/2019 4:45:25 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.
- Author: Subject:Note Date:28/03/2019 4:46:10 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.
- Author: Subject:Note Date:15/04/2019 12:53:11 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.
- Author: Subject:Note Date:28/03/2019 4:47:40 PM
This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold.

Conclusion

The role of the elected members is to act in the best interests of the community. Therefore it is important that the report to council in September 2018 be fully re-evaluated, taking into account all comments made by community members in response to the proposal to sell the Cygnet medical centre.

As outlined above the sale of the Cygnet medical centre into private ownership would not guarantee the availability of medical services at the site for more than 13 years. This could result in undue hardship due to the loss of access to, and the use of, public land beyond 2032. There is no other publicly-owned, modern, purpose-built medical facility in Cygnet that would be available to community members.



-  Author: Subject:Note Date:8/05/2019 5:20:44 PM
There is no evidence or argument in this objection of any hardship or undue hardship.
-  Author: Subject:Note Date:28/03/2019 4:52:21 PM
This is a consideration that should be factored in by Council and consideration of whether similar facilities of a similar value and quality should be made available to all townships in the Huon Valley.

Eight statements of Good Governance

- (1) *Good governance is accountable – Accountability is a fundamental requirement of good governance. Local government has an obligation to report, to explain and be answerable for the consequences of decisions it has made on behalf of the community it represents and serves.*
- (2) *Good governance is transparent. People should be able to follow and understand the decision-making process. This means that they are able to clearly see how and why a decision was made - what information, advice and consultation a council considered, and which legislative requirements (where relevant) a council followed.*
- (3) *Good governance is law-abiding. Decisions must be consistent with relevant legislation or common law, and be within the powers of local government. In Tasmania the principal legislation for local government is the Local Government Act 1993 (the Act).*
- (4) *Good governance is responsive. Local government should always try to represent and serve the needs of the entire community while balancing competing interests in a timely, appropriate and responsive manner.*
- (5) *Good governance is equitable. A community’s wellbeing depends on all of its members feeling that their interests have been considered by their council in the decision-making process. All groups, especially the most vulnerable, should have opportunities to participate in the decision-making process, and all groups should be treated equally by their council.*
- (6) *Good governance is participatory and inclusive. Anyone affected by or interested in, a decision should have the opportunity to participate the process for making the decision. Participation can happen in several ways – community members may be provided with information, asked for their opinion, given the opportunity to make recommendations or, in some cases, be part of the actual decision-making process.*

(7) Good governance is effective and efficient. Local government should implement decisions and follow processes that make the best use of the available people, resources and time, to ensure the best possible results for their community.

(8) Good governance is consensus-oriented. Wherever possible good governance involves taking into account the different views and interests of the municipality to reach a majority position on what is in the best interests of the whole community, and how it can be achieved.

From: [REDACTED]
Sent: Friday, 22 March 2019 10:00 PM
To: hvc@huonvalley.tas.gov.au
Subject: Sale of Public Land 14 George St. Cygnet.

I wish to make an objection to the sale of the public land at 14 George Street, Cygnet, pursuant to section 178 of the Local Government Act 1993.

I am not at all convinced that it is in the public interest to sell off a very valuable public asset to a private buyer, especially as it is currently used by the community as a medical facility and once privatised costs would inevitably rise. Lease or rental income should be for the council/ ratepayers benefit. The council is not competing with private enterprise by owning the land the business is on, it is safeguarding the ratepayers and councils future income.

Yours sincerely,

[REDACTED]
Sent from my iPad

From: [Redacted]
Sent: Friday, 22 March 2019 11:04 PM
To: hvc@huonvalley.tas.gov.au
Subject: Proposed sale of Cygnet medical centre building

Re: Proposed sale of The Cygnet Medical Services building at 14 George Street, Cygnet

I am writing to state my objection to the rushed sale of this building and ask that the expression of interest process be halted pending comprehensive community consultation.

I am concerned that sale of the building will not be in the Cygnet Community's best interest.

It is my understanding that the building was built on council land with funding from a Federal Government Grant. The intention of the grant was to improve access to all aspects of primary health care in a rural and remote community. To meet this intention HVC has committed to various conditions as to how the building is used and the same conditions are passed on to any tenant. Following sale of the building how will use be guaranteed? What will happen if the purchasing Medical Practice wishes to cease trading or move out of Cygnet? Will they be committed to selling to another medical practice and if there is no interest from another medical practice does Cygnet lose a health facility. The current conditions of use include obligation to facilitate access to various allied health services, for example space for psychology, podiatry and physiotherapy. How will these same conditions be enforced following sale?

What is the incentive for HVC to sell? HVC has stated sale of the medical centre building is in the interest of ensuring fair competition between medical practices and infers that by maintaining ownership unfair advantage is given to the leasing medical practice. However, it would appear, that the same but now permanent advantage is given on sale of the building. In addition, an expression of interest process will determine the best price a medical practice is able and willing to pay but this may not reflect the real value of the state of the art and purpose, built facility.

Yours sincerely

[Redacted signature]



RE: Objection to proposed sale of Cygnet Medical Centre/Expressions of Interest Process

I strongly object to the potential sale of the Cygnet Medical Centre, George St., Cygnet. I do not believe that Huon Valley Council are acting in the public interest for the following reasons (which I have related to the 4 reasons HVC give for this sale being in the public interest)

1. The community's use of and access to the facility would be secured to 2032 or beyond.

This building is a purpose built medical centre, a community asset, so selling it is privatisation of a community asset. There is an expectation within the community that the Cygnet Medical Centre will remain as a permanent fixture on the future development site at Old School Farm. It is part of this 'parcel' of public land.

There is already a caveat to provide medical services to 2032

The other medical service providers in Cygnet are housed in much older buildings it is important to ensure the most modern medical facility remains available for Cygnet into the future. It seems obvious to community members that the best way to ensure this is for our local council - HVC- to retain ownership of the Centre and ensure it is leased to the most able and appropriate provider. This is in the public interest.

2. There are several other medical services providers in the Cygnet community that provide those service

There is one other service provider with a surgery that provides a similar range of services, and one mobile Doctor. SETAC provides a limited service to a particular sector of the community - it is not usually open to everyone. This does not constitute 'several other medical service providers that provide these services.'

3. Council would not be competing with local businesses in the Cygnet community.

This point is lost on me. At present the HVC allow a private company to lease a council building as long as they provide medical services. There is no reason for this to change. Council should retain a valuable grant funded building and piece of community land while also benefiting from the lease income. Was Council competing with local businesses by leasing to The Huon Valley Health Centre? There is, as you say, another Doctors surgery, plus a couple of less accessible other providers. Were these other providers making complaints that HVC were competing with them?

4. Council could refocus resources to further the development of the Cygnet community.

There is a strong feeling within the Cygnet Community that the public land on which Cygnet Medical Centre is built must remain exactly that - public land. It is time for the Huon Valley Council to really listen to what the residents of Cygnet want - the people who live

here day to day. We do not want part of the Old School Farm land sold off to a private business, it belongs to our community and there is a great feeling that the community should have a significant say in what happens to that land. The whole process of asking for 'expressions of interest' part way through a 5 year lease understandably makes people feel something underhand is going on. Using this land to develop Cygnet? In what way and what say do we local people have in this in reality?



And to conclude:

The present tenants are into year 3 of a 5 year lease, so calling for expressions of interest is unfair to the other local medical providers, (who also tendered interest in 2016,) because they would have rightly assumed that the lease was not due to finish until 2021 or beyond. They will have been working within the limits of their current premises, and making their business plans around much later lease dates. The premature calling of expressions of interest and possible sale of the Cygnet Medical Centre is disadvantaging other health care providers. Calling for expressions part way through the lease term and giving a very short timescale puts the other providers in an unenviable position. The present tenants are in a much better position to submit an EOI.

It is not competitive neutrality on the part of the Huon Valley Council to have commenced this process and with such limited community consultation preceding it.

This is **not** how the Huon Valley Council act in the public interest.

Huon Valley Council are ethically bound to maintain ownership, and fulfil their obligations, agreed to with the Commonwealth Government, to provide medical services, as part of the grant enabling the centre to be built.
With steady population growth in Cygnet and surrounds it is very unlikely the Centre would be difficult to lease in the long term.

Huon Valley Council are working **against** public interest (and wishes) with his present course of action.

The only way the Huon Valley Council can ensure that medical services are provided to the Cygnet community and surrounding areas into the future is to maintain ownership of this public asset, an obligation they agreed to to obtain government grants to build this Centre on public land.

submitted 22/3/19

Author: Subject:Note Date:28/03/2019 4:58:08 PM

This is not relevant to the issue of whether the public land at 14 George Street Cygnet should be sold. That is because it raises a question but does not provide any evidence or argument.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

NOTE 2 FUNCTIONS/ACTIVITIES OF THE COUNCIL

a) Revenue, expenditure and assets attributable to each function as categorised in (c) below:

	Grants	Other	Total Revenue	Total Expenditure	Surplus/(Deficit)	Assets
CORPORATE SERVICES-GENERAL						
2017 - 2018		10,999	10,999	3,941	7,058	11,692
2016 - 2017	2	12,596	12,597	3,457	9,140	11,729
LEGAL & GOVERNANCE-GENERAL						
2017 - 2018	10	302	312	1,425	(1,114)	
2016 - 2017	70	298	368	1,889	(1,521)	
ENVIRONMENT & DEVELOPMENT-GENERAL						
2017 - 2018	5	1,104	1,109	2,182	(1,073)	
2016 - 2017		971	971	2,063	(1,093)	
REFUSE DISPOSAL						
2017 - 2018		1,739	1,739	1,814	(75)	1,775
2016 - 2017	50	1,588	1,638	1,523	114	1,780
COMMUNITY SERVICES:						
RESIDENTIAL AGED CARE SERVICES						
CHILDREN'S & YOUTH SERVICES						
2017 - 2018	105	1,875	1,980	2,640	(660)	
2016 - 2017	223	1,190	1,412	1,528	(116)	
RURAL HEALTH						
2017 - 2018		294	294	724	(430)	
2016 - 2017	194	168	362	667	(305)	
MEDICAL SERVICES						
2017 - 2018	455	997	1,452	1,507	(56)	
2016 - 2017	128	1,447	1,575	1,802	(227)	
INFRASTRUCTURE SERVICES						
ROADS & BRIDGES						
2017 - 2018		359	359	4,816	(4,457)	185,232
2016 - 2017	751	93	844	4,486	(3,642)	185,811
STORMWATER						
2017 - 2018		328	328	314	14	1,926
2016 - 2017		302	302	270	32	1,932
INFRASTRUCTURE GENERAL						
2017 - 2018	46	32	79	1,630	(1,551)	
2016 - 2017	96	473	569	1,650	(1,080)	
OTHER - NON ATTRIBUTABLE						
2017 - 2018	5,085	459	5,544	2,348	3,196	61,250
2016 - 2017	5,217	656	5,873	3,203	2,670	61,441
TOTAL						
2017 - 2018	5,707	18,488	24,195	23,342	853	261,875
2016 - 2017	6,730	19,782	26,512	22,539	3,973	262,693

NOTE 6 NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME

	2017/2018 \$'000	2016/2017 \$'000
Roads, Footpath, Kerb and Land		-
TOTAL NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME	-	-

NOTE 7 INTEREST

	2017/2018 \$'000	2016/2017 \$'000
Interest on cash and cash equivalents	248	265
TOTAL INTEREST	248	265

NOTE 8 OTHER INCOME

	2017/2018 \$'000	2016/2017 \$'000
Children's Services		
After School Care		
Vacation Care		
The Cottage		
Geeveston Child Care	4	2
Dover Childcare		
	4	2
Medical Practices		
Dover Medical Practice	6	17
Geeveston Medical Practice	2	18
Cygnnet Medical Services		
Other	11	3
	19	38
Other		
Legal Claim Settlement		
Roads (Road Toll), Bridges and Parks Contributions		60
Diesel Fuel Rebate		46
Amortisation Residents Fees		9
SES Re-imburement		7
Public Open Space	57	34
Rentals		77
Visitor Information Centre	35	34
Private Works	369	593
Geeveston Town Hall	412	372
Miscellaneous Income	1,036	1,247
	1,909	2,479
TOTAL OTHER INCOME	1,933	2,519

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2017

NOTE 2 FUNCTIONS/ACTIVITIES OF THE COUNCIL

a) Revenue, expenditure and assets attributable to each function as categorised in (c) below:

	Grants	Other	TotalRevenue	TotalExpenditure	Surplus/Deficit)	Assets
CORPORATE SERVICES-GENERAL						
2016 - 2017	1,500	12,596	12,597	3,457	9,140	11,729
2015 - 2016	-	4,410	4,410	2,837	1,573	11,555
EXECUTIVE SERVICES-GENERAL						
2016 - 2017	70	298	368	1,889	(1,521)	-
2015 - 2016	3	329	332	975	(643)	-
REGULATORY AND DEVELOPMENT SERVICES-GENERAL						
2016 - 2017	-	971	971	2,063	(1,093)	-
2015 - 2016	2	928	930	2,332	(1,402)	-
REFUSE DISPOSAL						
2016 - 2017	50	1,588	1,638	1,523	114	1,780
2015 - 2016	-	1,416	1,416	1,420	(5)	1,754
FAMILY SERVICES:						
RESIDENTIAL AGED CARE SERVICES						
CHILDREN'S & YOUTH SERVICES						
2016 - 2017	223	1,190	1,412	1,528	(116)	-
2015 - 2016	40	1,300	1,300	1,285	15	-
RURAL HEALTH						
2016 - 2017	194	168	362	667	(305)	-
2015 - 2016	395	568	568	808	(239)	-
MEDICAL SERVICES						
2016 - 2017	128	1,447	1,575	1,802	(227)	-
2015 - 2016	-	2,018	2,018	2,021	(3)	-
INFRASTRUCTURE SERVICES						
ROADS & BRIDGES						
2016 - 2017	751	93	844	4,486	(3,642)	185,811
2015 - 2016	1,605	667	2,272	6,274	(4,002)	183,064
STORMWATER						
2016 - 2017	-	302	302	270	32	1,932
2015 - 2016	-	299	299	272	28	1,904
INFRASTRUCTURE GENERAL						
2016 - 2017	96	473	569	1,650	(1,080)	-
2015 - 2016	-	431	431	2,881	(2,450)	-
OTHER - NON ATTRIBUTABLE						
2016 - 2017	5,217	656	5,873	3,203	2,670	61,441
2015 - 2016	1,844	7,650	9,493	483	9,010	60,533
TOTAL						
2016 - 2017	6,730	19,782	26,512	22,539	3,973	262,693
2015 - 2016	3,889	20,015	23,468	21,587	1,881	258,809

NOTE 6 NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME

	2016/2017	2015/2016
	\$'000	\$'000
Roads, Footpath, Kerb and Land	-	30
TOTAL NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME	-	30

NOTE 7 INTEREST

	2016/2017	2015/2016
	\$'000	\$'000
Interest on cash and cash equivalents	265	255
TOTAL INTEREST	265	255

NOTE 8 OTHER INCOME

	2016/2017	2015/2016
	\$'000	\$'000
Children's Services		
After School Care	68	58
Vacation Care	47	47
The Cottage	333	358
Geeveston Child Care	100	151
Dover Childcare	92	122
	639	735
Medical Practices		
Dover Medical Practice	497	608
Geeveston Medical Practice	650	736
Cygnnet Medical Services	317	642
Other	-	9
	1,464	1,995
Other		
Legal Claim Settlement	-	1,131
Roads (Road Toll), Bridges and Parks Contributions	60	59
Diesel Fuel Rebate	46	41
Area Promotion - Kingborough Council Contribution	-	57
Amortisation Residents Fees	9	11
SES Re-imburement	7	16
Public Open Space	34	29
Rentals	77	63
Visitor Information Centre	250	248
Private Works	593	632
Geeveston Town Hall	372	-
Miscellaneous Income	1,247	378
	2,695	2,667
TOTAL OTHER INCOME	4,798	5,397

NOTES TO THE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2016

NOTE 2 FUNCTIONS/ACTIVITIES OF THE COUNCIL

a) Revenue, expenditure and assets attributable to each function as categorised in (c) below:

	Grants	Other	Total Revenue	Total Expenditure	Surplus/(Deficit)	Assets
CORPORATE SERVICES-GENERAL						
2015 - 2016	-	4,410	4,410	2,837	1,573	11,555
2014 - 2015	-	1,235	1,235	2,715	(1,481)	12,217
EXECUTIVE SERVICES-GENERAL						
2015 - 2016	3	329	332	975	(643)	-
2014 - 2015	36	24	59	943	(884)	-
REGULATORY AND DEVELOPMENT SERVICES-GENERAL						
2015 - 2016	2	928	930	2,332	(1,402)	-
2014 - 2015	-	1,312	1,312	2,288	(976)	-
REFUSE DISPOSAL						
2015 - 2016	-	1,416	1,416	1,420	(5)	1,754
2014 - 2015	-	1,296	1,296	1,371	(75)	1,854
FAMILY SERVICES:						
RESIDENTIAL AGED CARE SERVICES						
CHILDREN'S & YOUTH SERVICES						
2015 - 2016	40	1,300	1,300	1,285	15	-
2014 - 2015	191	1,268	1,459	1,381	78	-
RURAL HEALTH						
2015 - 2016	395	568	568	808	(239)	-
2014 - 2015	362	238	600	779	(178)	-
MEDICAL SERVICES						
2015 - 2016	-	2,018	2,018	2,021	(3)	-
2014 - 2015	-	1,937	1,937	1,826	110	-
INFRASTRUCTURE SERVICES						
ROADS & BRIDGES						
2015 - 2016	1,605	667	2,272	6,274	(4,002)	183,064
2014 - 2015	1,165	926	2,091	6,631	(4,540)	193,794
STORMWATER						
2015 - 2016	-	299	299	272	28	1,904
2014 - 2015	-	289	289	284	6	2,013
INFRASTRUCTURE GENERAL						
2015 - 2016	-	431	431	2,881	(2,450)	-
2014 - 2015	-	399	399	2,603	(2,204)	-
OTHER - NON ATTRIBUTABLE						
2015 - 2016	1,844	7,650	9,493	483	9,010	60,533
2014 - 2015	4,791	31,714	36,505	710	35,795	63,997
TOTAL						
2015 - 2016	3,889	20,015	23,468	21,587	1,881	258,809
2014 - 2015	6,545	40,638	47,183	21,531	25,650	273,875

NOTE 6 NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME

	2015/2016 \$'000	2014/2015 \$'000
Roads, Footpath, Kerb and Land	30	172
TOTAL NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME	30	172

NOTE 7 INTEREST

	2015/2016 \$'000	2014/2015 \$'000
Interest on cash and cash equivalents	255	223
TOTAL INTEREST	255	223

NOTE 8 OTHER INCOME

	2015/2016 \$'000	2014/2015 \$'000
Children's Services		
After School Care	58	64
Vacation Care	47	39
The Cottage	358	356
Geeveston Child Care	151	149
Dover Child Care	122	114
	735	722
Medical Practices		
Dover Medical Practice	608	597
Geeveston Medical Practice	736	693
Cygnnet Medical Services	642	615
Other	9	20
	1,995	1,926
Other		
Legal Claim Settlement	1,131	-
Roads (Road Toll), Bridges and Parks Contributions	59	107
Diesel Fuel Rebate	41	42
Area Promotion - Kingborough Council Contribution	57	57
Huon Trail Brochure	-	31
Amortisation Residents Fees	11	14
SES Re-imburement	16	12
Public Open Space	29	55
Education Department - Contribution Cygnnet Sports Centre	-	3
Rentals	63	69
Visitor Information Centre	248	268
Private Works	632	647
Health Contributions	-	37
Miscellaneous Income	378	284
	2,667	1,626
TOTAL OTHER INCOME	5,397	4,273

NOTES TO THE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2015

NOTE 2 FUNCTIONS/ACTIVITIES OF THE COUNCIL

a) Revenue, expenditure and assets attributable to each function as categorised in (c) below:

	Grants	Other	TotalRevenue	TotalExpenditure	Surplus/(Deficit)	Assets
CORPORATE SERVICES-GENERAL						
2014 - 2015	-	1,235	1,235	2,715	(1,481)	12,217
2013 - 2014	-	1,101	1,101	1,965	(864)	9,382
EXECUTIVE SERVICES-GENERAL						
2014 - 2015	36	24	59	943	(884)	-
2013 - 2014	21	425	445	1,312	(867)	9,451
REGULATORY AND DEVELOPMENT SERVICES-GENERAL						
2014 - 2015	-	1,312	1,312	2,288	(976)	-
2013 - 2014	14	1,108	1,123	2,361	(1,238)	-
REFUSE DISPOSAL						
2014 - 2015	-	1,296	1,296	1,371	(75)	1,854
2013 - 2014	7	1,280	1,287	1,303	(16)	1,408
FAMILY SERVICES:						
CHILDREN'S & YOUTH SERVICES						
2014 - 2015	191	1,268	1,459	1,381	78	-
2013 - 2014	108	1,228	1,335	1,383	(47)	-
RURAL HEALTH						
2014 - 2015	362	238	600	779	(178)	-
2013 - 2014	360	(62)	298	732	(434)	2,104
MEDICAL SERVICES						
2014 - 2015	-	1,937	1,937	1,826	110	-
2013 - 2014	-	1,534	1,534	1,590	(56)	-
INFRASTRUCTURE SERVICES						
ROADS & BRIDGES						
2014 - 2015	1,165	1,325	2,490	9,234	(6,745)	193,794
2013 - 2014	456	209	665	7,613	(6,947)	145,221
STORMWATER						
2014 - 2015	-	289	289	284	6	2,013
2013 - 2014	-	297	297	264	32	1,529
OTHER - NON ATTRIBUTABLE						
2014 - 2015	4,791	32,254	36,505	202	36,304	63,997
2013 - 2014	1,503	9,392	8,559	839	7,719	48,608
TOTAL						
2014 - 2015	6,545	41,178	47,182	21,023	26,159	273,875
2013 - 2014	2,469	16,511	16,644	19,362	(2,718)	217,703

NOTE 6 NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME

	2014/2015 \$'000	2013/2014 \$'000
Roads, Footpath and Kerb	172	-
TOTAL NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME	172	-

NOTE 7 INTEREST

	2014/2015 \$'000	2013/2014 \$'000
Interest on cash and cash equivalents	223	264
TOTAL INTEREST	223	264

NOTE 8 OTHER INCOME

	2014/2015 \$'000	2013/2014 \$'000
Children's Services		
After School Care	64	60
Vacation Care	39	48
The Cottage	356	344
Geeveston Child Care	149	176
Dover Childcare	114	97
	722	725
Medical Practices		
Dover Medical Practice	597	547
Geeveston Medical Practice	693	651
Cygnnet Medical Services	615	336
Other	20	-
	1,925	1,534
Other		
Roads and Bridges Contributions	107	70
Diesel Fuel Rebate	42	37
Area Promotion - Kingborough Council Contribution	57	57
Huon Trail Brochure	31	34
Amortisation Residents Fees	14	14
SES Re-imburement	12	10
Public Open Space	55	58
Education Department - Contribution Cygnnet Sports Centre	3	9
Rentals	69	72
Visitor Information Centre	268	237
Private Works	647	43
Health Contributions	37	-
Miscellaneous Income	284	14
	1,626	655
TOTAL OTHER INCOME	4,273	2,914

NOTES TO THE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2014

NOTE 2 FUNCTIONS/ACTIVITIES OF THE COUNCIL

a) Revenue, expenditure and assets attributable to each function as categorised in (c) below:

	Grants	Other	Total Revenue	Total Expenditure	Surplus/(Deficit)	Assets
CORPORATE SERVICES-GENERAL						
2013 - 2014	-	1,101	1,101	1,965	(864)	9,382
2012 - 2013	-	1,310	1,310	2,141	(831)	9,819
EXECUTIVE SERVICES-GENERAL						
2013 - 2014	21	425	445	1,312	(867)	9,451
2012 - 2013	-	298	298	921	(622)	-
REGULATORY AND DEVELOPMENT SERVICES-GENERAL						
2013 - 2014	14	1,108	1,123	2,361	(1,238)	-
2012 - 2013	10	802	812	1,758	(946)	-
REFUSE DISPOSAL						
2013 - 2014	7	1,280	1,287	1,303	(16)	1,408
2012 - 2013	-	1,294	1,294	1,441	(147)	1,474
COMMUNITY SERVICES-GENERAL						
2013 - 2014	-	-	-	-	-	-
2012 - 2013	26	473	499	2,825	(2,326)	11,701
FAMILY SERVICES:						
RESIDENTIAL AGED CARE SERVICES						
2013 - 2014	-	-	-	-	-	-
2012 - 2013	1,282	941	2,223	2,143	80	2,201
CHILDREN'S & YOUTH SERVICES						
2013 - 2014	108	1,228	1,335	1,383	(47)	-
2012 - 2013	160	1,306	1,466	1,581	(115)	-
RURAL HEALTH						
2013 - 2014	360	(62)	298	732	(434)	2,104
2012 - 2013	123	1,042	1,165	618	547	-
MEDICAL SERVICES						
2013 - 2014	-	1,534	1,534	1,590	(56)	-
2012 - 2013	659	558	1,217	1,260	(42)	-
INFRASTRUCTURE SERVICES						
ROADS & BRIDGES						
2013 - 2014	456	209	665	7,613	(6,948)	145,221
2012 - 2013	583	173	756	5,593	(4,836)	151,981
STORMWATER						
2013 - 2014	-	297	297	264	32	1,529
2012 - 2013	-	292	292	302	(9,382)	1,600
OTHER - NON ATTRIBUTABLE						
2013 - 2014	1,503	9,392	8,559	839	7,719	48,608
2012 - 2013	2,770	9,305	12,074	817	11,420	50,871
TOTAL						
2013 - 2014	2,469	16,512	16,644	19,362	(2,719)	217,703
2012 - 2013	5,612	17,794	23,406	21,399	2,172	229,647

NOTE 6 NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME

	2013/2014	2012/2013
	\$'000	\$'000
NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME		
Roads, Footpath and Kerb	-	1,246
Stormwater	-	-
Parks, open spaces and streetscapes	-	8
Sporting Facilities	-	-
Other	-	-
TOTAL NON-MONETARY ASSETS RECOGNISED FOR THE FIRST TIME	-	1,254

NOTE 7 INTEREST

	2013/2014	2012/2013
	\$'000	\$'000
Interest on cash and cash equivalents	264	545
TOTAL	264	545

NOTE 8 OTHER INCOME

	2013/2014	2012/2013
	\$'000	\$'000
Esperance Multi Purpose Health Centre	-	778
As of the 1 July 2013 this asset was transferred to Huon Elder Care, with certain revisionary clauses applicable. This asset was transferred for no consideration refer to note 9.		1,555
Children's Services		
After School Care	60	(345)
Vacation Care	48	38
The Cottage	344	323
Geeveston Child Care	176	156
Dover Childcare	97	93
Family Day Care Contributions	-	100
Early Learning Childhood Educator	-	34
	725	399
Medical Practices		
Dover Medical Practice	547	455
Geeveston Medical Practice	651	644
Cygnnet Medical Services	336	138
Other	-	30
	1,534	1,267
Other		
Roads & Bridges Contributions	70	93
Diesel Fuel Rebate	37	44
Area Promotion - Kingborough Council Contribution	57	65
Huon Trial Brochure	34	34
Amortisation Residents Fees	14	36
Accommodation Charge	-	47
SES Re-imbusement	10	13
Public Open Space	58	49
Education Department - Contribution Cygnnet Sports Centre	9	8
Rentals	72	81
Visitor Information Centre	237	209
Tasmanet Commission	-	7
Microchipping Program	-	10
Private Works	43	17
Training Subsidy	3	3
Miscellaneous Income	11	84
	655	800
TOTAL OTHER INCOME	2,914	3,244

NOTES TO THE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2013

NOTE 2 FUNCTIONS/ACTIVITIES OF THE COUNCIL

a) Revenue, expenditure and assets attributable to each function as categorised in (c) below:

	Grants	Other	Total Revenue	Total Expenditure	Surplus/(Deficit)	Assets
	'\$'000	'\$'000	'\$'000	'\$'000	'\$'000	'\$'000
CORPORATE SERVICES-GENERAL						
2012 - 2013	-	1,310	1,310	2,141	(831)	9,819
2011 - 2012	396	819	1,215	2,013	(798)	9,642
EXECUTIVE SERVICES-GENERAL						
2012 - 2013	-	298	298	921	(622)	-
2011 - 2012	-	280	280	916	(636)	-
PLANNING & LEGAL SERVICES-GENERAL						
2012 - 2013	10	802	812	1,758	(946)	-
2011 - 2012	80	777	857	1,781	(924)	-
COMMUNITY SERVICES-GENERAL						
2012 - 2013	26	473	499	2,824	(2,326)	11,701
2011 - 2012	54	419	473	2,663	(2,190)	11,490
FAMILY SERVICES:						
RESIDENTIAL AGED CARE SERVICES						
2012 - 2013	1,282	941	2,223	2,143	80	2,202
2011 - 2012	1,116	1,033	2,149	2,079	70	2,162
CHILDREN'S & YOUTH SERVICES						
2012 - 2013	160	1,306	1,466	1,581	(115)	-
2011 - 2012	131	1,407	1,538	1,652	(114)	-
RURAL HEALTH						
2012 - 2013	122	1,042	1,165	618	547	-
2011 - 2012	1,082	152	1,234	512	722	-
MEDICAL SERVICES						
2012 - 2013	659	558	1,217	1,260	(42)	-
2011 - 2012	166	975	1,141	964	177	-
INFRASTRUCTURE SERVICES						
ROADS & BRIDGES						
2012 - 2013	583	173	756	5,593	(4,837)	151,981
2011 - 2012	736	128	864	5,139	(4,275)	149,245
REFUSE DISPOSAL						
2012 - 2013	-	1,294	1,294	1,441	(147)	1,474
2011 - 2012	-	870	870	1,053	(183)	1,447
STORMWATER						
2012 - 2013	-	292	292	302	(9)	1,600
2011 - 2012	-	268	268	271	(3)	1,571
OTHER - NON ATTRIBUTABLE						
2012 - 2013	2,770	9,305	12,074	817	11,420	50,870
2011 - 2012	3,456	13,631	17,087	996	16,091	49,955
TOTAL						
2012 - 2013	5,612	17,794	23,406	21,399	2,172	229,647
2011 - 2012	7,217	20,759	27,976	20,039	7,937	225,512

ATTACHMENT E

CYGNET MEDICAL CENTRE LOCATION AND SUBDIVISION PLAN 14 GEORGE STREET, CYGNET



