

PUBLIC AGENDA

Ordinary Council Meeting

I HEREBY give NOTICE that an Ordinary Council Meeting will be held on:

29 October 2025

**Shire of Victoria Plains
Council Chambers, Calingiri**

AND

via E-Meeting Protocol

Commencing – 2:00 PM



DISCLAIMER:

The recommendations contained in this document are officers' recommendations only and should not be acted upon until Council has resolved to adopt those recommendations.

The resolutions of Council should be confirmed by perusing the minutes of the Council meeting at which these recommendations were considered. Resolutions are not considered final until the minutes of the meeting are confirmed or advised in writing by the CEO or authorised person.

Members of the public should also note that they act at their own risk if they enact any resolution prior to receiving official written notification of Council's decision.

Recording of Meeting

Members of the public are advised that meetings of Council are audio recorded to assist with ensuring an accurate record of the meeting is provided for the formal minutes of the meeting. In terms of the Privacy Act 1998 this may involve the recording of personal information provided at the meeting. The provision of any information that is recorded is voluntary, however if any person does not wish to be recorded they should not address or request to address the meeting. By remaining in this meeting, you consent to the recording of the meeting.

You are not permitted to record this meeting with any recording device, unless you have the express authorisation of the Council of the Shire of Victoria Plains.

E – Disclaimer

It is the Presiding Member's responsibility to preserve order in the meeting and this can be more difficult in an eMeeting. Therefore, each Council Member must consistently and respectfully follow the Local Government's Meeting Procedures Local Law, any additional eMeeting guidance provided by the Local Government and support the Presiding Member in their conduct of the eMeeting.

The pace of an eMeeting should be slow and orderly. The following practices will help avoid confusion and support effective eMeetings:

Speak clearly and slowly, as connections may be distorted or delayed;

Always state your name to indicate to the Presiding Member that you wish to speak. Restate your name if the Presiding Member has not heard you at first;

In debate, only speak after the Presiding Member has acknowledged you. Then state your name, so that others know who is speaking;

Follow the Presiding Member's directions and rulings;

If you are unclear about what is happening in an eMeeting, immediately state your name to draw the Presiding Member's attention and enable you to then seek clarification from the Presiding Member;

Avoid looking for opportunities to call Points of Order; instead, politely and respectfully gain the Presiding Member's attention and explain any deviation from your Meeting Procedures, the Local Government Act or any other relevant matter.

Commonly used abbreviations	
AAS / AASB	Australian Accounting Standard / Australian Accounting Standards Board
BF Act	Bush Fire Act 1954
BFB	Bush fire brigade
CEO	Chief Executive Officer
CDO	Community Development Officer
DBCA	Dept of Biodiversity, Conservation and Attractions
DFES	Dept of Fire and Emergency Services
DPLH	Dept of Planning, Lands and Heritage
DWER	Dept of Water and Environmental Regulation
EHO	Environmental Health Officer
EFT	Electronic Funds Transfer
FAM	Finance and Administration Manager
JSCDL	Parliamentary Joint Standing Committee on Delegated Legislation
LEMA	Local Emergency Management Arrangements
LEMC	Local Emergency Management Committee
LG Act	Local Government Act 1995
LGGC	WA Local Government Grant Commission
LPP	Local Planning Policy
LPS	Local Planning Scheme
MOU	Memorandum of Understanding
MRWA	Main Roads WA
NNTT	National Native Title Tribunal
OAG	Office of Auditor General
OCM	Ordinary Council Meeting
PTA	Public Transport Authority
RRG	Regional Roads Group
RTR	Roads to Recovery
SAT	State Administrative Tribunal
SEMC	State Emergency Management Committee
SGC	Superannuation Guarantee Contribution
SJAA	St John Ambulance Association
SWALSC	South West Aboriginal Land and Sea Council
WAEC	WA Electoral Commission
WALGA	WA Local Government Association
WSM	Works and Services Manager
WSFN	Wheatbelt Secondary Freight Network
EPA	Environmental Protection Authority
DPIRD	Department of Primary Industries and Regional Development
HCWA	Heritage Council of Western Australia
WAPC	Western Australian Planning Commission
WDC	Wheatbelt Development Commission

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AGENDA

Ordinary Council Meeting of the Victoria Plains Shire Council

To be Held in the Shire of Victoria Plains, Council Chambers, Calingiri, AND, via E-Meeting Protocol

on 29 October 2025 commencing at 2:00 PM

1 DECLARATION OF OPENING

1.1 Opening

1.2 Announcements by Shire President

2 REMOTE ATTENDANCE BY ELECTED MEMBERS

THAT:

Under regulation 14C (2)(b) of the Admin Regulations, the Shire President can approve Elected Member attendance by electronic means;

In doing so, under r.14C (5) the Shire President must have regard as to whether the location that the Elected Member intends to attend the meeting, and the equipment intended to be used to attend the meeting, are suitable;

Electronic means includes, as per r.14CA(2) by telephone or video conference;

Suitable equipment would include an electronic device that can hold a Teams meeting, and perhaps, the use of headphones;

In accordance with r.14CA (5) the Elected Member must declare that they are able to maintain confidentiality during the meeting. Under r.14CA(7), the declaration by the Elected Member is recorded in the minutes of the meeting;

Summarily, according to Departmental guidance, a suitable location is one that is quiet and private e.g. a private room in your house. If there are other people at the location at the time of the meeting, an Elected Member may be required to close a door and wear headphones.

Approval to Attend and Declaration of Confidentiality
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THAT:

Cr _____ has been approved to attend the 29 October 2025 Ordinary Council Meeting by electronic means as approved by the Shire President and that a declaration has been received regarding confidentiality and other requirements as noted in Section 2 herewith.

3 RECORD OF ATTENDANCE

Members present

Staff attending

Apologies

Approved leave of absence N/A

Visitors

Members of the public

4 DISCLOSURES OF INTEREST

Refer – Local Government Act, Regulations, Code of Conduct, and Declaration Forms in Councillor folders.

Type Item Person / Details

5 PUBLIC QUESTION TIME

Refer – Local Government Act, Regulations, Local Law and Submission Form & Guidelines circulated.

5.1 Public Questions with Notice

Nil

5.2 Public Question Without Notice**6 PRESENTATIONS AND DEPUTATIONS****6.1 Presentations****6.2 Deputations**

7 APPLICATIONS FOR LEAVE OF ABSENCE

8 MINUTES OF MEETING

That the minutes of the Ordinary Council Meeting held 1 October 2025 as circulated, be **CONFIRMED** as a true and correct record.

PUBLIC

9 REPORTS REQUIRING DECISION

9.1 Accounts for Endorsement - October 2025

File Reference	
Report Date	13 October 2025
Applicant/Proponent	Nil
Officer Disclosure of Interest	Nil
Previous Meeting Reference	Nil
Prepared by	Katrina Humphries – Customer Service Officer
Senior Officer	Colin Ashe – Deputy Chief Executive Officer
Authorised by	Sean Fletcher – Chief Executive Officer
Attachments	1. List of Payments September 2025

PURPOSE

This item presents the attached List of Accounts Paid, under delegated authority for September 2025.

BACKGROUND

As per Local Government Act and Financial Management Regulations.

COMMENT

Each month Council is to be advised of payments made during the preceding month, the amount, the payee, date and reason for payment.

Please note that a new format of payment report is created by the new system.

CONSULTATION

DCEO

STATUTORY CONTEXT

Local Government Act 1995 –

- s.6.8(2)(b) – expenditure is to be reported to the next ordinary meeting of Council

Local Government (Finance) Regulations 1996 –

- r.13 Payments for municipal fund or trust fund
 - (1) the Chief Executive Officer is to provide a list of accounts paid from the Municipal fund or Trust fund, a list of all accounts paid each month showing for each account paid –
 - a) The payee's name
 - b) The amount of the payment
 - c) The date of the payment

- d) Sufficient information to identify the transaction
 (2) the listing to be presented to the Council at the next ordinary meeting of Council after preparation.

CORPORATE CONTEXT

Delegations Register –

- 3.2 – Municipal Fund and Trust Fund – Payments from Bank Accounts
 - o CEO authorised, subject to conditions
 - o compliance with legislation and procedures
 - o Minimum of 2 signatories with varying level of authorisation

Strategic Business Plan/Corporate Business Plan

STRATEGIC PRIORITIES	WE KNOW WE ARE SUCCEEDING WHEN
4. CIVIC LEADERSHIP	
4.3 Proactive and well governed Shire	External audits and reviews confirm compliance
	We have sound financial management policies and attract external funding to help achieve our goals
	Councilors attend training and feel supported in their role
	Council is supported by a skilled team

Strategic Priority 4.3 is relevant as part of sound financial management policies

Delegation

Nil

Policy Implications

3.1 Purchasing Framework

Other Corporate Document

Nil

Risk Analysis

Consequence	Consequence Rating:	Likelihood Rating:	Risk Rating	Risk Acceptance/ Controls	Mitigation and Outcome
Compliance	Extreme (5) Non-compliance results in litigation, criminal charges or	Unlikely (2)	High (10)	Senior Management Team / CEO Risk acceptable with excellent controls,	Policies and processes including preparation by Finance staff and two-step process for payment will ensure that the residual risk is moderate.

	significant damages or penalties to Shire/Officers	The event could occur at some time		managed by senior management / executive and subject to monthly monitoring	
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FINANCIAL IMPLICATIONS

All payments are in accordance with Council's adopted budget.

VOTING REQUIREMENTS

Simple Majority

Officer Recommendation

That the **PAYMENTS** made for September 2025 from the Municipal Bank Account as per attached listing and summarised below, be **ENDORSED**:

Payment Type	References from - to	\$ Amount
Creditor EFT Payment**	EFT00054- EFT00055	508,372.60
Direct Debit Payment**	PPIN02239 – PPIN02298 DD00036	48,188.37
Credit card – Bendigo Bank	PPIN02298	3,341.18
	PPIN02299	2,633.61
	PPIN02300	3,410.56
	PPIN02301	519.20
Fuel Card – Wright Express	PPIN02302	13.18
Salaries and Wages EFT	PE10/09/25;PE24/09/25	115,754.50
Trust Payments		0
	TOTAL	682,233.20

Local Spending	\$	%
Local Supplier	4,228.06	0.62%
Payroll	115,754.50	16.97%
Total	119,982.56	17.59%

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Payment Details

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Payment / Invoice	Date	Description	Amount
EFT Payment			
EFT Payment - EFT00055			
1 120 - Western Australia Local Government Association (WALGA)			
SI-015383	31/07/25	Admin - Association Subscription	9,609.09
		Procurement Services Subscription	3,187.80
		Local Laws Subscription	809.60
		LG Complete Guide	550.00
		Total 120	14,156.49
2 129 - Department of Fire & Emergency Services			
159803	21/08/25	25/26 Emergency Services Levy	62,758.00
		Total 129	62,758.00
3 1323 - Ampac Debt Recovery (wa) Pty Ltd			
121050	31/07/25	Ampac - Legal /Collection fees	335.50
		Total 1323	335.50
4 14 - Australian Service Union WA			
PJ000589	10/09/25	Payroll Deduction - Union Dues	26.50
		Total 14	26.50
5 1404 - Biomax Wastewater Recycling Systems			
9543	21/08/25	Service of Biomax C20 System at Age Care Units in Bolgart	522.00
		Total 1404	522.00
6 1489 - Pattons Panel & Paint			
5436	02/09/25	Depot - Mazda BT-50 Repair Insurance Claim Excess	300.00
		Total 1489	300.00
7 149 - Calingiri Football Club			
354	21/08/25	Hot Water System Replacement at Calingiri Pavilion	30,039.90
		Total 149	30,039.90
8 1521 - Bluesteel Enterprises (Frontline Fire)			
87333	08/08/25	Bush Fire Brigade -(LGGS) New Norcia 3.4U - 6x New Burn Over Blankets + Storage Bag	2,168.10
87332	08/08/25	Bush Fire Brigade - (LGGS) New Norcia 3.4U C-Class Service + Layflat Hose Testing + Misc. Repairs	12,978.97
		Total 1521	15,147.07
9 1572 - Exurban Pty Ltd (ATF Vista Trust)			
URP-4690	01/09/25	Town Planning Consultancy Services August 2025 - consultancy	3,358.85
URP-4690-1	01/09/25	Town Planning Consultancy Services August 2025 - Lot 42 Edmonds St rezoning and subdivision	3,327.62
		Total 1572	6,686.47
10 1658 - RSM Australia Pty Ltd (atf Birdanco Practice Trust Trading as RSM)			
GERI014745	29/08/25	Admin - Preparation July 2025 BAS & Lodgement of ATO TPAR Report	338.80
		Total 1658	338.80
11 1683 - Interfire Agencies Pty Ltd			
23804	02/09/25	Bush Fire Brigade - (LGGS) Calingiri BFB - ExploSafe Jerry Can, Metal, 5L, Green	132.58
		Total 1683	132.58
12 1762 - Rural Infrastructure Services			

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			Amount
Payment / Invoice	Date	Description	
1315	31/08/25	Provision of Consultancy Services - Calingiri - New Norcia Road - August 2025	4,205.20
		Total 1762	4,205.20
13 1801 - Fraser Onsite			
998-1	15/07/25	Depot - Komatsu Grader - Slides/Wear Strips/Locks Filters	29,615.42
		Total 1801	29,615.42
14 1822 - Quest Innaloo (QI Franchise Management Pty Ltd)			
842601	28/08/25	Admin Staff - Department of Transport Staff Training Expenses	1,010.00
		Total 1822	1,010.00
15 1857 - Northam Mazda			
149669	05/09/25	Ford Ranger 48000km Service - Depot	758.89
149516	26/08/25	Mazda BT50 95,000km Service - Depot	994.03
		Total 1857	1,752.92
16 1867 - Mortlock Electrical Pty Ltd			
1231	08/09/25	Test & Tag Faults at Mogumber & Piawaning Hall	990.00
		Total 1867	990.00
17 1880 - Canine Control			
155	20/08/25	Ranger Services - August 2025	2,668.05
		Total 1880	2,668.05
18 1885 - Calingiri Auto Centre (The Trustee for R J Glass Family Trust) t/as			
51674	28/08/25	Ford Ranger Wildtrak - 90,000km Service - Depot	1,546.60
51698	04/09/25	Hino FS 700 Series Truck - Call Out- Jump Start - Depot	49.50
		Total 1885	1,596.10
19 1894 - Hyatt Concrete Pty Ltd			
0178	02/09/25	Supply and lay 164sqms of grey concrete at Yerecoin Footpath	18,590.00
		Total 1894	18,590.00
20 1934 - White Springs Merino Stud			
PORTALOO TOILET HIRE	12/08/25	Portaloo Toilet Hire Refund	130.00
		Total 1934	130.00
21 1941 - Salary Packaging Australia Pty Ltd			
	11/09/25	Salary Packaging - Payroll Deduction	1,361.19
		Total 1941	1,361.19
22 1965 - CouncilFirst (Open Systems Technology Pty Ltd t/as)			
SI009194	22/07/25	ICT CF Licences Month of June 2025	517.00
		Total 1965	517.00
23 1995 - Well Done International Pty Ltd			
116941	31/08/25	Admin - After Hours Phone Messaging Service - August 2025	353.91
		Total 1995	353.91
24 2003 - Tree Tech Australia			
0469	31/08/25	Tree Pruning - Western Power 90 days notice June 2025 - Calingiri	3,564.00
		Total 2003	3,564.00
25 2036 - Knewjen Hire Pty Ltd			
0035	05/09/25	Depot - Digger Hire - August 2025 - Full Day - Poincare Street	1,800.00

Payment Details

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	Payment / Invoice	Date	Description	Amount
			Total 2036	1,800.00
26	2074 - The Goods Australia			
	P2-32732	19/08/25	Admin Office Cleaning Supplies	497.39
			Total 2074	497.39
27	2096 - Engino Pty Ltd (formerly Draftek)			
	2153-3	30/08/25	Contract Claim 3 - Issue of completed drawings - Mobile Water Truck CWSP Grant Funded	9,900.00
			Total 2096	9,900.00
28	2104 - Wheatbelt Natural Resource Management Inc			
	301705	11/04/25	Corella Project Payment 24/25 3rd & 4th Quarter	2,750.00
	301733	15/07/25	Corella Project Payment 25/26 1st & 2nd Quarter	2,750.00
			Total 2104	5,500.00
29	2109 - Finrent Pty Ltd			
	FA00140490	31/08/25	(LGGS) Calingiri BFB Printer - Rental Payments	162.05
			Total 2109	162.05
30	2152 - Allstrong Garage Doors			
	1824	22/08/25	(LGGS) New Norcia BFB - Roller Door Service	275.00
	1792	12/08/25	Insurance Claim - New Norcia ESC Roller Door Replacement	6,600.00
			Total 2152	6,875.00
31	2153 - Onetrak Pty Ltd			
	51300	02/09/25	Snap On Hydraulic Claw Attachment - Depot	22,880.00
			Total 2153	22,880.00
32	2160 - Onpress Digital Pty Ltd			
	15281	31/08/25	Admin - Federal Advocacy Document Design, and Artwork	314.60
			Total 2160	314.60
33	2167 - Gordon Houston			
	25260007	28/08/25	Contract Health/Building Services - August	6,451.52
	25260008	09/09/25	Contract Health/Building Services - September	6,451.52
			Total 2167	12,903.04
34	2181 - Element Electrical			
	40	22/07/25	Electrical Work at Mogumber Library	880.00
			Total 2181	880.00
35	2193 - Shire of Narrogin			
	214	19/08/25	WA Renewables Community Benefit Fund Guidelines	1,035.10
			Total 2193	1,035.10
36	2194 - City Panel Beaters Truck Repairs P/L			
	19079	19/08/25	Depot - UD Prime Mover Truck excess repairs - insurance claim	300.00
			Total 2194	300.00
37	2195 - Telstra Limited			
	I040457658-9	01/09/25	Starlink Monthly Fee Bolgart Library - September 2025	374.00
			Total 2195	374.00
38	2197 - Brittany Sekul			
	GYM BOND REFUND	11/09/25	Gym Bond Refund	52.00
			Total 2197	52.00
39	2198 - Steve Woods			

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	Payment / Invoice	Date Description	Amount
	CALINGIRI HALL BOND REFUND	22/08/25 Calingiri Hall Bond Refund - Alcohol Consumed	318.00
		Total 2198	318.00
40	282 - Department of Water and Environmental Regulation		
	VV-PAY-UUU348U- AF	22/08/25 Mogumber Refuse Site Licence	1,017.09
	AF-PAY-UUU3477- AF	20/08/25 Bolgart Refuse Site Licence	1,034.23
	VV-PAY-UUU3478- AF	22/08/25 Calingiri Refuse Site Licence	974.23
		Total 282	3,025.55
41	316 - Department Of Mines Industry Regulation & Safety		
	BSL AUG REMITTANCE	31/08/25 BSL August 2025 Remittance	56.65
		Total 316	56.65
42	337 - Lockies Fencing (LR & NJ McInnes T/as)		
	0237	28/08/25 Supply and install of pvc post and rail type fencing at Yerecoin Parking Bay	5,566.00
		Total 337	5,566.00 L
43	34 - State Library of Western Australia		
	RI041220	29/08/25 Better Beginnings Packs 2025-6 - Childrens Library Learning Packs	38.50
		Total 34	38.50
44	52 - Avon Waste		
	71204	08/08/25 Waste Removal- Refuse Collection	2,791.03
	71501	22/08/25 Waste Removal- Refuse Collection	2,108.08
		Total 52	4,899.11
45	529 - Wallis Computer Solutions		
	29499	29/08/25 ICT Contract - Support Services	1,011.32
	29635	08/09/25 ICT Contract - iPad Support	960.25
	29634	08/09/25 ICT Contract - Server Rack	2,145.00
	29633	08/09/25 ICT Contract - Backups	5,862.58
	29631	08/09/25 ICT Contract - Support Services	57,558.60
	29632	08/09/25 ICT Contract - Backups & Security	13,590.18
	29569	01/09/25 ICT Contract - IT Internet Services Staff Housing	231.00
		Total 529	81,358.93
46	53 - The Farmco / Yerecoin Traders		
	138369	18/08/25 Catering - Council Briefing Session	198.00
	139471	09/09/25 Catering - OCM Elected Members	440.00
		Total 53	638.00 L
47	531 - Fulton Hogan Industries Pty Ltd		
	20566989	22/07/25 Depot - Supply of Emulsion - CRS 60/170 - 1000 Litre IBC	1,705.00
		Total 531	1,705.00
48	553 - LGISWA		
	100-161619-01	16/09/25 Public Liability Premium 25/26	69,466.99
	100-161619-01.1	16/09/25 Public Liability Premium 25/26 - Motor Vehicle	21,896.90
	100-161619-01.2	07/07/25 Property Insurance - Shire Properties	43,532.53
		Total 553	134,896.42
49	594 - Dun Direct Pty Ltd		
	01279157	14/08/25 Depot - Fuel Supplies 6600Litres Diesel	3,957.79
		Total 594	3,957.79
50	63 - Australia Post		

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	Payment / Invoice	Date Description	Amount
	1014226883	03/09/25 2025/26 Postage Fees - July	1,439.71
		Total 63	1,439.71
51	648 - Officeworks		
	623412799	20/08/25 Admin - Stationary, Chamber Supplies, Water	543.47
		Total 648	543.47
52	83 - New Norcia Services		
	50861	19/08/25 Catering - Council Meeting	400.00
		Total 83	400.00 L
53	893 - Thomas Culverwell		
	29	12/09/25 Cleaning - Gillingarra Hall/Toilets	300.00
		Total 893	300.00 L
54	90 - Wheatbelt Tyres		
	2014206	15/08/25 Tyre repairs - Toro Mower - Depot	188.00
		Total 90	188.00
55	91 - Bolgart Rural Merchandise		
	JULY INVOICE	04/08/25 Depot Consumables - July 2025	1,293.96
		Total 91	1,293.96 L
56	99 - Country Copiers		
	26772	11/08/25 Printer/Scanner costs - Admin/Depot	164.80
		Total 99	164.80
		Total EFT00055	501,060.17
	EFT Payment - EFT00054		
57	1375 - Steptoe & Wife Scrap Metal Recycling (Newins Family Trust T/as)		
	097	18/08/25 Bolgart Refuse Site - 1/08/2025 to 31/08/2025	7,312.43
		Total 1375	7,312.43
		Total EFT00054	7,312.43
		Grand Total - EFT Payment	508,372.60

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	Payment / Invoice	Date Description	Amount
Other			
	Other - PPIN02298		
58	1065 - Shire of Victoria Plains - credit card		
	CCWM250830	15/09/2025 Credit card charges - August 2025	
		9/08/2025 Pensione Hotel - Training Accommodation	388.14
		13/08/2025 Caltex - Works Manager Vehicle Fuel	85.54
		19/08/2025 BP - Works Manager Vehicle Fuel	50.00
		28/08/2025 Bunnings Depot Consumables	83.85
		30/08/2025 Reef Group -Sea Containers Removal	2,729.65
		30/08/2025 Bendigo - Card fee	4.00
		Total 1065	3,341.18
		Total PPIN02298	3,341.18
Other - PPIN02299			
59	1065 - Shire of Victoria Plains - credit card		
	CCDCEO250831	15/09/25 Credit card charges - August 2025	
		2/08/2025 Quest Apt - DoT Training Admin staff - reimbursable	946.22
		5/08/2025 7 Eleven -Everest Fuel	29.79
		18/08/2025 Starlink Satellite Internet - BFB - LGGS	139.00
		18/08/2025 Starlink Satellite Internet 3 units	355.00
		31/08/2025 Coles - Coffee	19.60
		31/08/2025 Officeworks - Monitors and keyboards - admin	1,140.00
		31/08/2025 Bendigo - Card fee	4.00
		Total 1065	2,633.61
		Total PPIN02299	2,633.61
Other - PPIN02300			
60	1065 - Shire of Victoria Plains - credit card		
	CCCEO250831	15/09/25 Credit card charges - August 2025	
		2/08/2025 Calingiri Traders - office items	39.10
		4/08/2025 The Western Australian Subscription	32.00
		5/08/2025 BP - CEO's vehicle fuel	167.66
		6/08/2025 Spotto NSW- Regional Leaders summit - transport	68.25
		6/08/2025 Mercure NSW - Regional Leaders summit - Accommodation	786.86
		6/08/2025 Light Years - Regional Leaders Summit -Meals	217.30
		8/08/2025 CabFare-Regional Leaders summit - Transport	88.01
		9/08/2025 Transport NSW-Regional Leaders summit - Transport	3.30
		9/08/2025 Hunter King- Regional Leaders summit - meals	30.94
		9/08/2025 Mercure New Castle - Regional Leaders Summit- accommodation	71.99
		9/08/2025 Mercure New Castle - Regional Leaders Summit- accommodation	121.17
		12/09/2025 The Farm Weekly subscription	19.00
		13/08/2025 Calingiri Traders - CEO's vehicle fuel	135.62
		21/08/2025 Tickets	300.00
		21/08/2025 Drop box subscription	136.00
		21/08/2025 Drop box subscription internl fee	4.08
		23/08/2025 Ink Station- Printer ink - CEO	669.30
		26/08/2025 BP- CEO vehicle fuel	159.08
		26/08/2025 McCrindle subscription	53.90
		29/08/2025 Sitella Hearne Hill - meals accommodation	303.00

Payment Details

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Payment / Invoice		Date Description	Amount
		30/08/2025 Bendigo - Card fee	4.00
		Total 1065	3,410.56
		Total PPIN02300	3,410.56
Other - PPIN02301			
61	1065 - Shire of Victoria Plains - credit card		
	CCCESM250831	15/09/25 Credit card charges - August 2025	
		5/08/2025 Yerecoin Traders - BFSa Training Course Meals	78.70
		6/08/2025 Yerecoin Traders - FFS Training Course Meals	168.50
		20/08/2025 SP Strike - EMO Vehicle In-Dash Mount	268.00
		30/08/2025 Bendigo - Card fee	4.00
		Total 1065	519.20
		Total PPIN02301	519.20
Other - PPIN02302			
62	1208 - Wright Express Australia Pty Ltd (WEX)		
	FC250831	15/09/25 Fuel card - admin	13.18
		Total 1208	13.18
		Total PPIN02302	13.18
Other - PPIN02243			
63	140 - Water Corporation		
	WATER CORPORATION JULY - SEPT	09/09/25 Water Corporation July - Sept	214.52
		Total 140	214.52
		Total PPIN02243	214.52
Other - PPIN02291			
64	140 - Water Corporation		
	WATER CORP - 26/09/2025	11/09/25 Water Corp - 26/09/2025	801.19
		Total 140	801.19
		Total PPIN02291	801.19
Other - PPIN02292			
65	140 - Water Corporation		
	WATER CORP - 30/09/2025	11/09/25 Water Corp - 30/09/2025	980.33
		Total 140	980.33
		Total PPIN02292	980.33
Other - PPIN02155			
66	141 - BENDIGO BANK - GOOMALLING BRANCH		
	BFC0250901	01/09/25 Interest Overdraft	1,979.78
		Line Fee	400.00
		De Fees	1.92
		Bpay Monthly Fee	66.88
		Total 141	2,448.58
		Total PPIN02155	2,448.58
Other - PPIN02269			
67	141 - BENDIGO BANK - GOOMALLING BRANCH		
	BCF250903	03/09/25 Bank fees and charges - De Fees	0.15
		Total 141	0.15
		Total PPIN02269	0.15

Payment Details

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	Payment / Invoice	Date Description	Amount
	Other - PPIN02272		
68	141 - BENDIGO BANK - GOOMALLING BRANCH		
	BCF250910	10/09/25 Bank fees and charges -De Fees	4.35
		Total 141	4.35
		Total PPIN02272	4.35
	Other - PPIN02274		
69	141 - BENDIGO BANK - GOOMALLING BRANCH		
	BCF250911	11/09/25 Tyro Fees - August 2025	1,493.01
		Total 141	1,493.01
		Total PPIN02274	1,493.01
	Other - PPIN02280		
70	141 - BENDIGO BANK - GOOMALLING BRANCH		
	BCF250917	17/09/25 Bank fees and charges - De Fees	8.40
		Total 141	8.40
		Total PPIN02280	8.40
	Other - PPIN02283		
71	141 - BENDIGO BANK - GOOMALLING BRANCH		
	BCF250924	24/09/25 Bank charges and fees - De Fees	4.35
		Total 141	4.35
		Total PPIN02283	4.35
	Other - PPIN02157		
72	1421 - Shire of Victoria Plains (Department Of Transport)		
	DOT250829	02/09/25 Transport licensing transactions 29/08/2025	103.00
		Total 1421	103.00
		Total PPIN02157	103.00
	Other - PPIN02270		
73	1421 - Shire of Victoria Plains (Department Of Transport)		
	DOT250902	04/09/25 Transport licensing transactions 2/9/25	1,600.90
		Total 1421	1,600.90
		Total PPIN02270	1,600.90
	Other - PPIN02271		
74	1421 - Shire of Victoria Plains (Department Of Transport)		
	DOT250904	08/09/25 Transport licensing transactions 4/9/25	67.55
		Total 1421	67.55
		Total PPIN02271	67.55
	Other - PPIN02273		
75	1421 - Shire of Victoria Plains (Department Of Transport)		
	DOT250908	10/09/25 Transport Licensing transactions 8/9/25	553.60
		Total 1421	553.60
		Total PPIN02273	553.60
	Other - PPIN02277		
76	1421 - Shire of Victoria Plains (Department Of Transport)		
	DOT250909	11/09/25 Transport licensing transactions 9/9/25	52.10
		Total 1421	52.10
		Total PPIN02277	52.10
	Other - PPIN02278		
77	1421 - Shire of Victoria Plains (Department Of Transport)		
	DOT250912	16/09/25 Transport licensing transactions 12/09/25	4,693.20

Payment Details

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Payment / Invoice		Date Description	Amount
		Total 1421	4,693.20
		Total PPIN02278	4,693.20
Other - PPIN02279			
78	1421 - Shire of Victoria Plains	(Department Of Transport)	
	DOT250915	17/09/25 Transport licensing transactions 15/09/25	267.75
		Total 1421	267.75
		Total PPIN02279	267.75
Other - PPIN02281			
79	1421 - Shire of Victoria Plains	(Department Of Transport)	
	DOT250918	22/09/25 Transport licensing transactions 18/9/25	181.85
		Total 1421	181.85
		Total PPIN02281	181.85
Other - PPIN02282			
80	1421 - Shire of Victoria Plains	(Department Of Transport)	
	DOT250919	23/09/25 Transport licensing transactions 19/9/25	1,335.40
		Total 1421	1,335.40
		Total PPIN02282	1,335.40
Other - PPIN02284			
81	1421 - Shire of Victoria Plains	(Department Of Transport)	
	DOT250923	25/09/25 Transport licensing transactions 23/9/25	460.75
		Total 1421	460.75
		Total PPIN02284	460.75
Other - PPIN02285			
82	1421 - Shire of Victoria Plains	(Department Of Transport)	
	DOT250924	26/09/25 Transport licensing transactions 24/9/25	11,608.90
		Total 1421	11,608.90
		Total PPIN02285	11,608.90
Other - PPIN02286			
83	1421 - Shire of Victoria Plains	(Department Of Transport)	
	DOT250925	30/09/25 Transport licensing transactions 25/09/25	1,306.25
		Total 1421	1,306.25
		Total PPIN02286	1,306.25
Other - PPIN02240			
84	18 - Synergy		
	SYNERGY 2002586772	20/08/25 Mogumber Hall	239.50
		Total 18	239.50
		Total PPIN02240	239.50
Other - PPIN02237			
85	18 - Synergy		
	SYNERGY ACCOUNT 263 733 750 AUGUST	19/08/25 Piawaning Desalination	147.71
		Total 18	147.71
		Total PPIN02237	147.71
Other - PPIN02238			
86	18 - Synergy		

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	Payment / Invoice	Date Description	Amount
	SYNERGY ACCOUNT 22 996 670 AUGUST	20/08/25 Mogumber Library	243.08
		Total 18	243.08
		Total PPIN02238	243.08
Other - PPIN02241			
87	18 - Synergy SYNERGY ACCOUNT 24/09/2025	04/09/25 Streetlights	1,619.46
		Gillingarra Fire Station	133.52
		Parker Road Bore Pump	257.91
		Total 18	2,010.89
		Total PPIN02241	2,010.89
Other - PPIN02242			
88	18 - Synergy SYNERGY 582 015 040	05/09/25 New Norcia Emergency Services Building	495.79
		Total 18	495.79
		Total PPIN02242	495.79
Other - PPIN02290			
89	18 - Synergy SYNERGY - SEPTFMRFR	08/09/25 Calingiri Emergency Services	598.05
		Calingiri Recreation Hall	630.11
		Depot Office	1,056.14
		Calingiri Caravan Park	411.61
		Total 18	2,695.91
		Total PPIN02290	2,695.91
Other - PPIN02236			
90	20 - Telstra Corporation Ltd TELSTRA MOBILES 158 3901 424 AUGUST	27/08/25 Telstra Mobiles/Sim Charges - August 2025	831.93
		Total 20	831.93
		Total PPIN02236	831.93
Other - PPIN02239			
91	20 - Telstra Corporation Ltd TELSTRA LANDLINES 630 8146 000	30/08/25 Phone and Internet Charges	2,643.26
		Total 20	2,643.26
		Total PPIN02239	2,643.26
Other - DD00036			
92	V0001 - SuperStream Clrg House Vendor PJ000589	10/09/25 Superannuation Contribution Payroll Deduction	1,049.14
	PPE10092025	10/09/25 Superannuation Contribution	9,339.42
		11/09/25 Refund of superannuation being resent to new fund	305.61
		Total V0001	10,694.17
		Total DD00036	10,694.17
Grand Total - Other			58 106 10

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	Payment / Invoice	Date	Description	Amount
	Payroll			
93	PJ000589			
	PPE10092025	10/09/2025	Wages payment PE10/09/2025	56,937.90
			Total PJ000589	56,937.50
	Payroll			
94	PJ000599			
	PPE24092025	24/09/2025	Wages payment 24/09/2025	58,817.00
			Total PJ000599	58,817.00
			Grand Total - Payroll	115,754.50
			GRAND TOTAL - OTHER AND PAYROLL	173,860.60

Payment Type	References from - to	\$ Amount
Creditor EFT Payment**	EFT00054- EFT00055	508,372.60
Direct Debit Payment**	PPIN02239 – PPIN02298 DD00036	48,188.37
Credit card – Bendigo Bank	PPIN02298	3,341.18
	PPIN02299	2,633.61
	PPIN02300	3,410.56
	PPIN02301	519.20
Fuel Card – Wright Express	PPIN02302	13.18
Salaries and Wages EFT	PE10/09/25;PE24/09/25	115,754.50
Trust Payments		0
	TOTAL	682,233.20

Local Spending	\$	%
Local Supplier	4,228.06	0.62%
Payroll	115,754.50	16.97%
Total	119,982.56	17.59%

9.2 Monthly Financial Statements - October 2025

File Reference	
Report Date	20 October 2025
Applicant/Proponent	Shire of Victoria Plains
Officer Disclosure of Interest	Nil
Previous Meeting Reference	Nil
Prepared by	Colin Ashe – Deputy Chief Executive Officer
Senior Officer	Sean Fletcher – Chief Executive Officer
Authorised by	Sean Fletcher – Chief Executive Officer
Attachments	1. Financial Statements - Sep 25

PURPOSE

To receive the monthly financial statements for the period ending 30 Sep 2025.

BACKGROUND

Section 6.4 of the Local Government Act 1995 requires a Local Government to prepare financial reports.

The Local Government (Financial Management) Regulations 34 & 35 set out the form and content of the financial reports which have been prepared for the periods as above and are presented to Council for approval.

COMMENT

The audit for 24-25 Annual Financial Statements has essentially been completed and staff do not envisage any further material changes to this carried forward (C/F) deficit of (\$962,908), reflected in the Sep 25 monthly financial statements. This new C/F figure will increase the 25-26 budget forecast by (\$37,180).

Funds have been returned to Restricted Funding to ensure this is segregated from general revenue of the Municipal Fund and at this point the financial position is healthy. The difference between the year to date (YTD) budget and actuals is primarily:

- Ex-Gratia Rate payment from 24-25.
- Salaries budget awaiting sub division funding as the offset.

The current surplus is \$3,747,659 against a YTD budget of \$4,029,062.

NOTES TO ACCOUNT

The following presents a summary and analysis of the key points in the Sep 25 Financial Statements.

Note 1 Net Current Funding Position:

This reflects the liquidity of the shire, calculated as current assets less current liabilities, aligning with the Statement of Financial Activity (Rate Setting Statement) amounting to \$3,747,659. This has continued to improve from Aug 25, returning the shires ability to service its current liabilities.

Note 2 Cash and Financial Assets:

The current total cash position balance is \$3,108,836 with an Unrestricted Municipal Bank Balance of \$1,374,362 and \$1,734,474 in Restricted Funding, the latter comprising:

- \$713,488 in Reserves.
- \$1,020,986 major grant funding received and quarantined fully cash backed (see note 11).

The Municipal Bank Balance has returned to a positive amount noting the budget dictates a reliance on sub-division funding in order to transfer costs to this capital project or risk returned pressure on cashflows.

Note 4 – Debtors:

An overall (net) balance of \$2,386,969 noting this has reduced by half from Aug 25 and indicating actual payment of rate. The balance comprises of:

- \$1,123,363 in rate debtors analysed below.
- \$1,224,092 in sundry debtors primarily Regional Road Safety Program (RRSP) funding through MRWA.
- \$78,243 is primarily DFES in terms of the CESM agreement and Mitigation Activity Fund (MAF), both currently being followed up for payment.
- \$1,730 has been referred to the Fine Enforcement Registry (FER) for two separate firebreak infringements. One is making payments of \$50 per month, the other has multiple infringements (not necessarily with the shire) and will be paid on an oldest first basis.

In terms of Rate Debtors, this can be further analysed as:

- \$797,898 on instalment plans.
- \$47,597 on payment arrangements and debt collection.
- \$268,733 final notices.

Note 5 Reserves:

Funds transfer of \$10,000 will occurred in Nov 25 as per scheduled installation of air conditioners at 12 Harrington St.

Note 6 – Plant Disposals

No disposals for Sep 25.

Note 7 – Capital Program

Some progressing starting to be made in the Capital Program but council should not expect to see any major expenditure reflected in the financial Statements until Nov 25. Similarly, some Plant expenditure will occur in Oct and Nov 25.

Note 9 – Payables

Contingent Liabilities will reduce once the HSP1 funding, R2R and LRCI program is completed.

Note 10 – Grants and Subsidies

Invoicing for RRSP has been raised and funds will be expected to be paid in Nov 25. There has been some delays in making claims for the Strategic Water Plan which had not been fully received until late Oct 25. This will need to have some quality assurance applied, presented to council and then further funding claims can be made.

Note 11 – Restricted Funds

Funding for R2R and LRCI and HSP1 has been quarantined and now fully cash backed to meet expenditure when it occurs. This will therefore have no impact on the general revenue cashflow through the Municipal Fund.

Note 12 – LRCI Program

The Calingiri Sportsground Lighting has been completed and Bolgart Skatepark and Calingiri Youth Open Space almost completed, the latter being purchase orders raised to complete the fencing. The Depot Carpark shelter has also commenced.

The Boundary Entry Signage is virtually completed noting this has exceeded the budget cost and will likely be absorbed as the variation is due to installation by the outside crew (i.e. not a materials cost).

The Mogumber Hall toilet floor budget and scope will be revised upon review and excess funds will be redirected to the Calingiri Playground due to the need to acquit LRCI funding by 30 Jun 26 and the risk of Lotterywest funding in terms of timing and approval. Should the Lotterywest funding be successful, it could be used for the surrounding playground area.

All will be subject to council briefing and if necessary, endorsement through the budget review.

Note 13 – LGGS Program

Expenditure on Bushfire Plant has occurred in readiness for the fire season.

Note 14 – Material Variances

Details have been provided with greater granularity on variances noting the ex-gratia rates refund will impact on the budget. The ESL charge has been incorrectly classified in the budget and will be remediated during budget review.

Employee Costs have the largest variance and is due to delays in sub-division funding (as the offset). Once this is received, employee costs will be allocated as the focus shifts to this capital activity.

CONSULTATION

Chief Executive Officer, Sean Fletcher.

Manager Works and Services, Silvio Brenzi.

Chief Financial Officer, Zoe Clayton.

Co-ordinator Financial Services, Glenn Deocampo.

STATUTORY CONTEXT

Local Government (Financial Management) Regulations 1996 –

- r.34 – financial activity statement required each month and details of what is to be included.

CORPORATE CONTEXT

Local Government (Financial Management) Regulations 1996 –

- r.34 – financial activity statement required each month and details of what is to be included.

Strategic Business Plan/Corporate Business Plan

STRATEGIC PRIORITIES		WE KNOW WE ARE SUCCEEDING WHEN	
4. CIVIC LEADERSHIP			
4.3 Proactive and well governed Shire	External audits and reviews confirm compliance		
	We have sound financial management policies and attract external funding to help achieve our goals		
	Councilors attend training and feel supported in their role		
	Council is supported by a skilled team		

Delegation

Nil

Policy Implications

Policy Manual –

- 3 Financial Management

Other Corporate Document

Nil

Risk Analysis

Consequence	Consequence Rating:	Likelihood Rating:	Risk Rating	Risk Acceptance/ Controls	Mitigation and Outcome
Compliance	Extreme (5) Non-compliance results in litigation, criminal charges or significant damages or penalties to Shire/Officers	Unlikely (2) The event could occur at some time	High (10)	Senior Management Team / CEO Risk acceptable with excellent controls, managed by senior management / executive and subject to monthly monitoring	Policies and processes including preparation by Finance staff ensure that the residual risk is moderate.

FINANCIAL IMPLICATIONS

Nil

VOTING REQUIREMENTS

Simple Majority

Officer Recommendation

That Council **RECEIVE** the 30 Sep 2025 Monthly Financial Statements as presented.



SHIRE OF VICTORIA PLAINS

MONTHLY FINANCIAL REPORT

FOR THE PERIOD ENDED 30 SEPTEMBER 2025

LOCAL GOVERNMENT ACT 1995
LOCAL GOVERNMENT (FINANCIAL MANAGEMENT) REGULATIONS 1996

**SHIRE OF VICTORIA PLAINS
MONTHLY FINANCIAL REPORT
FOR THE PERIOD ENDING 30 SEPTEMBER 2025**

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SHIRE OF VICTORIA PLAINS
STATEMENT OF COMPREHENSIVE INCOME
FOR THE MONTH ENDED 30 SEPTEMBER 2025

	Note	Annual Budget \$	YTD Budget \$	YTD Actual \$
Revenue				
Rates		4,135,598	4,135,598	4,080,542
Grants, subsidies and contributions	10b	2,272,986	541,030	525,505
Fees and charges		309,923	216,690	161,547
Interest revenue		72,744	19,355	16,188
Other revenue		38,960	72,679	118,315
		<u>6,830,211</u>	<u>4,985,352</u>	<u>4,902,097</u>
Expenses				
Employee costs		(2,058,532)	(471,682)	(610,484)
Materials and contracts		(2,615,003)	(748,665)	(684,163)
Utility charges		(118,350)	(31,340)	(21,643)
Depreciation		(3,673,554)	(918,389)	(902,004)
Finance costs		(50,377)	(22,509)	(5,986)
Insurance		(195,445)	(92,553)	(97,721)
Other expenditure		(218,676)	(26,032)	(18,940)
		<u>(8,929,937)</u>	<u>(2,311,169)</u>	<u>(2,340,940)</u>
		(2,099,726)	2,674,183	2,561,157
Capital grants, subsidies and contributions	10a	11,944,564	1,514,482	1,514,542
Profit on asset disposals	6	76,764	-	-
Loss on asset disposals	6	(7,102)	-	-
		<u>12,014,226</u>	<u>1,514,482</u>	<u>1,514,542</u>
Net result for the period		9,914,500	4,188,664	4,075,699
Other comprehensive income for the period				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
Changes in asset revaluation surplus		-	-	-
Total other comprehensive income for the period		-	-	-
Total comprehensive income for the period		9,914,500	4,188,664	4,075,699

This statement is to be read in conjunction with the accompanying notes.

SHIRE OF VICTORIA PLAINS
STATEMENT OF FINANCIAL ACTIVITY
FOR THE MONTH ENDED 30 SEPTEMBER 2025

	Note	Annual Budget \$	YTD Budget \$	YTD Actual \$
OPERATING ACTIVITIES				
Revenue from operating activities				
General rates		4,135,598	4,135,598	4,080,542
Grants, subsidies and contributions	10b	2,272,986	541,030	525,505
Fees and charges		309,923	216,690	161,547
Interest revenue		72,744	19,355	16,188
Other revenue		38,960	72,679	118,315
Profit on asset disposals	6	76,764	-	-
		6,906,975	4,985,352	4,902,097
Expenditure from operating activities				
Employee costs		(2,058,532)	(471,682)	(610,484)
Materials and contracts		(2,615,003)	(748,665)	(684,163)
Utility charges		(118,350)	(31,340)	(21,643)
Depreciation		(3,673,554)	(918,389)	(902,004)
Finance costs		(50,377)	(22,509)	(27,959)
Insurance		(195,445)	(92,553)	(97,721)
Other expenditure		(218,676)	(26,032)	(18,940)
Loss on asset disposals	6	(7,102)	-	-
		(8,937,039)	(2,311,169)	(2,362,913)
Non-cash amounts excluded from operating activities	1	3,603,893	918,389	902,004
Amount attributable to operating activities		1,573,829	3,592,571	3,441,189
INVESTING ACTIVITIES				
Inflows from investing activities				
Capital grants, subsidies and contributions	10a	11,944,564	1,514,482	1,514,542
Proceeds from disposal of assets	6	280,500	-	-
Proceeds from financial assets at amortised cost - self-supporting loans		23,872	-	-
		12,248,936	1,514,482	1,514,542
Outflows from investing activities				
Payments for financial assets at amortised cost - self-supporting loans		-	-	-
Acquisition of property, plant and equipment	7	(7,532,772)	(69,650)	(69,656)
Acquisition of infrastructure	7	(5,403,522)	(64,180)	(64,178)
		(12,936,294)	(133,830)	(133,834)
Non-cash amounts excluded from investing activities		-	-	-
Amount attributable to investing activities		(687,358)	1,380,652	1,380,708
FINANCING ACTIVITIES				
Inflows from financing activities				
Proceeds from borrowings	8	-	-	-
Transfers from reserve accounts	5	77,309	-	-
		77,309	-	-
Outflows from financing activities				
Repayment of borrowings	8	(288,565)	(110,975)	(110,975)
Transfers to reserve accounts	5	(40,000)	-	(355)
		(328,565)	(110,975)	(111,330)
Non-cash amounts excluded from financing activities		-	-	-
Amount attributable to financing activities		(251,256)	(110,975)	(111,330)
MOVEMENT IN SURPLUS OR DEFICIT				
Surplus or deficit at the start of the financial year		(925,728)	(925,728)	(962,908)
Amount attributable to operating activities		1,573,829	3,592,571	3,441,189
Amount attributable to investing activities		(687,358)	1,473,194	1,380,708
Amount attributable to financing activities		(251,256)	(110,975)	(111,330)
Surplus or deficit after imposition of general rates		(290,513)	4,029,062	3,747,659

This statement is to be read in conjunction with the accompanying notes.

**SHIRE OF VICTORIA PLAINS
STATEMENT OF FINANCIAL POSITION
AS AT 30 SEPTEMBER 2025**

	Note	25/26 \$	24/25 \$
CURRENT ASSETS			
Cash and cash equivalents	2	3,108,836	1,241,602
Trade and other receivables	4a	2,386,969	82,050
Other financial assets		26,544	624,571
Inventories		36,422	48,342
Other assets		90,095	204,406
TOTAL CURRENT ASSETS		5,648,867	2,200,970
NON-CURRENT ASSETS			
Trade and other receivables	4b	17,050	17,050
Other financial assets		134,725	134,725
Property, plant and equipment		12,670,386	12,764,735
Infrastructure		127,970,869	128,644,690
TOTAL NON-CURRENT ASSETS		140,793,030	141,561,201
TOTAL ASSETS		146,441,897	143,762,171
CURRENT LIABILITIES			
Trade and other payables	9a	444,718	1,864,924
Other liabilities	9b	534,880	324,453
Borrowings	8	180,262	313,210
Employee related provisions		181,578	234,825
TOTAL CURRENT LIABILITIES		1,341,438	2,737,412
NON-CURRENT LIABILITIES			
Borrowings	8	1,015,011	1,015,011
Employee related provisions		49,610	49,610
TOTAL NON-CURRENT LIABILITIES		1,064,621	1,064,621
TOTAL LIABILITIES		2,406,059	3,802,033
NET ASSETS		144,035,838	139,960,138
EQUITY			
Retained surplus		16,547,834	16,547,834
Net Result - Comprehensive Income		4,075,699	
Transfers to (from) Reserves		(355)	
Reserve accounts	5	713,488	713,133
Revaluation surplus		122,699,172	122,699,170
TOTAL EQUITY		144,035,838	139,960,137

This statement is to be read in conjunction with the accompanying notes.

SHIRE OF VICTORIA PLAINS
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE MONTH ENDED 30 SEPTEMBER 2025

Note 1

Determination of Surplus or Deficit

Note	25/26 Actual \$	25/26 Budget \$	24/25 Actual \$
(a) Non-cash amounts excluded from operating activities			
The following non-cash revenue or expenditure has been excluded from amounts attributable to operating activities within the Statement of Financial Activity in accordance with Financial Management Regulation 32.			
Adjustments to operating activities			
Less: Profit on asset disposals	-	(76,764)	(32,479)
Less: Fair value adjustments to financial assets at fair value through profit or loss	-	-	2,663
Add: Loss on disposal of assets	-	7,102	58,001
Add: Depreciation	902,004	3,673,554	3,733,716
Non-cash movements in non-current assets and liabilities:			
Pensioner deferred rates	-	-	(3,641)
Employee benefit provisions	-	-	(7,166)
Non-cash amounts excluded from operating activities	902,004	3,603,893	3,751,094
(b) Surplus or deficit after imposition of general rates			
The following current assets and liabilities have been excluded from the net current assets used in the Statement of Financial Activity in accordance with Financial Management Regulation 32 to agree to the surplus/(deficit) after imposition of general rates.			
Adjustments to net current assets			
Less: Reserve accounts	(713,488)	(675,824)	(713,133)
Less: Financial assets at amortised cost – self supporting loans	(26,544)	23,872	(26,544)
Add: Current liabilities not expected to be cleared at end of year			
Current portion of borrowings	180,262	288,566	313,210
Total adjustments to net current assets	(559,770)	(363,386)	(426,467)
Net Current Assets used in the Statement of Financial Activity			
Total Current Assets	5,648,867	1,393,107	2,200,970
Less: Total current liabilities	(1,341,438)	(1,320,234)	(2,737,412)
Less: Total adjustments to net current assets	(559,770)	(363,386)	(426,467)
Surplus or deficit after imposition of general rates	3,747,659	(290,513)	(962,908)

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 2

Cash and Cash Equivalents

Description	Unrestricted	Restricted	Total	Institutions	Interest Rate	Maturity Date
	\$	\$	\$			
Petty Cash	700		700	N/A	Nil	On Hand
Municipal Funds Bank	1,372,850		1,372,850	Bendigo Bank	0.00%	At Call
Restricted Funding	812	1,020,986	1,021,799	Bendigo Bank	0.00%	At Call
RESERVES						
Reserve Savings Bank Account		115,461	115,461	Bendigo Bank	0.00%	At Call
Reserves - Term Deposits		598,027	598,027	Bendigo Bank	3.40%	5/10/2025
		713,488	713,488			
Total Cash and Cash Rquivalents	1,374,362	1,734,474	3,108,836			

Note 3

Bonds and Deposits Held

Funds held as a bond or holding account with the Shire

Description	Closing Balance 30-Sep-25 \$	Opening Balance 30-Jun-25 \$
Tip Key Bond	1,964	1,964
Gym Memberships	2,906	2,721
Toilet Bond	2,070	1,940
Hall Bond	1,125	1,125
GSRC Gillingarra Church Legal Fees	5,000	5,000
Other	2,280	2,280
Total Funds Held	15,345	15,030

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 4

Trade and Other Receivables

(a) Current Assets	30-Sep-25	30-Jun-25
	\$	\$
Debtor - Rates	1,123,363	52,012
Expected Credit Loss (Allowance)	(15,262)	(15,261)
Other Statutory Receivables	23,671	-
Debtors - Sundry (Trade Receivables)	1,224,092	43,162
GST Receivable	31,105	
Receivables for Employee Related Provisions		2,137
Total Trade and other Receivables	2,386,969	82,050

Debtors - Sundry (Trade Receivables)

	30-Sep-25	30-Jun-25
	\$	\$
01-31 Days	1,125,812	41,390
31-62 Days	18,307	172
63-92 Days	78,243	-
93+ Days	1,730	1,600
Total Trade Receivables	1,224,092	43,162

Debtors - Rates Analysis

Closing balances - prior year	52,012	36,344
Prepaid / Unallocated Rates		-
All Rates levied this year	4,080,542	3,922,567
Less: Closing balances - current month	1,123,363	52,012
Total Rates Collected to date	3,009,191	3,906,899
% collected	73%	99%

Instalment Plans	797,898	
Adhoc Payment Arrangement	25,679	26,684
Debt Collection with AMPAC	21,918	6,145
Rates paid in Advance	(3,509)	-
Final notices sent out	268,733	18,979
Mining Tenements waiting to be written off	12,488	
Small amounts	156	204
Total	1,123,363	52,012

(b) Non Current Assets

Deferred Rates	17,050	17,050
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SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 5

Cash Reserves

Reserve	Opening Balance	Transfer From		Interest Received		Transfer To		Closing Balance	
	1/07/2025	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	Actual 30/09/2025	Budget 30/06/2026
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Long Service Leave	4,856		-	2	204		-	4,858	5,060
Plant	27,740		-	14	1,165		-	27,754	28,905
Housing	154,489		(10,000)	77	6,499		-	154,566	150,988
Sewerage Scheme - Calingiri	53,648		-	27	2,257		-	53,675	55,905
Refuse Site	275,379		-	29	11,585		-	275,408	286,964
Building Maintenance	57,930		(67,309)	50	2,437		10,000	57,980	3,058
Infrastructure	100,516		-	4	4,229		-	100,520	104,745
Gymnasium	8,038		-	11	338		-	8,049	8,376
Sewerage Scheme - Yerecoin	22,909		-	137	964		-	23,046	23,873
Unallocated Monies	7,628		-	4	321		-	7,632	7,949
Total Cash Reserves	713,133	-	(77,309)	355	30,000	-	10,000	713,488	675,823

Objective of Reserves

In accordance with council resolutions in relation to each reserve account, the purpose for which the reserves are set aside are as follows:

Reserve Name	Term	Purpose
Long Service Leave	Ongoing	to be used to fund annual and long service leave requirements
Plant	Ongoing	to be used for the purchase of major plant
Housing	Ongoing	to be used for the procurement of staff housing
Sewerage Scheme - Calingiri	Ongoing	to be used to maintain and improve the Calingiri sewerage scheme
Refuse Site	Ongoing	to be used to fund future refuse site development
Building Maintenance	Ongoing	to be used for the long term maintenance of Shire buildings
Infrastructure	Ongoing	to be used for future infrastructure development to ensure long term Shire sustainability
Gymnasium	Ongoing	to be used for future purchases and replacement of gymnasium equipment
Sewerage Scheme - Yerecoin	Ongoing	to be used to maintain and improve the Yerecoin sewerage scheme
Unallocated Monies	Ongoing	future refund or allocation once identified or transferred to shire general revenue after statutory period expiry.

The reserves are not expected to be used within a set period and further transfers to the reserve accounts are expected as funds are utilised.
There are no reserves restricted by legislation.

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 6

Disposal of Assets

Class of Asset & Program	Proceeds from Sale		Cost of Replacement Asset		Net Cost for Change Over		Written Down Value		Profit/(Loss) on Disposal		
	Actual \$	Budget \$	Actual \$	Budget \$	Actual	Budget \$	Actual	Budget \$	Actual (Profit)	Actual (Loss)	Budget \$
	2025/26	2025/26	2025/26	2025/26	2025/26	2025/26	2025/26	2025/26	2025/26	2025/26	2025/26
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Plant & Equipment											
Governance											
CEO Vehicle		80,000			-	(80,000)		62,119	-	-	17,881
DCEO Vehicle		65,000			-	(65,000)		54,963	-	-	10,037
Transport											-
PEX01 - Caterpillar Excavator 311D-LRR		30,000			-	(30,000)		18,115	-	-	11,885
Snap on Hydraulic Claw		500			-	(500)		2,551	-	-	(2,051)
PM09 - Kubota ZD1211-60 Mower VP71		5,000			-	(5,000)		10,050	-	-	(5,050)
PTK23 - Mitsubishi Canter Table Top VP49		35,000			-	(35,000)		5,656	-	-	29,344
Ford Ranger Wildtrak WM VP000		65,000			-	-		57,384	-	-	7,616
Totals Disposal of Assets	-	280,500	-	-	-	(215,500)	-	210,838	-	-	69,662

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 7

Capital Acquisitions

Program/Sub-program	Non-Infrastructure						Infrastructure				TOTAL	
	Land & Buildings		Plant & Equipment		Furniture & Equipment		Roads		Other		Actual 2025/26	Budget 2025/26
	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26		
Governance												
Admin Storage and Roller Doors		22,000									-	22,000
CEO Vehicle (VP0)				100,000							-	100,000
DCEO Vehicle (VP00)				75,000							-	75,000
Law, Order and Public Safety												
Disaster Ready Generators				101,560							-	101,560
Disaster Ready Bores									78,440		-	78,440
Housing												
Staff Housing Development - HSP2		4,567,000									-	4,567,000
Staff Housing Development - HSP1	4,059	27,000									4,059	27,000
Air Conditioner - 12 Harrington St						15,000					-	15,000
Recreation and Culture												
Calingiri Pavilion Boiler	27,309	27,309									27,309	27,309
Calingiri Sportsclub		25,000									-	25,000
Mogumber Toilets		54,903									-	54,903
Calingiri Oval Scoreboard						80,000					-	80,000
Calingiri War Memorial									22,000		-	22,000
Calingiri Playground Equipment									52,000		-	52,000
Calingiri Sportsground Lighting									22,835	22,471	22,835	22,471
Calingiri Youth Park									5,500	5,150	5,500	5,150
Bolgart Skatepark									5,000	5,000	5,000	5,000
Transport												
Depot Renovations		60,000									-	60,000
Depot Carpark LRC	1,579	15,000									1,579	15,000
PEX01 - Caterpillar Excavator 311D-LRR				175,000							-	175,000
Snap on Hydraulic Claw				20,800		30,000					20,800	30,000
PM09 - Kubota ZD1211-60 Mower VP71			15,909	18,000							15,909	18,000
PTK23 - Mitsubishi Canter Table Top VP49				120,000							-	120,000
PWV75 - Ford Ranger Wildtrak WM VP000				75,000							-	75,000
Digital Speed Signs				25,000							-	25,000
Depot Utility (2WD)				30,000							-	30,000
Footpaths									16,900	20,000	16,900	20,000
Truck Parking Bay - Mogumber										10,000	-	10,000
Truck Parking Bay - Yerecoin									10,120	21,500	10,120	21,500
Roadworks - Regional Road Safety Program												
Toodyay - Bindi Bindi Rd Nth (RRSP)								2,428,855			-	2,428,855
Wongan Hills Waddington Road (RRSP)								823,540			-	823,540
Roadworks - Roads to Recovery Funded												
Yerecoin Sth East Rd								700,000			-	700,000
Bolgart East Rd Seal - renewal								57,250			-	57,250

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 7

Capital Acquisitions

Program/Sub-program	Non-Infrastructure						Infrastructure				TOTAL	
	Land & Buildings		Plant & Equipment		Furniture & Equipment		Roads		Other		Actual 2025/26	Budget 2025/26
	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26		
Poincare St - Seal renewal								60,000			-	60,000
Cavell St and Haig Intersection								10,000			-	10,000
Calingiri New Norcia Rd - reconstruction							3,823	79,198			3,823	79,198
Economic Development												
Victoria Plains Central Precinct		1,890,000									-	1,890,000
Gillingarra Emergency Water CWSP									86,180		-	86,180
Gillingarra Community Water CWSP									93,912		-	93,912
Gillingarra Truckfill CWSP									128,741		-	128,741
ESA Tourism Development									689,485		-	689,485
Bore Development - Goudge / Parker Rd									9,800		-	9,800
Totals	32,947	6,688,212	36,709	749,560	-	95,000	3,823	4,158,843	60,355	1,244,679	133,834	12,936,294
	TOTAL NON-INFRASTRUCTURE					69,656	7,532,772	TOTAL INFRASTRUCTURE	64,178	5,403,522		

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 8

Borrowings

No.	Loan Details	Amount Outstanding	Interest Repayments		Principal Repayments		Principal Outstanding
		1/07/2025	Actual 2025/26	Budget 2025/26	Actual 2025/26	Budget 2025/26	30/09/2025
		\$	\$	\$	\$	\$	\$
	Self Supporting Loans						
83	Calingiri Football Club	101,555		(4,928)		(23,872)	101,555
	Other Loans						
84	Piawaning Water Supply	29,088	(362)	(605)	(9,576)	(19,272)	19,512
85	Grader and Roller	60,890		(430)		(40,508)	60,890
87	Plant Replacement	1,114,716	(23,265)	(44,413)	(101,399)	(204,914)	1,013,317
	Total Borrowings	1,306,249	(23,627)	(50,376)	(110,975)	(288,566)	1,195,274
	Current Loan Liability	291,238					180,262
	Non-Current Loan Liability	1,015,011					1,015,011
	Total Loan Liability	1,306,249					1,195,274

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 9

Payables

(a) Trade and other payables

	2026	2025
Current	\$	\$
Sundry creditors	330,374	1,639,008
Prepaid Rates	-	56,547
Accrued Salaries and Wages	-	61,708
Bonds and Deposits Held	15,344	15,190
Accrued Expenses	-	78,538
BSL clearing/rounding	(195)	-
ATO GST payable	99,194	12,947
DoTransport Licensing		986
	444,718	1,864,923

(b) Other Liabilities

	2026	2025
Current	\$	\$
Contingent Liabilities	533,894	324,453
DoTransport Licensing	986	
	534,880	324,453

Contingent Liabilities Represented by:

Housing Support Program 1	209,441	-
Roads to Recovery	215,690	215,690
WSFN Funding	8,694	8,694
Grant - Local Roads and Community Infrastructure Program(LRCIP) Ph 4A	100,069	100,069
	533,894	324,453

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 10

Grants, Subsidies and Contributions

(a) Capital Grants, Subsidies and Contributions

Law, Order and Public Safety

Disaster Ready Generator

Disaster Ready Bores

Housing

Housing Support Program (HSP1)

Housing Support Program (HSP2)

Recreation

Scoreboard Grant

Lottery West - Calingiri Playground

Economic Services

DWER - Goudge Parker Rd Bore Redevelopment

Gillingarra Emergency Water CWSP

Gillingarra Community Water CWSP

ESA Tourism Development

Gillingarra Truckfill CWSP

Victoria Plains Central Precinct

Transport

Govt Grant - Regional Roads

Govt Grant - R2R

HVRA Truck parking Bay - Mogumber

LRCP Funding

Total Non Operating Capital Grants, Subsidies and Contributions

Annual Budget 2025/26 \$	Amended Budget 2025/26 \$	YTD Budget 2025/26 \$	YTD Revenue Actual 2025/26 \$	Variance YTD vs Actual 2025/26 \$
55,000	-	-	-	-
55,000	-	-	-	-
27,000	-	-	-	-
4,567,000	-	-	-	-
75,000	-	-	-	-
42,000	-	-	-	-
7,344	-	-	-	-
60,326	-	-	-	-
65,738	-	-	-	-
689,485	-	-	-	-
89,892	-	-	-	-
1,890,000	-	-	-	-
3,252,395	-	1,014,482	1,014,542	(60)
906,448	-	500,000	500,000	-
8,000	-	-	-	-
153,936	-	-	-	-
11,944,564	-	1,514,482	1,514,542	(60)

(b) Operating Grants, Subsidies and Contributions

General Purpose Funding

Financial Assistance Grants - General

Financial Assistance Grants - Local Roads

Law and Public Order

DFES Operating Grant (ESL)

Emergency Services Administration Grant

CESM Contribution

Grant - Mitigation Activity Fund

Education and Welfare

Australia Day

Grant - Other Events*

Economic Services

Strategic Water Plan

DWER - Mobile Water Tank

Transport

Govt Grant - Direct

Total Operating Grants, Subsidies and Contributions

Annual Budget 2025/26 \$	Amended Budget 2025/26 \$	YTD Budget 2025/26 \$	YTD Revenue Actual 2025/26 \$	Variance YTD vs Actual 2025/26 \$
787,005	-	96,751	96,367	384
846,202	-	94,500	94,586	(86)
99,190	-	24,798	24,798	-
161,963	-	-	-	-
94,230	-	94,230	89,947	4,283
10,000	-	-	-	-
20,000	-	8,256	8,256	(0)
33,645	-	10,984	-	10,984
9,240	-	-	-	-
211,511	-	211,511	211,552	(41)
2,272,986	-	541,030	525,505	15,525

Supplementary information on Grant - Other Events

Grants/contributions to Community Development Programs

LBW Australia - Library grant - Bolgart

CWSP - Mobile Water Tank

Total

Annual Budget \$	YTD Revenue Actual \$
3,636	3,636
4,620	4,620
8,256	8,256

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 11

Restricted Funding

Description	External Funding Allocation	Project Opening Balance Funding	Receipts	Costs	Balance	Cash Backed
		1/07/2025			30/09/2025	
	\$	\$	\$	\$	\$	\$
Grant - Local Roads and Community Infrastructure Program(LRCIP) Ph 4A	\$ 601,419	100,069	-	27,835	72,234	95,855
WDC Housing Prospectus	\$ 10,000	10,000	-		10,000	
Housing Support Program Stage 1	\$ 877,065	-	533,600	(324,160)	209,441	209,441
DWER - Gouge Parker Rd - Bore Development	\$ 92,144	(57,158)	46,072		(11,086)	-
Roads to Recovery	\$ 614,480	215,690	500,000	3,823	711,867	715,690
Totals	2,195,108	268,601	1,079,672	(292,501)	992,455	1,020,986
Restricted Savings						\$ 1,020,986
To be transferred to (from) Muni account						<u>\$ 28,530</u>

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 12
[Local Roads and Community Infrastructure Funding](#)

Local Roads and Community Infrastructure - MONTHLY REPORT							Nominal Funding Allocation		
							Owns Source Expenditure		
Council: Shire of Victoria Plains		Phase: 4							
Approved Projects (Project Name in order listed on Approved Work Schedule)	Total Project Cost (\$)	Approved LRCI Funding Contribution (\$)	LRCI Funding Actual Expenditure 24-25 (\$)	25-26 Expenditure (\$)	Total Actual Expenditure (\$)	SOVP own source	Construction Start Date (MM/YY)	Construction Completion Date (MM/YY)	Project status
Calingiri Sportsground Lighting	77,000	77,000	62,969	22,835	85,805	-	Nov-24	Sep-25	Completed
Calingiri Youth Open Space	15,000	15,000	9,850	5,500	15,350	-	Dec-24	Dec-25	Underway
Bolgart Skatepark and Basketball refresh	5,000	5,000	-	5,000	5,000	-	Oct-24	Sep-25	Completed
Calingiri Playground Equipment	52,000	10,000	-	-	-	-	Jan-25	May-26	Not Started
Mogumber Hall Toilets and Building Locks	67,718	67,718	12,815	-	12,815	-	Oct-24	Feb-26	Underway
Calingiri Shire Depot Carpark	15,000	15,000	-	1,579	1,579	-	Oct-24	Feb-26	Not Started
Shire of Victoria Plains Boundary Entry Signage	41,412	41,412	-	54,355	54,355	12,943	Sep-24	Dec-25	Underway
TOTAL	273,130	231,130	85,634	89,269	174,904	12,943			

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 13

Bush Fire Brigade

OPERATING GRANT		
EXPENDITURE ITEM	BUSH FIRE BRIGADE	
	2025/26 Budget	2025/26 Actual
RECURRENT:		
1. Purchase of Plant & Equipment <\$1,500 per item	5,500	121
2. Maintenance of Plant and Equipment	2,000	260
3. Maintenance of Vehicles/Trailers/Boats	20,000	24,494
4. Maintenance of Land and Buildings	7,000	250
5. Clothing and Accessories	30,000	
6. Utilities, Rates and Taxes	3,500	2,066
7. Other Goods and Services	16,190	772
8. Insurances	10,000	5,142
Sub Total Recurrent	94,190	33,105
NON-RECURRENT:		
9. Purchase of Plant and Equipment \$1,500 to \$5,000 per item	5,000	
Sub Total Non-Recurrent	5,000	-
Total Operating Budget/Actual	99,190	33,105
Variance Between Budget & Actual ^(a)		66,085

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 14

Explanation of Material Variances

Variances which have exceeded the thresholds are listed below by Program. Significant variances within the Program are listed underneath it by Nature or Type.

The material variance adopted by Council for the 2025/26 year is \$10,000 and 10%.

Reporting Program	Var \$	Var %	Timing / Permanent	Explanation of Variance
Operating Revenues				
General rates	(55,056)	(1%) ▼	Permanent	Refund of Exgratia payments relating to previous years.
Grants, subsidies and contributions	(15,525)	(3%) ▼	Timing	Strategic Water Plan now received but needs review, council approval before final grant payment.
Fees and charges	(55,143)	(25%) ▼	Permanent	ESL incorrectly classified in budget, should be classified as Other Revenue. Budget Review will correct.
Interest revenue	(3,167)	(16%) ▼	Timing	Term Deposit pending
Other revenue	45,636	63% ▲	Permanent	Unaccounted for income in the budget for Workers Compensation, DoT and Insurance claims. Offset by expenses. Reallocation of ESL income. Usually offset by an expense. Budget review will account for these
Operating Expense				
Employee costs	- 138,802	29% ▼	Timing	Allocations between Capital and operating - Subdivision
Materials and contracts	64,502	(9%) ▲	Timing	Accrued expenses of Audit fees

SHIRE OF VICTORIA PLAINS
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
FOR THE PERIOD ENDING 30 SEPTEMBER 2025

Note 15

Budget Amendments

Amendments to original budget since budget adoption - Surplus/ (Deficit)

Description	Council Resolution	Adoption Date	Increase in Available Cash \$	Decrease in Available Cash \$	Amended Budget Running Balance \$
Forecast Opening Surplus/(Deficit)					

Net Changes

== " " ==

9.3 September Quarterly Review of the Corporate Business Plan 2025 - 2026

File Reference	
Report Date	10 October 2025
Applicant/Proponent	Mr Sean Fletcher, CEO
Officer Disclosure of Interest	Nil
Previous Meeting Reference	Nil
Prepared by	Sean Fletcher – Chief Executive Officer
Senior Officer	Sean Fletcher – Chief Executive Officer
Authorised by	Sean Fletcher – Chief Executive Officer
Attachments	1. Key Work Plan September Quarter 2025 2026 Final

PURPOSE

For Council to confirm the outcomes of the September quarterly review of the corporate business plan regarding the strategic actions for 2025/26.

BACKGROUND

Council along with senior staff, conducted the annual review of the CBP (also known as the Key Work Plan or Implementation Plan) on 21 July 2025.

At the Annual Review, it was noted that 25/26 represents the last year of the current CBP. A new CBP will be developed when the Major Review of the Strategic Community Plan is undertaken with a focus on establishing the new Council Plan in the first half of 2026.

In line with the Integrated Planning and Reporting Guidelines, the first quarterly review of the CBP has been completed by the CEO. This is in the form of a Key Work Plan that sets out the strategic actions adopted for 25/26 in relation to the Corporate Business Plan and the progress to date.

	Community	Assigned To	Comment	Start	End	%	2025		2026			
							Q3	Q4	Q1	Q2	Q3	Q4
	Community Actions 25/26			7/1/25	6/30/26	21						
1	Healthy, connected and safe communities			8/1/25	6/25/26	12						
1.1	Disability Access Inclusion Plan	EHO/CDO	• Commence rolling out of action plan	11/1/25	6/25/26	0						
1.2	Aged Friendly Plan - Surveys	CDO	• Survey drafted. To be issued November 2025.	10/10/25	12/31/25	25						
1.3	Local Health Plan	EHO/CDO	• Completion of plan by December • Commencement of actions in January 2026	8/1/25	6/25/26	18						
2	Inclusive community activities, events and initiatives			7/1/25	4/30/26	30						
2.1	Community Grant Scheme	CDO	• Applications for 25/26 assessed in May 2025	7/1/25	4/30/26	30						
3	Recreational, social, and heritage spaces are safe and activated			1/1/26	6/25/26							
3.1	SRMP - Trails Plan	CDO		2/1/26	6/25/26	0						
3.2	SRMP - Weighting Criteria	DCEO/CDO		1/1/26	3/31/26	0						
4	Support emergency services planning, risk mitigation, response and recovery			7/1/25	6/30/26	25						
4.1	Upgrade of Emergency Services Building	CESM/CEO	• CEO & DCEO met with Yued CEO 23/09 to continue land swap discussions re the old police blocks in Calingiri	7/1/25	6/30/26	25						
5	Major Projects			7/1/25	6/30/26	29						
5.1	Improve Victoria Plains War Memorial	MWS	• In November: artificial turf inner ring. Entry sign built.	10/10/25	12/31/25	50						
5.2	Disaster Ready Fund R3	MWS/CDO	• Bore for Mogumber Library (will also service Mogumber Hall) • Bore for Calingiri Depot • Hybrid Truck Build re Water Cell • 3 auto start generators: Office, Emergency Services, Depot	7/1/25	6/30/26	25						

The Key Work Plan, in effect is like an action register. (Attachment 1), and consists of the following components:

- The relevant pillar from the Strategic Plan/CBP eg. Community;

- The relevant sub-pillar eg Healthy, connected and safe communities;
- The relevant action eg Disability Access Inclusion Plan;
- Assigned to i.e. the relevant position responsible as assigned by the CEO;
- Comments;
- Date range for the action i.e. start and end date;
- Percentage completed (generally time based although cost may be considered);
- Progress in line or linear format.
- The Key Work Plan, in effect is like an action register.

In addition to the above, the full capital works plan for 25/26 is also attached to the Key Work Plan.

The September update reflects what has been achieved on an overall percentage completion basis. Ideally, for the first quarter of the financial year, the ideal completion rate is somewhere between 20-25%. Future updates will include the Traffic Light System (RAG Rating):

- **Green** – On track or completed (70 – 100%)
- **Amber** – Delayed or at risk (50 – 69%)
- **Red** – Not started or significantly off track (0-49%)

COMMENT

Following on from the annual review of the CBP and the setting of the annual key work plan in July 2025, Council adopted the 2025/26 Annual Budget. In essence, the overall percentage performance varies quite substantially during the first quarter. This is because a number of projects cannot start from 1 July because there are no funds allocated. Others though are a continuation from the previous year or have funds allocated held in a reserve or restricted fund and thus can proceed. Others still are not able to start until much further in the financial year as staff resources are not available until that point in time. For the September quarter, the dashboard summary shows:

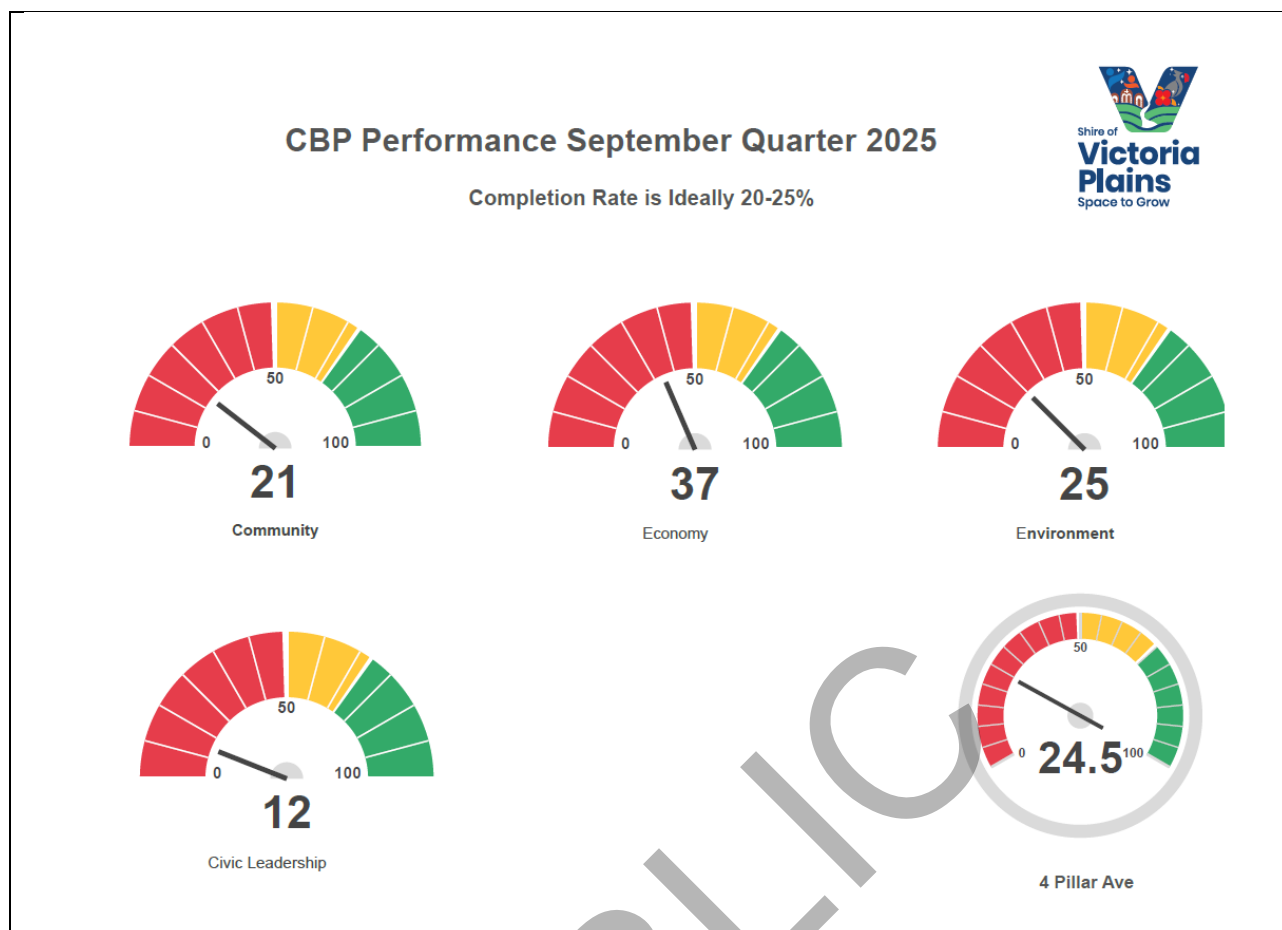


Diagram 1 – Key Work Plan Dashboard September Quarter 2025/26

The Dashboard in Diagram 1 confirms that the Shire has continued to deliver its strategic priorities at a high level.

In previous quarterly reports, major projects were listed as a separate performance items. In the revised Key Work Plan report, the major projects are now shown as an item for each of the four pillars: Community, Economy, Environment and Civic Leadership.

The Economy Pillar is performing at a high level of performance (37%). This is due to the completion of the ESA Inauguration of NNO3, the near completion of the new Shire boundary signs and that all the orders for the replacement of Plant and Equipment have been placed and will start arriving from 20 October 2025.

The Environment Pillar (25%) is performing well as bush fire mitigation treatments are well underway, the improvement works to the Calingiri and Bolgart Cemeteries is almost completed.

The Community Pillar (21%) is within expected parameters with good progress made regarding the upgrade of the Victoria Plains War Memorial, the Community Grant Scheme and preparation of the application for the Disaster Readdy Fund.

Although the Civic Leadership Pillar is at 12% completion, this is because seven actions will not commence until January 2026.

Shire's Direction 2025/26

During the past 12 months, the Shire has been impacted by four key developments that will continue to impact for many years to come. Each one of these key impacts will see the Shire's economy

diversify over the next 30 years or more. These are found within the Economic Pillar of the Key Work Plan and denoted by deep green on the left hand side:

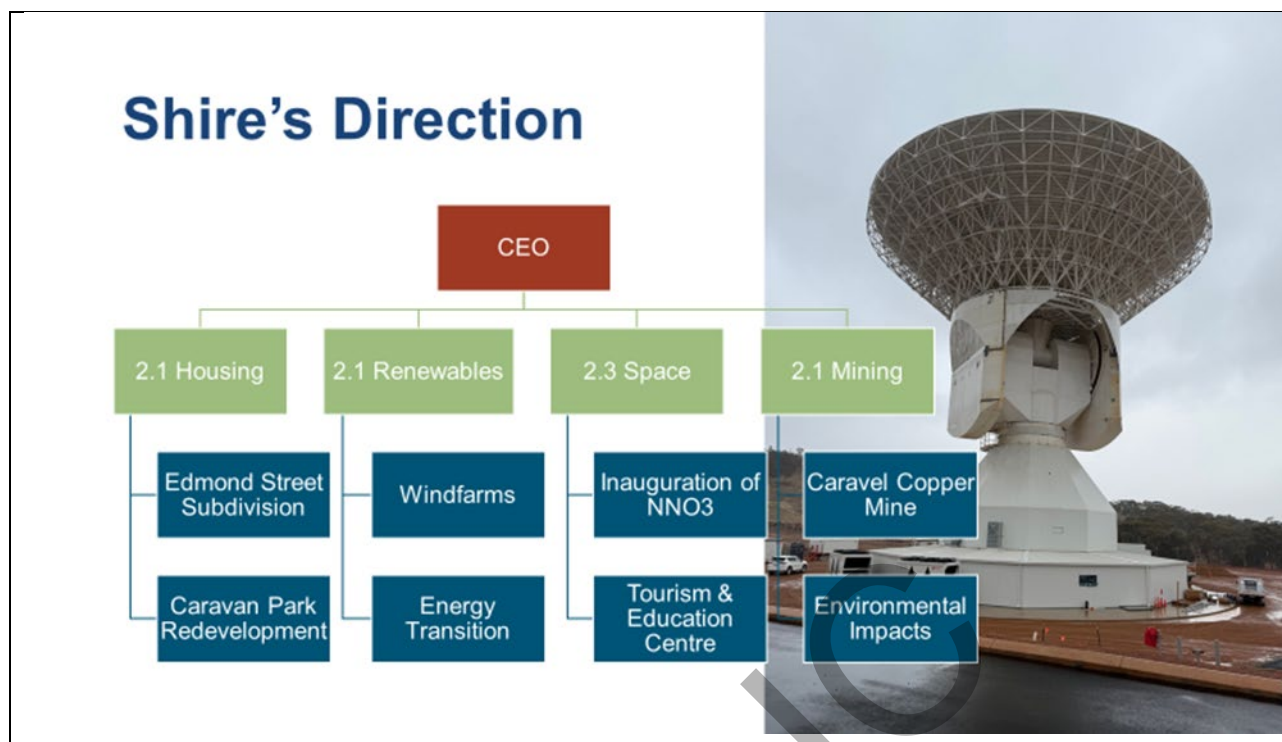


Diagram 2 – The Four Key Impacts 2025/26 Onwards

The Shire is the group leader regarding the Wheatbelt Regional Housing Initiative, which has seen a group of ten local governments receive \$32.8M in funding from the Commonwealth Government under the Housing Support Program. Victoria Plains allocation under this grant is \$4.5M and will be for the Edmond Street land development.

The Shire has been working with Green Wind Renewables regarding the proposed Grevillea and Wandoo windfarms. It is important to note that these projects are subject to State policy (as stipulated by the Department of Energy and Economic Diversification) and the Minister for Energy has said these will go through the State Significant Pathway process.

The Shire is also a key player regarding advocating for fair and equitable treatment for its communities under the Energy Transition regarding large scale renewable projects. This has involved not only participating in the development of a local government guide to advocate for community benefits from large scale renewable projects but also lobbying for the development of mandated State planning policy to do the same. The Shire has regular meetings with PoweringWA and Western Power and is also a member of the Regional Leaders Network.

The Shire supports the expansion of the European Space Agency (ESA) site at New Norcia. To this extent, the Shire has advocated for, and been successful, in receiving funding of \$350,000 to develop Stage One of tourism facilities at the ESA ground station i.e. parking facilities, viewing platform and a viewing pod based on one of ESA's space vehicles. The Shire will also assist with Stage 2 funding to help develop an effective entry into the ground station. Stage 3 of the visitor experience will involve the development of an education and visitor centre.

The Shire is also working through issues that the proposed Caravel Copper Mine will have regarding the wider district. This includes the advent of the water source from the Gillingarra Bore Field and responding to the State government's assessment of this project. Mining matters and activities are managed by the State, not the Shire.

CONSULTATION

Council Elect Induction and Briefing Session 20 October 2025.

STATUTORY CONTEXT**Local Government (Administration) Regulations 1996**

19DA. Corporate business plans, requirements for (Act s. 5.56)

(4) A local government is to review the current corporate business plan for its district every year.

Integrated Planning and Reporting – Framework and Guidelines

Apart from the Annual Report providing progress towards the achievement of the four-yearly Shire priorities as established through the Corporate Business Plan (Intermediate Standard), the Departmental IPR Guidelines require that as a minimum, a quarterly review is conducted on the status of the CBP for each year.

CORPORATE CONTEXT**Strategic Community Plan/Corporate Business Plan**

STRATEGIC PRIORITIES		WE KNOW WE ARE SUCCEEDING WHEN	
4. CIVIC LEADERSHIP			
4.1 Forward planning and implementation of plans to achieve community priorities	Performance against targets are regularly reported to the community		
	We attend meetings of key local and regional organisations to jointly plan for our community		
	Demonstrated progress towards achievement of the Corporate Business Plan		

Delegation

Nil

Policy Implications**Other Corporate Document**

Nil

Risk Analysis

Consequence	Consequence Rating:	Likelihood Rating:	Risk Rating	Risk Acceptance	Mitigation and Outcome
Reputation and Compliance Not adhering to the Corporate Business Plan and hence the Strategic Community Plan	Major (4) Substantiated, public embarrassment, widespread high impact on community trust, high media profile, third party actions	Unlikely (2) The event could occur at some time - -10 years	Moderate (8)	Operational Manager Risk acceptable with adequate controls, managed by specific procedures and subject to semi-annual monitoring Adequate: The Shire continues to ensure that the CBP Quarterly Review is available publicly through a	CEO to ensure all staff undertake and follow CBP. Elected Members have undertaken further training in IPR requirements. The above will ensure that the appropriate manager can assess the risk and correct it accordingly through quarterly reporting. This will ensure that the risk is low

				report to Council each quarter.	
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FINANCIAL IMPLICATIONS

Nil

VOTING REQUIREMENTS

Simple Majority

Officer Recommendation

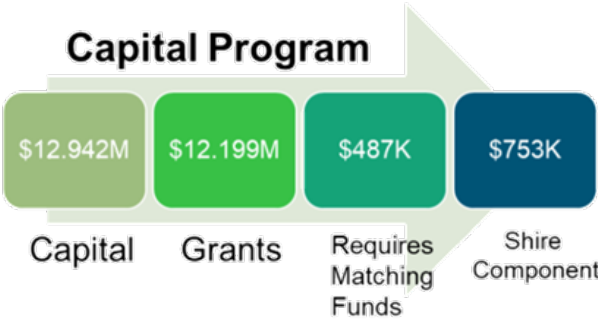
That Council **CONFIRMS** the outcomes of the September quarterly review of the Shire's Corporate Business Plan 2025/2026 as set out in Attachment 1 Key Work Plan 2025 2026 September Quarter:

PUBLIC



Key Work Plan 2025 2026 - September Quarter

	Community	Assigned To	Comment	Start	End	%	2025		2026			
							Q3	Q4	Q1	Q2	Q3	Q4
	Community Actions 25/26			7/1/25	6/30/26	21						
1	Healthy, connected and safe communities			8/1/25	6/25/26	12						
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1.2	Aged Friendly Plan - Surveys	CDO	• Survey drafted. To be issued November 2025.	10/10/25	12/31/25	25						
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3.2	SRMP - Weighting Criteria	DCEO/CDO		1/1/26	3/31/26	0						
4	Support emergency services planning, risk mitigation, response and recovery			7/1/25	6/30/26	25						
4.1	Upgrade of Emergency Services Building	CESM/CEO	• CEO & DCEO met with Yued CEO 23/09 to continue land swap discussions re the old police blocks in Calingiri	7/1/25	6/30/26	25						
5	Major Projects			7/1/25	6/30/26	29						
5.1	Improve Victoria Plains War Memorial	MWS	• In November: artificial turf inner ring. Entry sign built.	10/10/25	12/31/25	50						
5.2	Disaster Ready Fund R3	MWS/CDO	• Bore for Mogumber Library (will also service Mogumber Hall) • Bore for Calingiri Depot • Hybrid Truck Build re Water Cell • 3 auto start generators: Office, Emergency Services, Depot	7/1/25	6/30/26	25						



Version	Author	Approved
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Key Work Plan 2025 2026 - September Quarter

	Economy	Assigned To	Comment	Start	End	%	2025		2026			
							Q3	Q4	Q1	Q2	Q3	Q4
	Economy Actions 25/26			1/7/25	30/6/26	37						
1	Support the diverse industry across the Shire			1/7/25	30/6/26	21						
1.1	Regional Precinct Plan - Calingiri \$1.89M	CEO	● Application for precinct plans submitted August 2025	1/8/25	30/6/26	18						
1.2	Regional Precinct Plan - Yued Housing	CEO	● Application submitted August 2025	1/8/25	30/6/26	18						
1.3	Continue Water Projects - CWSP \$217,000	MWS/CDO	● Gillingarra Glentromie Rd - Bore, Standpipe & Pump System ● Gillingarra Reserve Test/Monitoring Bore	1/8/25	30/6/26	18						
1.4	Edmond Street Subdivision Development = \$4.67M (Includes Caravan Park)	CEO/DCEO/ MWS	● Project Sponsor = CEO. Leads WRHA ● Project Manager = DCEO ● Superintendent = MWS	1/7/25	30/6/26	25						
1.5	Energy Transition	CEO/Pres	● AROC met Assistant Minister for Climate Change and Energy ● Energy Transition Workshops conducted 22/23 September ● SWIS Update with CEO & President scheduled 31/10/25	1/7/25	30/6/26	25						
2	Safe and efficient transport network enables economic growth			1/7/25	31/3/26	50						
2.1	Parking Bays: MY Rd & Yerecoin	MWS/CDO	● Yerecoin 100%. Mogumber Yarawidah - Grant Funding	1/7/25	31/3/26	50						
3	Visitors have a positive experience across our communities			1/7/25	31/3/26	58						
3.1	Roll Out of Tourism Plan	CDO	● To commence November 2025	1/11/25	31/3/26							
3.2	Finish Signage Plan	MWS/CDO	● Boundary signs in place ● Town and Settlement signs, Shire Office in place	1/7/25	31/10/25	95						
3.3	Inauguration of NNO3	CEO	● CEO assisted ESA with planning of the event ● Shire representatives attended event	1/7/25	4/10/25	100						
4	Major Projects			1/7/25	30/6/26	27						
4.1	Regional Road Safety Program - \$3.2M	MWS	● MOU for Toodyay Bindi Rd and Waddington-Wongan Rd approved ● Initial 40% claim submitted 8 October 2025	1/7/25	30/6/26	25						
4.2	Wheatbelt Secondary Freight Network - \$0	MWS	● Design and scope of works completed for Calingiri New Norcia Rd ● Revised scope discussed with WSFN 9/09/25	1/7/25	30/6/26	25						
4.3	Roads to Recovery - Yerecoin SE Rd = \$700,000	MWS	● Funding announced by CEO at Yerecoin Centenary	1/9/25	31/12/25	25						
4.4	Plant & Equipment Replacement = \$648,000	MWS	● Orders in place. Delivery starts from 20 October ● Loan of \$750,000 for 2 Graders Mar/April 26?	1/9/25	30/6/26	50						
4.5	ESA New Norcia Visitor Precinct Stage 1 - \$350,000	CEO	● Minister for Regional Development/Space confirmed funding 3/10/25 and confirmed at ESA NNO3 inauguration	1/7/25	31/3/26	33						
4.6	Depot Car Park Shelter = \$15,000	MWS	● Pad prepared	13/10/25	31/12/25	10						
4.7	Depot Renovations = \$60,000	MWS	● Plan in place	1/1/26	30/6/26	10						
4.8	Green Wind Renewables	CEO	● Grevillea Wind Farm ● Wandoo Wind Farm	1/7/25	30/6/26	25						
4.9	Caravel Copper Mine - Development & Water Management	CEO	● CEO/DCEO/Pres met Caravel 23/09/25 ● ERD under revision. 6 more monitoring bores required	1/7/25	30/6/26	25						

Capital Program

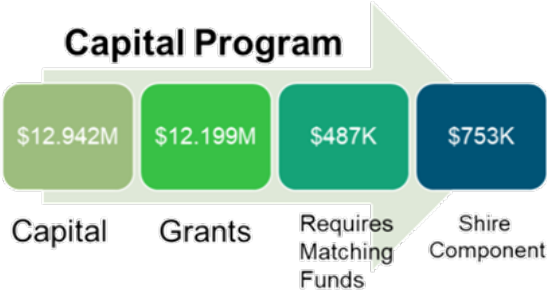


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Sep 25	CEO	CEO



Key Work Plan 2025 2026 - September Quarter

	Environment	Assigned To	Comment	Start	End	%	2025		2026			
							Q3	Q4	Q1	Q2	Q3	Q4
	Environment Actions 25/26			7/1/25	6/30/26	25						
1	Maintain a high standard of environmental health and waste services			7/1/25	6/30/26	29						
1.1	Community Waste Workshops	EHO/CDO	• To commence	2/1/26	4/30/26							
1.2	Capacity and Infrastructure Enhancements at Mogumber landfill	MWS	• Key structures in place. Retaining wall next.	8/1/25	6/30/26	25						
1.3	Forward plan the aesthetics of our cemeteries	MWS/CDO	• Calingiri Gazebo installed. Landscaping to occur next. Official opening - 20 November 2025 • Bolgart Cemetery noticeboard in place. Scheme water connection end October 25	8/1/25	11/30/25	75						
1.4	Improve Sewerage Schemes - Calingiri STED - \$300,000	EHO	• Upgrade to Calingiri STED funded through the Housing Support Program CEI Fund	7/1/25	6/30/26	25						
2	Conservation for natural environment			7/1/25	6/30/26	21						
2.1	Roll out of Biodiversity Plan	EHO	• Environment Steering Committee has responsibility for rolling out action plan including promotion and management of invasive species	11/1/25	6/30/26							
2.2	Preparation and management of nature reserves and roadside verges to reduce bush fire risk - \$94,000	BRMC	• Calingiri completed 8/10/25 • Piawaning no longer required due to full load less than two tonnes • Mogumber Reserve with Yued Rangers agreed	7/1/25	3/31/26	33						
2.3	Water Strategy - To be finalised	CDO	• Draft being reworked	7/1/25	6/30/26	25						
3	Major Projects			7/1/25	6/30/26	25						
3.1	Corella Management - CEO on Steering Committee	CEO/EHO/CDO	• AROC Coordinated Corella Cull scheduled for October	7/1/25	6/30/26	25						
3.2	Continue advocacy for a regional landfill	CEO	• EHO has developed position statement • President and CEO met with Chair of Waste Authority • Matter now referred to DWER to develop concept workshops with SoVP	7/1/25	6/30/26	25						

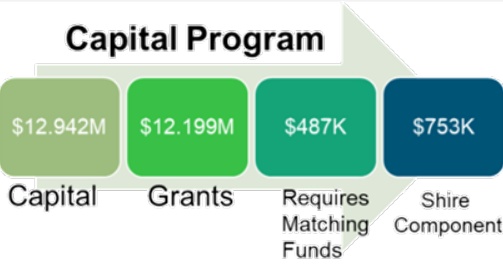


Version	Author	Approved
Sep 25	CEO	CEO



Key Work Plan 2025 2026 - September Quarter

	Civic Leadership	Assigned To	Comment	Start	End	%	2025		2026			
							Q3	Q4	Q1	Q2	Q3	Q4
	Civic Leadership Actions 25/26			7/1/25	6/30/26	12						
1	Forward planning and implementation of plans to achieve community priorities			7/1/25	6/30/26	18						
1.1	Regional Meetings Advocacy	CEO/SP/EM	•AMCZ •AROC •RRG •RWC •WALGA LSREPWG •Regional Leaders Network •Bindoon Bypass Advisory Group	7/1/25	6/30/26	25						
1.2	Major Review of SCP	CEO	• Kick off meeting held in September with 150 Square. Engagement to occur in Feb 2026. Draft plan to Council April 26. • Review of LTFP, WFP will tie in (see Proactive and well governed Shire).	9/1/25	6/30/26	10						
2	Proactive and well governed Shire			7/1/25	6/30/26	11						
2.1	Matters of Compliance - Local Laws	CEO		7/1/25	12/31/25	25						
2.2	Matters of Compliance - Review of Workforce Plan	CEO	Start up meeting held September 2026 and scope of review set	1/1/26	3/31/26	10						
2.3	Matters of Compliance - Review of LTFP	DCEO		11/1/25	3/31/26	0						
2.4	Matters of Compliance - Record Keeping Plan Review	RO		1/1/26	6/30/26	0						
2.5	Matters of Compliance - Reg17 Review	DCEO		1/1/26	6/30/26	0						
2.6	Matters of Compliance - Update Finance and Rating Strategy	DCEO		1/1/26	6/30/26	0						
2.7	Matters of Compliance - Disaster Recovery Plan	DCEO		1/1/26	6/30/26	0						
2.8	Implement final Changes to the Review of the Local Government Act	CEO	Feedback provided regarding Communication Agreements and CEO KPIs (Public Reporting)	7/1/25	6/30/26	25						
2.9	Continue implementation of Asset Management Strategy	CEO	• Set as CEO KPI • Software recording and reporting reviewed re Asset Works	7/1/25	6/30/26	25						
2.10	Develop AI Policy & Strategy. Also has cybersecurity implications	DCEO		11/1/25	6/30/26	0						
3	Major Projects			1/1/26	6/30/26							
3.1	Admin Storage Facility Improvements = \$22k	MWS		1/1/26	6/30/26	0						



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Sep 25	CEO	CEO

	Capital Plan 2025 2026	Assigned To	Comment	Start	End	%	2025		2026			
							Q3	Q4	Q1	Q2	Q3	Q4
	Capital Plan 2025 2026			9/1/25	6/30/26	10						
1	Capital Projects Completion			9/1/25	6/30/26	10						

Shire of Victoria Plains Capital Budget 2025/26										Project Funding		
Service Type	Asset Type	Job Number	G/L	Prog	Dept	Act	Task	Activity Description	Total Project Cost	Municipal Funding	Non-Municipal Funding	
Governance	Buildings Specialised	BLD00016	51240	0420	110	9003	210	Admin Storage and Roller Doors	22,000.00	22,000.00	-	
Housing	Buildings Non- Specialised	BLD00017	51540	0910	110	9003	210/220	Staff Housing Development - HSP2	4,567,000.00	-	4,567,000.00	
Recreation & Culture	Buildings Specialised	BLD00019	51240	1110	110	9003	210	Calingiri Pavilion Boiler	27,309.00	27,309.00	-	
Recreation & Culture	Buildings Specialised	BLD00020	51240	1120	110	9003	210	Calingiri Sportsclub	25,000.00	25,000.00	-	
Recreation & Culture	Buildings Specialised	BLD00012	51240	1110	110	9003	210	Mogumber Hall Toilets (LRCI)	54,903.00	-	54,903.00	
Transport	Buildings Specialised	BLD00021	51240	1210	110	9003	210	Depot Renovations	60,000.00	60,000.00	-	
Transport	Buildings Specialised	BLD00014	51240	1210	110	9003	210	Depot Carpark (LRCI)	15,000.00	-	15,000.00	
Transport	Infrastructure - Other	OI00027	56540	1210	110	9003	210	Truck Parking Bay - Mogumber	10,000.00	2,000.00	8,000.00	
Economic Services	Buildings Specialised	BLD00024	51240	1340	110	9003	210	Victoria Plains Central Precinct	1,890,000.00	-	1,890,000.00	
Housing	Buildings Non- Specialised	BLD00009	51540	0910	110	9003	210	Staff Housing Development - HSP1	27,000.00	-	27,000.00	
Recreation & Culture	Furniture & Equipment	FE00006	53040	1120	110	9003	210	Calingiri Oval Scoreboard	80,000.00	5,000.00	75,000.00	
Recreation & Culture	Infrastructure - Other	LRC00021	56540	1120	110	9003	210	Bolgart Skatepark	5,000.00	-	5,000.00	
Housing	Furniture & Equipment	FE00007	53040	0910	110	9003	210	Air Conditioner - 12 Harrington St	15,000.00	15,000.00	-	
Law order and Public Safety	Infrastructure - Other	OI00019	56540	0520	110	9003	210	Disaster Ready Bores	78,440.00	23,440.00	55,000.00	
Recreation & Culture	Infrastructure - Other	OI00012	56540	1120	110	9003	210	Calingiri Playground Equipment	52,000.00	-	52,000.00	
Recreation & Culture	Infrastructure - Other	OI00021	56540	1120	110	9003	210	Calingiri War Memorial	22,000.00	22,000.00	-	
Economic Services	Infrastructure - Other	OI00022	56540	1350	110	9003	210	Gillingarra Emergency Water CWSP	86,180.00	25,854.00	60,326.00	
Economic Services	Infrastructure - Other	OI00023	56540	1350	110	9003	210	Gillingarra Community Water CWSP	93,912.00	28,174.00	65,738.00	
Economic Services	Infrastructure - Other	OI00024	56540	1350	110	9003	210	Gillingarra Truckhill CWSP	128,741.00	38,849.00	89,892.00	
Recreation & Culture	Infrastructure - Other	LRC00020	56540	1120	110	9003	210	Calingiri Youth Park	5,150.00	-	5,150.00	
Economic Services	Infrastructure - Other	OI00026	56540	1340	110	9003	210	ESA Tourism Development	689,485.00	-	689,485.00	
Economic Services	Infrastructure - Other	OI00006	56540	1350	110	9003	210	Goudge / Parker Rd Bore Development	9,800.00	2,466.00	7,334.00	
Transport	Infrastructure - Other	OI00015	56540	1210	110	9003	210	Truck Parking Bay - Yerecoin	21,500.00	21,500.00	-	
Recreation & Culture	Infrastructure - Other	LRC00019	56540	1120	110	9003	210	LRCI -Calingiri Sportsground Lighting	22,471.00	-	22,471.00	
Transport	Infrastructure - Roads	R2R00011	54140	1210	110	9003	210	Yerricoin Sth East Rd	700,000.00	-	700,000.00	
Transport	Infrastructure - Roads	R2R00006	54140	1210	110	9003	210	Bolgart East Road, Bolgart	57,250.00	-	57,250.00	
Transport	Infrastructure - Roads	R2R00007	54140	1210	110	9003	210	Poincare Street, Bolgart	60,000.00	-	60,000.00	
Transport	Infrastructure - Roads	R2R00008	54140	1210	110	9003	210	Calingiri Townsite	10,000.00	-	10,000.00	
Transport	Infrastructure - Roads	R2R00009	54140	1210	110	9003	210	New Norcia Road, Calingiri	79,198.00	-	79,198.00	
Transport	Infrastructure - Roads	RRSP0001	54140	1210	110	9003	210	Toodyay - Bindi Bindi Rd Nth (RRSP)	2,428,855.00	-	2,428,855.00	
Transport	Infrastructure - Roads	RRSP0002	54140	1210	110	9003	210	Wongan Hills Waddington Road (RRSP)	823,540.00	-	823,540.00	
Foothpaths	Infrastructure - Footpaths	IF00002	54540	1210	110	9003	210	Footpaths	20,000.00	20,000.00	-	
Transport	Plant & Equipment	PE00021	52040	1230	110	9003	210	New Excavator	175,000.00	145,000.00	30,000.00	
Transport	Plant & Equipment	PE00022	52040	1230	110	9003	210	Snap on Hydraulic Claw	30,000.00	29,500.00	500.00	
Transport	Plant & Equipment	PE00024	52040	1230	110	9003	210	New Mower	18,000.00	13,000.00	5,000.00	
Transport	Plant & Equipment	PE00026	52040	1230	110	9003	210	New Truck	120,000.00	85,000.00	35,000.00	
Transport	Plant & Equipment	PE00028	52040	1230	110	9003	210	New Utility - WSM	75,000.00	10,000.00	65,000.00	
Governance	Plant & Equipment	PE00029	52040	0420	110	9003	210	New Vehicle - CEO	100,000.00	20,000.00	80,000.00	
Governance	Plant & Equipment	PE00030	52040	0420	110	9003	210	New Vehicle - DCEO	75,000.00	10,000.00	65,000.00	
Law order and Public Safety	Plant & Equipment	PE00032	52040	0520	110	9003	210	Disaster Ready Generators	101,560.00	46,560.00	55,000.00	
Transport	Plant & Equipment	PE00033	52040	1230	110	9003	210	Digital Speed Signs	25,000.00	25,000.00	-	
Transport	Plant & Equipment	PE00036	52040	1230	110	9003	210	Depot Utility (2WD)	30,000.00	30,000.00	-	
									\$12,936,294.00	\$752,652.00	\$12,183,642.00	

9.4 Appointments to Committees, Advisory Bodies and Stakeholder Groups

File Reference	
Report Date	7 October 2025
Applicant/Proponent	Council
Officer Disclosure of Interest	Nil
Previous Meeting Reference	Nil
Prepared by	Sean Fletcher – Chief Executive Officer
Senior Officer	Sean Fletcher – Chief Executive Officer
Authorised by	Sean Fletcher – Chief Executive Officer
Attachments	1. Elected Member Prospectus 2025 Zone Delegate and State Councillor 2. DG-2025-2387 - Circular to LG CEOs - LG DAP Member Nominations 3. DG-2025-2387 - Attachment 2 - LG DAP Member - Nomination Form FAQ

PURPOSE

To appoint the Shire's councillors, CEO or other officers to the committees of council, and as delegates to advisory bodies and as members of other organisations.

BACKGROUND

After each ordinary local government election, Council must appoint members to the Committees of Council, as all positions are required by the Local Government Act to become vacant on the eve of the election. There are also external stakeholder groups and government bodies that become vacant at the same time (except the Development Assessment Panels), and the Shire provides delegates to these governing bodies as well.

Committees of Council

The presiding member for each committee of council is now determined by Council. This applies to the Audit and Risk Committee and the Behaviour Complaints Committee. The CEO Recruitment Committee and the CEO Performance Review Committee are convened as required. These latter two committees have generally consisted of all of council.

Bush Fire Advisory Committee (BFAC)

The status of the Bush Fire Advisory Committee has been confirmed that it is formed under Section 67 – Advisory committees, *Bush Fires Act 1954*. While recognising that the Bush Fire Advisory Committee is a Committee formed pursuant to section 67 of the Bushfire Act, the Chair should follow the Shire's Meeting Procedures Local Law as far as practicable to ensure proper meeting procedures are followed.

Shire of Victoria Plains Environmental Advisory Committee (EAC)

The Environmental Advisory Committee is currently listed as a Committee of Council. The Committee has yet to meet. On reflection, it is the Administration's (CEO's) view that the EAC is reverted to advisory group status, which will allow greater flexibility in its operation

and management. As with the BFAC, the EAC meetings should be run observing the Shire's Meeting Procedures Local Law, where appropriate.

Avon Midland Country Zone

The Western Australian Local Government Association (WALGA) advised the CEO on 22 September 2025 that Council needs to appoint its Avon Midland Country Zone delegates and deputy delegates asap. The Zone will then make appointments to State Council at the Zone meeting on 21 November. A copy of the prospectus to be a Zone Delegate and a member of the WALGA State Council is provided in Attachment 1.

Local Emergency Management Committee (LEMC)

The Local Emergency Management Committee resolved last year to combine with the Wongan Ballidu LEMC to form the Victoria Plains Wongan Ballidu Joint LEMC.

Regional Development Assessment Panel (RDAP)

There are three Development Assessment Panels (DAPs) that sit across Western Australia including the Metro Inner DAP, the Metro Outer DAP and Regional DAP.

The Minister for Planning previously appointed Crs Bantock, Woods (up for election 2025), Lovelock (retired at the 2025 election) and Johnson to the Regional DAP January 2024 - January 2026.

On 10 October 2025, the Director General of Department of Planning Lands and Heritage (Attachments 2 and 3) wrote to the CEO and advised it would be appropriate for Council to review its DAP members due to the October 2025 local government elections and as a result, will need to nominate four (4) elected council members to the RDAP by Friday, 21 November 2025.

COMMENT

Set out for Council's consideration are the vacancies that are required to be filled.

Committees of Council

These are permanent committees established by Council as required under the relevant legislation.

Shire of Victoria Plains Audit, Risk and Improvement Committee	
Membership	1 Independent Chairperson 3 Councillors
Quorum	2 Members
Deputies	2 Councillors
Support	DCEO
Purpose	The purpose of the Audit, Risk and Improvement Committee (AIRC) is to: • Guide and assist the Shire of Victoria Plains in carrying out its financial management and audit functions; • Monitor and advise the Chief Executive Officer in reviews conducted into financial management and audit systems and procedures. This also includes the Shire's risk management, internal controls and level of compliance and integrated planning and reporting (IPR) and training;

	Oversee the implementation of any resulting Council recommendations so as to support better decision-making, greater accountability to the community and ensure a more efficient and effective Local Government. The ARIC is a mandatory committee under the Local Government Act. At this point in time, the Committee has no delegated power. The members are a suitably qualified person as the Independent Chair and Elected members (councillors) only.
Meeting Cycle	Meets four times a year unless a special meeting of the Committee is called
Voting Requirements	Absolute Majority

Shire of Victoria Plains Behaviour Complaints Committee	
Membership	1 Councillor as the Presiding Member and 2 Councillors
Quorum	2 Members
Deputies	2 Councillors (i.e. all other members)
Support	CEO as the Complaints Officer
Purpose	The Behaviour Complaints Committee is a Committee of Council established in accordance with s.5.8 of the <i>Local Government Act 1995</i> (the Act) for the purpose of dealing with Behaviour Complaints made under Division 3 of the Shire of Victoria Plain's Code of Conduct for Council Members, Committee Members and Candidates (Code of Conduct). The extent of authority provided to the Behaviour Complaints Committee is specified in the relevant Delegated Authority, and includes: - Dismissing a behaviour complaint in accordance with clause 13 of the Code of Conduct and providing reasons for any such dismissal. - Making a Finding as to whether an alleged complaint has or has not occurred, based upon evidence from which it may be concluded that it is more likely that the breach occurred than it did not occur [<i>clause 12(3) of the Code of Conduct</i>]. - Determining reasons for such a Finding. - Where a Finding is made that a breach has occurred, determining: - To take no further action; or - Prepare and implement a plan to address the behaviour of the person to whom the complaint relates. The extent of authority of the Behaviour Complaints Committee is limited by Condition of the Delegated Authority. The members are elected members only
Meeting Cycle	Scheduled as required by the CEO in consultation with the Committee Presiding Member
Voting Requirements	Absolute Majority

Advisory Groups

Advisory Groups are those where Council does exercise control (establishment, dissolution etc). They do not fall within the requirements of the Local Government Act.

Anzac Memorial Commemorative Advisory (Working) Group	
Membership	• Warden of the Shire of Victoria Plains War Memorial • One Councillor (Ideally the President) • The CEO • One Community Member
Quorum	2
Support	Community Development Officer
Deputies	One Councillor
Purpose	The Terms of Reference states the role and scope of the Advisory Group as being: 1. Assist with the coordination and arrangements for ANZAC Day; and 2. Consider the management of the Victoria Plains War Memorial and make relevant recommendations to Council.
Meeting Cycle	As required
Voting Requirements	Simple Majority

Shire of Victoria Plains Bush Fires Advisory (BFAC) Committee	
Membership	• The Shire President • The Deputy Shire President • The Chief Bush Fire Control Officer as the Chair • Deputy Chief Bush Fire Control Officer • The Captain of Each Bushfire Brigade
Quorum	5
Deputies	All other Councillors
Purpose	To advise Council on any matter relating to fire control within the district. The <i>Bush Fires Act 1954</i> - s.67 lists matters listing the BFAC's responsibilities. The BFAC is also governed by the <i>Shire of Victoria Plains Bush Fire Brigades Local Law 2018</i>
Meeting Cycle	Twice Per Year
Voting Requirements	Simple Majority

Shire of Victoria Plains Environmental Advisory Committee	
Membership	• The Environmental Health Officer as the Chair • 1 Councillor • 1 Community Member
Quorum	2
Deputies	1 Councillor
Support	CDO
Purpose	• Provide advice to Council on the implementation of Local Biodiversity Strategy; • Develop relevant documents consistent with the Local Biodiversity strategy for consideration by council; • Represent a range of sectors and opinions relating to or impacting the natural environment; • Provide local knowledge and expertise about the Shire's natural environment and impacts to them.
Meeting Cycle	Quarterly
Voting Requirements	Simple Majority

Appointment of Delegates – Other Bodies

The Shire is a member of groups or bodies that the state government or others have in place to assist local governments with their responsibilities at the local level.

Regional Development Assessment Panel (DAP)	
Membership	3 Specialist Panel Members 2 Councillors - SoVP (When required)
Quorum	3 Members
Delegates	2 Councillors
Deputies	2 Councillors – (They are Alternate Members)
Purpose	Local Development Assessment Panels (DAPs) are intended to enhance planning expertise in decision making by improving the balance between technical advice and local knowledge. Each DAP consists of five panel members, three being specialist members and two local government councillors. DAPs determine development applications within a certain type and value threshold (outside the City of Perth over \$2M if the proponent opts in). Housing Developments can opt in regardless of value except for single dwellings as these are determined by the Local Government CEO. DAP's only meet when there is a DAP application to determine. Local government representatives will only sit on the panel when the application(s) being determined by the panel have been made under the Shire's local planning scheme. Members are listed on the register for the Regional Development Assessment Panel.

All members must undergo compulsory training.

Under regulation 24 of the *Planning and Development (Development Assessment Panels) Regulations 2011* Council is requested to nominate four (2 members and 2 alternate members) elected members to sit as Regional DAP members.

The delegates are then appointed by the Minister for Planning. The current appointment of Crs Bantock, Woods and Johnson (Alternate Member) run through to 2026. Cr Lovelock will no longer be a member once the 2025 Local Government Elections are held as he is retiring. Crs Woods is up for election.

[Development Assessment Panel Reforms and Significant Development Pathway](#)

Meeting Cycle	As required
Voting Requirements	Simple Majority

Avon Midland Country Zone - WALGA	
Membership (Shires)	• Chittering • Dalwallinu • Dandaragan • Gingin • Goomalling • Moora • Northam • Toodyay • Wongan-Ballidu • Victoria Plains • York
Quorum	6 Members
Delegates	1 Councillor
Deputies	1 Councillor and/or CEO
Purpose	WALGA is the peak representative body of local government in Western Australia. The Shire is a member. WALGA is structured based on a zone system throughout Western Australia. Members from each zone sit on the WALGA State Council. Delegates must be an elected member
Meeting Cycle	5 per year
Voting Requirements	Simple Majority

Shire of Victoria Plains & Shire of Wongan Ballidu Local Emergency Management Committee (LEMC)	
Membership	• Chair & Local Emergency Coordinator – OIC Wongan Hills Police • Deputy Chair: Councillor SoVP • Deputy Chair: Councillor SoWB • Executive Officer: Emergency Management Officer • CEOs SoVP and SoWB • CBFCOs SoVP and SoWB • DCEOs/Recovery Coordinators: SoVP and SoWB • CESM • St John Community Paramedic - Wheatbelt • DPIRD Wongan Ballidu • Western Power – Wongan Ballidu • Water Corporation Avon and Mid West Region • Department of Communities • DFES • DBCA • Arc Infrastructure • MRWA • Support Members (Various including CBH, WACHS (Hospital), DoE, Telstra, NBN, Wongan VFES)
Quorum	?
Delegates	Two - Currently President and Deputy President
Deputies	Nil
Purpose	3.1 Prepare, continuously monitor, and review a separate Emergency Management Arrangements for the Shires. 3.2 Identify emergency management hazards within the Shires and their respective communities. Establish and maintain procedures to mitigate these risks and document them within the respective Local Emergency Management Arrangements. 3.3 Test Local Emergency Management Arrangements via an annual exercise. A minimum of one exercise annually to ensure compliance with the <i>Emergency Management Act 2005</i>. 3.4 To prepare and implement prevention, preparedness, response, and recovery for key hazards identified as likely to impact the Shires. 3.5 To increase the number and relative awareness programs for the Shires, addressing all hazards identified as likely to impact the community. 3.6 To carry out other emergency management activities as directed by the State Emergency Management Committee (SEMC).
Meeting Cycle	Quarterly
Voting Requirements	Simple Majority

Wheatbelt North Regional Road Group (WNRRG)	
Membership	Shires of Chittering, Cunderdin, Dalwallinu, Dandaragan, Dowerin, Gingin, Goomalling, Kellerberrin, Koorda, Merredin, Moora, Mt Marshall, Mukinbudin, Northam, Nungarin, Tammin, Toodyay, Trayning, Victoria Plains, Westonia, Wyalkatchem, Wongan-Ballidu, Yilgarn and York
Quorum	4 of the 8 Sub Groups
Delegates	1 Councillor
Deputies	1 Councillor
Support	CEO & MWS
Purpose	The existence and operation of Regional Road groups are mandated by the State Road Funds to Local Government Agreements per the State Advisory Committee (SAC). The Role of a regional road group is to: • Recommend Local Government Road funding priorities to SAC; and • Monitor the implementation of the Local Government Road Program in their region. Main Roads Western Australia provides administrative support to Regional Road groups. The Delegate must be an elected member. The Delegate also participates on the Moora Sub Regional Road Group (MSRRG) The MSRRG also appoints a delegate to the WSNF Steering Committee
Meeting Cycle	Twice a year (March and September) for WHRRG Twice a year for MSRRG
Voting Requirements	Simple Majority

Avon Voluntary Regional Organisations of Council (AROC) Governance Group	
Membership	Shires of Chittering, Goomalling, Northam, Toodyay, Victoria Plains and York
Quorum	3 Members
Delegates	1 Councillor
Deputies	1 Councillor
Support	CEO
Purpose	AROC is a collective of six local governments within the Avon, Central and Coastal sub regions, formed to work cooperatively for the benefit of the region and well-being of the community. Delegate must be an elected member The CEO also sits on the AROC Officers Group, which advises the AROC Governance Group and attends both meetings
Meeting Cycle	5 per year
Voting Requirements	Simple Majority

Rural Water Council	
Membership	Shires of Dandaragan, Dumbleyung, Goomalling, Koorda, Lake Grace, Merredin, Mount Marshall, Moora, Mukinbudin, Narembene, Nungarin, Victoria Plains, Westonia, York Minister for Water, Department of Water, Water Corporation, Wheatbelt Development Commission, Department of Primary Industries, Wheatbelt NRM
Quorum	N/A
Delegates	Up to 2 Councillors (Both are voting delegates)
Deputies	Nil
Support	CEO
Purpose	The Rural Water Council liaises with the Department of Water and Environmental Regulation (DWER) and the Water Corporation, to raise the profile of community issues within the Dry Land Agricultural Area to the relevant departments.
Meeting Cycle	Quarterly
Voting Requirements	Simple Majority

Council may wish to suspend the Meeting Procedures Local Law (Standing Orders) to discuss further who would like to be on the respective committees.

CONSULTATION

Councillor Elect Briefing Session 20 October 2025

STATUTORY CONTEXT

Section 5.8 of the Local Government Act 1995 allows the Council to establish committees of three or more persons to assist the Council and to exercise the powers and discharge the duties of the Local Governments that can be delegated to Committees (Absolute Majority Vote required).

Section 5.10 sets out how Council appoints members to a committee, which must be done by an absolute majority.

In accordance with Section 5.10, a Councillor is entitled to be a member on any committee of their choice. Additionally, the President is entitled to be a member on any committee of their choice. The CEO is entitled to be on (or appoint a representative to) any committee having employee representation.

Section 5.11A deals with the appointment of Deputy Committee members, which must be done by an absolute majority. Other Legislative requirements are set out in the purpose for each committee.

CORPORATE CONTEXT

Strategic Business Plan/Corporate Business Plan

STRATEGIC PRIORITIES		WE KNOW WE ARE SUCCEEDING WHEN	
4. CIVIC LEADERSHIP			
4.1	Forward planning and implementation of plans to achieve community priorities	We attend meetings of key local and regional organisations to jointly plan for our community	

Delegation

Nil

Policy Implications

Nil

Other Corporate Document

Nil

Risk Analysis

The perceived risks are as follows:

Consequence	Consequence Rating:	Likelihood Rating:	Risk Rating	Risk Acceptance	Mitigation and Outcome
Compliance Failing to observe requirements of relevant legislation	Minor (2) Some temporary non compliances	Possible (3) At least once in 3 years	Moderate (6)	Operational Manager	CEO in conjunction with key staff to monitor requirements regularly regarding Committees, Advisory Groups and Other Bodies

FINANCIAL IMPLICATIONS

Nil

VOTING REQUIREMENTS

Absolute Majority

Officer Recommendation

That Council makes the following appointments by ABSOLUTE MAJORITY**COMMITTEES OF COUNCIL**

Shire of Victoria Plains Audit, Risk and Improvement Committee

In accordance with Sections 5.10, 5.11A and 7.1A of the *Local Government Act 1995*, the following Councillors are APPOINTED to the Shire of Victoria Plains Audit Committee:

Members (3):

1. Mr David Lovelock, Independent Presiding Member

2. Cr _____

3. Cr _____

4. Cr _____

Deputy Members (2)

1. Cr _____

2. Cr _____

Shire of Victoria Plains Behaviour Complaints Committee

In accordance with Sections 5.10 and 5.11A of the *Local Government Act 1995*, the following Councillors are APPOINTED to the Shire of Victoria Plains Behaviour Complaints Committee:

Members (3)

1. Cr _____ as the Presiding Member

2. Cr _____

3. Cr _____

Deputy Members (2)

1. Cr _____

2. Cr _____

Environmental Advisory Committee

The Status of the Environmental Advisory Committee is changed from a committee of council to advisory status only

BY SIMPLE MAJORITY**Advisory Groups**

Advisory Groups are those where Council does exercise control (establishment, dissolution etc). They do not fall within the requirements of the Local Government Act.

ANZAC Memorial Commemorative Advisory (Working) Group**Members (1)**

1. Cr _____

Deputy Members (1)

1. Cr _____

Shire of Victoria Plains Bush Fires Advisory (BFAC) Committee

In accordance with Sections 5.10 and 5.11A of the *Local Government Act 1995* and Section 67 of the *Bush Fires Act 1954*, the following Councillors are **APPOINTED** to the Shire of Victoria Plains Bush Fires Advisory Committee:

Members (5)

1. Shire President – Cr _____
2. Deputy Shire President – Cr _____

Deputy Members (3) (All Other Councillors)

1. Cr _____
2. Cr _____
3. Cr _____

Shire of Victoria Plains Environmental Advisory CommitteeMembers (1)

1. Mr Gordon Houston as the Presiding Member
2. Cr _____

Community Members (1)

1. _____

Appointment of Delegates – Other Bodies

The Shire is a member of groups or bodies that the state government or others have in place to assist local governments with their responsibilities at the local level.

Regional Development Assessment Panel (DAP)Members (2)

1. Cr _____
2. Cr _____

Deputy Members (1) (Alternate Members)

2. Cr _____
3. _____
4. Cr _____

AVON MIDLAND COUNTRY ZONE – WALGA

That Council **APPOINTS** the following Councillors to the Avon Midland Country Zone WALGA:

Delegates (1)

1. Cr _____

Deputy Delegates (1)

1. Cr _____
2. Mr Sean Fletcher, Chief Executive Officer

Shire of Victoria Plains – Local Emergency Management Committee

That in accordance with Section 38 of the *Emergency Management Act 2005*, the following Councillors be **APPOINTED** to the Shire of Victoria Plains Local Emergency Management Committee:

Delegates (2)

1. Cr _____ - Shire President
2. Cr _____ - Deputy Shire President

Wheatbelt North Regional Road Group (WNRRG)

That Council **APPOINTS** the following Councillors as delegates to the Wheatbelt North Regional Road Group (includes the Moora Sub Regional Road Group):

Delegate (1)

1. Cr _____

Deputy Delegate (1)

1. Cr _____

Avon Voluntary Regional Organisations of Councils

That Council **APPOINTS** as the Shire's delegate to the Avon Voluntary Regional Organisations of Council

Delegate (1)

1. Cr _____

Deputy Delegate (1)

1 Cr _____

Rural Water CouncilDelegate (2)

1. Cr _____

2. Cr _____

PUBLIC

ELECTED MEMBER PROSPECTUS



Guide to becoming a Zone Delegate or WALGA State Councillor – 2025



THE VOICE OF WA LOCAL GOVERNMENT

The Western Australian Local Government Association (WALGA) is an independent, member-based, not-for-profit organisation representing and supporting the WA Local Government sector. Our membership includes all 139 Local Governments in the State.

Consider nominating for a position on the Zone or State Council and play a role in shaping policy and advocacy on behalf of Local Government in Western Australia.

OUR FOCUS AREAS



Climate resilience



Disaster readiness



Low carbon



High quality
Infrastructure



Diversity, equity
and inclusion



Appropriately resourced and
flexible Local Government

WHAT DOES WALGA DO?

Influence

- **Advocacy:** Lead advocacy and engagement on issues important to Local Government.
- WALGA acts as a single point of contact for the Local Government sector.
- WALGA facilitates connections with Local Government leaders and stakeholders from all regions across WA.
- WALGA represents every Local Government across WA to ensure local communities are heard and considered in policy-making processes.
- **Events:** WALGA events provide a platform to engage with Local Government representatives, industry stakeholders, and experts to discuss key issues, share knowledge, and foster collaboration.

Support

- **Specialist Support Services:** Providing vital support to Local Government in areas such as governance, employee relations and procurement.
- **Training:** WALGA is a Registered Training Organisation (RTO) offering a range of professional development courses that provide the essential knowledge and skills the Local Government sector requires.
- **Collaboration:** Facilitating partnerships and knowledge-sharing among Local Governments to promote best practice and innovative solutions.
- **Preferred Supplier Program:** Offering access to prequalified suppliers, simplifying procurement for Local Government.

Expertise

- **Policy development:** WALGA has one of the largest policy teams outside of Government, with expertise across planning, environment and waste, economics, community and social policy, emergency management, and governance.
- Our collaborative, evidence-based policy positions aim to deliver positive outcomes that meet community needs.
- **Data and insights:** WALGA collects data covering various aspects of Local Government operations, which can provide valuable insights and analysis to inform policy development and program planning.
- **Program support:** WALGA has a long history in the delivery and administration of grant programs on behalf of Government to ensure the smooth delivery of priority programs and initiatives at a community level.

HOW IS WALGA FUNDED?

A number of components contribute to the WALGA operational budget.

As with most member-based organisations, WALGA has an annual membership fee paid by all Member Local Governments.

WALGA secures additional funding through charges to State and Federal departments and agencies for the administration of grants, fee-for-services selected for use by Members, and returns from supplier contracts as part of group buying arrangement that guarantees lowest market rates for Members.

Elected Member Representative



ZONES

The relationship between State Council and Zones is critical as it underpins WALGA's advocacy on behalf of Local Government at the State and Federal Government levels. Zones have an integral role in shaping the political and strategic direction of WALGA.

Not only are Zones responsible for bringing relevant local and regional issues to the State Council table, but they are also a key player in developing policy and legislative initiatives for Local Government in WA.

ROLE OF ZONES

The key functions of Zones are to:

- elect one or more State Councillor;
- consider the State Council Agenda; and
- provide direction and feedback to their State Councillor.

Additional activities undertaken by Zones may include:

- developing and advocating positions on regional issues affecting Local Government;
- progressing regional Local Government initiatives;
- initiating regional projects relating to the Zone;
- identifying relevant issues for action by WALGA;
- networking and information sharing; and
- contributing to policy development through policy forums and other channels.

Zones provide input into State Council's policy and advocacy efforts in two critical ways:

1. passing resolutions on items contained in the State Council Agenda; and
2. passing resolutions requesting that WALGA act on a particular state-wide issue.

ROLE OF A ZONE DELEGATE

Zone Delegates are appointed to represent their Local Government on the Zone and make decisions at the regional level. Each Zone is an autonomous body with the functions set out in WALGA's Constitution. Zones are responsible for deciding how many Delegates will represent each member Local Government, and for electing a Zone Chair and Deputy Chair.

As their Local Government's representative, a Zone Delegate should give regard to their Council's positions on policy issues. There is also an expectation that Zone Delegates will report decisions made by the Zone back to their Local Government.

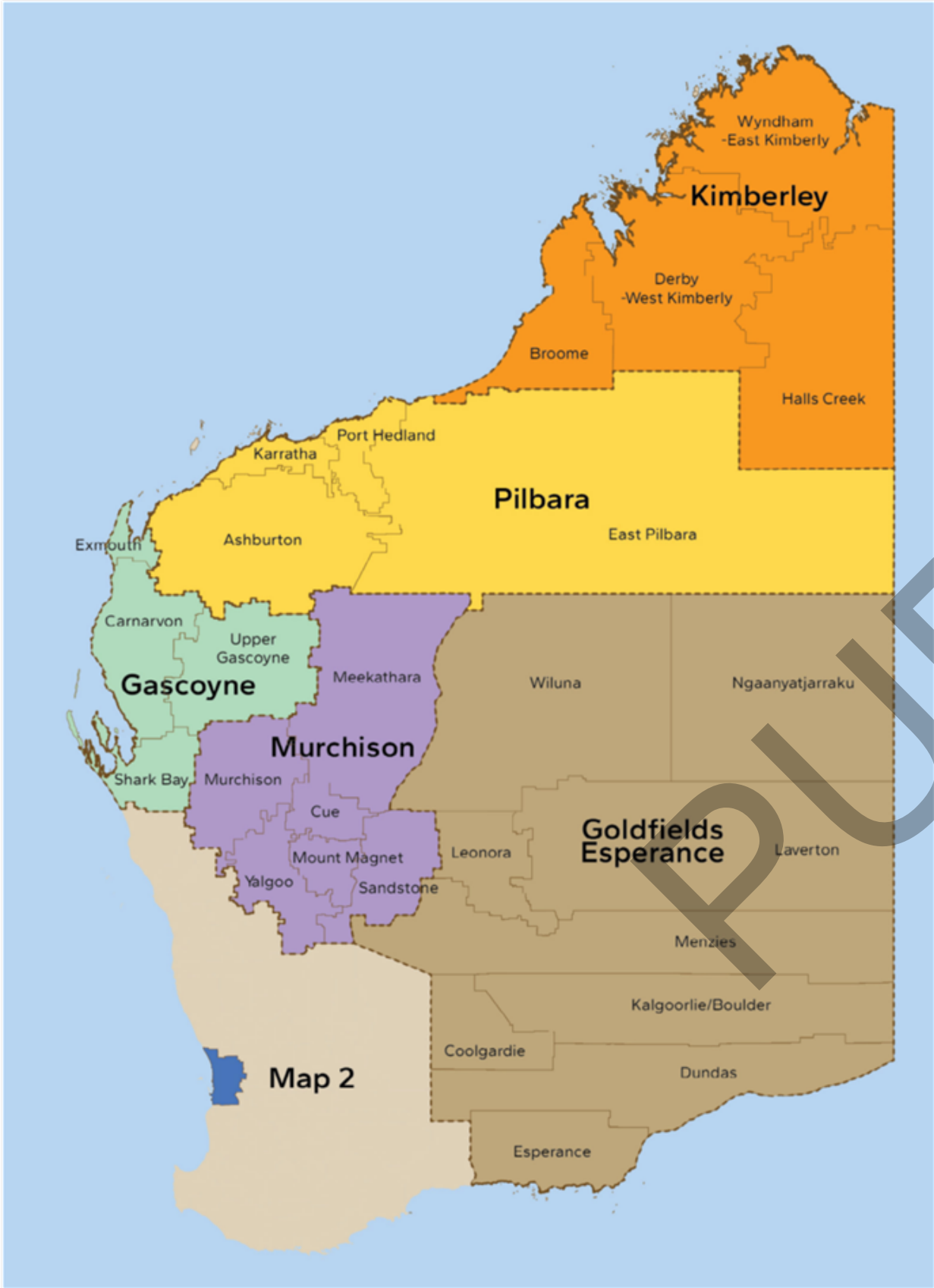
Zones generally meet five times per year in February, April, June, August and November. The day and time of meetings are determined by the Zone. The length of meetings differs between Zones but generally take two to four hours.

Approximate time commitment per year (excluding travel time):

MEETINGS	10 - 20 hours
PREPARATION	Five hours

ZONE MAP 1

Zone maps are available on walga.asn.au/who-we-are/corporate-governance/zones

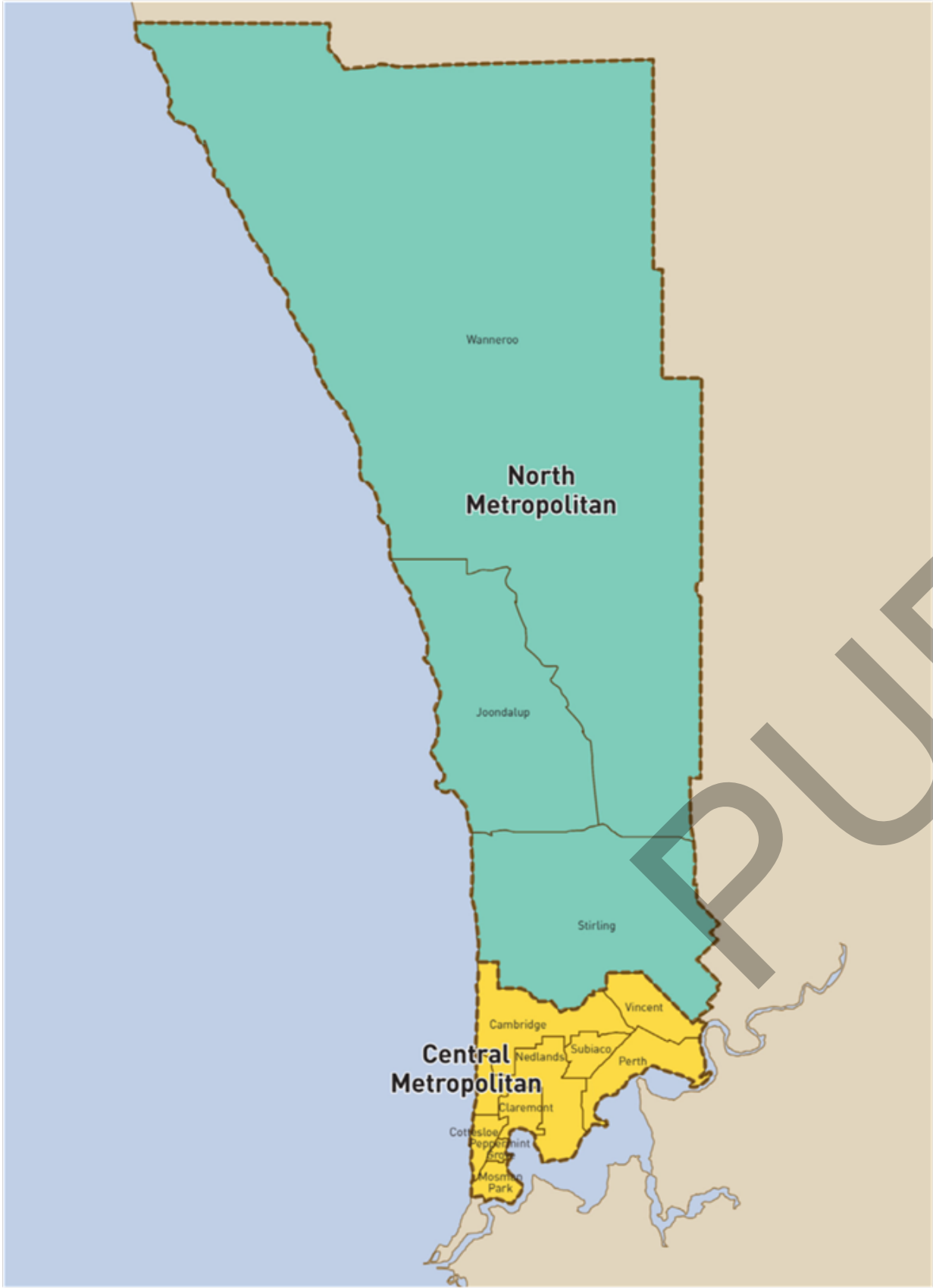


ZONE MAP 2



Elected Member Representative

ZONE MAP 3



ZONE MAP 4



Elected Member Directorate



STATE COUNCIL

WALGA's State Council is the decision-making representative body of all 139 Member Local Governments and is responsible for sector-wide policy making and strategic planning.

WALGA is governed by a President and State Council, consisting of 24 State Councillors – 12 from Country constituencies and 12 from Metropolitan constituencies.

Each State Councillor is elected by and from a Zone.

ROLE OF STATE COUNCIL

State Council's primary role is to govern the successful operation of WALGA and broadly includes:

- strategy formulation and policy-making;
- development, evaluation and succession of the CEO;
- monitoring financial management and performance, including the annual budget;
- monitoring and controlling compliance and organisational performance;
- ensuring effective identification, assessment and management of risk;
- promoting ethical and responsible decision-making;
- ensuring effective communication and liaison with Members and stakeholders; and
- ensuring an effective governance framework.

ROLE OF A STATE COUNCILLOR

State Councillors have ultimate responsibility for the overall successful operations of WALGA.

The principal roles of State Councillors relate to:

- policy positions and issues;
- the strategic direction of WALGA; and
- financial operations and solvency.

State Councillors, as Directors of a Board, are required to act consistently in the best interests of the organisation as a whole.

State Councillors are expected to be champions for WALGA and for the Local Government sector.

There are five ordinary meetings of State Council per year, generally held in March, May, July, September and December.

State Councillors are required to serve on a Policy Team or Committee which meets every one or two months, and are encouraged to attend

WALGA events and functions, to play an active and engaging role in representing WALGA and the Local Government sector.

As State Councillors are elected by their Zone, they are also expected to attend and play a prominent role in Zone meetings, including reporting back to Zone Delegates about State Council decisions and WALGA's recent activities, events and advocacy efforts.

State Councillors are paid an annual sitting fee and all expenses incurred to attend State Council meetings are reimbursable.

Approximate time commitment per year (excluding optional events and travel time):

MEETINGS	30 - 40 hours plus one full day and one overnight regional visit
PREPARATION	15 hours

GET INVOLVED

Involvement with WALGA through representing your Local Government on the Zone or representing your Zone on State Council is an enriching and rewarding experience.

To learn more about nominating for a position on the Zone or State Council and play a role in shaping policy and advocacy on behalf of Local Government in WA, visit the WALGA website.

Contacts

Chantelle O'Brien, Zones Governance Officer
cobrien@walga.asn.au | (08) 9213 2013

Habiba Farrag, State Council Governance Officer
hfarrag@walga.asn.au | (08) 9213 2050

Kathy Robertson, Manager Association and Corporate Governance
krobertson@walga.asn.au | (08) 9213 2036

Tony Brown, Executive Director Member Services
tbrown@walga.asn.au | (08) 9213 2051

RESOURCES



The Western Australian Local Government Directory 2025

Each year, WALGA produces a directory containing contact information and statistics on every WA Local Government. This is a useful resource for our Members, fostering collaboration and efficiency across the sector.



WALGA Annual Report 2023-24

For more details on how WALGA uses its influence, support and expertise to deliver better outcomes for WA Local Governments and their communities, read our 2023-24 Annual Report.



WALGA's 2025 State Election Priorities

This resource showcases initiatives and solutions WALGA presented to the incoming State Government, and continues to advocate for, to keep the state running at its best.



ONE70
Level 1, 170 Railway Parade
West Leederville WA 6007

08 9213 2000
info@walga.asn.au

walga.asn.au



Department of Planning,
Lands and Heritage



Our ref: DG-2025-2387 (PLH2023P1487)
Enquiries: DAP Secretariat, 6551 9919

Dear Local Government CEO

DEVELOPMENT ASSESSMENT PANELS – LOCAL GOVERNMENT NOMINATIONS

Representation of local interests is a key aspect of the Development Assessment Panel (DAP) system. The combination of local knowledge with technical expertise provides for informed and balanced decision making by DAPs. The Planning and Development (Development Assessment Panels) Regulations 2011 (DAP Regulations) provides for this local knowledge in the constitution of a DAP by requiring the local government to nominate elected members for inclusion on the register of Local Government DAP Members.

All existing Local Government DAP Members are currently appointed for a term ending 26 January 2026. Prior to this date, your local government is required to nominate four (4) DAP members for inclusion on the register by the Minister for Planning and Lands. With the upcoming local government elections on 18 October 2025, there may be changes in the composition of your Council and this is considered to be the appropriate time to review nominations for Local Government DAP Members ahead of the expiry date.

Please note that if an existing member is not re-elected as a Councillor, they will cease to be a Local Government DAP Member as of 19 October 2025.

Pursuant to Regulation 25 of the DAP Regulations, your local government is requested, by Friday 21 November 2025, to nominate four elected council members to sit as DAP members for your local government district. The nominations must include two members who will be the primary Local Government DAP Members for your district and two alternate members whom the DAP Executive Director can invite if either of the primary members are unavailable.

Please complete the attached nomination form and provide it to the DAP Secretariat, along with a copy of the council resolution. If you are unable to provide nominations by the above date, please contact the DAP Secretariat to discuss alternative arrangements and implications. Once nominations are received, the Minister will include the nominees on the register of Local Government DAP Members for the term ending 26 January 2028.

Nominations should be submitted via email to the DAP Secretariat at dapnomination@dplh.wa.gov.au.

140 William Street Perth WA 6000 | Locked Bag 2506 Perth WA 6001 | (08) 6551 8002
info@dplh.wa.gov.au | www.dplh.wa.gov.au
ABN 68 565 723 484



The WA Government is committed to increasing the diversity and backgrounds of Government Board and Committee members along with the total number of women appointed. Therefore, I encourage you to consider diversity of representation when putting forward your nominations in supporting this important commitment. Further information about can be found in the [Premier's Circular 2025/15 – State Government Boards and Committees](#) as well as the [Department of the Premier and Cabinet's State Government Boards and Committees – Classification and Appointment Guidelines](#).

If you have any queries regarding this request for nominations, please contact Zoe Hendry at the DAP Secretariat on (08) 6551 9919 or via email to dapnomination@dph.wa.gov.au. Further information is available online at [Development Assessment Panels \(www.wa.gov.au\)](http://www.wa.gov.au).

Yours sincerely



Anthony Kannis PSM
Director General

10 October 2025

Att 1 – LG DAP Members – Nomination Form
Att 2 – LG DAP Members – Nomination Form FAQ
Att 3 – Local Government Contact List 2025





DEVELOPMENT ASSESSMENT PANELS LOCAL GOVERNMENT MEMBER NOMINATION FREQUENTLY ASKED QUESTIONS

Question: When are nominations due back?

Answer: Completed nominations are due Friday 21 November 2025

Question: What is the term the local government DAP members will be nominated for?

Answer: The Minister for Planning and Lands will appoint local government DAP members from 27 January 2026 until 26 January 2028.

Question: What's the email address to return completed nominations or if we have any queries about the nominations?

Answer: dapnomination@dplh.wa.gov.au

Question: Is there anything else that we need to provide with the completed nomination form?

Answer: Yes, along with the completed form, a copy of the council resolution nominating up to four (4) elected council members from the respective local government

Question: Are Local Government DAP Members representatives of the Council on a DAP?

Answer: The role as a Local Government DAP Member is independent of your role as a Local Government Councillor and is covered by different legislation. While Local Government DAP Members are mostly elected members of the relevant local government, they are not bound by any previous decision or resolution of the local government. All DAP Members are required to exercise independent judgment in relation to any DAP application before them and consider the application on its planning merits

Question: Why don't DAP member terms align with Councillor terms?

Answer: A transition period of 3 months is provided to allow sufficient time for nominations by the Local Government, registration by the Minister, and training requirements.

Question: Is being a councillor considered my employment?

Answer: No, employment details refer only to external employment and does not include your role as a Local Government member. If you don't have employment outside of being a councillor, then mark yourself as unemployed.

Question: How do I know if I am eligible for payment?

Answer: Eligibility for DAP sitting fees is determined in accordance with the [Premiers Circular 2025/15](#).

Board members may not be eligible for remuneration (other than reimbursement for travel expenses) if they:

- are being paid from public monies including:
- current full time local, State and Australian Government employees;
- current Members of Parliament;
- current and retired judicial officers (except magistrates);
- current non-academic employees of public academic institutions; or
- were a Member of Parliament within the last six (6) months.

Instances where board members may be eligible for remuneration include:

- Local, State and Commonwealth Government employees who are:
 - part time and where the relevant Minister is satisfied that the work relating to the board occurs outside their employment and all other potential conflicts of interest are appropriately managed; or
 - not currently being paid from public monies such as those on leave without pay and volunteers;
- university academics (defined as those engaged primarily for the purpose of providing education services and not administrative or other services); and
- elected Local Government councillors.



Question: What if I am employed part time in one of the above and would like to receive payment for sitting on a DAP meeting?

Answer: Please provide evidence of your part time status from your employer, which will accompany the nomination. Your request to receive payment is required to be approved by the Minister for Planning and Lands.

Question: If I am eligible for payment, what are the sitting fees?

Answer: The sitting fees are as per schedule 2 of the *Planning and Development (Development Assessment Panels) Regulations 2011*. For a Local Government DAP Member, as at 1 March 2024 they are currently as follows:

- Per meeting to determine DAP applications (Form 1) - \$425
- Per meeting to determine DAP applications to amend or cancel determination (Form 2) - \$100
- Attendance at a SAT proceeding - \$425
- DAP Member training - \$400
- DAP member re-training - \$200

Question: I have undertaken Local Government training as a Councillor, is it the same thing?

Answer: The role as a Local Government DAP Member is independent of your role as a Local Government Councillor and is covered by different legislation. While there may be some common themes, it is important you attend the training to ensure you are aware of the specific requirements and responsibilities of DAP Members.

Question: When can I sit on a DAP meeting?

Answer: Before you can sit on a DAP meeting, you will need to complete the DAP member training run by the DAP Secretariat. If you have previously completed training the DAP Executive Director will consider time since you completed that training and/or since you last participated on a DAP meeting to determine whether you are required to attend a refresher training before participating on another DAP meeting. We do encourage everyone to attend a training session, even if you have attended training previously, to ensure you are aware of any recent changes to DAP procedures and protocols.

Question: When will training sessions be held?

Answer: Once the Minister registers the local government DAP members, the DAP Secretariat will contact those who are within a Local Government district where there is a current DAP application that will require a DAP meeting within the next 3-4 months.

As of January 2026, the DAP Secretariat will be holding regular training sessions that will be extended to those who have not received training and are expected to be required on an upcoming DAP meeting. These training sessions have been staggered to ensure members have received training within a reasonable timeframe of participating on a DAP meeting.

Question: Where will training sessions be held?

Answer: Training sessions will be hosted by the DAP secretariat at the Department of Planning, Lands and Heritage, at 140 William Street, Perth. While attendance in person is encouraged, it is acknowledged that this is not also possible. Online attendance is available to those who cannot attend in person.

9.5 Local Government Rural Health Funding Alliance

File Reference	
Report Date	8 October 2025
Applicant/Proponent	Local Government Rural Health Funding Alliance
Officer Disclosure of Interest	Nil
Previous Meeting Reference	Nil
Prepared by	Sean Fletcher – Chief Executive Officer
Senior Officer	Sean Fletcher – Chief Executive Officer
Authorised by	
Attachments	1. LGRHFA Communique 2. Provision of Medical Services R6 R7 3. Preferred Model GP Services

PURPOSE

For Council to support the policy positions of the Local Government Rural Health Funding Alliance, call on ALGA to commit to an impact assessment on local governments providing GP services in remote and very remote areas and to inform the LGRHFA of the Shire's experience regarding a lack of medical and allied health services.

BACKGROUND

The **Local Government Rural Health Funding Alliance**, (the Alliance) is a collaboration of six local governments in rural WA—Lake Grace, Kojonup, Gnowangerup, Jerramungup, Naremben, and Ravensthorpe—working together to address the challenge of attracting and retaining general practitioners in remote and very remote communities. The Alliance is supported by WALGA.

Local governments in remote and very remote areas (traditionally classified as Monash Model 5, 6 and 7) are increasingly stepping in to fund and manage primary healthcare services—an area under the purview of State and Commonwealth governments. Collectively, the six Shires contribute over **\$1.475 million annually** in cash. These cash contributions are directly from rates – for some in the Alliance it accounts for 16% of their rate income. Housing, vehicles, fuel cards, facilities, and telecommunications are also provided to attract and retain GPs.

The Alliance policy positions have been formulated because generally, rural/remote local government communities have:

- Small populations;
- Are geographically dispersed;
- Can only tackle the issue through economies of scale (uniting as multiple local governments under one practice); and
- Are competing for GPs who have the same incentives in front of them whether they are urban or very remote.

In essence, people in rural/remote communities are paying three times to access a GP: Medicare Levy, GP consultation fee and from their rates. Perth metropolitan may or may not be bulk billed.

The Alliance is advocating on two positions:

1. **Increase Financial Assistance Grants or provide block funding specifically tailored** to reflect actual costs incurred by remote and very remote local governments (thin markets).
2. Support the **Rural Generalist Service Model**, enabling multi-site practices (for economies of scale) with local government participation.

Cr Bantock and the author were invited to an official meeting of the Alliance in Canberra back in June of this year following its meetings with the **National Rural Health Commissioner, Department of Health and Aged Care, National Rural Health Alliance, WA Primary Health Network, members of Federal parliament** and the **Australian Medical Association**.

The author relayed the outcomes of the official meeting to Council at the following briefing session and signed up to receive information and updates from the Alliance.

COMMENT

The author has been involved in the matter of GP recruitment and retention since 2002. In the two decades since, the author has only worked in three local governments where there is either no GP (such as the Shire of Victoria Plains) or due to the size of the regional centre, the GP practices were sustainable without further intervention required.

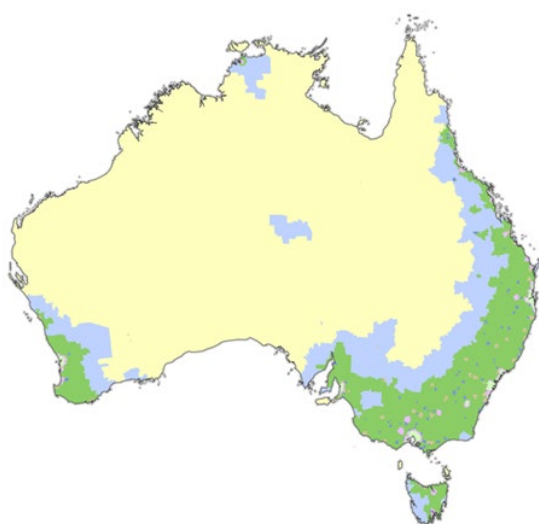
As the Alliance points out in its Communique, it is not unusual for a local government to find itself employing or paying for a GP, providing the practice (and the equipment), supplying a house and a car or even managing the practice staff.

The provision of GPs is a Commonwealth responsibility. The provision of hospitals, the responsibility of the State.

Along the way, there have been attempts to introduce telehealth – which is good up to a point, registered nurses – the ability to undertake some GP like functions, improve recruitment practices through Rural Health West and WACHS.

The State Government tried to address this issue through the Southern Inland Health Initiative (2011/12 Budget). The focus was on improving regional and district hospitals, the provision of GPs, nurses and allied health practitioners. Despite the significant investment made (\$641M), the end result has seen rural and remote communities come full circle to where we are now. Although there was \$300M in infrastructure improvements across 37 towns and the linking of the district hospitals to regional hospitals with improved emergency service capability, acute care and primary health care services to the tune of \$250M, here we are. At the time of SIHI the number of GPs needed was 90+. The current shortage is no different. Rural Health West is actively recruiting for over 100 GPs as well as Medical Officers and other specialists.

The Model that is used to determine the level of health workforce support by the Commonwealth is the [Modified Monash Model](#) (MMM). It was developed to better target health workforce programs, with the goal of attracting health professionals to regional, rural and remote communities. The MMM classifies metropolitan, regional, rural and remote areas according to geographical remoteness, as defined by the Australian Bureau of Statistics (ABS), road distance between towns and town size.



MMM 2023 was implemented by Services Australia on 13 April 2025 for health workforce programs. Implementation for the purposes of aged care programs will begin from 1 October 2025.

MM1	Metropolitan
MM2	Regional centres
MM3	Large rural towns
MM4	Medium rural towns
MM5	Small rural towns
MM6	Remote communities
MM7	Very remote communities

The Alliance members are with MM 6 (Remote RM6) or MM 7 (Very Remote RM7).

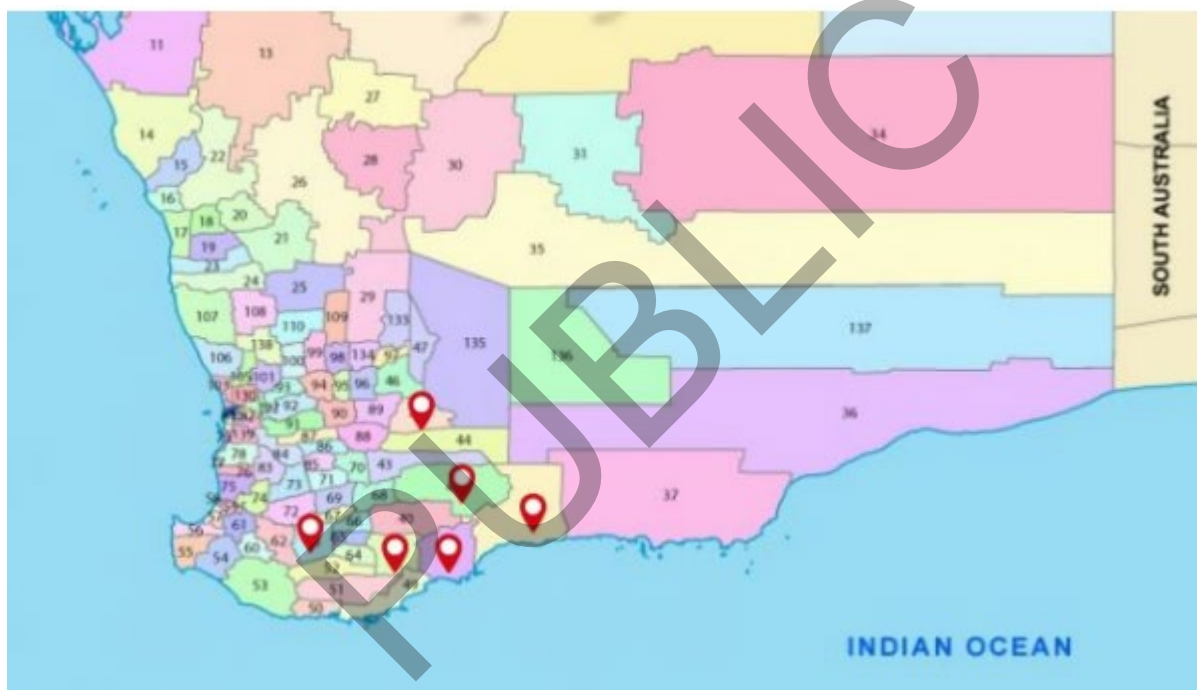


Figure. Founding Local Government Alliance members

The Shire of Victoria Plains falls under MM5, the small rural town category, the smallest of the three rural categories and at one time, considered remote (under a catchment of 1,000 people). The catchment area for GPs regarding Bolgart is Toodyay, Mogumber is Moora and Calingiri (Yerecoin, Piawaning) is Wongan Hills. The ASGS Remoteness Category is Outer Regional Australia – RA Code 3.

The Shire does not have a GP nor very much in the way of allied health, if any, in recent years. Residents have traditionally gone to a GP in a neighbouring district, Northam or through to the Metropolitan area. PATS does assist with the elderly or those who need assistance regarding the transportation cost to access services. However, the Shire does not have data on this activity.

The Shire's neighbours including the Shire's of Wongan Ballidu, Goomalling, Toodyay and Moora have had issues with the attraction and retention of GPs.

A preferred provider has been operating in the Great Southern and Wheatbelt regions of Western Australia since 2013. They provide GPs to local governments under a rural generalist hub model, which includes working with doctors in training and providing ongoing support to GPs taking on roles in regional and remote areas. Operating across multiple sites, the model leverages shared systems and technology to deliver timely care with minimal downtime as well as economies of scale which is necessary in thin markets.

It is considered that funding of up to \$300,000 per local government (as currently provided by the Tasmanian State Government) is sufficient to continue the integrated rural generalist services model. This model was presented by the provider at a Local Government CEO's Forum in 2024.

Under the Preferred GP Service Model by the Alliance, the proposal is that (Attachment 3, pg 3):

- Federal/State block funding of \$300,000 per MM5–7 local government to support integrated rural generalist services.
- Benefits:
 - Relieves pressure on local governments.
 - Secures long-term viability of rural GP services.
 - Continuity of care (local GPs who know their patients) and improved equity in access compared to similar rural/remote areas.
 - Improves health outcomes at lower overall cost.

The Alliance believes that such an investment by the Commonwealth and the State will see better health outcomes at a lower cost over the longer term.

Given that the Shire is MM5, and that many of its neighbours provide GP services and very trying and taxing conditions, it is appropriate in the author's evidence based opinion, based on many years of accumulated knowledge, advocacy and experience that the Alliance is supported in its endeavours.

CONSULTATION

Local Government Rural Health Funding Alliance

STATUTORY CONTEXT

Nil

CORPORATE CONTEXT

Strategic Business Plan/Corporate Business Plan

Although, the community flagged as a high priority for access to, support and advocacy for local health services, the final strategic action, the emerging issues identified the need for safe and friendly communities and care for seniors with the services to support them.

This saw the resulting strategic priorities and success factors as follows:

STRATEGIC PRIORITIES		WE KNOW WE ARE SUCCEEDING WHEN	
1. COMMUNITY			
1.1 Healthy, connected and safe communities	Achieve and update the Disability Access Inclusion Plan		
	Achieve and update the Aged Friendly Community Plan		
	Maintain and extend the footpath network		
	Achievement towards our Public Health Plan		

Under Strategic Priority 4 – Civic Leadership, there is a success factor that the Shire attend meetings of key local and regional organisations to jointly plan for our community. This success factor by its very nature is inclusive where we support our partners (and vice versa) in their advocacy for better outcomes.

Delegation

Nil

Policy Implications

Nil

Other Corporate Document

Nil

Risk Analysis

Consequence	Consequence Rating:	Likelihood Rating:	Risk Rating	Risk Acceptance/ Controls	Mitigation and Outcome
The Shire supports advocacy that promotes better outcomes for communities, which includes supporting other local governments seeking better GP outcomes.	Reputation Minor (2)	Possible (3) The event should occur at some time (20%) At least once every three years	Moderate (6)	Monitor Risk acceptable with adequate controls, managed by specific procedures and subject to semi-annual monitoring	CEO to keep Council updated as required will see this risk reduced to Low/Insignificant

Not supporting the Rural Health Alliance could impact on the Shire's reputation				Service Manager	
---	--	--	--	-----------------	--

FINANCIAL IMPLICATIONS

Nil

VOTING REQUIREMENTS

Simple Majority

Officer Recommendation

1. The Shire of Victoria Plains **SUPPORTS** the policy positions of the Local Government Rural Health Funding Alliance; and
2. **CALLS** on ALGA to commit to an impact assessment on local governments providing GP services in remote and very remote areas
3. The CEO is **AUTHORISED** to respond to the Alliance regarding Points 1 and 2 and provide further information regarding how GP services and other allied services



LOCAL GOVERNMENT RURAL HEALTH FUNDING ALLIANCE

Communique to Local Governments

SEPTEMBER 2025 | www.ruralhealthfundingalliance.au

We are pleased to share the activities of the **Local Government Rural Health Funding Alliance**, a collaboration of six local governments in rural WA—Lake Grace, Kojonup, Gnowangerup, Jerramungup, Narembeen, and Ravensthorpe—working together to address the challenge of attracting and retaining general practitioners in remote and very remote communities.

Why the Alliance Was Formed

Local governments in remote and very remote areas (traditionally classified as Monash Model 5, 6 and 7) are increasingly stepping in to fund and manage primary healthcare services—an area under the purview of State and Commonwealth governments. Collectively, the six Shires contribute over **\$1.475 million annually** in cash. These cash contributions are directly from rates – for some in the Alliance it accounts for 16% of their rate income. Housing, vehicles, fuel cards, facilities, and telecommunications are also provided to attract and retain GPs.

The National Rural Health Alliance recently released a report detailing the comparative Government health spend between major city residents and rural and remote Australia. It showed a gap of \$6.55 billion, which is a health spend shortfall of \$848 per person in rural and remote Australia. Given the challenges, those that live in rural and remote Australia should be seeing a greater investment in health service expenditure by the State and Commonwealth governments, instead the third tier of government is paying the gap.

The Alliance was formed because the provision of a GP is not their legislated responsibility, yet without their intervention, communities face poorer health outcomes, reduced life expectancy by 7yrs, and economic vulnerability.

Alliance Highlights

- The **Western Australian Local Government Association (WALGA)** has provided their **support** to the Alliance. The Alliance formed after Rural Health West partnered with WALGA to survey the extent of the problem across all of WA. It was found that 69 local governments were contributing \$6.8 million (net) annually through financial and in-kind assistance to sustain local primary healthcare services in their communities. More than three-quarters of the funding supported general practice of which 92% came from communities with fewer than 5000 residents. All of the Alliance local governments have populations less than 5000 but cover an area of 42,328 square kilometres.
- **Motion Passed at the ALGA National General Assembly (June 2025):** The Alliance successfully called on the Australian Government to **increase Financial Assistance Grants** and recalibrate their distribution to better support rural councils funding GP services. The motion was carried unanimously.
- **Meetings:** Alliance representatives met with the **National Rural Health Commissioner, Department of Health and Aged Care, National Rural Health Alliance, WA Primary Health Network, members of State and Federal parliament** and the **Australian Medical Association**, among others. These discussions focused on:

- The need for specific and tailored funding solutions, such as **block funding** for remote and very remote local governments (MM 5,6,7).
- Recognition of the **economic impact** of local government involvement in healthcare.
- Support for a **rural generalist service model** and **hub-and-spoke delivery**.
- **Media & Outreach:**
The Alliance has launched a website (ruralhealthfundingalliance.au) and distributed key messages through media outlets including ABC News and featured on GWN7; Western Australian Federal members of Parliament have written opinion pieces in newspapers as well as writing to the Federal Health Minister; all highlighting the health inequities and financial burdens faced by rural councils and their rate payers.

Policy Positions

This issue is not related to the supply of GPs in rural communities. This issue is not related to workforce training or Medicare bulk billing.

Currently, to visit the doctor, residents in the Alliance local governments pay their Medicare levy, a GP consultation fee and their rates. They pay three times to access a doctor.

Our policy positions have been formulated because our communities have:

- small populations;
- are geographically dispersed;
- can only tackle the issue through economies of scale (uniting as multiple local governments under one practice);
- and are competing for GPs who have the same incentives in front of them whether they are urban or very remote.

We are advocating on two positions:

1. **Increase Financial Assistance Grants or provide block funding specifically tailored** to reflect actual costs incurred by remote and very remote local governments (thin markets).
2. Support the **Rural Generalist Service Model**, enabling multi-site practices (for economies of scale) with local government participation.

Invitation to Other Rural Local Governments

We know many other rural councils across Australia are facing similar challenges.

This has been evidenced through the Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote in New South Wales; feedback in the House of Representatives Standing Committee on Regional Development, Infrastructure and Transport into Local Government Sustainability; the Local Government NSW (LGNSW), Cost Shifting 2025: How State Costs Eat Council Rates; to name a few.

The Alliance is seeking to **expand its network of supporting local governments** (remote and very remote) to strengthen our collective voice and see our policy positions implemented.

If your local government is contributing financially or in-kind to secure a GP, we invite you to:

- Connect with us via ruralhealthfundingalliance.au and sign up;

- Share your experiences and data; and
- Move a motion at your next council meeting and let us know –
 1. The [Local Government Name] supports the policy positions of the Local Government Rural Health Funding Alliance; and
 2. Calls on ALGA to commit to an impact assessment on local governments providing GP services in remote and very remote areas.

Further information available:

Lead Shire: Lake Grace

Contact: ea@lakegrace.wa.gov.au

PUBLIC



JANUARY 2025

POSITION PAPER

PROVISION OF REMOTE GP SERVICES

ALLIANCE OF RM 6 and RM 7 COUNCILS
 Shire of Gnowangerup | Shire of Jerramungup | Shire of Kojonup
 Shire of Narembeen | Shire of Lake Grace | Shire of Ravensthorpe











This position paper is prepared by the alliance of Councils including Gnowangerup, Jerramungup, Kojonup, Lake Grace, Narembeen and Ravensthorpe.

Version: 1

Adopted: February 2025

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DEFINITIONS

Remote: The Australian Statistical Geographical Standard (ASGS) system has been used to categorise rural and remote communities in Australia. The ASGS is a geographical classification system which ranks areas rurality or remoteness by the Australian Bureau of Statistics (ABS) gathered from federal census data. In the ASGS areas are ranked from RA1 to RA5, with RA1 being major cities and RA5 for very remote locations.

	Classification	Ranking
Shire of Gnowangerup	Remote Australia	RA4
Shire of Jerramungup	Remote Australia	RA4
Shire of Kojonup	Outer Regional Australia	RA3
Shire of Lake Grace	Remote Australia	RA4
Shire of Narembeen	Remote Australia	RA4
Shire of Ravensthorpe	Very Remote Australia	RA5

EXECUTIVE SUMMARY

Many countries face the problem of shortages of health workers in rural and remote areas. Health workers generally prefer to be located close to major hospitals and health facilities where they trained and with good professional support and resources, and in areas with family and social support and access to schools for their children. According to the World Health Organisation, rural health workforce shortages are one of the major impediments to well-functioning health systems with a lack of General Practitioners (GPs) in rural communities associated with reduced access and inferior health outcomes.¹

Factors contributing to rural medical workforce shortages include training pathways with little rural exposure, demanding working conditions, inadequate remuneration and professional development opportunities in rural practice, and social isolation. Financial incentives are widely used by Commonwealth and State policy makers as well as local governments to improve recruitment and retention of GPs to rural and remote communities.

There are minimum floor costs that exist to maintain basic medical services in any location. These include GPs, nursing and administration staff, premises, equipment and ongoing overheads. In remote communities, Medicare billing alone cannot cover these floor costs for a variety of reasons.

The alliance of councils comprising the Shires of Gnowangerup, Jerramungup, Kojonup, Lake Grace, Narembene, and Ravensthorpe have prepared this position paper to raise awareness and suggest a solution to attract and retain GPs in their rural and remote communities, where current Commonwealth and State government policy settings are inadequate.

The six local governments collectively contribute over \$1.475 million cash annually to attract and retain resident GP services, plus housing, vehicles, and surgeries. These financial contributions are sourced through rates and are unsustainable. They are essential for community health but place a significant financial strain on local government resources, diverting funds from other vital services that are well within the remit of local government.

The six remote local governments (RM6 and RM7 under the Modified Monash Model) are using a substantial portion of their ratepayer funds to attract and retain GPs (some up to 16% of their rates). The financial incentives to attract a GP are currently heavily influenced by the local government tender process where providers have the ability to set and negotiate the market rate. This is unsustainable.

Local governments are required to step into the space of primary health care because the per capita expenditure by the Commonwealth and States on health is lower in the regions, the viability of practices is challenged due to remote geography, increased business costs and less patients.

The current Medical Facilities Cost Adjustor within the Financial Assistance Grants paid to local governments is insufficient. Higher income incentives are currently required by local governments and practice operators to attract GPs to remote areas, and existing programs do not meet these needs.

The alliance is though raising awareness to the fact that market rates to attract a GP in a RM 6 and RM 7 community are significantly rising, with Commonwealth and State Government programs needed to match these market rates. The alliance is also raising awareness that

¹ Impact of rural workforce incentives on access to GP services in underserved areas: Evidence from a natural experiment, Swami and Scott, 2021

telehealth is not the answer to shortages of GPs in remote communities and a rural generalist model, which is currently provided across the Shires is well received and delivering immense benefits.

They are seeking sustainability payments from Commonwealth and State Governments to local governments to reduce ratepayer funding towards primary health care.

PUBLIC

1. BACKGROUND

In Australia, shortages and the inequitable distribution of general practitioners (GPs) remain a significant policy issue despite the fact that since the 1990s the Commonwealth Government has been implementing a range of initiatives to address rural workforce shortages.

A 2023 Rural Health West study found that 53% of non-metropolitan local governments in WA were spending money to provide GP services, costing just under \$7.8million annually (Note this was from the 2021/22 Financial Year and has substantially increased not only through inflation but market rates). Communities across the country are also experiencing a GP shortage, and according to the Commonwealth's Department of Health report (August 2024), the shortage is most pronounced in rural areas.

At the Australian Local Government Association national meeting in September 2024, the Shire of Dundas put forward the following motion (113), which was carried:

This National General Assembly calls upon the Australian Government and the Commonwealth Minister for Health and Aged Care, Hon Mark Butler MP, to plan and fund the provision of medical services (in consultation with relevant local governments) to regional, rural and remote communities.

On Friday November 11, 2024 the WA Local Government Association (WALGA) convened a meeting of band 4 local governments. The purpose of the meeting was to identify the strategic priorities of the members, to help inform WALGA policies on a variety of issues. It was agreed at the meeting that "Local Governments allocating ratepayer funds towards delivering medical services or contracting medical service providers to have a presence in their community" was the second highest priority to all band 4 local governments in WA.

In response to both the ALGA and WALGA meetings, the Shire of Lake Grace called a meeting of six local governments (band 3 and band 4) and key stakeholders to meet at the Lake Grace Sportsmans Club on Friday 29 November 2024. The purpose of the meeting was to discuss the financial and in-kind contributions made by local governments to secure consistent and accessible medical service providers in their communities.

This position paper is in response to the meeting outcomes from the Lake Grace meeting.

Participating local governments in this position paper include:

Figure 1: Classification of local governments by the Modified Monash Model

	Modified Monash Model classification (RM)	Number of doctor surgeries within and provided by the Local Government
Shire of Gnowangerup	7	1
Shire of Jerramungup	7	2
Shire of Kojonup	6	1
Shire of Lake Grace	7	2
Shire of Narembeen	7	1
Shire of Ravensthorpe	7	2

2. CURRENT SITUATION

The six local governments annually contribute \$1.475m of ratepayer funds towards the provision of resident GP services in their communities plus the provision of houses, vehicles, surgeries and carry the maintenance and depreciation of these assets.

The expenditure by the six local governments is crucial for maintaining the health and well-being of their communities who otherwise face barriers to accessing primary health care. This significant financial strain on rural local governments reduces resources available for other vital community services and infrastructure that is within the legislated role of local government (roads, community infrastructure, waste services etc) highlighting the significant need for more sustainable solutions to primary health care access, particularly in RM 6 and 7 communities.

Understanding the community profile, economy, health services, health condition and health needs of those living in the six local governments is the first step in improving service provision and access.

2.1 Community Profile

The six local governments are located within the Wheatbelt and Great Southern regions of Western Australia. They are classified as either RM6 or RM7 by the MMM and are similar in population size, demographics and economy.

The communities of the six local governments are:

- Median age is increasing across all local governments and there is an ageing population (see appendice)
- The Socio-Economic Indexes for Areas (SEIFA) ranks areas in Australia according to relative socio-economic advantage and disadvantage. Four of the six local governments are considered disadvantaged.
- Major industries include: agriculture, mining, education, tourism and professional services.

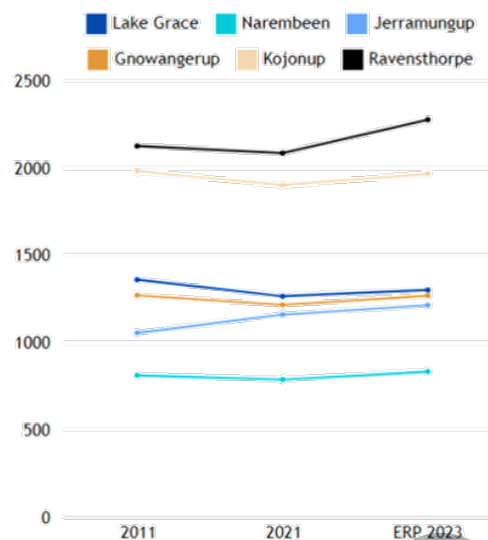
Figure: Population, Ratepayers and SEIFA score by Local Government

	Service Towns	LGA Population ²	SEIFA score ³
Shire of Gnowangerup	Gnowangerup	1,215	996
Shire of Jerramungup	Bremer Bay Jerramungup	1,160	996
Shire of Kojonup	Kojonup	1,901	997
Shire of Lake Grace	Lake Grace Newdegate	1,265	1051
Shire of Narembeen	Narembeen	787	1028
Shire of Ravensthorpe	Hopetoun Ravensthorpe	2,085	1002

Figure: Population by local government in 2011, 2021 and future estimate (2023)

² Census, 2021

³ Socio-Economic Indexes for Areas (SEIFA), Australia, 2021



2.2 Health Profile

The National Rural Health Alliance 2023 report *Evidence base for additional investment in rural health in Australia* demonstrates a clear healthcare disparity between rural and urban Australia: rural Australians have a poorer health status, and even before accounting for the increased cost of health service, receive significantly less funding per capita than their urban counterparts.

Compared with major cities, the life expectancy in regional areas is one to three years lower, and in remote areas it is up to seven years lower. According to the Australian Institute of Health and Welfare, the burden of disease and life expectancy disparities are even more pronounced for rural, regional and remote Aboriginal and Torres Strait Islander peoples and communities.⁴

Examining the social determinants of health and related risk factors across the six local governments highlights the necessity for accessible primary health care services, such as nearby GPs. As remoteness increases, many essential quality of life factors decline, leading to poorer health outcomes.

The education levels, collective scope of job opportunities and limitations in income potential in remote communities, all influence health outcomes for people living in the communities.

⁴ AMA plan for improving access to rural general practice, AMA, 2023

Figure: Country of birth, language, education and employment by Local Government⁵

	Population	Born overseas	Households who don't speak English at home	Attained Yr 10 as highest level of education	Median weekly personal income	Unemployment rate ⁶
WA Average			21.2%	11.3%	\$848	4.2%
Shire of Gnowangerup	1215	293	30 / 6.9%	18%	\$911	4.3%
Shire of Jerramungup	1,160	250	23 / 5.4%	15.5%	\$870	1.5%
Shire of Kojonup	1,901	423	50 / 6.8%	16.3%	\$882	1.5%
Shire of Lake Grace	1,265	278	30 / 6.4%	16.4%	\$1,001	1.3%
Shire of Narembeen	787	199	22 / 8.4%	16.1%	\$923	3.8%
Shire of Ravensthorpe	2,085	616	56 / 7.1%	15.3%	\$926	2.5%

The WA Country Health Service (WACHS) Health Profiles (2022) identifies the health behaviours and risk factors prevalent in the three WACHS regions. The majority of health behaviours and risk factors in the communities are above state averages.

Wheatbelt (Inclusive of the local governments of Narembeen, Lake Grace)	Central Great Southern (Inclusive of the local governments of Gnowangerup, Kojonup)	Lower Great Southern (Inclusive of the local governments of Jerramungup, Ravensthorpe)
88.1% did not eat the daily recommended serves of vegetables 51.8% did not eat the daily recommended serve of fruit 21.7% had high blood pressure (WA 16.5%) 13.5% had self-reported a current mental health problem 36.6% are overweight (WA 38.9%) 38.8% are obese (WA 29.7%) 45.8% did less than 150mins of physical activity in a week (WA 38.3%)	85% did not eat the daily recommended serves of vegetables 53% did not eat the daily recommended serve of fruit 17.8% had high blood pressure (WA 16.5%) 11.9% had self-reported a current mental health problem 35.5% are overweight (WA 38.9%) 38.9% are obese (WA 29.7%)	87.7% did not eat the daily recommended serves of vegetables 48.7% did not eat the daily recommended serve of fruit 20% had high blood pressure (WA 16.5%) 14.3% had self-reported a current mental health problem 39% are overweight (WA 38.9%) 34.5% are obese (WA 29.7%)

⁵ Census, 2021

⁶ WA Treasury 2025

The Australian Health Tracker data breaks the risk factors down by local governments and supports the WACHS profiles and the ABS' National Health Survey conclusions that remote people are at greater risk of poorer health outcomes. All the estimates below are above average when compared to metropolitan communities.

Figure: Health Risk Factors by Local Government

	Risk Factor (estimate) 2-17yrs who are obese / per 100	Risk Factor (estimate) adults who are overweight or obese / per 100	Alcohol consumption considered at risky levels / per 100	No or low physical activity / per 100 ⁷
Shire of Gnowangerup	10.9	72.3	30	71.2
Shire of Jerramungup	Greater than 10.9	72.3	Unknown	Unknown
Shire of Kojonup	10.9	72.3	30	71.2
Shire of Lake Grace	10.8	70.9	28.2	71.3
Shire of Narembeen	10.8	70.9	28.2	71.3
Shire of Ravensthorpe	Greater than 10.9	Unknown	Unknown	Unknown

There are a number of social determinants for children in the six local governments that support the evidence and need for local access to primary health services. It is well recognised that vulnerable children and their families may require more assistance, support and intervention than families with no identified vulnerabilities. Assistance, support and intervention also needs to be in close proximity of residences for children and their families to access.

Figure⁸: Child and Youth Wellbeing by Local Government

	Children living in household earning less than \$1000 per week	Learning – developmentally vulnerable on one or more domains (AEDC)	Primary health care access (GP attendance 0-24yrs/100)	Primary health care access (GP Medicare benefits 0-24yrs / 100) \$
Shire of Gnowangerup	37%	29.63%	268.24	11,364
Shire of Jerramungup	44%	14.71%	164.77	7054
Shire of Kojonup	41%	26.67%	268.24	11,364
Shire of Lake Grace	33%	29.41%	264.19	11,095
Shire of Narembeen	33%	29.41%	264.19	11,095
Shire of Ravensthorpe	44%	14.71%	164.77	7054

⁷ Australia's Health Tracker by Area, Australian Health Policy Collaboration, 2020

⁸ Australian Child and Youth Wellbeing Atlas, 2021

2.3 General Practitioners

A declining number of GPs in remote communities of Western Australia creates significant gaps in healthcare access. The lack of GP services contributes to people living in country areas utilising hospital emergency departments as a substitute for GPs, more than their metropolitan counterparts. WACHS reports that over half of emergency department presentations are non-urgent presentations related to the lack of access to local GPs.⁹

The investment made by the six local governments to attract and retain resident GPs is necessary for the following reasons:

1. **Critical Role of Primary Care:** Primary care is the most significant contributor to positive health outcomes. With the number of general practitioners in Australia declining, especially in rural areas, ensuring access to primary care is crucial.¹⁰ Additionally, reducing emergency department presentations in rural communities with the provision of a local GP reduces the financial burden on State Governments and pressure on the hospital workforce.
2. **Acute Shortages in Rural Areas:** The reduction in the primary care workforce is felt most keenly in rural communities, where dependence on primary health care is more pronounced. For example, Western Australia (WA) has just 77.1 full-time equivalent (FTE) GPs per 100,000 people in outer regional, remote, and very remote areas, compared to the national average of 88.9 FTE GPs.¹¹
3. **Comparative Disadvantage:** WA's overall GP per capita is 101.8 FTE GPs per 100,000 people, which is lower than the national average of 115.2 FTE GPs. This disparity highlights the need for targeted measures to attract and retain doctors in these underserved areas.

By offering financial programs, local governments can attract more doctors to rural areas, thereby improving access to primary care and overall health outcomes for these communities.

2.4 Travel Distances

The six local governments seek to ensure that residents in their communities have access to a doctor, within a reasonable driving distance.

According to the National Rural Health Alliance the number of doctors providing care per capita drops with increasing remoteness: for the year 2021-22 125/100,000 people in metropolitan areas compared to 84.9 in small rural towns and 66.8 in very remote communities.

In 2022, 57,899 living in Australia did not have access to general practitioner services within a 60-minute drive from their place of residence. The following table demonstrates the furthest distance a rural resident (outside of the townsite) must travel in each Shire to access the doctor; and if the doctor was not provided, the alternative.

⁹ Support and service improvement for people in country areas, Department of Health, 2019

¹⁰ Decline in new medical graduates registered as general practitioners, Denese Playford, Jennifer A May, Hanh Ngo, Ian B Puddey, 2020

¹¹ Australian Government Productivity Commission Report on Government Services 2024

Figure: GP travel distances (average)

	Surgery and doctor (provided by local government)	Furthest travel distance WITHIN the local government to provided doctor (estimate)	Closest alternative doctor and if NO doctor is provided by any of the six local governments	Furthest travel distance to alternative (estimate)
Shire of Gnowangerup	Gnowangerup	77km	Katanning (western residents) Albany (eastern and southern residents)	Between 108km – 172km
Shire of Jerramungup	Jerramungup	96km (south)	Albany	234km (from Fitzgerald)
	Bremer Bay	65km (west)	Albany	180km (from Bremer Bay)
Shire of Kojonup	Kojonup	49km (south)	Katanning	89km (from Moberup)
Shire of Lake Grace	Lake Grace	115kms (east)	Kondinin (Shire of Kondinin supported)	184kms (from Lake King)
	Newdegate	62kms (east)	Kondinin (Shire of Kondinin supported)	184kms (from Lake King)
Shire of Narembeen	Narembeen	85kms (east)	Bruce Rock (Shire of Bruce Rock supported)	120kms (from West Holleaton / Woollocutty)
Shire of Ravensthorpe	Ravensthorpe	80km (east)	Esperance	107km (from Munglinup)
	Hopetoun	80km (east)	Esperance	191km (from Hopetoun)

It should be noted that people do not stick to local government boundaries. For example, the furthest eastern residents amongst the six local governments, in Holt Rock, Varley and Lake King travel to practices in either Jerramungup and Lake Grace / Newdegate – regardless of which local government delivers the service. The six local governments in this paperwork together informally to ensure there are reasonable distances between GPs.

2.5 Rural Generalist

The six local governments are currently served under a rural generalist model. A rural generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialty care in a hospital and community settings as part of a rural healthcare team.

Under this model there are 10 practices across the six Shires with services including emergency care, palliative care, aboriginal health clinics and skin cancer clinics, with additional team members who are Geriatricians, Psychiatrists and Optometrists. The model is multi-site with multiple purposes and through a shared system and use of technology delivers a timely service with reduced latency and downtime.

The local governments are observing under this model, reduced hospital transfers and emergency retrieval costs as well as a comprehensive suite of services delivered locally by a well-connected team.

PUBLIC

3. THE PROBLEM

3.1 Local Government Rates Expended on Primary Health

The National Rural Health Alliance 2023 report *Evidence base for additional investment in rural health in Australia* clearly demonstrates, using publicly available data, that there is disparity in health expenditure between metropolitan and rural, regional, and remote Australia, with more expenditure per capita in the metropolitan areas by State and Commonwealth Government.

Who picks up this gap in per capita health expenditure to ensure accessible health services?

The Sustainable Health Review (SHR) by the WA State Government heard that health service delivery in rural and remote areas presents considerable challenges and due to remoteness, it is generally considered more costly to deliver 'small scale' services in the country than in the metropolitan area. Due to scale, management issues arise such as rostering, increased reliance on staff being on-call (to hospitals) and services being vulnerable if a staff member is away sick or on leave. It is very difficult to attract health practitioners to work in many country locations and staff turnover rates are high.¹²

The smaller populations, high demand for health professionals, complex health needs, and higher cost of delivering services in the regions means that many communities don't have access to adequate primary healthcare services.¹³

It is evident through the local government tender / recruitment process that:

- The current State and Commonwealth Government incentives to reside and work in a remote community as a GP are inadequate.
- There are higher costs to operate in remote communities; and
- Smaller patient bases.

These all contribute to less profitability for practices, declining confidence by GPs to operate their own practice and the need for practice owners to provide higher incentives (sometimes up to 85% of billing hours) to attract GPs.

The majority of general practice services in Australia are funded through a combination of the Medicare system, direct patient billing and delivery of occupational medicine and other forms of non-Medicare medical service provision. Many general practices throughout rural Western Australia, particularly smaller, rural practices are only marginally viable under the existing funding models, such as the Medicare Benefits Scheme, Practice Incentive Payment and others.

In major cities and inner regional areas, health services are mainly supported through activity-based funding and fee-for-service funding, while block funding is common in remote areas such as what is occurring in the six local governments¹⁴.

How doctors in private practice manage their billing and workload is a key issue in the problem as well. Doctors are continuing to increase their bulk-billing rates, especially for non-GP specialists, to help maintain volume, whilst fees for non-bulk billed services increase. Whilst

¹² Support and service improvement for people in country areas

¹³ Local Government Primary Healthcare Services Survey Report

¹⁴ Evidence base for additional investment in rural health in Australia, National Rural Health Alliance, 2023

discretion on setting fees has provided some flexibility, there is only so much that can be done if there are fewer patients to go around¹⁵ - particularly in rural and remote areas.

Local government funds are increasingly being used to address funding shortfalls in practices (in some cases up to 16% of rates income). This means that a significant portion of local rates is allocated to ensure a GP is firstly attracted to the community and then retained, so that residents have access to essential healthcare.

The six local governments annually contribute in excess of \$5m towards the provision of resident GP services in their communities (cash, houses, vehicles, surgeries, depreciation of assets).

The expenditure by rural WA local governments is crucial for maintaining the health and well-being of rural populations, who otherwise face significant barriers to accessing health care. This significant financial strain on rural local governments reduces resources available for other vital community services and infrastructure.

To attract and retain a resident GP, the following contributions are made by each local government in this alliance:

Figure: Cash and other contributions to attract and retain a doctor in each local government.

Local Government	Number of GPs	Annual cash	Additional contributions	23/24 Rates	% of rates income 23/24
Shire of Gnowangerup (1 surgery)	1	\$250K	✓ Provision of surgery ✓ Executive House ✓ Vehicle	\$4.9m	7%
Shire of Jerramungup (2 surgeries)	1	\$220K	✓ Executive House in Bremer Bay ✓ Vehicle and servicing costs ✓ Contribution to vehicle running costs ✓ WACHS owns the medical centre, arrangement between them and the Shire	\$3.8m	5.7%
Shire of Kojonup (1 surgery)	1	\$250K	✓ House ✓ Vehicle ✓ Plus servicing of the loan for the construction of the medical centre	\$5.4m	4.6%
Shire of Lake Grace (2 surgeries)	1	\$250K	✓ Provision of surgeries ✓ Executive House ✓ Vehicle and fuel	\$5.1m	7.3%

¹⁵ The evolution of the medical workforce

Shire of Narembeen (1 surgery)	1	\$305K	✓ Provision of surgery ✓ Vehicle ✓ New Executive House	\$2.6m	16%
Shire of Ravensthorpe (2 surgeries)	2	\$200K	✓ Provision of surgeries ✓ House provided by FQM	\$5.7m	5%
TOTAL		\$1,475,000 pa			

PUBLIC

4. THE CONTRIBUTING FACTORS

There are systemic challenges in the current health system for rural Australians.

This position paper is advocating for a solution to reduce the financial burden faced by remote local governments to attract and retain resident GPs, either through the expansion of existing programs or new initiatives.

4.1 Procurement Process

The six local governments are reluctant to take on the provision of primary health services. However, when they did so, they were mandated by the WA Local Government Act to tender medical service practices due to exceeding the procurement threshold of \$250,000 (when the service goes to market on the first occasion a tender needs to be conducted however not if the same providers contract is extended). Example responses below:

	Tender Close Date	Number of responses received	Applicant requests
Shire of Gnowangerup	31st May 2024	3	Applicant 1 \$250,000 cash per annum Executive house, car (including maintenance) medical practice. Provider to pay utilities, cleaners, supports staff (reception, nurse, practice manager), IT expenses, medical equipment. Submission 2 \$90,000 cash per annum. Deemed high risk due to shortfall between their projected operating costs (\$790k pa) versus requested contribution. Also requested house, car and practice. Submission 3 \$200,000 cash per annum Predominantly telehealth service with occasional face to face with a visiting doctor maximum service 4 days per week. No hospital cover and dependant on suitable internet speed (to allow for telehealth). Provide medical practice.
Shire of Jerramungup	August 2021	1	Applicant 1 \$200,000 House, car and running expenses of the practice
Shire of Lake Grace	August 2023	2	Applicant 1 \$250,000pa House, car and medical practice premises and equipment to be supplied Provider to pay utilities, cleaners, IT upgrades, upgrades to medical equipment et al. Applicant 2 \$100,000pa no further details House, car and medical practice premises and equipment to be supplied No experience in running a rural practice.

Shire of Narembeen	3 July 2023	1	Applicant 1 \$280,000 - \$300,000 per annum Additional provision of house, car and commercial space. Applicant to pay all running costs and replace medical equipment at their own cost, which is to remain the property of the Shire.
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The WA State Government has since removed the requirement of local governments to go to tender to extend an existing GP contract or attract a new one. Regardless, this has not solved the problem of recruiting and attracting GPs for a reasonable and sustainable amount. In the above table, it demonstrates the limited number of applications in the process and highlights why the local governments are paying significant ratepayer funds to attract a GP.

Providing significant funds to attract and retain resident GPs through an open process also creates competition amongst rural Western Australian local governments. They are competing for limited human resources. GPs are also leveraging local governments against each other to match cash payments and supporting incentives. This is evident through the tender process, but it should be remembered, that local governments should not be required to undertake a tender process for GP services, if current incentives and programs were enhanced to reflect the true cost of service delivery in remote communities.

4.2 Inadequate Financial Assistance Grants

Local Government Financial Assistance Grants are funded by the Commonwealth Government and distributed among 137 local governments in Western Australia each year.

The Financial Assistance Grants are the State's entitlement for financial assistance from the Commonwealth Government, paid upfront for a financial year, under the Local Government (Financial Assistance) Act 1995.

The WA Grants Commission recommends allocations to the WA Minister for Local Government. In 2024/25 the WA Grants Commission allocated \$2,189,431 for the Medical Facilities cost adjustor to acknowledge the costs that some regional local governments must contribute to employ a doctor.

In 2024/25 there were 11 local governments who received the maximum allowance of \$100,000. Only 5 of the 6 local governments party to this paper received the Medical Facilities cost adjustor. The Shire of Kojonup did not receive the Medical Facilities cost adjustor as they work with a local not-for-profit to engage a GP.

The Shires of Narembeen, Lake Grace, Kojonup did not receive the maximum amount.

Included in the Medical Facilities cost adjustor eligible expenditure is; GP salaries / retainer, car, housing, LG related administration costs, GP surgery (rent or forgone rent), GP surgery administrative costs, surgical and medical equipment, communication expenses, stationery, loan costs and depreciation.

	Financial Assistance Grants – Medical Facilities Cost Assessment	3yr Average Medical Expenditure (reported to WA Grants Commission)	GAP between MFCA and 24/25 actuals
Shire of Gnowangerup	\$100,000	\$165,178	\$150,000
Shire of Jerramungup	\$100,000	\$207,083	\$100,000
Shire of Kojonup	0	0	\$250,000

Shire of Lake Grace	\$36,392	\$44,380	\$213,608
Shire of Narembeen	\$54,008	\$44,287	\$250,992
Shire of Ravensthorpe	\$100,000	\$184,096	\$100,000

4.3 Attracting GPs

Using data from the *Medicine in Australia: Balancing Employment and Life (MABEL)* survey, research has shown that to move a GP from the city to a rural area would take an increase in income of between 18% and 130%, depending on the rural area.¹⁶

For an average GP who reported their annual income in the MABEL survey as \$222,535, this means they would need to be paid between \$261,700 and \$511,830 to go rural¹⁷. This is coincidentally in line with the current cash component that six local governments are paying in RM6 and RM7 communities to attract and retain local doctors – essentially covering their operating costs and setting a baseline income for them – in addition to the Commonwealth and State government rural incentive programs.

There are a range of Commonwealth Government policies, programs and incentives for GPs, including financial incentives under the Practice Incentive Program and the Workforce Incentive Scheme for GPs - **but these are not specific to remote communities.**

The Commonwealth Government's Strengthening Medicare Reforms does not include programs or incentives for rural practices; MyMedicare is for telephone consultations for registered users, the General Practice Grants Program does not specifically support rural or remote GPs because it can be accessed by RM 2 practices in metropolitan areas.

In Western Australia there are incentives such as the Country Health Innovation (CHI) financial incentive obtained through the Department of Primary Industries and Regional Development (DPIRD) Royalties for Regions (RfR) Program. The program within regional catchment areas provides for Emergency Department incentives, procedural incentives, additional Procedural incentives, a location incentive, Small Town GP incentive and an Aboriginal Health Community incentive. However, the majority of these incentives are only available to fellows and again, offered to the same communities closer to the metropolitan area.

The challenge faced by the six rural WA local governments included in this position paper is certainly not unique. The Shire of Bogan in Queensland is currently paying \$500,000 towards the operational costs of its medical centre.¹⁸ It is very rare that a rural local government in Western Australia (and indeed within other states) is not contributing to payments that attract and retain resident GPs.

So, why despite current Commonwealth and State Government policies and programs to attract and retain resident GPs in remote communities, are the six local governments still paying significant retainers to ensure their local medical centres remain open?

There are some policies and programs that are specifically for rural and remote communities, however they are not reflective of the true cost of providing a GP service or encourage GPs to go and live in the community.

¹⁶ Medicine in Australia: Balancing Employment and Life Australia's national longitudinal survey of doctors; University of Melbourne

¹⁷ Professor Anthony Scott, University of Melbourne, It's more than the money: Getting GPs to go to rural areas, 2021

¹⁸ [Local council running medical centre at \\$500k shortfall | Health Services Daily](#)

All six local governments have tried various providers and models of service delivery, they have provided different incentives, equipment and resources plus lifestyle amenities to secure the services of a GP. The local governments have tried to work with the Commonwealth Government on fly in fly out services in partnership with the Royal Flying Doctor, hub and spoke models, a pool of locums, recruiting overseas doctors, accessing Commonwealth and State incentives, operating the medical centres themselves to alleviate the challenges of operating a compliant practice, but the same challenges present;

- Smaller populations in the communities and therefore revenue generation;
- Perceived lower status of general practice (and particularly being based in remote areas);
- The generally lower income provided by Medicare fees;
- The burden of practice accreditation;
- Geographical distances;
- Work-life balance in rural communities¹⁹;
- GPs requiring a locum to cover periods of leave e.g. annual leave (in some cases this is extremely costly at \$10K per week);
- WA Country Health policies are not fit for purpose;
- Commonwealth and State Government incentives see RM 6 and RM 7 communities compete against RM 2 communities; and
- Fluctuations in patronage due to local economic conditions e.g. agriculture and mining.

Regardless of the current provider arrangements with each local government, the six local governments are contributing a total of \$1.435m cash to provide their communities with access to resident GPs across 9 towns (and indeed additional communities that neighbour them). Collectively this is 5.1% of the rate base across six local governments.

The local governments are also contributing to surgery infrastructure, GP vehicles and residences and depreciation cost of assets accounting for an estimated \$4.5m/pa.

The geographic spread of people in the six local governments creates both issues with logistics of access and efficiency of utilisation of resources. This impacts upon the costs, both of delivering services and for patients attending care, often requiring a greater time commitment and transportation costs to physically access services. The larger geographic footprint involved with creating a patient pool sufficient to sustain a clinic or service on a fee for-service basis results can result in lower utilisation. This is typically reflected in lowered utilisation of staff and services in these regions, and a greater reliance on grant and block funding to address shortfalls. Paying for these 'gaps' in remote and very remote communities through grants or block funding, is 3.46 times more per capita than that of metropolitan settings.²⁰

Additionally, fluctuations in patronage for medical centres due to local economic conditions that are beyond the control of GPs, impact the break even point of rural medical centres. One such example of a fluctuating local economy has been in the Shire of Ravensthorpe. In April 2024 First Quantum Minerals confirmed the Ravensthorpe nickel mine would be placed into care and maintenance, with 330 jobs to be lost. ²¹First Quantum Minerals is a financial contributor to the Ravensthorpe and Hopetoun surgeries, ultimately a service that supports

¹⁹ Decline in new medical graduates registered as general practitioners, Denese Playford, Jennifer A May, Hanh Ngo, Ian B Puddey, 2020

²⁰ Evidence base for additional investment in rural health in Australia, National Rural Health Alliance, 2023

²¹ [First Quantum Minerals to close Ravensthorpe nickel project with loss of 330 jobs - ABC News](#)

their workforce. The closure of the nickel mine places significant pressure on local businesses and service providers, such as the medical centre, as patronage declines.

When providing cash payments to GPs, the RM 6 and RM 7 local governments may be asked why they don't just implement gap fees, which potentially could be much lower than what they are currently paying.

In the 2021 Commonwealth Budget the GP revenue for a Standard Level B consultation rose from \$48.55 to \$50.45 for remote communities. This increase only applies to under 16yr olds and concession card holders. Consultations for other patients continue to receive the basic \$38.75.

The number of under 16yrs and concession card holder consultations is not significant enough to attract additional income under Medicare for the doctors in the six local governments (the majority of the communities only have primary and secondary schools to yr 10, many young people attend high school in the metropolitan and regional centres) and hence implementing gap fees is not advantageous (see below).

	Under 16yrs of age	Aboriginal and Torres Strait Islanders	Under 16yrs of age as a percentage of the total population	Commonwealth Seniors Health Card	Health Care Card	Low Income Card	Pension Concession Card ²²
Shire of Gnowangerup	260	93	/ 1215	10	60	5	195
Shire of Kojonup	371	99	/ 1901	65	85	5	310
Shire of Narembeen	154	25	/ 787	20	30	5	95
Shire of Ravensthorpe	389	88	/ 2085	35	80	5	345
Shire of Jerramungup	250	39	/ 1160	15	50	10	145
Shire of Lake Grace	250	29	/ 1265	20	45	5	105

²² DSS Payments by 2022 LGA - June 2023 to September 2024, Department of Social Services

4.4 Why Does this Problem Need to be Solved?

Limited Ratepayer Funds

Over the past ten years the six local governments collectively have paid in excess of \$6m of ratepayer funds to retain resident GPs.

Not only is this a significant opportunity cost for local governments and their communities but it diverts their limited funds towards a service that should be funded by State and/or Commonwealth Government. It means core local government services and infrastructure are underfunded, not pursued or not maintained to an adequate level (impacting Councils ability to adequately manage their asset maintenance and preservation programs).

In WA, local governments are also now required to prepare public health plans. These are essentially primary health plans and whilst community socio and economic health is an outcome in the provision of local government services and facilities, they are not responsible for primary health services and facilities which is included in the plans.

Access to Healthcare is linked to Economic Health

Providing quality healthcare in a rural community goes beyond immediate healthcare services; it also has a positive impact on the economic health of a community – its productivity, absenteeism rates, workforce participation and more.

Rural health and rural community and economic development are also inextricably connected—neither field can be successful without the other. Thriving economies and communities require healthy people, and people need strong economic and health systems to thrive.

Unintended consequences of the reliance on telehealth in rural Australia²³

Studies and experience have identified that telehealth — the use of electronic means such as video or telephone to deliver health care remotely — has many benefits for patients, health care providers and health systems, including reduced costs, improved health care access, productivity gains, and increased satisfaction, convenience and efficiency. Beyond direct benefits, there is a widely held view that telehealth may potentially mitigate the negative impact of health workforce shortages in rural areas and achieve early intervention in health problems.

Telehealth can help enhance the health status of rural and remote communities by improving accessibility. By cutting travel costs such as fuel, accommodation, and lost wages due to work disruption, telehealth contributes positively to socio-economic wellbeing and helps relieve some of the financial burden rural communities face to access services.

While providing tangible support to rural clinicians on the ground, dependency on telehealth can [however] mask the need to invest long term to improve rural health, such as direct investment in infrastructure and the rural health workforce. By relying on metropolitan centres to provide care to rural Australians, telehealth essentially redirects rural resources to these centres, reducing future rural health care funding. This deflection of resources could threaten the viability and existence of rural practice altogether, eroding health services in rural areas and exacerbating the situation in a vicious cycle of overdependency and inaccessibility. Reliance on metropolitan doctors reduces opportunities for training in rural health, potentially

²³ Beyond the planned and expected: the unintended consequences of telehealth in rural and remote Australia through a complexity lens, Medical Journal of Australia, Osman et al, 2024

deskilling clinicians, especially those early in their career, thereby undermining the quality of health care rural patients receive over time. Intermittent metropolitan telehealth service providers do not participate in local call rosters nor have an understanding of the complex and chronic conditions of local, and especially Indigenous, patients needing personalised care. And predatory providers seeking to expand their business model might not be in the best interest of local communities due to this lack of local and contextual knowledge.

All in all, inherent limitations of telehealth, such as the inability to examine patients physically, may leave staff in rural primary care and emergency settings less skilled, and hence more vulnerable to medicolegal liabilities and overstretched as telehealth adds to their workload by transferring examining patients on behalf of the consulting physician or performing other clinical tasks outside their scope of work. Other concerns include that medicolegal consequences may arise due to miscommunication, lack of local context by the physician providing care via telehealth, and the hesitation of nurses and junior doctors to raise any concerns to a remote clinician. This may make work environments less attractive, further increasing the challenge of recruiting and retaining junior clinicians to rural practice.

Anecdotally reports within remote communities that support staff such as nurses feel pressure when there is no doctor in the room, particularly during emergency situations and the absence of collegiately is missed.

The continuity of care is also essential for every patient and the continuity of doctors through the telehealth service is clearly lacking and not avoidable.

There may also be social and economic consequences on rural communities due to the missed opportunity of having clinicians relocate to rural areas, contribute to the rural economy, bring investments, and attract more businesses to rural areas. And if the converse occurs, and telehealth fuels migration of rural Australians to metropolitan centres seeking specialist care or clinicians to work in cities, this can exacerbate the metropolitan housing crisis and the economy.

These actual and potential effects are largely unintended consequences of the implementation or telehealth in rural Australia and have not to date been subject to overt planning. They nonetheless can have considerable impact on rural and remote communities.

5. SOLUTION

Countries with a strong primary health care system experience better population health and lower rates of unnecessary hospital admissions. General practice is the bedrock of healthcare in rural areas. Ongoing access relies on being able to recruit and retain enough properly distributed GPs in all parts of the country.²⁴ The six local governments have tried various business models and incentives over the past decade and worked with organisations that are funded to support primary health care in the regions to attract GPs. They have resisted at every opportunity to part with ratepayer funds to attract and retain a GP, knowing firsthand that they have limited income but increasing needs for infrastructure and services across their communities that are required for current residents but also necessary for communities and industry to grow.

The Australian and Western Australian health systems are complex. However, despite complexities it is well evidenced that the third tier of government, local government, is not responsible for the delivery of primary health care, specifically the provision of GPs.

While local governments supporting GPs are rightly proud of securing and/or retaining these essential services for their communities, this should not distract from the fact that such support is a financial impost and takes away from other essential local government services and functions.²⁵

Local government support for primary healthcare services is grounded in their pursuit of creating thriving communities. Local governments are stepping in to provide support for these services due to Commonwealth and State Governments failing in their responsibilities to ensure the adequate provision of essential services.²⁶

The Local Government Primary Healthcare Services Survey Report by Rural Health West in 2024 identified a number of recommendations, one being the WA State Government establish a Local Government Primary Healthcare funding program. Based on the survey findings an initial annual fund of \$5 million per annum is recommended across the State. However, this amount will likely be inadequate. Potentially such a fund should only be applied to RM6 and RM7 local governments.

Policy makers may say, set a gap fee payment or raise rates in each local government, to cover the cost of the provision of GP services, but the local conditions (population, demographics and local economy) are not favourable or sustainable to see these solutions last.

Investing in the general practice workforce in remote WA communities requires additional and distinct solutions to overcome unique workforce issues such as professional isolation, uncompetitive remuneration compared to metropolitan practices, state hospital salaries and locum rates and the viability challenges of running a rural general practice. It is critical State Governments and the Commonwealth Government work together to resolve GP workforce issues.²⁷

Some policies have been introduced recently, such as rural generalist training pathways and will not yet show an effect, but other policies such as financial incentives have been in place

²⁴ AMA plan for improving access to rural general practice, AMA, 2023

²⁵ Local Government Primary Healthcare Services Survey Report, Rural Health West, 2024

²⁶ Local Government Primary Healthcare Services Survey Report, Rural Health West, 2024

²⁷ AMA plan for improving access to rural general practice, AMA, 2023

for a long time. Evidence shows that financial incentives may not be effective (Scott et al., 2013), or if they are it is only for GP Registrars who are the most mobile (Yong et al., 2018).

Due to the complexity of the health care system, there are many levers that could be used to help resolve the issues experienced by remote communities to attract and retain a GP. This position paper is not advocating to amend Medicare. The local governments are also not advocating to directly fund private enterprise or amend training and workforce policies. There are also WA Country Health policies for hospitals, locums and close availability GPs to service hospitals that influence the position the six local governments are faced with – the alliance will advocate on these separately.

The alliance is though raising awareness to the fact that market rates to attract a GP in a RM 6 and RM 7 community are significantly rising, with Commonwealth and State Government programs needed to match these market rates. The alliance is also raising awareness that telehealth is not the answer to shortages of GPs in remote communities.

The six local governments agree to continue to support GPs through the provision of a space for a practice under peppercorn leases, a house and vehicle, however the ongoing cash payment towards operations is unsustainable.

The six local governments need the Commonwealth and State Government's to consider a sustainability payment to assist in attracting and retaining resident GPs. This would reduce the cash component provided by local governments to GPs. The Tasmanian and Queensland Government provide similar programs.

Such a program for local governments would also reduce health inequalities experienced in the remote communities.²⁸

A custom-made variation in the allocation of resources is required. Resourcing for such a solution can still be funded centrally, flexibility at the regional decision-making level uses local information better and is more adaptable.

Primary healthcare funding is a Commonwealth responsibility. In remote communities there are significant funding gaps.

The State Government has primary health care responsibilities as well, more than that of local governments.

The Alliance is requesting the Commonwealth include a sustainability payment in the Federal Budget 25/26; directly to the six RM6 and RM7 local governments as a pilot program over a 3yr period; to the value of \$4,425,000 plus CPI.

This could be distributed through the Medical Facilities cost adjustor (Financial Assistance Grants additional contribution).

²⁸ Regional health inequalities in Australia and social determinants of health: analysis of trends and distribution by remoteness, Flavel et al, 2023

APPENDICE

Figure: Location of hospitals neighbouring the alliance of Councils.

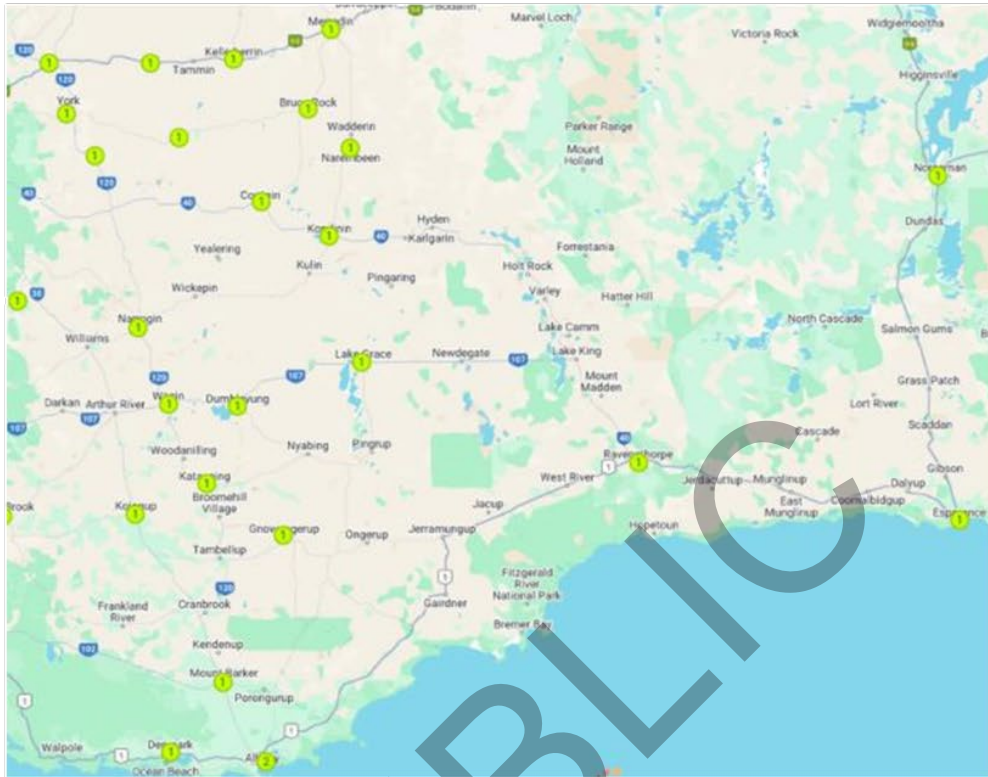


Figure: Location of GPs neighbouring the alliance of Councils.

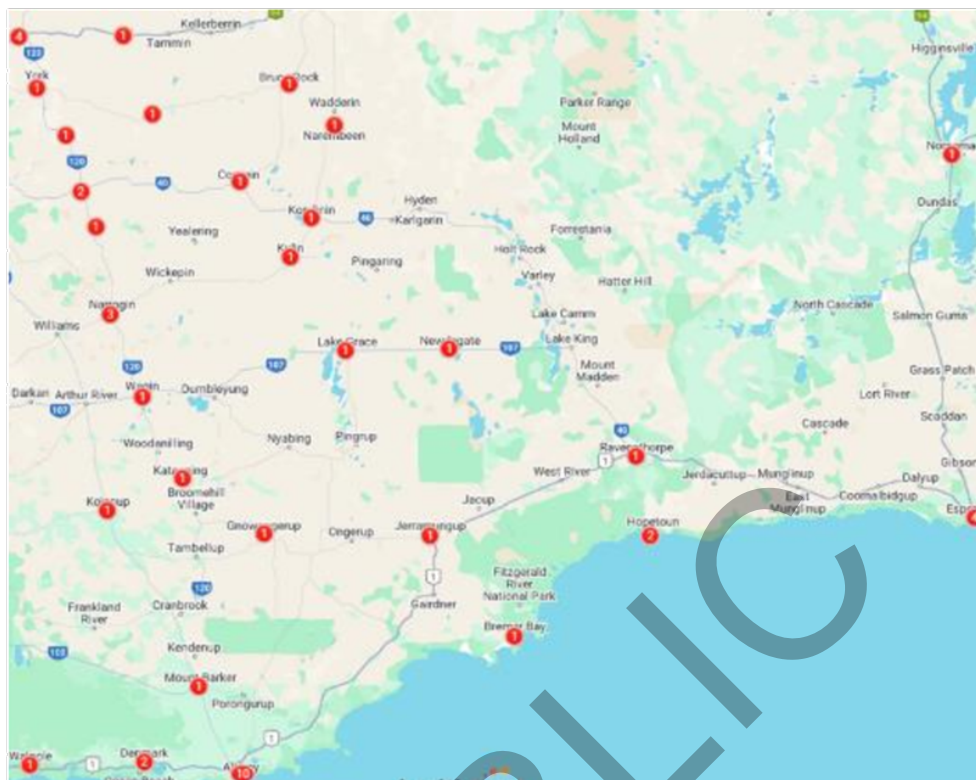
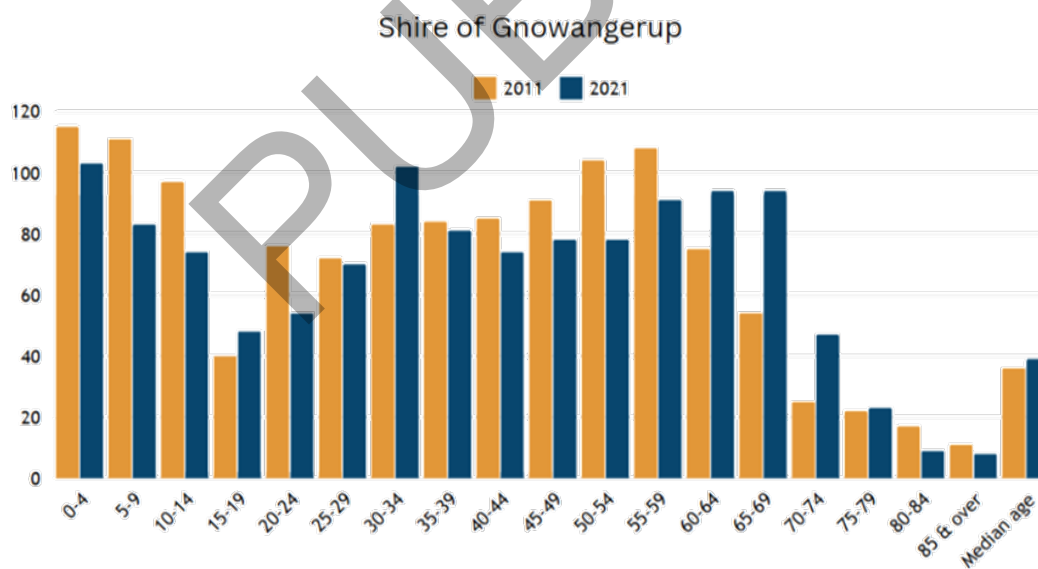
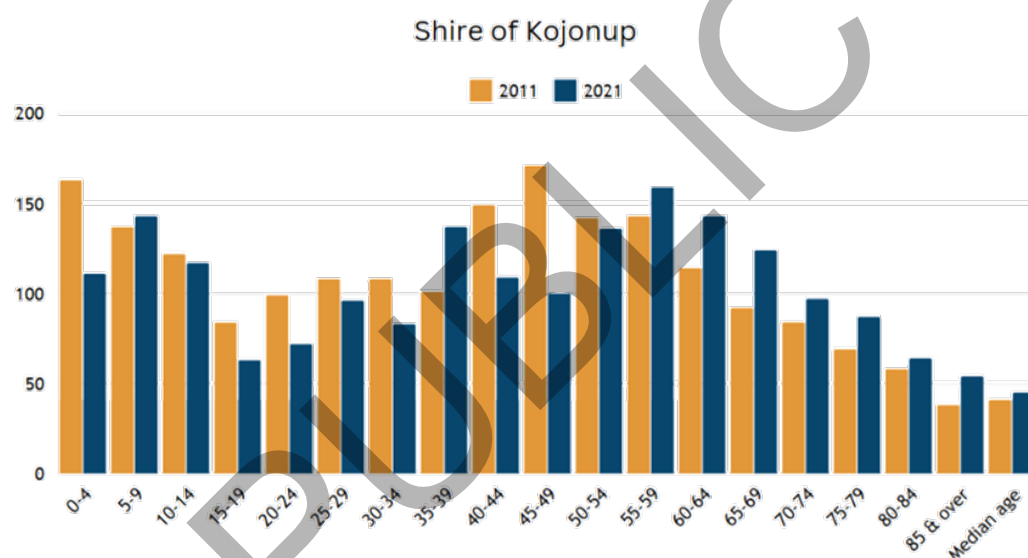
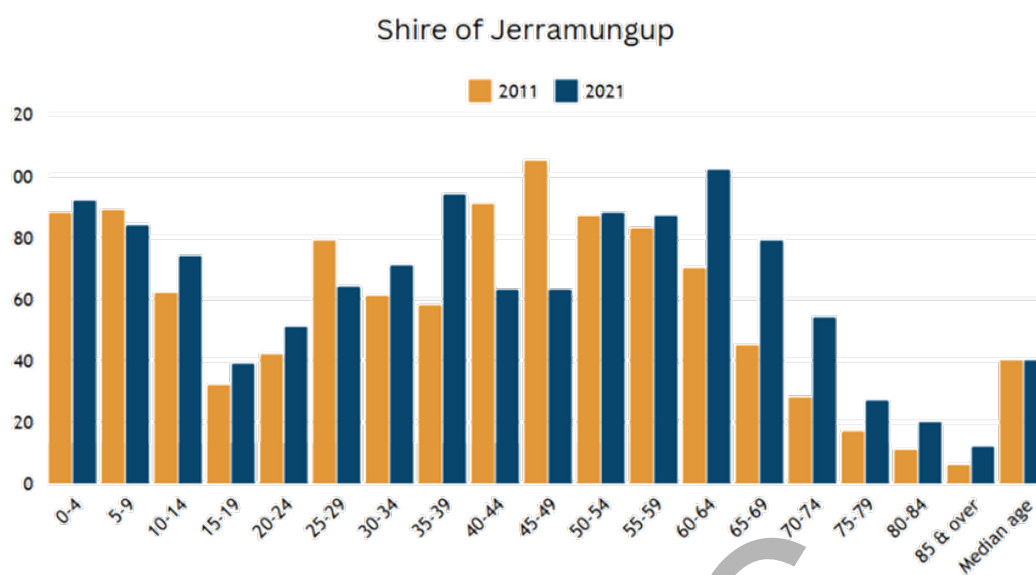
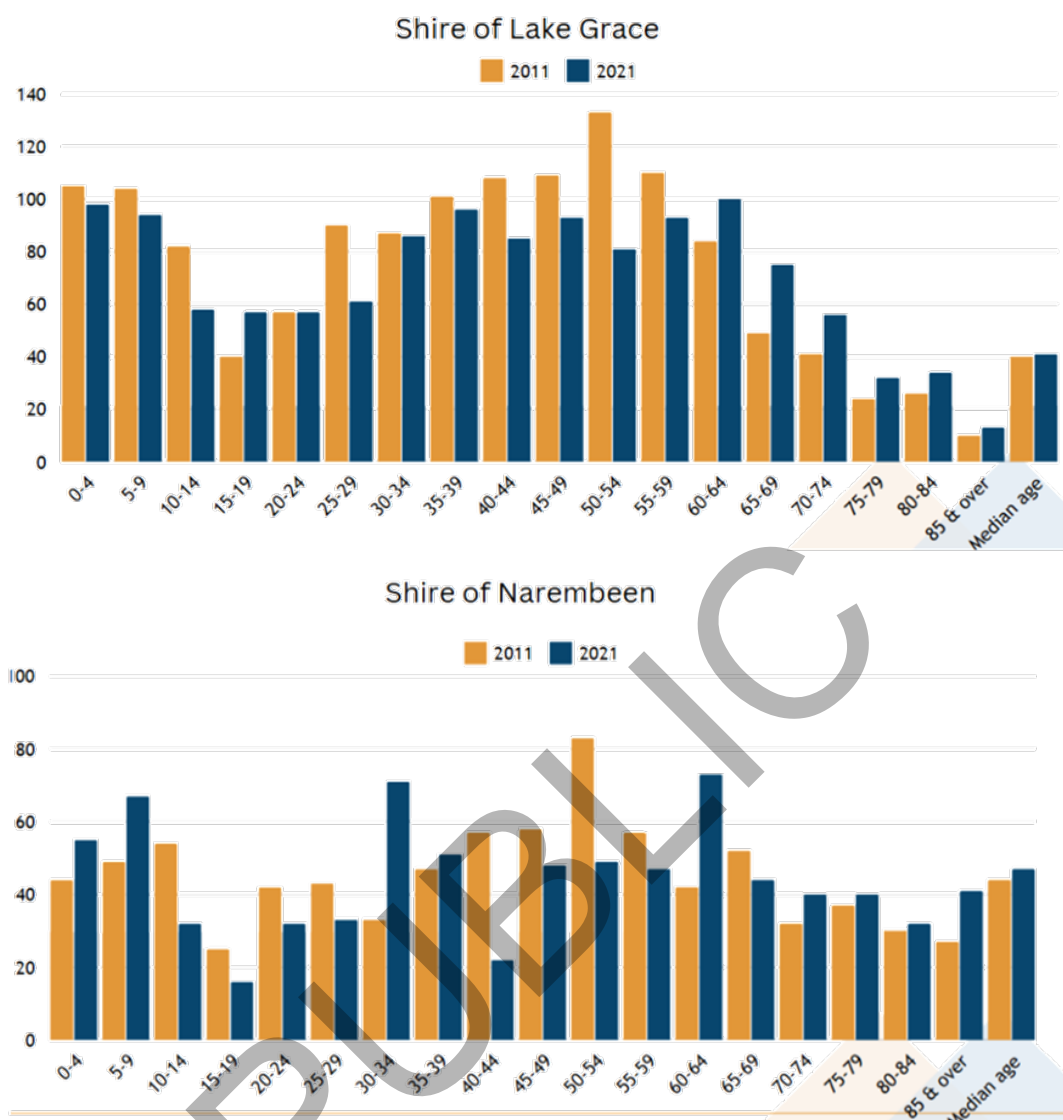
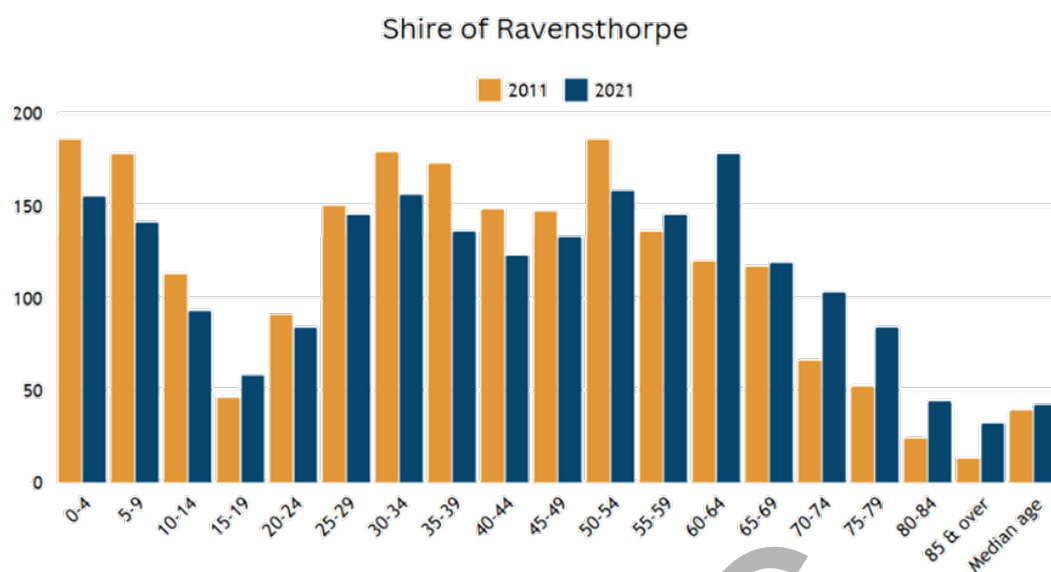


Figure: Age Profiles











PREFERRED

GP SERVICE MODEL

Prepared By

LOCAL GOVERNMENT RURAL HEALTH FUNDING ALLIANCE

LOCAL GOVERNMENT RURAL HEALTH FUNDING ALLIANCE

The **Local Government Rural Health Funding Alliance**, a collaboration of six local governments in rural WA—Lake Grace, Kojonup, Gnowangerup, Jerramungup, Narembene, and Ravensthorpe—working together to address the challenge of attracting and retaining general practitioners in remote and very remote communities.

Local governments in remote and very remote areas (traditionally classified as Monash Model 5, 6 and 7) are increasingly stepping in to fund and manage primary healthcare services—an area under the purview of State and Commonwealth governments. Collectively, the six Shires contribute over **\$1.475 million annually** in cash. These cash contributions are directly from rates – for some in the Alliance it accounts for 16% of their rate income. Housing, vehicles, fuel cards, facilities, and telecommunications are also provided to attract and retain GPs.

The National Rural Health Alliance recently released a report detailing the comparative Government health spend between major city residents and rural and remote Australia. It showed a gap of \$8billion, which is a health spend shortfall of \$1090.47 per person in rural and remote Australia. Given the challenges, those that live in rural and remote Australia should be seeing a greater investment in health service expenditure by the State and Commonwealth governments, instead the third tier of government is paying the gap.

The Alliance was formed because the provision of a GP is not their legislated responsibility, yet without their intervention, communities face poorer health outcomes, reduced life expectancy by 7yrs, and economic vulnerability.

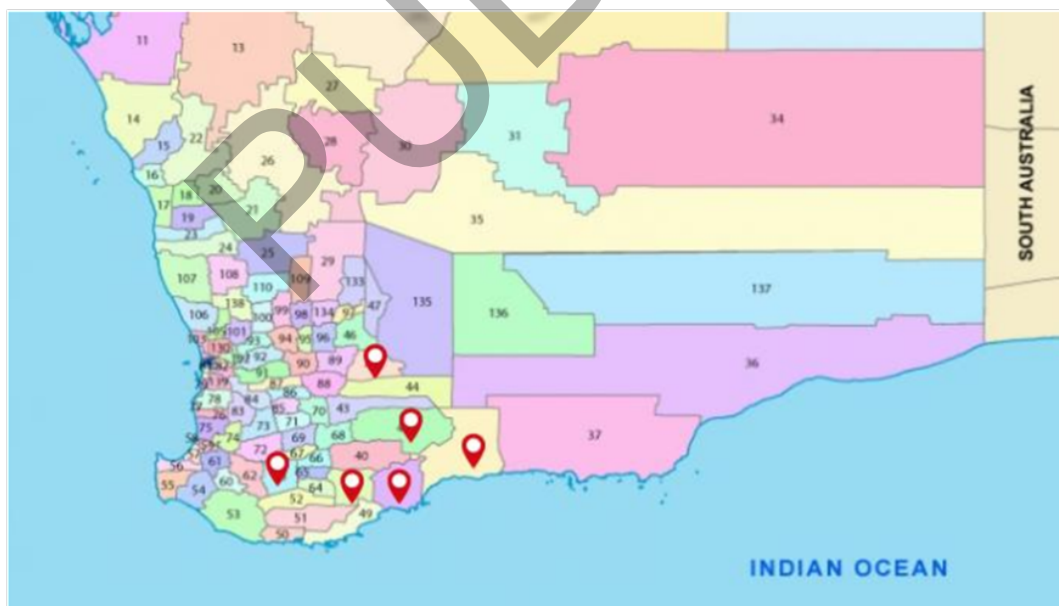


Figure. Founding Local Government Alliance members

Executive Summary

The Challenge

- Rural and remote Australians experience poorer health outcomes due to limited access to primary care.
- They have **higher rates of chronic disease, avoidable deaths, and shorter life expectancy** than urban Australians.
- The funding gap is stark: **rural Australians receive \$8 billion less per year** in health funding, with per capita deficits continuing to widen (National Rural Health Alliance, 2025).

Local Evidence (Study Area: 6 Wheatbelt & Great Southern LGs, WA)

- Potentially avoidable deaths are consistently higher than national averages, with no clear downward trend.
- Coronary heart disease is the leading cause of death (mirroring national rural trends).
- **Hospital admissions are declining in most sites, suggesting service improvements.**
- Conservative estimates of 31 aeromedical retrievals and 112 road transfers per year at a combined cost exceeding \$390,000 per annum.

Preferred Model

- **Rural generalist-led integrated care model** whereby doctors provide general practice, emergency, and procedural services across multiple communities.

Sustainability of the model

- This model is currently sustained by local governments, who in some cases contribute **up to 16% of their total rates**.
- This is financially unsustainable and risks service collapse.

The Proposal

- **Federal/State block funding of \$300,000 per MM5–7 local government** to support integrated rural generalist services.
- Benefits:
 - Relieves pressure on local governments.
 - Secures long-term viability of rural GP services.
 - Continuity of care (local GPs who know their patients) and improved equity in access compared to similar rural/remote areas.
 - Improves health outcomes at lower overall cost.

Introduction

According to the Australian Institute of Health and Welfare (AIHW) the 28% of Australia's population that live in rural and remote areas face unique challenges in accessing primary health care services due to their geographic location and as a result often have poorer health outcomes than people living in metropolitan areas¹.

A report commissioned by the National Rural Health Alliance (August 2025)² underscores the persistent inequities in health outcomes for regional Australians, revealing higher rates of hospitalisation, chronic disease, and premature and preventable death outside major cities. These outcomes are compounded by restricted access to timely healthcare and delayed disease management.

Despite these challenges, rural Australians remain underfunded. In 2023–24, they received approximately **\$8.35 billion less in healthcare funding** than urban populations. The gap translates to **\$1,090.47 less per person annually**. Comparatively, the 2023 report *Evidence Base for Additional Investment in Rural Health in Australia*³ found a \$6.55 billion shortfall, or \$848 per capita. Even after adjusting for inflation, the latest figures show that the funding gap has grown by an additional \$110 per person, highlighting a widening inequity in rural health investment.

The disparity is greatest in remote areas (MMM 5–7), where per capita health spending is \$4,701 less than in metropolitan regions. The report highlights that, although targeted programs improve access in some locations, systemic challenges such as service shortages, workforce constraints, and limited infrastructure, continue to drive inequities, emphasizing the need for **“coordinated, region-specific solutions”**.

¹ [Rural and remote health - Australian Institute of Health and Welfare](#)

² National Rural Health Alliance (2025), 'The Forgotten Health Spend: A Report on the Expenditure in Rural Australia, available from: <https://www.ruralhealth.org.au/the-forgotten-health-spend-report/>

³ National Rural Health Alliance (2023), Evidence base for additional investment in rural health in Australia, available from: <https://www.ruralhealth.org.au/wp-content/uploads/2024/11/evidence-base-additional-investment-rural-health-australia-june-2023.pdf>

Preferred Service Model

A preferred provider has been operating in the Great Southern and Wheatbelt regions of Western Australia since 2013. They provide GPs to local governments under a **rural generalist hub model**, which includes working with doctors in training and providing ongoing support to GPs taking on roles in regional and remote areas. Operating across multiple sites, the model leverages shared systems and technology to deliver timely care with minimal downtime as well as economies of scale which is necessary in thin markets.

Rural generalists are general practitioners who provide primary care services, emergency medicine and have training in additional skills like obstetrics, anaesthetics or mental health services. The Australian Government Department of Health, Disability and Aging recognises the importance of rural generalists to the regional, rural and remote health workforce – *“They broaden the range of locally available medical services for rural Australians and work as part of health care teams. This helps these communities to access the right care, in the right place, at the right time, as close to home as possible. Growing the rural generalist workforce will reduce hospital admissions, reduce the use of locum services and limit the need for patient travel”⁴.*

This report presents health data from six outer regional (MMM5), remote (MMM6), and very remote (MMM7) Local Governments in the Wheatbelt and Great Southern regions (Gnowangerup, Kojonup, Ravensthorpe, Narembeen, Lake Grace, and Jerramungup), where the rural generalist hub model operates, to demonstrate both the need for and benefits of this primary health care approach.

⁴ [National Rural Generalist Pathway | Australian Government Department of Health, Disability and Ageing](#)

Health Outcomes

Mortality

Deaths

According to the Australian Institute of Health and Welfare (AIHW), death rates vary significantly depending on where people live. In summarising mortality patterns from 2021–23, AIHW reported that:

- Crude death rates were highest in Inner regional areas (895 deaths per 100,000 population) and lowest in Very remote areas (606 per 100,000).
- Age-standardised death rates increase with remoteness.
- The age-standardised death rate in Very remote areas was 1.6 times higher than in Major cities (779 versus 499 deaths per 100,000).

Age-standardised death rates are not published where data is too sparse (fewer than 20 deaths in an area or populations below 30 in any age group by year and sex). For this reason, they are not available for the Local Governments in the study area. Instead, crude death rates are used as a baseline indicator of mortality levels.

In 2023, the crude death rate was 687.1 per 100,000 for Australia and 606.5 per 100,000 for Western Australia. As shown in Figure 1, most Local Governments in the study area recorded crude death rates below the national average, with Lake Grace also sitting below the State rate.

Trend analysis over the past decade reveals:

- Ravensthorpe has had a sustained decline in crude death rates.
- Gnowangerup and Jerramungup have relative stability.
- Narembeen has seen an overall decline, aside from a spike in 2021.
- Lake Grace has experienced a downward trend since 2015, though with significant year-to-year variability. This is suggestive of sensitivity to small changes in the number of deaths due to the population size.
- Kojonup shows a pattern of sustained increase. This may be reflective of changes in the population profile (e.g., aging population), increased disease incidence, or a combination thereof.

Overall, the stable or declining crude death rates in several communities is suggestive of improvements in service accessibility.

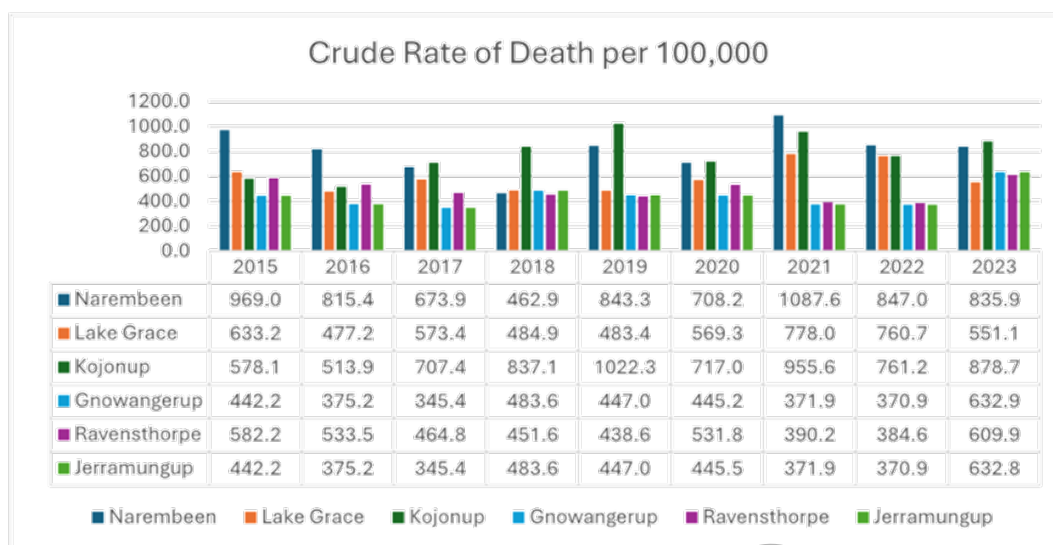


Figure 1. Crude Rates of Death 2015 – 2023. Source: Australian Institute of Health and Welfare, Mortality Over Regions and Time, Local Government Area 2015-2019 and 2019-2023

Potentially Avoidable Deaths

Between 2021 and 2023, the proportion and rate of potentially avoidable deaths increased with remoteness⁵:

- 47% of deaths in Major cities compared with 61% in Very remote areas were potentially avoidable.
- The age-standardised rate of potentially avoidable deaths in Very remote areas was three times higher than in Major cities (245 versus 87 deaths per 100,000).
- Potentially avoidable causes accounted for 49% of male deaths and 44% of female deaths in Major cities, rising to 62% of male deaths and 61% of female deaths in Very remote areas.

The National Rural Health Alliance notes that these higher rates reflect both a greater burden of disease in rural and remote Australia and higher mortality from conditions that could be effectively managed with timely health care⁶.

In line with national findings, most Local Governments in the study area (except Narembeen) report proportions of potentially avoidable deaths above the national average (see Table 1). Unlike the national trend of gradual improvement, local outcomes show limited sustained progress, pointing to persistent disparities despite efforts to improve health care access. However, it is important to note that the strong year-to-year fluctuations are likely a result of

⁵ [Deaths in Australia, Remoteness area - Australian Institute of Health and Welfare](#)

⁶ National Rural Health Alliance (2025), 'The Forgotten Health Spend: A Report on the Expenditure in Rural Australia', available from: <https://www.ruralhealth.org.au/the-forgotten-health-spend-report/>

small population sizes and low numbers of deaths, which means caution is needed when interpreting long-term patterns.

Local Government	ASGS Remoteness Classification	Potentially Avoidable Deaths as % of Total Deaths								
		2015	2016	2017	2018	2019	2020	2021	2022	2023
Narembeen	Remote	12.5%	14.3%	16.7%	0.0%	14.3%	16.7%	22.2%	28.6%	14.3%
Lake Grace	Very Remote	12.5%	33.3%	28.6%	33.3%	33.3%	57.1%	20.0%	30.0%	28.6%
Kojonup	Outer Regional	8.3%	40.0%	14.3%	18.8%	20.0%	42.9%	15.8%	26.7%	29.4%
Gnowangerup	Remote	40.0%	40.0%	25.0%	50.0%	60.0%	40.0%	40.0%	20.0%	50.0%
Ravensthorpe	Very Remote	45.5%	33.3%	37.5%	25.0%	33.3%	45.5%	25.0%	37.5%	35.7%
Jerramungup	Remote	100.0%	75.0%	75.0%	40.0%	40.0%	40.0%	50.0%	25.0%	50.0%
Australia	NA	17.3%	17.2%	17.3%	17.2%	17.0%	17.0%	15.9%	15.2%	15.4%

Table 1. Potentially Avoidable Deaths. Source: Australian Institute of Health and Welfare, Mortality Over Regions and Time, Local Government Area 2019-2023

Leading Causes of Death

According to the AIHW, the leading causes of death vary depending on where people live. In major cities, dementia (including Alzheimer's disease) is the leading underlying cause of death. In contrast, in inner regional, outer regional, remote, and very remote areas, coronary heart disease is the leading cause (see Figure 1 in supplementary information). Across all remoteness areas, the five most common causes of death consistently include coronary heart disease, dementia, chronic obstructive pulmonary disease (COPD), and lung cancer, with diabetes also featuring among the top five in remote and very remote areas.

Reflecting this national pattern, coronary heart disease is the leading cause of death in most Local Governments in the study area (see Table 2). Dementia, lung cancer, and diabetes also appear prominently in local mortality profiles.

A comparison of data from 2015–2019 (see Data Table 1 in supplementary information) shows some variation in the leading causes of death across these Local Governments over the past decade; however, coronary heart disease has remained a consistent leading cause. This reinforces research⁷ which suggests that improving access to health care resources in regional areas is critical to reducing heart disease risk and achieving better outcomes.

	Jerramungup	Kojonup	Narembeen	Lake Grace	Gnowangerup	Ravensthorpe
1	Coronary Heart Disease (6%)	Coronary Heart Disease (15.4%)	Dementia including Alzheimer's disease (8.2%)	Land transport accidents (11.7%)	Coronary Heart Disease (6%)	Coronary Heart Disease (15.6%)

⁷ Mary MacKillop Institute for Health Research (2017). The Heart of Inequality

2	COPD (6%)	Lung Cancer (8.2%)	Coronary Heart Disease (8.2%)	Coronary Heart Disease (9.5%)	COPD (6%)	Lung Cancer (11.5%)
3	Land transport accidents (6%)	Cerebrovascular disease (5.5%)	Lung Cancer (7.3%)	Heart failure and complications and ill-defined heart disease (5.1%)	Land transport accidents (6%)	COPD (6.3%)
4	Suicide (6%)	Dementia including Alzheimer's disease (4.4%)	COPD (6.8%)	Colorectal Cancer (3.6%)	Suicide (6%)	Diabetes (5.2%)
5	Diabetes	COPD (4.4%)	Colorectal Cancer (4.1%)	Dementia including Alzheimer's disease (3.6%)	Prostate Cancer (4.5%)	Cerebrovascular disease (5.2%)

Table 2. Leading Causes of Death 2019 – 2023 (Top 5). Source: Australian Institute of Health and Welfare, Mortality Over Regions and Time, Local Government Area 2019-2023

Hospitalisations

The Australian Bureau of Statistics's 2023-2024 Patient Experience Survey⁸ found that people living in outer regional, remote or very remote areas were more likely than those living in major cities to visit a hospital Emergency Department (20.4% compared to 13.8%) and be admitted to hospital (14.2% compared to 12.1%).

A 2025 report released by the National Rural Health Alliance, providing the evidence base for additional investment in rural health, highlighted evidence that when primary care is lacking, patients are more likely to turn to emergency departments for care⁹. The report highlighted that a shortage of primary care in MMM 5, 6 and 7 is consistent with delayed access to care and heavier reliance on hospital-based services, contributing to poorer health outcomes for rural and remote communities.

Between 2015 and 2024, the Estimated Resident Population (see Figure 3) increased across all Local Governments except Koonung. Over the same period, hospital admissions declined at all facilities except the Ravensthorpe Health Centre, which recorded a sharp increase in admissions from 2020 to 2023, followed by a reduction in 2024, though still above 2015 levels (see Figure 4). The ratio of non-emergency to emergency admissions also fell across most hospitals (see supplementary data tables 2 and 3). These trends in hospital utilisation may indicate improvements in the availability of services within these communities over this period.

Over the past decade, Naremburn Memorial Hospital recorded the largest decrease in medical emergency admissions, alongside one of the most significant increases in non-emergency admissions. A similar pattern was observed at Lake Grace Hospital, which saw a notable reduction in emergency admissions paired with the highest increase in non-emergency

⁸ [Patient Experiences, 2023-24 financial year | Australian Bureau of Statistics](#)

⁹ National Rural Health Alliance (2025), Evidence base for additional investment in rural health in Australia

admissions. Anecdotally, this trend has been linked to several factors, including challenges in accessing primary care (such as long wait times for GP appointments and cost barriers for some community members) as well as the role of local medical centres in serving not only their immediate communities but also neighbouring populations, some of which lack access to a General Practice.

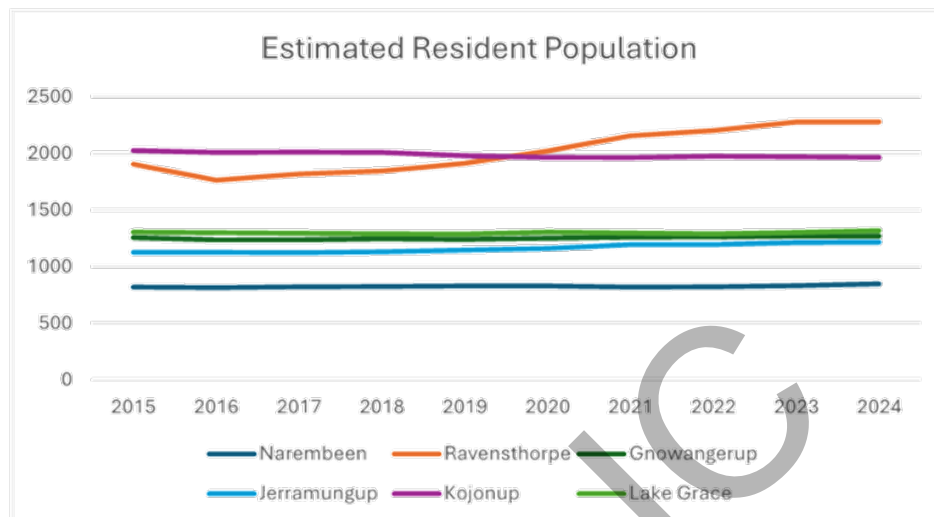


Figure 3. Estimated Resident Population by Local Government Areas. Source: Australian Bureau of Statistics, March 2025

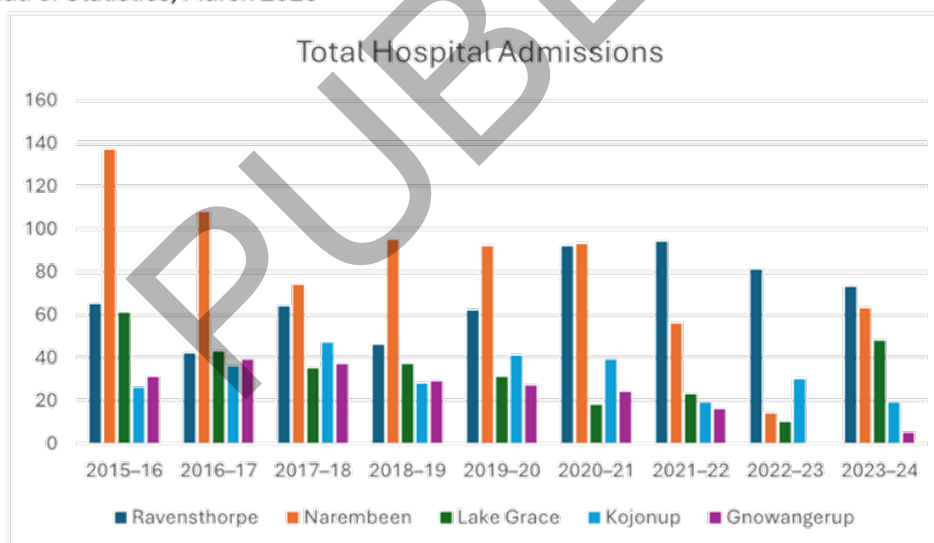


Figure 4. Total Hospital Admissions (stays). Source: Australian Institute of Health & Welfare, My Hospitals. Data as of May 2025.

Retrievals & Transfers

The *Best for the Bush* report (Royal Flying Doctors, 2023)¹⁰ highlights compelling evidence that provision of regular primary healthcare services and continuity of care within the health system are key to improving health outcomes for patients. As such, strengthening access to primary care in rural and remote areas is likely to improve health outcomes and reduce the need for avoidable aeromedical and road retrievals.

In 2023–24, the RFDS conducted 10,376 aeromedical retrievals in Western Australia. At 30 June 2024, the state's estimated resident population was 2,965,078¹¹, of which the six Local Governments in the study area accounted for 8,900 people (0.3%). Applying this share of population, it is assumed that at least 31 of the recorded retrievals originated from the study area.

A 2020 RFDS research report estimated the average cost of an aeromedical retrieval at \$8,500¹². Adjusted for inflation, the cost today is approximately \$10,153¹³. On this basis, a minimum of 31 retrievals would represent an estimated cost of \$316,212. This figure likely underestimates the true cost, as it excludes factors like longer distance retrievals and the cost if more advanced medical staff are required to crew the flight.

Data on inter-hospital patient transfers carried out by St John Ambulance WA from regional hospitals is not publicly reported. However, it is known that the Acute Patient Transfer Coordination program managed by WA Country Health Service in collaboration with RFDS and St John WA, facilitates approximately 7,500 intra-regional and regional-to-metro transfers each year (based on 2022-23 data)¹⁴.

As of June 2024, the estimated resident population of regional WA was 580,707. The study area accounts for 1.5% of this population. Applying this share of the population to the total number of regional transfers equates to an estimated 112 patient transfers within the study area, annually.

The cost of a St John patient transfer in country WA is \$673¹⁵. On this basis, 112 transfers would amount to \$75,376 per year. This is a conservative estimate, as the \$673 fee only applies to transfers under 200 km, while longer journeys attract higher, distance-based charges.

¹⁰ flyingdoctor.org.au/download-document/best-bush-rural-and-remote-health-baseline-2023/

¹¹ ABS Estimated Resident Population by Statistical Areas Level 2, Western Australia

¹² RFDS Research: Aeromedical retrieval for suspected appendicitis | Royal Flying Doctor Service

¹³ [Inflation Calculator](#) | RBA

¹⁴ [WA Country Health Service - Successful patient transfer coordination service extends to 24/7 coverage of regional WA](#)

¹⁵ [St John WA - Ambulance Fees](#)

Cost of Care

Bulk Billing

The GP bulk billing rate represents the proportion of bulk billed GP attendances out of all GP attendances. According to the AIHW¹⁶, bulk billing rates have declined since the COVID-19 pandemic. In 2019, prior to the pandemic, the annual bulk billing rate was 86%. This rose to 89% in 2020, partly due to a short period of mandatory bulk billing for telehealth consultations. However, following the initial pandemic response and the rollout of COVID-19 vaccines, bulk billing rates declined steadily, reaching 77.9% in 2024–25.

Bulk billing varies by location. AIHW data shows that **people in more remote areas are more likely to be bulk billed but also face higher out-of-pocket costs when they are not**. The data also shows that patterns in the GP bulk billing rate vary considerably across Local Government Areas¹⁷. The Royal Australian College of General Practitioners (RACGP) warns that while higher bulk billing rates in rural and remote areas may benefit patients, they can undermine the financial viability of practices in these regions, compounding existing challenges around service access and workforce shortages¹⁸. This likely accounts for variability in regional bulk billing practices and higher out of pocket costs.

In 2024-25, nationally the bulk billing rate for people in very remote communities was 88.7% and in remote communities was 80.1% compared to 74.7% in metropolitan areas. This trend was replicated in Western Australia where the bulk billing rate in the Perth North Primary Health Network was 66.5%, in Perth South it was 71.8% and in Country WA it was 76%¹⁹.

Bulk billing rates in the Local Governments within the study area ranged from 66.59% (Lake Grace) to 81.8% (Ravensthorpe) as of March 2025 (refer to Figure 5). The majority of Local Governments had higher bulk billing rates than the State rate of 70%, with Jerramungup (66.6%) and Lake Grace (66.59%) being the exception.

¹⁶ [Medicare bulk billing and out-of-pocket costs of GP attendances over time, Summary - Australian Institute of Health and Welfare](#)

¹⁷ [Medicare bulk billing of GP attendances: monthly data, About - Australian Institute of Health and Welfare](#)

¹⁸ [RACGP - Cost of care](#)

¹⁹ Medicare quarterly statistics by state and territory July 2024 to June 2025

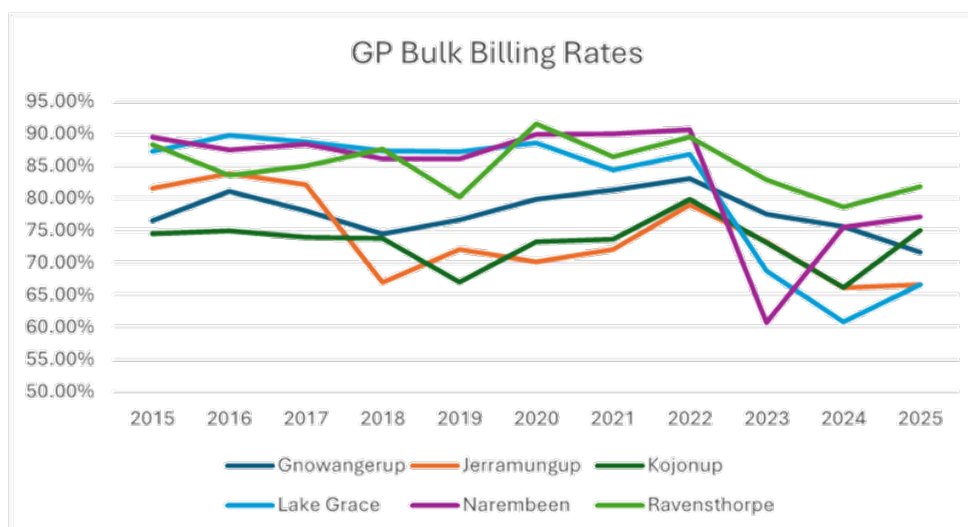


Figure 5. Bulk billing rates by Local Government Area 2015-2025. Source: Australian Institute of Health & Welfare, Medicare Bulk Billing Rates for GP Attendances.

Out of pocket expenses

According to the ABS's latest Patient Experience Survey²⁰, in 2023-2024 people living in outer regional, remote or very remote areas were more likely to delay or not see a GP when needed than those living in major cities (30.8% compared to 28.6%). Of those who reported that they had delayed or did not see a health professional when needed, **20.4% said it was due to cost**. The proportion of people who reported that cost was a reason for delaying or not seeing a GP when needed increased to 8.8% in 2023-24, from 7.0% in 2022-23.

Medicare statistics for July 2024 to June 2025²¹, show that for non-bulk billed (non-hospital) GP attendances, patients paid an average of \$53.69 in out-of-pocket costs in very remote areas and \$53.92 in remote areas, compared with an average of \$48.61 in metropolitan areas. In Western Australia, in 2024-25 the average patient contribution per service in the Perth North Primary Health Network was \$49.78 and in Perth South it was \$46.45. This compares to Country WA which was \$52.05.

AIHW report on the Top 10 and bottom 10 out-of-pocket cost per GP attendance for Local Governments, States and Territories²². Between 2019 and 2023 two of the six Local Governments in the study area featured in the Top 10 list. In 2019 Lake Grace had the 10th highest out of pocket GP expenses per attendance in WA at \$55.10. In 2020 Narembeen had

²⁰ [Patient Experiences, 2023-24 financial year | Australian Bureau of Statistics](#)

²¹ [Medicare quarterly statistics – State and territory \(July to June 2024-25\) | Australian Government Department of Health, Disability and Ageing](#)

²² [Medicare bulk billing and out-of-pocket costs of GP attendances over time, LGAs with 10 highest and lowest out-of-pocket costs for GP attendances 2019–2023 - Australian Institute of Health and Welfare](#)

the 7th highest out of pocket expenses in WA at \$55.53 and in 2021 Narembeen had the 4th highest out of pocket expenses per attendance at \$56.55.

PUBLIC

Cost of providing a GP service

The RACGP note that the growing gap between the Federal Government's contribution to the cost of general practice care and the cost of providing that care is affecting the sustainability of the primary care sector and putting a greater financial burden on households²³.

The estimated cost per hour of running a single medical practice in the study area is calculated below. A conservative, moderate and high hourly salary for a mix billing GP is presented. The higher end would reflect a GP undertaking procedural work.

Assuming clinic opening hours of 8.5 hours per day, conservative cost estimates indicate an average daily running cost of close to \$4,000 and an annual running cost of close to \$1 million for a single clinic. These figures do not take into account travel between sites (which doctors, and staff are paid for if they need to move between locations), the cost of locum cover, equipment purchases, loss of vaccines and medical equipment, or corporate overheads.

From 1 November 2025, all Medicare-eligible patients will be eligible for bulk billing incentives. Medicare bulk billing incentives are scaled and increase in regional, rural and remote communities, as determined using the Modified Monash Model location classification. Under this scheme the Medicare payment for a standard GP consultation at a bulk billed, city practice will increase from \$42.85 to \$69.56. The Medicare payment for the same consult at a bulk billed regional or rural practice will be almost double what it is now, increasing from \$42.85 to up to \$86.91, depending on location²⁴ (refer to Figure 3 in supplementary information).

The Australian Government believe that the clear majority of general practices in the country will be better off if they bulk-bill all of their patients under the new incentive program, however RACGP have cautioned that the *"Medicare rebate still may not cover the cost of care"*²⁵. Similarly, the Royal Flying Doctors Service, 'Best for the Bush' report²⁶, notes that *"Medicare is not a viable model in some areas of rural and remote Australia, owing to thin markets and/or market failure. Small populations spread across vast areas in parts of rural and remote Australia mean some regions may be unable to provide the economies of scale required for clinicians to provide services funded only through Medicare"*.

To demonstrate this point, if the medical practices in the study area were swapped to bulk billing clinics, and assuming up to 30 patients per day could be seen to by a single GP, even applying the MMM7 bulk billing incentive of \$86.91 would result in a daily shortfall of \$1,141 and annual shortfall of around \$300,000 based on conservative cost estimates. The previous section showed that some Local Governments in the study area have lower bulk billing rates than the Country WA average and higher out of pocket expenses. These figures help to demonstrate why this is the case and also why it is not viable for these practices to bulk bill all of their patients.

²³ [RACGP - Cost of care](#)

²⁴ [Microsoft Word - 2. FACT SHEET - BULK BILLING - FINAL to clear.docx](#)

²⁵ [RACGP - Historic \\$8.5b Medicare investment explained](#)

²⁶ flyingdoctor.org.au/download-document/best-bush-rural-and-remote-health-baseline-2023/

Expense item	Estimated hourly cost (conservative)	Estimated hourly cost (moderate)	Estimated hourly cost (high)
Doctor Salary P/H	\$180	\$300	\$500
Doctor Super	\$22	\$36	\$60
Receptionist Hourly rate	\$34	\$34	\$34
Receptionist Super	\$4	\$4	\$4
Practice Manager Hourly Rate	\$52	\$52	\$52
PM Superannuation	\$6	\$6	\$6
Nurse Hourly Rate	\$50	\$50	\$50
Nurse Superannuation	\$6	\$6	\$6
Utilities	\$2	\$2	\$2
Accounts Department	\$22	\$22	\$22
Payroll Tax @5.5%	\$21	\$21	\$21
Software	\$2	\$2	\$2
Medical Consumables	\$5	\$5	\$5
Stationary/ink/tea coffee/milk	\$1	\$1	\$1
Clinical Waste	\$2	\$2	\$2
Cleaning @\$68 per day	\$9	\$9	\$9
Accreditation Fees	\$2	\$2	\$2
Supervision/Clinical Compliance	\$5	\$5	\$5
Maintenance of equipment	\$1	\$1	\$1
Telephones and internet	\$3	\$3	\$3
Insurances	\$9	\$9	\$9
SMS comms (patient reminders)	\$2	\$2	\$2
Online booking platform	\$2	\$2	\$2
TOTAL per hour cost	\$441	\$576	\$800
TOTAL per day cost (based on 8.5 hr day)	\$3,748	\$4,896	\$6,800
TOTAL per week cost	\$18,742	\$24,480	\$34,000
TOTAL per annum cost	\$974,610	\$1,272,960	\$1,768,000

Preferred GP Service Model: Rural Generalist-Led Integrated Care

Model Overview

A Rural Generalist model of care—where highly trained medical practitioners deliver comprehensive general practice, emergency care, and essential components of other medical specialties. These services are provided across both hospital and community settings, tailored to the unique needs of MM 5,6,7 rural and remote Australian communities.

This model is delivered through a locally engaged business entity which owns the practice and manages multiple sites under a unified structure. The business provides:

- Practice management
- A pool of doctors and locums
- Allied health services
- Centralised administration and financial oversight
- A single annual service fee

Current Situation

For many MM 5,6,7 communities, private practice is not sustainable under the traditional small business model. These communities are typically under 1000 people, both in the town site and catchment area.

These communities are also typified by a shortage of GPs willing to practice in a remote or very remote community as a single doctor, so too there are usually a shortage of skilled practice managers. Without some sort of financial contribution by local government (which should be by the Commonwealth), as highlighted in the previous section, income generated through bulk billing does not sustain general practice and its administration.

Key Features and Advantages

- Reduced Hospital Transfers and Emergency Retrievals: Local access to emergency and specialist-level care reduces the need for costly and disruptive patient transfers.
- Protected Specialist Title: Rural Generalists are recognised as specialists, enhancing professional status and recruitment appeal.
- Integrated, Multi-Site Coverage: Doctors can support patients across multiple towns, ensuring continuity of care and reducing reliance on locums. Patient records are also available across sites (cloud based service).
- Technology-Enabled Care:
 - eScripts, eReferrals, and My Health Record integration
 - Cloud-based systems ensure continuity during power or telecom outages
 - Telehealth support enables cross-site collaboration and emergency backup
- Workforce Sustainability:
 - A pool of doctors with diverse skillsets and backgrounds
 - Shared caseloads and second opinions

- Robust training and peer support systems in a traditionally isolated region
- Doctors are part of a larger, supportive network with access to city-level infrastructure—remotely
- The business employs all of the staff – receptionist, nurse practitioner, doctor etc.
- Patient-Centered Benefits:
 - Access to care at any site, from any location
 - Continuity of care for local patients presenting to ED
 - Patient choice and improved service quality

Strategic Benefits

- This model of care is closely aligned to the Australian Medical Associations Easy Entry, Gracious Exit model.
- Doctor Attraction and Retention: The model has proven effective in attracting and retaining doctors in MM5, 6 and 7 communities and prioritises continuity of practice or practice management structure over continuity of the doctor. When a doctor leaves the community, the service does not cease under this model.
- Primary Care Reduces Secondary Care Demand: Early intervention and local management reduce pressure on hospital systems.
- Scalable and Resilient: The model is adaptable to other rural 5,6,7 regions and offers a sustainable alternative to 24/7 telehealth-only solutions. It also does not require doctors to be small business owners and managers. It allows them to focus on clinical care and reduces the financial risk on the provision of doctors in 5,6,7 communities

Despite institutional cynicism about affordability, this model demonstrates that high-quality, locally delivered care is both feasible and cost-effective—offering a superior alternative to telehealth-only services.

Funding

Currently this model receives core funding from local governments. This is unsustainable however as it diverts funding away from core local government services and facilities. Some local governments using this model presently are contributing up to 16% of their rates to attract and retain a doctor.

Local governments provide an annual cash payment and may also include housing, a vehicle and surgery to support the service. This model enables doctors to focus on clinical care and a high standard of care rather than generating multiple appointments to underline base funding.

The financial burden of supporting a practice should not be the sole responsibility of local governments.

The Commonwealth should jointly fund with the State, a \$300,000 block payment to MM 5,6,7 local governments who meet this criteria;

- issue a tender request;

- for a preferred entity (private or not for profit) ;
- providing a rural generalist service
- where there is no existing practice in the 5,6,7 community or within a 50km radius of the town;
- and the preferred entity must provide on call service to the state hospital access and emergency service.

Local governments can continue to provide a house, vehicle and surgery premise for the doctor. Local governments can also work in collaboration with each other to attract a rural generalist practice.

Alternatively if the Commonwealth and State wish to engage directly with the rural generalist practice and provide a block payment of the same value, this can also be considered however planning and monitoring the service should include local community members to ensure the services match the community.

PUBLIC

Conclusion

Australians living in rural and remote areas face poorer health outcomes due to limited access to primary health care, higher rates of chronic disease, and greater prevalence of potentially avoidable deaths. Reports by the AIHW and the National Rural Health Alliance highlight significant inequities, with rural Australians receiving over \$8 billion less in healthcare funding annually compared to urban populations, and per capita spending deficits widening over time.

Health data from six Local Governments in WA's Wheatbelt and Great Southern regions (MMM 5–7) shows variable but persistent challenges: crude death rates have mostly stabilised or declined, yet potentially avoidable deaths remain above national averages. Coronary heart disease is the leading cause of death, reflecting national trends in rural areas. Hospital admissions have declined in most sites, suggesting improvement in service accessibility, which by and large is attributed to the preferred providers **rural generalist hub model** which has improved access and continuity of care for residents in these Local Government areas.

Despite the evident benefit of the model, currently it is only sustainable because of local government contributions (sometimes up to 16% of rates). Federal and State government block funding of \$300,000 per qualifying MM5–7 local government is proposed to secure long-term viability. This would reduce pressure on local governments, strengthen rural GP services, and improve patient outcomes while lowering system-wide costs through reduced hospitalisations and retrievals.

Ultimately, the evidence shows that **investment in rural primary health care delivers better health outcomes at lower long-term cost**. Sustainable funding for rural generalist-led integrated care is critical to addressing inequities and ensuring that rural Australians can access the right care, in the right place, at the right time.

Supplementary Information

Mortality

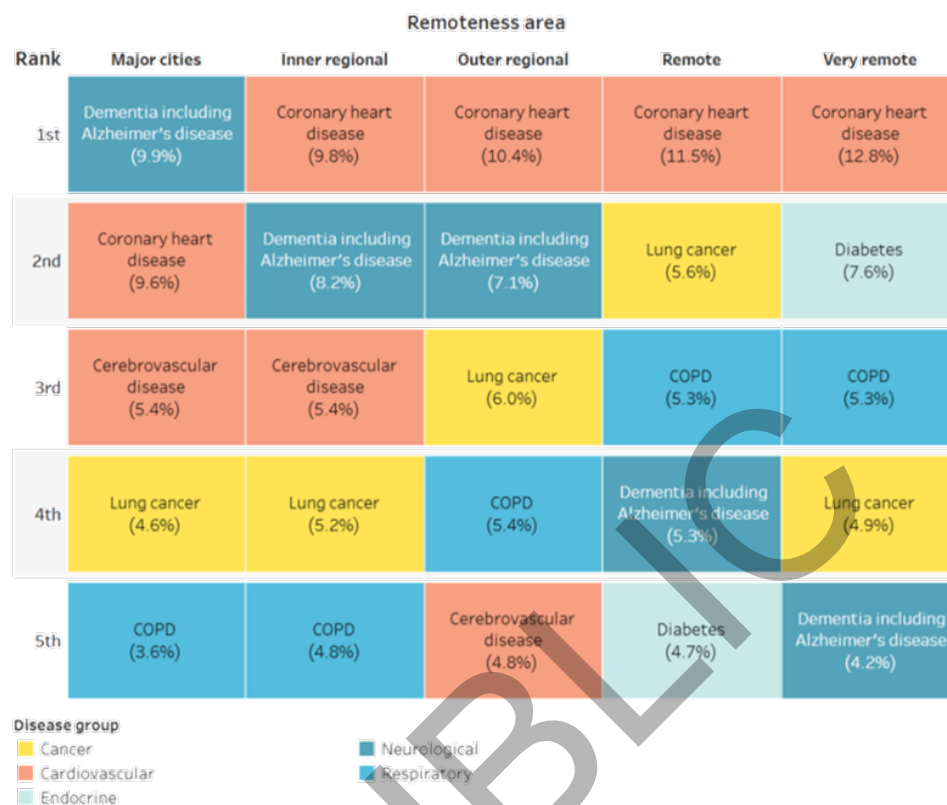
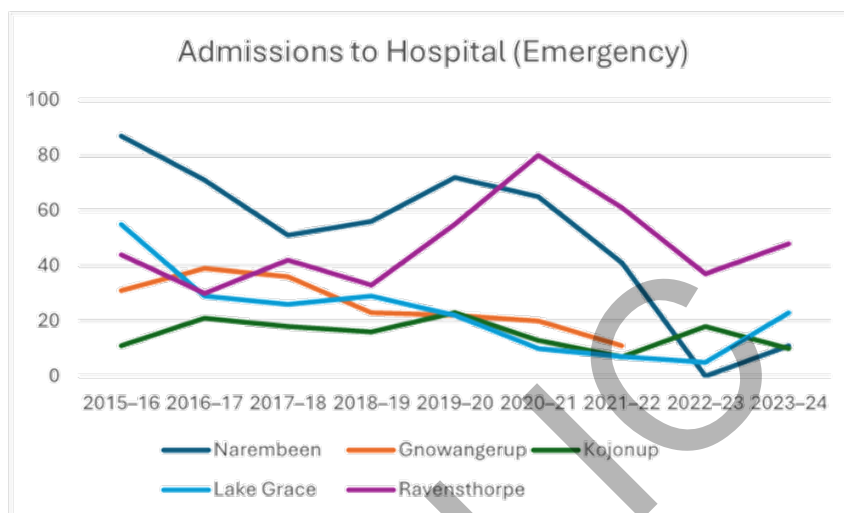


Figure 2. Leading Causes of Death by Remoteness Area. Source: [Deaths in Australia, Remoteness area - Australian Institute of Health and Welfare](#)

	Jerramungup	Kojonup	Narembeen	Lake Grace	Gnowangerup	Ravensthorpe
1	Data not available prior to 2018-2022 release	Coronary Heart Disease (14.2%)	Lung cancer (10.3%)	Coronary Heart Disease (6.9%)	Land transport accidents (11.5%)	Lung cancer (10.3%)
2		Land transport accidents (5.8%)	Coronary Heart Disease (7.7%)	Lung cancer (6.9%)	Coronary Heart Disease (9.8%)	Coronary Heart Disease (9.3%)
3		COPD (5.2%)	Colorectal Cancer (5.2%)	Heart failure and complications and ill-defined heart disease (6.9%)	Lung cancer (6.6%)	COPD (6.2%)
4		Colorectal Cancer (5.2%)	Dementia including Alzheimer's disease (4.6%)	Cancer of unknown or ill-defined primary site (5.2%)	Diabetes (6.6%)	Colorectal Cancer (4.1%)

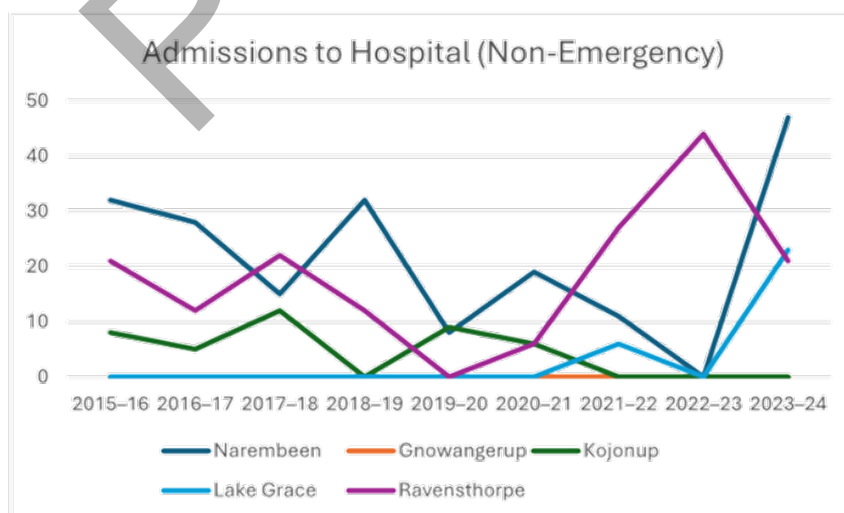
5	Lung cancer (5.2%)	Influenza and pneumonia (3.6%)	Dementia including Alzheimer's disease (4.3%)	Lymphomas (4.9%)	Oesophageal cancer (3.1%)
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Data Table 1: Leading Causes of Death 2015-2019 (Top 5). Source: Australian Institute of Health and Welfare, Mortality Over Regions and Time, Local Government Area 2015-2019



	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Narembeen	87	71	51	56	72	65	41	<5	11
Gnowangerup	31	39	36	23	22	20	11		<5
Kojonup	11	21	18	16	23	13	7	18	10
Lake Grace	55	29	26	29	22	10	7	5	23
Ravensthorpe	44	30	42	33	55	80	61	37	48

Data Table 2: Admissions to Hospital Medical Emergency. Source: Australian Institute of Health & Welfare, My Hospitals. Data as of May 2025.



	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Narembeen	32	28	15	32	8	19	11	<5	47
Gnowangerup	<5	<5	0	<5	0	0	<5	0	0
Kojonup	8	5	12	<5	9	6	<5	<5	0
Lake Grace	0	<5	0	<5	<5	<5	6	0	23
Ravensthorpe	21	12	22	12	<5	6	27	44	21

Data Table 3: Admissions to Hospital Medical Non-Emergency. Source: Australian Institute of Health & Welfare, My Hospitals. Data as of May 2025.

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Gnowangerup	76.50%	81.06%	78.04%	74.47%	76.63%	79.82%	81.30%	83.04%	77.51%	75.61%	71.63%
Jerramungup	81.54%	83.81%	82.12%	66.95%	72.06%	70.14%	72.05%	78.96%	73.25%	66.10%	66.60%
Kojonup	74.51%	74.95%	73.94%	73.78%	66.98%	73.23%	73.64%	79.82%	73.13%	66.16%	75.04%
Lake Grace	87.27%	89.73%	88.73%	87.33%	87.24%	88.57%	84.40%	86.81%	68.72%	60.82%	66.59%
Narembeen	89.45%	87.47%	88.35%	86.14%	86.10%	89.88%	89.99%	90.64%	60.71%	75.53%	77.13%
Ravensthorpe	88.31%	83.57%	84.98%	87.62%	80.17%	91.55%	86.43%	89.52%	82.85%	78.63%	81.80%
Western Australia	78.13%	80.73%	82.47%	84.27%	85.01%	86.76%	85.90%	85.03%	72.87%	70.10%	69.61%

*As of March each year

Data Table 4: Bulk billing rates by Local Government Area 2015-2025. Source: Australian Institute of Health & Welfare, Medicare Bulk Billing Rates for GP Attendances.

Common GP visits	Current Medicare rebate	New total Medicare payment at a Bulk Billing Practice*				
		Cities & metro areas	Regional centre	Large & medium rural towns	Small rural town	Remote
Standard consultation 6 to <20 minutes (Level B)	\$42.85	\$69.56 (up 62%)	\$80.71 (up 88%)	\$82.71 (up 93%)	\$84.86 (up 98%)	\$86.91 (up 103%)
Long consultation 20 to <40 minutes (Level C)	\$82.90	\$114.61 (up 38%)	\$125.76 (up 52%)	\$127.76 (up 54%)	\$129.91 (up 57%)	\$131.96 (up 59%)
Longer consultation 40 to <60 minutes (Level D)	\$122.15	\$158.77 (up 30%)	\$169.92 (up 39%)	\$171.92 (up 41%)	\$174.07 (up 43%)	\$176.12 (up 44%)
Mental Health Plan 20 to <40 minutes	\$81.70	\$99.06 (up 21%)	\$102.71 (up 26%)	\$103.36 (up 27%)	\$104.11 (up 27%)	\$104.76 (up 28%)
Mental Health Plan 40+ minutes	\$120.25	\$142.43 (up 18%)	\$146.08 (up 22%)	\$146.73 (up 22%)	\$147.48 (up 23%)	\$148.13 (up 23%)

* Totals include item Medicare rebate, Bulk Billing Incentive item rebate, and 12.5% Bulk Billing Practice Incentive Program payment.

Figure 3. Bulk Billing Practice Incentive. Source: [RACGP - Historic \\$8.5b Medicare investment explained](#)

10 MEMBER MOTIONS OF WHICH PREVIOUS NOTICE HAS BEEN GIVEN

Nil

11 NEW BUSINESS OF AN URGENT NATURE REQUIRING DECISION

PUBLIC

12 MEETING CLOSED TO PUBLIC**12.1 Meeting Closed to Public**

File Reference	
Report Date	9 October 2025
Applicant/Proponent	Sean Fletcher – Chief Executive Officer
Officer Disclosure of Interest	Nil
Previous Meeting Reference	Nil
Prepared by	Sean Fletcher – Chief Executive Officer
Senior Officer	Sean Fletcher – Chief Executive Officer
Authorised by	Sean Fletcher – Chief Executive Officer
Attachments	Nil

PURPOSE

For Council to move “in camera” (behind closed doors) and consider a matter regarding the Shire of Victoria Plains CEO KPI and Performance Review under item 12.2.

BACKGROUND

Under section 5.23 (2)(a) of the Local Government Act, Council may close a meeting, or part of a meeting if it deals with a matter affecting the personal affairs of any person.

COMMENT

In accordance with Policy 2.6 “Standards for CEO Recruitment, Performance and Termination” in place for the Shire of Victoria Plains, Council is required under the Local Government Act to undertake an annual review of the CEO’s performance.

CONSULTATION

Council Support Officer

STATUTORY CONTEXT

As per the background to this item.

CORPORATE CONTEXT

N/A

FINANCIAL IMPLICATIONS

N/A

VOTING REQUIREMENTS

Simple Majority

Officer Recommendation

That Council **CLOSE** the meeting under section 5.23 (2)(b) of the Local Government Act to consider a matter under item 12.2 regarding the CEO's Annual Performance Review.

CONFIDENTIAL

12.2 CEO's Annual Performance Review - Confidential

File Reference	OCM20241023_1827_26_1
Report Date	9 October 2025
Applicant/Proponent	Shire of Victoria Plains - Council
Officer Disclosure of Interest	Financial – Matters to do with Mr Fletcher's performance
Previous Meeting Reference	Nil
Prepared by	Sean Fletcher – Chief Executive Officer
Senior Officer	Sean Fletcher – Chief Executive Officer
Authorised by	Sean Fletcher – Chief Executive Officer
Attachments	1. Policy 2.6 Standards for the Recruitment, Performance, Termination of a CEO - Confidential

Section under the Act	The grounds on which part of the Council or Committee may be closed to the public are listed in Section 5.23(2) of the <i>Local Government Act 1995</i> .
Sub-clause and Reason:	(a), (b) and (c) - a matter affecting an employee or employees, the personal affairs of any person and a contract entered into, or which may be entered into, by the local government and which relates to a matter to be discussed at the meeting.

FINANCIAL IMPLICATIONS

The estimated expenditure of \$ 5,000 - \$10,000 is in the 2025/2026 budget.

VOTING REQUIREMENTS

Simple Majority

13 CLOSURE OF MEETING

PUBLIC