SHIRE OF KONDININ

NOTICE OF MEETING

Councillors: Please be advised that the next meeting of the

Medical and Community Services Committee Meeting

Will be held at the Kondinin Council Chambers on 22nd July 2026

1:00 PM Medical and Community Services Committee Meeting

Bruce Wright

Wednesday, 22 July 2026

Chief Executive Officer

11 Gordon Street, KONDININ WA 6367 Tel (08) 98891006

All communications are to be addressed to the Chief Executive Officer
ceo@kondinin.wa.gov.au

Members of the Public Attending a Council Meeting

Welcome to this meeting of Council and thank you for your interest in local government decision-making. The following information is provided to assist members of the public attending today's meeting.

Public Question Time

Public Question Time is provided in accordance with the Local Government Act 1995 and the Local Government (Administration) Regulations 1996. Members of the public are invited to ask questions relating to the business of the Shire.

- Questions must be clear and concise and may be submitted in writing prior to the meeting at the Shire offices or by email cso@kondinin.wa.gov.au or asked during Public Question Time.
- The Presiding Member may respond at the meeting, refer the question to a Councillor or officer or take the question on notice for a later response.
- Public questions must relate to the business of the Shire and should not be a statement or personal opinion.
- The Presiding Member may reject public questions that are defamatory, abusive, irrelevant to the business of the Shire or personal opinion as being out of order and no answer will be provided.
- Public questions will not be debated.

Members of the public are also advised that they are regarded as being legally liable and personally responsible for any comments made by them that might be construed as being offensive or defamatory.

Public Statement Time

Public Statement Time allows members of the public to make a brief statement on any matter of community interest. Statements must be respectful, limited to a reasonable duration as determined by the Presiding Member, and not include defamatory or offensive remarks. The Council will not comment or provide a response to public statements.

Meeting Formalities

Council meetings are formal proceedings governed by the *Local Government Act 1995, the Local Government (Administration) Regulations 1996*, and the Shire's Meeting Procedures Local Law. All attendees are requested to maintain decorum and not interrupt the proceedings. Only persons who have been invited by the Presiding Member may address the meeting.

Recording and Privacy Notice

Please note that this meeting is being recorded for minute-taking purposes. By attending, you acknowledge that your voice, and any personal information disclosed may be captured and published as part of the official record. The Shire collects and uses this information in accordance with its privacy obligations.

Copyright Disclaimer

Notes for Elected Members

Report Definitions

Advocacy:	When Council advocates on its own behalf or on behalf of its community to another level of government, external body or agency.
Executive/Strategic:	The substantial direction setting and oversight role of the Council, including, but not limited to: accepting tenders, grants, setting and amending budgets, adopting plans and reports.
Legislative:	Includes adopting town planning schemes, policies and local laws
Administrative:	Council administering legislation and applying legislation to factual circumstances and situations that affect the rights of people.
Information:	Items that are provided to Council for informational purposes only. These do not require a decision of Council.

Alternative Motions

Elected Members seeking to make alternate motions to officer recommendations are requested to provide notice of said alternative motions in written form to the Chief Executive Officer prior to the Council meeting.

Declarations of Interest

Elected Members should complete a Disclosure of Financial/Impartiality & Proximity Interest for agenda items that they hold a financial, impartiality or proximity interest. The form should be provided to the Presiding Member prior to the commencement of the meeting.

In accordance with Part 5, Division 6 of the Local Government Act 1995, Elected Members must disclose the nature of their interest in matters to be discussed at the meeting.

In accordance with Sections 5.70 & 5.71of the Local Government Act 1995, Shire Officers must disclose the nature of their interest in reports or advice when they are giving the report or advice to the meeting.

Applications for a Leave of Absence

In accordance with Section 2.25 of the Local Government Act 1995, a Councillor application for leave of absence requires a Council resolution granting the leave requested. The Council may grant approval for a leave of absence for an Elected member for ordinary meetings of council for up to, but no greater than, six consecutive meetings. Ministerial approval is required for leave of absence greater than six ordinary meetings of council.

A failure to observe the requirements of the Local Government Act may lead to an Elected Member being disqualified should they be absent without leave for three consecutive meetings. It should be noted that Leave of Absence is approved by Council resolution and is different to circumstances whereby an Elected Member records their apologies for the meeting.

Shire of Kondinin - Disclaimer

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Any person or legal entity that acts or fails to act in reliance upon any statement, act or omission occurring in a Council Meeting does so at their own risk. The Shire of Kondinin advises that any person or legal entity should only rely on formal confirmation or notification of Council resolutions.

Order Of Business

1 OPENING OF MEETING

2 ACKNOWLEDGEMENT OF TRADITIONAL OWNERS AND DIGNITARIES

3 RECORDING OF ATTENDANCE

3.1 ATTENDANCE

3.2 ATTENDANCE BY TELEPHONE OR INSTANTANEOUS COMMUNICATION

3.3 APOLOGIES

3.4 APPROVED LEAVE OF ABSENCE

3.5 DECLARATIONS OF DISCLOSURES OF INTEREST

4 APPLICATION FOR LEAVE OF ABSENCE

5 PUBLIC TIME

5.1 PUBLIC QUESTION TIME

5.2 PUBLIC STATEMENT TIME

6 QUESTIONS FROM MEMBERS WITHOUT NOTICE

7 ANNOUNCEMENTS BY PRESIDING MEMBERS WITHOUT DISCUSSION

8 DECLARATION OF MEMBERS TO HAVE GIVEN DUE CONSIDERATION TO ALL MATTERS CONTAINED IN THE AGENDA BEFORE THE MEETING

9 CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Medical and Community Services Committee Meeting - 20 May 2026

SHIRE OF KONDININ

MINUTES OF MEETING

Medical and Community Services Committee Meeting

ALL OPEN AND CONFIDENTIAL ITEMS

Medical and Community Services Committee Meeting

Held at the Kondinin Council Chambers on 20 May 2026

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Order of Business

1 OPENING OF MEETING

The Presiding Member opened the meeting at 1pm.

2 ACKNOWLEDGEMENT OF TRADITIONAL OWNERS AND DIGNITARIES

3 RECORDING OFATTENDANCE

3.1 ATTENDANCE

Cr B Browning (Presiding Member), Cr P Green (Deputy Presiding Member), Cr T Smeed, Bruce Wright, Manager Planning & Assets Mrs T Young, Mrs A Kemp, Cr D Pool, Cr Gangell

3.2 ATTENDANCE BY TELEPHONE OR INSTANTANEOUS COMMUNICATION

Nil

3.3 APOLOGIES

Nil

3.4 APPROVED LEAVE OF ABSENCE

Nil

3.5 DECLARATIONS OF DISCLOSURES OF INTEREST

Nil

4 APPLICATION FOR LEAVE OF ABSENCE

Nil

5 PUBLIC TIME

5.1 PUBLIC QUESTION TIME

Nil

5.2 PUBLIC STATEMENT TIME

Nil

6 QUESTIONS FROM MEMBERS WITHOUT NOTICE

Nil

7 ANNOUNCEMENTS BY PRESIDING MEMBERS WITHOUT DISCUSSION

Nil

8 DECLARATION OF MEMBERS TO HAVE GIVEN DUE CONSIDERATION TO ALL MATTERS CONTAINED IN THE AGENDA BEFORE THE MEETING

Confirmed by all Members

9 CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

10 REPORTS OF OFFICERS

10.1 PLANNING & ASSETS

10.1.1 Community Development Report

FILE NUMBER:

DATE: 14 May 2026

AUTHOR: Amanda Kemp, Community Development Officer

AUTHORISED OFFICER: Bruce Wright, Chief Executive Officer

DISCLOSURE OF INTEREST: Author - nil

Authoriser - nil

ATTACHMENTS: Nil

UPDATE

Several well-attended community events and engagement activities have taken place across the Shire:

-Kondinin CRC Easter Egg Hunt

-Scouts WA Overnight Camp (Hyden) – Visits to Wave Rock and Mulka's Cave, along with a community clean-up of the industrial area

-ANZAC Day Dawn Services:

Kondinin – approximately 300 attendees

Hyden – approximately 160 attendees
Attendance numbers were strong in both towns and did not decline despite fuel cost pressures. Hyden recorded higher attendance than in previous years, Thanks to BBB Site services staff for donating their time to help with Breakfast and the donation of 3 Banners to use for Anzac Services.

Community Meetings held in Karlgarin, Kondinin and Hyden, it was fantastic to see so many of our community participating and engaging with council on our future.

Council continues to support forthcoming community events and planning initiatives:

-Kondinin CRC Community Lunch and Biggest Morning Tea – 12 May 2026

-Hyden CRC Biggest Afternoon Tea and Bake-Off – 17 May 2026

-Blue Tree Project Community BBQ Kondinin – 23 June 2026

-Brendan Cullen – *The Desert Swimmer* (Mental Health and Succession Planning), Hyden – August 2026 (pending confirmation)

-Planning underway with the Kondinin Art Group for the Kondinin Art Acquisition Prize

-Planning underway for September Markets in Hyden

-Planning underway for Kondinin Twilight Markets

- Looking into the options available for installation of Smiley Face Digital Sped Signs(similar to Narembeen) for installation on the main Highways coming through Kondinin and Hyden Townsites.

The Committee noted the report. Cr Browning noted that the Community Lunch was a great success.

10.2 CHIEF EXECUTIVE OFFICER

10.2.1 Shire of Kondinin - Medical Services & Aged Care - Advocacy Position

FILE NUMBER:

DATE: 14 May 2026

AUTHOR: Bruce Wright, Chief Executive Officer

AUTHORISED OFFICER: Bruce Wright, Chief Executive Officer

DISCLOSURE OF INTEREST: Author - Nil

Authoriser - Nil

ATTACHMENTS:
1. Nous Report - Integrated Care Australia Report - *Under Separate Cover*
2. LGRHFA - Information - *Under Separate Cover*

RECOMMENDATION

That the Medical and Community Services Committee:

1. Endorses the building on existing work undertaken by the Shire to initiate a comprehensive Shire Health and Aged Care Needs Analysis.
2. Endorses the development of an Integrated Health and Ageing Strategic Policy framework to inform the Council Plan.
3. Endorses and recognises health and aged care as a combined strategic priority, noting the service interdependences within the Shire.
4. Endorses membership and participation in the Local Government Rural Health Funding Alliance (LGRHFA) to strengthen advocacy.

SUMMARY

This report seeks Committee endorsement that health services and aged care must be addressed as a single, integrated system essential to the Shire's long-term sustainability.

Local aged care capacity remains critically limited which constrains the ability to meet existing and future demand. Community feedback from the 2026 Shire Community Survey further confirms that residents perceive clear gaps in both aged care and health services, including limited access to aged care facilities, insufficient home care support, and an absence of strategic planning for service expansion.

At the same time, while significant funding exists at the Commonwealth and State levels, there is strong evidence that rural communities are not consistently able to access these resources, and that responsibility for maintaining essential services is increasingly shifting onto local government. Information provided through the Local Government Rural Health Funding Alliance confirms that some rural councils are already contributing substantial proportions of their rate revenue to sustain primary health services due to these systemic funding gaps.

In response to these challenges, this report recommends a structured approach focused on needs analysis, targeted advocacy, alignment with available funding programs and participating in coordinated national advocacy through the Local Government Rural Health Funding Alliance (which

has been established to address these funding and service inequities in rural and regional communities).

VOTING REQUIREMENT

Simple Majority

COUNCIL'S ROLE

Advocacy

When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.

BACKGROUND

The Shire of Kondinin operates within a regional service environment where aged care and health services are closely linked. Current aged care facilities have a limited scale which in turn restrict any ability to respond to increasing demand in an ageing community.

The local healthcare system functions as an integrated, multi-purpose service model, combining aged care, hospital care and community health services. This structure means that the availability of aged care is directly dependent on the sustainability of local health services, including access to general practitioners and allied health support.

Regional communities face structural challenges that include workforce shortages, constraints associated with a small population base and limited-service scale and reduced viability for service providers. These challenges mean that without a strategic intervention, service gaps will continue to widen.

Community Survey

The Shire's 2026 Community Survey provides clear evidence of community concern regarding health and aged care services.

Respondents identified a need for expanded aged care facilities, improved access to services and additional support for older residents. Comments included direct calls for increased aged care housing, improved service access and concerns regarding the limited availability of Yeerakine Lodge. Feedback also identified gaps in home-based care, with respondents noting the absence of support services for elderly residents wishing to remain in their homes.

Importantly, the survey also reflects an expectation that Council will play a role in addressing these issues, particularly where other levels of government are perceived to be absent. At the same time, respondents acknowledged that the Shire has limited financial capacity and should not be required to fully fund these services.

This reinforces the need for a clearly defined strategic role that focuses on advocacy and facilitation rather than direct service provision.

Funding Framework

Australia's aged care system is primarily funded by the Commonwealth Government, with total expenditure of approximately $36.4 billion annually. Recent federal budgets include an additional $3.7 billion investment over four years to expand residential care capacity, support home care reforms and to strengthen the workforce.

Key Commonwealth funding streams include residential aged care subsidies, home care packages and capital funding programs aimed at increasing bed supply, particularly in underserviced regions. These provide potential opportunities for regional communities to develop or expand aged care infrastructure where viable proposals can be demonstrated.

At the State level, the Western Australian Government has committed approximately $140 million toward aged care and related health initiatives, including a $100 million low-interest loan scheme to support infrastructure development and integrated care models.

Despite these funding streams, access remains a challenge for smaller rural communities which often lack the scale or provider interest required to attract investment. This creates a reliance on local government facilitation or intervention.

The Local Government Rural Health Funding Alliance has confirmed that some rural councils are already contributing significant proportions of their rate revenue to sustain essential health services, highlighting the financial risks to regional local government.

Integrated Health and Ageing Strategic Policy Framework

An Integrated Health and Ageing Strategic Policy framework reflects contemporary planning practice by aligning health, aged care and community services into a coordinated, place-based system. This approach is consistent with national and international policy directions, including the Australian Government's integrated care initiatives (Integrated Care and Commissioning initiative | Australian Government Department of Health, Disability and Ageing), the World Health Organisation (WHO) Integrated Care for Older People (ICOPE) model (Ageing and Health), and Australia's Rural Health Framework (National Strategic Framework for Rural and Remote Health), all of which emphasise coordinated, person-centred care and strong local partnerships.

The framework should provide a clear policy position for Council as an advocate and facilitator, supported by evidence of local need, including population trends, service capacity (such as Yeerakine Lodge), and identified gaps in health and aged care. It should also address enabling factors such as workforce, housing and infrastructure, while aligning with available State and Commonwealth funding. Finally, it should set out a practical implementation and advocacy approach, with defined priorities, partnerships and measurable outcomes to guide long-term delivery and inform the Council Plan.

The framework will be developed through a staged, evidence-based process. It will begin with a comprehensive needs analysis, supported by stakeholder engagement to identify service gaps, workforce constraints and future demand. This evidence will inform the preparation of a draft strategic framework outlining Council's policy position, priorities, funding approach and advocacy actions. The framework will then be finalised, adopted and supported by an action plan.

Although not strictly time bound, the following timeline is proposed for consideration:

Short Term (0–12 months)

Undertake a comprehensive Health and Aged Care Needs Analysis to inform the framework, formalise advocacy priorities, participate in the LGRHFA, and engage with key stakeholders to identify immediate service gaps and risks.

Medium Term (1–3 years)

Develop partnerships with service providers, align and submit funding applications, and progress planning for expanded aged care capacity and improved service delivery models in line with the strategic framework.

Long Term (3–10 years)

Facilitate the delivery of additional aged care capacity, strengthen local health services, and continue coordinated advocacy to support sustainable funding and long-term service outcomes guided by the framework.

FINANCIAL

Not applicable at this time

RISK

There is a risk that aged care demand will continue to increase without a corresponding increase in service capacity resulting in residents being forced to relocate outside the district. There is also a risk that declining access to primary health services will undermine the viability of existing aged care services, further worsening service gaps.

Financially, there is a growing risk that local government will be required to fund services beyond its core mandate, reducing capacity to invest in infrastructure and essential services.

POLICY

This report seeks endorsement to commence policy development.

STATUTORY

Council's involvement is supported by the Local Government Act 1995 (WA), including its general functions to provide for the wellbeing of the community and within its power, to provide financial assistance where appropriate.

However, Council must ensure that its actions remain within its statutory role and do not result in the assumption of responsibilities that sit with other levels of government.

STRATEGIC

Theme

1. COMMUNITY

Goal

1.2 Facilitate and advocate for quality health services, health facilities and programs in the Shire

Strategy

1.2.2 Seniors have access to local support services and social programs

COMMENT

In the spirit of the Nous report, fragmented systems deliver fragmented outcomes. Integrated care is essential to improving both efficiency and service outcomes, particularly in rural communities where resources are limited. While the Shire does not have the scale or commercial capacity to directly deliver an integrated model, a clear and coordinated strategic approach is now required to underpin advocacy, planning and sustainable service outcomes over the next ten years.

CONSULTATION

Shire of Kondinin Community Survey

WACHS

Community Groups

COMMITTEE RESOLUTION MCSC/26/001

Moved: Cr Paul Green

Seconded: Cr Toni Smeed

That the Medical and Community Services Committee:

1. Endorses the building on existing work undertaken by the Shire to initiate a comprehensive Shire Health and Aged Care Needs Analysis.
2. Endorses the development of an Integrated Health and Ageing Strategic Policy framework to inform the Council Plan.
3. Endorses and recognises health and aged care as a combined strategic priority, noting the service interdependences within the Shire.
4. Endorses membership and participation in the Local Government Rural Health Funding Alliance (LGRHFA) to strengthen advocacy.

CARRIED 3/0

For: Crs Bruce Browning, Paul Green and Toni Smeed

Against: Nil

The Committee discussed issues relating to Yeerakine Lodge and the facility being utilised for nurse accommodation as State and Federal governments have an undersupply of accommodation. The position of WACHS is for the lodge to demonstrate “need” for the aged facility.

The Lodge lease expires in two years and a risk of the facility being converted to nursing accommodation (DIDO) is presented and is contrary to the intent of the facility. Cr Browning expressed a view that perhaps the Kulin & Kondinin Shires could consider placing a nurse to support daily activities, however, the challenge rests with licensing and regulatory compliance.

The Committee recognised that this commitment to a strategic framework will support the Yeerakine Lodge Committee in conducting a survey to determine the need for the facility while concurrently

preparing for advocacy efforts in Canberra (considering the Federal announcement of the possibility of more beds (and packages) being allocated to aged care).

10.2.2 Livingston Medical Services Report

FILE NUMBER:

DATE: 14 May 2026

AUTHOR: Bruce Wright, Chief Executive Officer

AUTHORISED OFFICER: Bruce Wright, Chief Executive Officer

DISCLOSURE OF INTEREST: Author - Nil

Authoriser - Nil

ATTACHMENTS:
1. Livingston Medical - Kondinin & Hyden Medical Centre Report - *Under Separate Cover*

RECOMMENDATION

That the Medical and Community Services Committee:

1. Notes the Kondinin & Hyden Medical Services Report prepared by Livingston Medical (attached).
2. Recognises the current high level of service delivery and positive customer feedback associated with Livingston Medical.

SUMMARY

This report provides a high-level update on the operations and performance of the Kondinin and Hyden Medical Centres.

VOTING REQUIREMENT

Simple Majority

COUNCIL'S ROLE

Executive

The substantial direction setting and oversight role of the Council. E.g. adopting plans and reports, accepting tenders, directing operations, setting and amending budgets.

BACKGROUND

The centres are currently operating in a stable and improving position, with services delivered across both towns on alternating days to ensure consistent weekly access. A key development has been the appointment of Dr Robert Perry, who has been well received by the community and is contributing to growing patient confidence, with some patients returning from surrounding areas.

Service delivery has expanded to include telehealth consultations, tele-psychology, pre-employment medicals, lung function testing and hearing services, supported by the recent addition of a part-time nurse.

The practice is currently managing approximately 630 active patients, with the doctor seeing around 25 patients per day, indicating a steady but growing level of activity.

Overall, the medical centres are demonstrating positive growth and improved service capability, with continuity of care planned through locum arrangements during upcoming leave periods. The current path indicates a strengthening local health service, which is critical to supporting broader community wellbeing and aged care outcomes.

STRATEGIC

Theme

1. COMMUNITY

4. CIVIC LEADERSHIP

Goal

1.2 Facilitate and advocate for quality health services, health facilities and programs in the Shire

4.2 We are a compliant and resourced Local Government

Strategy

1.2.1 Local health facilities, visiting allied health and volunteer health services are retained

4.2.2 Financial sustainability in achieving community aspirations

COMMITTEE RESOLUTION MCSC/26/002

Moved: Cr Paul Green

Seconded: Cr Toni Smeed

That the Medical and Community Services Committee:

1. Notes the Kondinin & Hyden Medical Services Report prepared by Livingston Medical (attached).
2. Recognises the current high level of service delivery and positive customer feedback associated with Livingston Medical.

CARRIED 3/0

For: Crs Bruce Browning, Paul Green and Toni Smeed

Against: Nil

Cr Green noted that the Tuesday & Thursday consulting days had been well received. The Committee noted that the practice appears to be growing and, in some instances, reports of patients from Kulin attending the Doctor are being reported.

10.2.3 Medical & Community Services Committee - Terms of Reference & Action Tracker

FILE NUMBER:

DATE: 14 May 2026

AUTHOR: Bruce Wright, Chief Executive Officer

AUTHORISED OFFICER: Bruce Wright, Chief Executive Officer

DISCLOSURE OF INTEREST: Author - Nil

Authoriser - Nil

ATTACHMENTS: 1. Terms of Reference - *Under Separate Cover*

UPDATE

The Committee Terms of Reference have been previously endorsed by Council.

The key objectives of the Committee are to:

1. Provide oversight and advice on the delivery and sustainability of medical and health services within the Shire.
2. Support the planning, coordination, and improvement of aged care facilities and services.
3. Advise Council on strategies and initiatives that promote community wellbeing, social inclusion, and resilience.
4. Monitor partnerships, funding, and service delivery arrangements with external health and community service providers.
5. Identify opportunities to improve local access to medical practitioners, allied health professionals, and aged care programs.
6. Ensure that community and aged care services align with the Shire's Strategic Community Plan and Corporate Business Plan (as amended and to incorporate the Council Plan).
7. Advise Council on strategies, plans, and programs that promote community engagement, health, and wellbeing.
8. Support initiatives that encourage volunteering, youth development, seniors' participation, disability access, and inclusion.
9. Monitor and provide input into the implementation of the Community Strategic Plan, or similar strategies.
10. Identify and advocate for funding opportunities, partnerships, and collaborations with government, non-profit, and community organisations.
11. Provide input on the use, development, and management of community facilities, services, and events.
12. Support Council in responding to emerging community issues and priorities.
13. Make recommendations to Council to ensure programs and services are inclusive, accessible, and sustainable.

To assist the Committee to monitor priority actions and outcomes, a tracker has been developed and will be included in future meetings of the committee (attached).

The Committee noted the information report with a particular reference to inviting the DON from Kondinin Hospital and the OIC of the Kondinin Police Station to future meetings – noting that this meeting was specifically designed to determine the reporting structure, agenda and objective of the

newly created Committee.

In consideration of the information report and supporting documentation, the Committee entered a focussed discussion. The Chair and Committee acknowledged that this meeting is convened after a hiatus following the change of CEO's and the combination of previous Committees to create the Medical & Community Services Committee. The Committee discussions focussed on the determination of an appropriately aligned strategic agenda of the Committee.

In developing a reporting framework, the Committee agreed on the following (subject to amendment as required) data to be presented in the form of a simple spreadsheet (subject of adoption by the Committee) providing appropriate information relative to:

Service Overview & Activity

- GP visiting scheduled and wherever possible and appropriate, session numbers
- Patient utilisation of GP and allied health services
- Allied health services frequency and type
- Community services delivered

Facility Performance

- Issues impacting service delivery of community service functions
- Usage levels

Community Feedback & Experience

- Community complaints and compliments
- Key concerns identified
- Service gaps

Workforce & Service Sustainability

- Service provider risks
- Community service risks
- Partnerships

Advocacy & Grants

- Opportunities

Health & Community Outcomes

- Service utilisation and growth
- Community engagement
- Visitor servicing

Risk & Compliance

- Identification of high-risk services and activities
- Compliance risks
- Service failure risks

- Mitigations

Key Issues & Decisions Required

- Items requiring Council direction
- Budget pressures
- Emerging risk or urgent requirements

Strategic Review – Policy & Strategy

- Status and updates for:
  - Customer Service Charter
  - Public Health Plan
  - Alignment with the long-term financial plan & strategic community plan
- Policy & Strategy Review program
- Risk Management
- Identification of gaps and required updates

10.2.4 Medical & Community Services - Meeting Schedule - 2026

FILE NUMBER:

DATE: 14 May 2026

AUTHOR: Bruce Wright, Chief Executive Officer

AUTHORISED OFFICER: Bruce Wright, Chief Executive Officer

DISCLOSURE OF INTEREST: Author - Nil

Authoriser - Nil

ATTACHMENTS: Nil

RECOMMENDATION

That the Medical and Community Services Committee:

1. Endorses the Medical & Community Services Committee 2026 meeting schedule to include:

Date	Time	Location
22 July 2026	1pm	Council Chambers Kondinin
23 September 2026	1pm	Hyden CRC
18 November 2026	1pm	Hyden CRC

SUMMARY

This report seeks Committee endorsement of the proposed meeting schedule for the Medical & Community Services Committee for the remainder of 2026.

It is proposed that Committee meetings be held on the following dates:

22 July 2026 – 1.00pm, Council Chambers Kondinin

23 September 2026 – 1.00pm, Hyden CRC

18 November 2026 – 1.00pm, Hyden CRC

All meetings are proposed to be held prior to the Ordinary Meeting of Council on each respective date.

VOTING REQUIREMENT

Simple Majority

COUNCIL'S ROLE

Advocacy

When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.

Executive

The substantial direction setting and oversight role of the Council. E.g. adopting plans and reports, accepting tenders, directing operations, setting and amending budgets.

STRATEGIC

Theme

1. COMMUNITY

Goal

1.2 Facilitate and advocate for quality health services, health facilities and programs in the Shire

Strategy

1.2.1 Local health facilities, visiting allied health and volunteer health services are retained

1.2.2 Seniors have access to local support services and social programs

COMMITTEE RESOLUTION MCSC/26/003

Moved: Cr Toni Smeed

Seconded: Cr Paul Green

That the Medical and Community Services Committee:

1. Endorses the Medical & Community Services Committee 2026 meeting schedule to include:

Date	Time	Location
22 July 2026	1pm	Council Chambers Kondinin
23 September 2026	1pm	Hyden CRC
18 November 2026	2pm	Hyden CRC

CARRIED 3/0

For: Crs Bruce Browning, Paul Green and Toni Smeed

Against: Nil

10.2.5 Proposed Renaming of Koorikin Road, Kondinin

FILE NUMBER:

DATE: 14 May 2026

AUTHOR: Bruce Wright, Chief Executive Officer

AUTHORISED OFFICER: Bruce Wright, Chief Executive Officer

DISCLOSURE OF INTEREST: Author - Nil

Authoriser - Nil

ATTACHMENTS:

1. Mr Don Pegrum - Correspondence to the Shire - *Under Separate Cover*
2. Landgate - Policies and Standards for Geographical Naming in Western Australia - *Under Separate Cover*

RECOMMENDATION

That the Medical and Community Services Committee:

1. Supports in principle the proposed renaming of Koorikin Road to Pegrum Road and the reassignment of the Koorikin Road name to Kulin Rock Road North; and
2. Authorises Administration to undertake the required process in accordance with the Landgate Policies and Standards for Geographical Naming in Western Australia.

OR

1. Declines to support the proposed renaming of Koorikin Road on the basis that it does not meet the requirements of the Landgate Policies and Standards for Geographical Naming in Western Australia, specifically:
    - The policy discourages unnecessary renaming of established roads
    - No compelling public interest or safety reason has been demonstrated

SUMMARY

Council has received a request from Mr Don Pegrum to rename Koorikin Road to Pegrum Road, and to reassign the name “Koorikin Road” to a section of Kulin Rock Road North.

The proposal is based on recognition of the Pegrum family’s long-standing farming history in the area and an intention to better align road names with local historical context.

The request constitutes a renaming of an existing road, which must be assessed against the (Landgate) Policies and Standards for Geographical Naming in Western Australia.

In its current form, the application is unlikely to satisfy the Landgate criteria for renaming and accordingly, the Committee is presented with two options for consideration:

- Option 1 is valid if the Committee seeks to test community support before deciding
- Option 2 is valid if the Committee is satisfied that the application does not meet the prescribed requirements of Landgate.

VOTING REQUIREMENT

Simple Majority

COUNCIL'S ROLE

Advocacy

When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.

BACKGROUND

Council has received a written request from Mr Don Pegrum seeking the renaming of Koorikin Road to Pegrum Road, along with a related proposal to reassign the name "Koorikin Road" to a section of Kulin Rock Road North.

The proposal is based on the historical connection of the Pegrum family to the area, noting that the family has been farming within the Shire since the 1920s and continues to have a direct association with land along Koorikin Road. The applicant has indicated that the proposal is intended to recognise this long-standing contribution and to better reflect the historical context of the locality.

Renaming a road is a formal process governed by the Landgate Policies and Standards for Geographical Naming in Western Australia, which provide a legislative and policy framework for the naming and renaming of roads, localities and geographic features. These policies are designed to ensure that naming decisions are made in the public interest, maintain clarity for emergency services and navigation, and preserve the cultural and historical integrity of place names across the State.

Within this framework, road names are intended to be enduring, and proposals to change existing names are generally discouraged unless a clear and compelling justification can be demonstrated, such as public safety, duplication or service delivery issues. The policies also emphasise the importance of community consultation and broad community support for any renaming proposal, particularly where existing residents and property addresses may be affected.

Accordingly, the proposal must be considered not only in terms of its historical merit, but also against the broader policy requirements relating to necessity, community impact and compliance with established naming standards.

It should also be noted that a number of roads throughout the Shire bear the names of adjacent farming families. These naming conventions are considered to reflect historical practices and are likely to have occurred prior to the introduction of the Land Administration Act 1997 (WA) and the Landgate Policies and Standards for Geographical Naming in Western Australia, first released in 2017 and subsequently updated in November 2020. These current frameworks place more stringent requirements on the renaming of existing roads and the use of commemorative naming.

FINANCIAL

The proposed road renaming does not have a direct financial impact at this stage. However, should the proposal proceed, costs would be incurred in relation to community consultation, administration, signage replacement and potential updates to addressing systems. Under the Landgate policy, non-essential name changes may also attract service charges which should be met by the Applicant.

RISK

Policy compliance.

It is understood that similar applications within the Shire have failed.

POLICY

Landgate - Policies and Standards for Geographical Naming in Western Australia

STATUTORY

Land Administration Act 1997

Under the Land Administration Act 1997, the Minister for Lands has ultimate authority for the naming and renaming of roads in Western Australia, with Landgate undertaking the assessment and approval process in accordance with the Policies and Standards for Geographical Naming in Western Australia.

STRATEGIC

Theme

4. CIVIC LEADERSHIP

Goal

4.2 We are a compliant and resourced Local Government

4.1 Skilled, capable and transparent team

Strategy

4.2.1 External audits and reviews confirm compliance with relevant Local Government legislation

4.1.3 We engage with the community on key projects and we provide regular, transparent communication

COMMENT

The proposal demonstrates genuine historical interest and local significance; however, under the Landgate Naming Policies, renaming existing roads requires a significantly higher threshold than historical recognition alone.

Without evidence of a compelling public interest reason, or broad community support, the proposal is unlikely to meet the required policy standards in its current form.

Mr Pegrum has been consulted and advised that the Landgate Policies and Standards for Geographical Naming in Western Australia may present constraints to the success of the proposal. Notwithstanding this advice, the applicant has expressed a desire to proceed, on the basis that community consultation be undertaken to determine the level of local support.

CONSULTATION

Mr Pegrum

COMMITTEE RESOLUTION MCSC/26/004

Moved: Cr Paul Green

Seconded: Cr Toni Smeed

That the Medical and Community Services Committee:

1. Declines to support the proposed renaming of Koorikin Road on the basis that it does not meet the requirements of the Landgate Policies and Standards for Geographical Naming in Western Australia, specifically:
    - The policy discourages unnecessary renaming of established roads
    - No compelling public interest or safety reason has been demonstrated

CARRIED 3/0

For:	Crs Bruce Browning, Paul Green and Toni Smeed
Against:	Nil

The Committee identified that cursory inquiries made by the Presiding Member did not identify support for the proposed name change. The proposal will require further name changes in the area which is not reasonably practicable. Cr Green noted that unnamed roads throughout the Shire require consideration in relation to naming.

Cr Browning identified an alternative to the renaming by offering an opportunity to have a Kondinin township street named in honour of the family if the opportunity arises.

The Committee recognised that the commitment of time and resources to progressing this proposal with a highly probable outcome of the proposal being rejected; is not a reasonable allocation of Shire resources.

This recommendation will be referred to Council for consideration.

10.2.6 Hyden Medical Services - Relocation

FILE NUMBER:

DATE: 19 May 2026

AUTHOR: Bruce Wright, Chief Executive Officer

AUTHORISED OFFICER: Bruce Wright, Chief Executive Officer

DISCLOSURE OF INTEREST: Author - Nil

Authoriser - Nil

ATTACHMENTS: 1. Trading Post Hyden - Floor Plans - *Under Separate Cover*

RECOMMENDATION

That Medical and Community Services Committee:

1. Supports and endorses the relocation of Livingston Medical Services from the Hyden Medical Centre to Shop 8 within the Hyden Trading Post complex.
2. Supports and endorses the Shire entering into lease arrangements for: shop 8 (sub-leased or occupied by Livingston Medical Services), and shops 9 and 10 for Shire operational use, including library, tourism and community services.
3. Notes that the proposed rental arrangement is cost neutral, with combined rental costs equivalent to the current expenditure for the Hyden Medical Centre and library premises.
4. Supports and endorses the allocation of $20,000 in the 2026-2027 budget to undertake minor refurbishments to Shop 8
5. Endorses the Chief Executive Officer to: finalise and execute lease agreements and any associated documentation, and to undertake any minor fit-out or transition works required to facilitate the relocation

SUMMARY

This report seeks Committee support and endorsement of the relocation of Livingston Medical from the WACHS-operated Hyden Medical Centre to the Hyden Trading Post complex.

VOTING REQUIREMENT

Simple Majority

COUNCIL'S ROLE

Advocacy

When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.

Executive

The substantial direction setting and oversight role of the Council. E.g. adopting plans and reports, accepting tenders, directing operations, setting and amending budgets.

BACKGROUND

The Shire has received feedback from multiple patients regarding acoustic privacy issues within the Hyden Medical Centre, with consultation conversations reportedly audible from the main foyer.

Additionally, the current facility: lacks space for expansion and cannot adequately accommodate visiting allied health providers.

It is proposed that Livingston Medical relocate to Shop 8 within the Hyden Trading Post complex (Floor plans attached). The premises provides: dedicated reception, private consulting room(s) and improved patient confidentiality.

At the same time, it is proposed that the Shire will lease Shop 9 and Shop 10 and vacate the current library facility.

Spatial Outcomes

Area	Estimated Size
Shop 8 – Medical	58 sqm
Shop 9 – Shire use	144 sqm
Total	202 sqm

This additional space will enable: expanded library services, enhanced tourism information services, the creation of meeting / community rooms, provide additional space for allied health service delivery and administrative and reception capacity.

Benefits include, but are not limited to:

Community Benefits of improved patient privacy and dignity. Better health service access, including allied health. Increased community service capacity

Operational Benefits of consolidation of services into a modern, flexible space. Improved customer experience. Better utilisation of Shire assets.

Economic & Visitor Benefits of an expanded and modernised tourism presence, enhanced visitor engagement and the activation of the Trading Post precinct.

FINANCIAL

Current costs to the Shire:

WACHS Facility - $660 per month

Library - $1,200 per month

The Trading Post proprietor has agreed to lease Shop 8, 9 and 10 for a combined equivalent rental.

RISK

Nil

POLICY

Nil

STATUTORY

Nil

STRATEGIC

Theme

1. COMMUNITY

Goal

1.2 Facilitate and advocate for quality health services, health facilities and programs in the Shire

Strategy

1.2.1 Local health facilities, visiting allied health and volunteer health services are retained

COMMENT

The proposed relocation presents a cost-neutral, high-benefit outcome for both medical services and broader community use, addressing known facility limitations while enabling future growth.

CONSULTATION

Trading Post Proprietor – who has concurrently consulted with current tenants.

Administration Staff

COMMITTEE RESOLUTION MCSC/26/005

Moved: Cr Toni Smeed

Seconded: Cr Paul Green

That Medical and Community Services Committee:

1. Supports and endorses the relocation of Livingston Medical Services from the Hyden Medical Centre to Shop 8 within the Hyden Trading Post complex.
2. Supports and endorses the Shire entering into lease arrangements for: shop 8 (sub-leased or occupied by Livingston Medical Services), and shops 9 and 10 for Shire operational use, including library, tourism and community services.
3. Notes that the proposed rental arrangement is cost neutral, with combined rental costs equivalent to the current expenditure for the Hyden Medical Centre and library premises.
4. Supports and endorses the allocation of $20,000 in the 2026-2027 budget to undertake minor refurbishments to Shop 8
5. Endorses the Chief Executive Officer to: finalise and execute lease agreements and any associated documentation, and to undertake any minor fit-out or transition works required to facilitate the relocation

CARRIED 3/0

For: Crs Bruce Browning, Paul Green and Toni Smeed

Against: Nil

Crs Green & Browning noted that the proposal will achieve a good outcome for the Shire within existing financial parameters.

11 BUSINESS OF AN URGENT NATURE

Nil

12 CLOSE OF MEETING

12.1 DATE OF NEXT MEETING

To be held at Kondinin Shire Chambers at 1pm on Wednesday 22 July 2026 .

12.2 CLOSURE

The Meeting closed at 1.34pm.

10 REPORTS OF OFFICERS

10.1 CHIEF EXECUTIVE OFFICER

10.1.1 Medical & Community Services Committee Strategic Work Plan and Reporting Framework

FILE NUMBER:

DATE: 21 July 2026

AUTHOR: Bruce Wright, Chief Executive Officer

AUTHORISED OFFICER: Bruce Wright, Chief Executive Officer

DISCLOSURE OF INTEREST: Author - Nil

Authoriser - Nil

ATTACHMENTS:

1. Medical and Community Services Committee Strategic Workplan and Framework Development Guide
2. Medical & Community Services Committee Workbook

RECOMMENDATION

That Medical and Community Services Committee

1. Endorses the Medical & Community Services Committee Strategic Work Plan and Framework Development Guide (attached) as the working guide for the Committee's 2026-2027 work program.
2. Endorses the Medical & Community Services Committee Workbook (attached) as the Committee's standing reporting framework, action tracker, dashboard and Council referral register.
3. Requests that future Committee agendas include standing updates on the action tracker, health and community services dashboard, strategic framework development, advocacy priorities, service capacity monitoring and matters requiring Council referral.
4. Notes that any formal adoption of strategic frameworks, policy amendments, budget allocations, funding commitments, partnership agreements or other matters requiring Council approval will be referred to Council for decision where required.

SUMMARY

The purpose of this report is to present the Medical & Community Services Committee Strategic Work Plan and Framework Development Guide and the Medical & Community Services Committee Workbook for endorsement as the basis for the Committee's forward work program.

The documents have been prepared following the Committee's establishment meeting held on 20 May 2026, where the Committee adopted baseline documents, endorsed the development of an Integrated Health and Ageing Strategic Framework and established a standing action tracker and governance structure.

The intent is not to create final Council-adopted health, aged care or community service strategies at this stage. Rather, the intent is to establish the Committee's working structure so that future work is

coordinated, evidence-based, community-informed and clearly connected to matters requiring eventual Council decision.

VOTING REQUIREMENT

Simple Majority

COUNCIL'S ROLE

Executive

The substantial direction setting and oversight role of the Council. E.g. adopting plans and reports, accepting tenders, directing operations, setting and amending budgets.

BACKGROUND

The Medical & Community Services Committee was established to provide a dedicated strategic forum for health services, aged care, community wellbeing, social services and community development matters. The Committee's purpose is to bring these areas together into a coordinated planning and advocacy framework that recognises the interdependence between health, ageing, community resilience and quality of life outcomes across the Shire.

At its meeting held on 20 May 2026, the Committee considered a range of foundation reports and supporting information that collectively established the baseline position for health, aged care and community services planning.

This included:

- Community development reporting and community engagement activities.
- Medical services performance and service delivery updates from Livingston Medical.
- The Shire's Medical Services and Aged Care Advocacy Position.
- The Committee Terms of Reference and Action Tracker.
- Committee meeting arrangements and governance structures.

The Committee's work was then framed around several core resolutions and endorsed directions:

- Endorsement of a comprehensive Health and Aged Care Needs Analysis.
- Endorsement of the development of an Integrated Health and Ageing Strategic Framework.
- Recognition of health and aged care as a combined strategic priority.
- Participation in the Local Government Rural Health Funding Alliance and related advocacy initiatives.
- Establishment of a standing action tracking and reporting framework.

The Committee also recognised that future reporting should move beyond individual officer reports toward a structured dashboard format capable of demonstrating trends, service capacity, advocacy outcomes, community wellbeing indicators and strategic progress.

The Workbook reflects this intention by establishing reporting categories across medical services, aged care, community development, advocacy, funding, partnerships and strategic initiatives.

The Work Plan now consolidates these decisions into a structured program. It confirms that the Committee's work should be organised around a single reporting framework and four priority strategic streams:

- Integrated Health and Ageing Strategic Framework.
- Medical Services Sustainability and Service Access.

- Community Wellbeing and Social Inclusion.
- Advocacy, Partnerships and Funding Alignment.

Importantly, the Work Plan also establishes the governance role of the Committee.

The Committee's role is to provide strategic leadership, advocacy and oversight. It is not responsible for operational management of medical practices, service providers or community organisations.

The Committee's focus should therefore be directed toward:

- Service capacity and sustainability.
- Community needs and service gaps.
- Strategic advocacy.
- Funding opportunities.
- Partnerships and collaboration.
- Policy development.
- Community wellbeing outcomes.
- Recommendations to Council.

Day-to-day service delivery and operational management remain the responsibility of external providers, administration or other responsible agencies.

The attached Work Plan and Workbook have been prepared to give effect to these directions.

The Work Plan sets out the Committee's forward work program and strategic framework development pathway.

The Workbook provides the practical reporting tool including the dashboard, action tracker, advocacy register, stakeholder register, funding opportunities register, risk register, policy review program and Council referral register.

The Workbook includes a Health and Community Services Performance Dashboard designed to assist the Committee in monitoring long-term service sustainability and community outcomes.

These indicators should not be read in isolation. They are intended to support broader Committee deliberations and should be considered alongside community feedback, demographic trends, workforce availability, funding opportunities, service provider information and strategic planning documents.

FINANCIAL

There are no immediate financial implications arising from endorsement of the Work Plan and Workbook as Committee working documents.

RISK

The principal risk is that health services, aged care planning, community development activities and advocacy efforts continue to be managed through separate reports and disconnected initiatives rather than through a coordinated strategic framework.

POLICY

Nil

STATUTORY

Local Government Act 1995 which provides the framework for local government governance, community leadership and advocacy.

STRATEGIC

Theme

4. CIVIC LEADERSHIP

1. COMMUNITY

Goal

4.1 Skilled, capable and transparent team

1.2 Facilitate and advocate for quality health services, health facilities and programs in the Shire

Strategy

4.1.2 We are inclusive and our communities feel heard

4.1.3 We engage with the community on key projects and we provide regular, transparent communication

4.1.5 The capability of our organisation is continually improved

1.2.1 Local health facilities, visiting allied health and volunteer health services are retained

COMMENT

The Committee's first meeting established the policy foundation and strategic direction.

The next step is to move from establishment to structured delivery.

The Work Plan and Workbook provide the mechanism to achieve that objective. Together, they establish a clear forward program, a consistent reporting dashboard, an action tracker, an advocacy register, a funding opportunities register, a stakeholder engagement framework and a Council referral process.

This will enable the Committee to focus on the matters that matter most: medical service sustainability, aged care capacity, community wellbeing, social inclusion, funding opportunities, strategic partnerships and advocacy outcomes.

Endorsing these documents will not commit Council to any future funding allocation, service model, policy position or strategic initiative.

Rather, it will provide the structure required for the Committee to properly develop those matters and refer them to Council when decisions are required.

CONSULTATION

Administration

SHIRE OF KONDININ

Strategic Work Plan and Framework Development Guide

Medical & Community Services Committee
Infrastructure & Assets Committee

Basis: Committee Terms of Reference; Minutes of 20 May 2026 (Res. MCSC/26/001 - 005 and IAC/26/001 - 006); Local Government Act 1995 s5.8

Contents

1. Purpose and how to use this guide

Both of the Shire's standing committees held their first substantive meetings on 20 May 2026. Both reached the same conclusion independently: that they could not usefully oversee their portfolios until they had agreed what would be reported to them, in what form, and how the resulting actions would be tracked.

The Infrastructure & Assets Committee resolved to develop a single dashboard and reporting template across all asset classes. The Medical & Community Services Committee agreed a set of reporting categories to be presented as a spreadsheet, subject to its adoption.

This guide does three things. It sets out a common method for developing the strategic frameworks both committees have committed to producing. It provides each committee with a strategic work plan through to 2029. And it defines the meeting cycle, reporting calendar and referral pathway that connect committee work to Council decisions.

The guide is deliberately shared. The two portfolios are interdependent and both compete for the same finite capital envelope in the Long Term Financial Plan. Running them on separate methods would obscure those trade-offs at exactly the point Council needs to see them.

1.1 Status of this document

This is an officer-prepared guide. It has no independent authority. Where it describes something a committee has resolved, the resolution governs. Where it proposes something new: a work plan priority, a reporting cadence, a framework template; that proposal takes effect only when the relevant committee adopts it, and only Council can adopt the frameworks, budgets and policies to which it points.

2. The common architecture

Both committees operate on five layers. Each layer answers a different question, and each is the foundation for the one above it. Confusion between the layers is the most common cause of committees producing discussion without decisions.

Layer	Question it answers	Instrument	Who owns it
1. Mandate	What is this committee for, and what is it not for?	Terms of Reference	Council (adopts); Committee (reviews annually)
2. Reporting framework	What will be reported to us, from where, by whom, how often?	Reporting Framework tab in the committee workbook	Committee (adopts); CEO (delivers)
3. Strategic work plan	What are we trying to achieve over the next three years, and in what order?	Part 4 and Part 5 of this guide	Committee (adopts); Council (endorses where resources are committed)
4. Action tracker	What did we decide, who is doing it, and is it done?	Action Tracker tab in the committee workbook	CEO (maintains); Committee (reviews each meeting)
5. Assurance	Is the committee itself working, and are the frameworks progressing?	Performance Measures and Framework Register (Parts 8 and 9)	CEO (maintains); Committee (reviews); Council (annual report)

The workbooks give effect to layers 2 and 4. Each committee now has one: the Infrastructure & Assets Committee Workbook and the Medical & Community Services Committee Workbook; built to the same structure so that a member of one committee can read the other without translation.

2.1 What the two workbooks share

- An Index describing every tab and its data source, so the provenance of each figure is visible.
- A Dashboard that draws its figures from the detail tabs rather than being typed independently.
- A Reporting Framework tab that records exactly what the committee resolved to receive, with a named responsible officer and a frequency against every element.
- Portfolio and performance tabs specific to the committee's subject matter.
- A Risk Register, a Policy & Strategy Review program, an Action Tracker, a Resolutions Register, a Council Referral Register and a Meeting Schedule.
- A Framework Register recording every strategic framework both committees have committed to, and a Performance Measures tab reporting how the committee itself is functioning (Parts 8 and 9).

The consequence is that both committees report upward in a form Council can compare, and the CEO maintains one process rather than two.

2.2 Division of responsibility

Role	Responsibility
Committee	Sets direction, tests evidence, prioritises, and makes recommendations to Council. Does not have delegated authority to make final decisions.
Presiding Member	Ensures each meeting works through the reporting framework and closes with a clear position on every item requiring Council direction.
Chief Executive Officer	Delivers the reports the framework specifies, maintains the workbook, and carries referrals to Council.
Responsible officers	Populate the tabs assigned to them before the agenda closes. The Reporting Framework tab names them individually.
Council	Adopts frameworks, policies, budgets and plans. Receives committee minutes at the next ordinary meeting.

3. Framework development method

Between them the two committees have committed to developing five strategic frameworks: an Integrated Health and Ageing Strategic Policy Framework, a Strategic Housing Framework, a Strategic Fleet Management Framework, a Strategic Building Framework, and a reviewed and aligned set of Asset Management Plans. Each should be built through the same seven steps.

3.1 The Seven Steps

Step	What it produces	Test it must pass
1. Confirm the mandate	A written statement of what the framework will and will not cover, tied to the Terms of Reference and to a Strategic Community Plan goal.	Can the committee state in one sentence what decision this framework will let Council make that it cannot make today?
2. Establish the baseline	A validated dataset describing what the Shire currently has, spends and delivers.	Is there a single authoritative source, and has someone confirmed it is accurate?
3. Analyse the gap	Evidence of the distance between the current position and community need or service standard.	Is the gap quantified, or merely asserted?
4. Define the policy position	A statement of Council's role - provider, facilitator, advocate, or none of these.	Does it stay within the statutory role of local government and avoid assuming responsibilities belonging to other levels of government?
5. Prioritise and stage	Ranked priorities across short (0 - 12 months), medium (1 - 3 years) and long (3 - 10 years) horizons.	Are the ranking criteria written down, and applied consistently?
6. Build the implementation plan	Actions, owners, resourcing, funding pathway and measurable outcomes.	Is every action costed or explicitly noted as uncosted, and reconciled to the LTFP?
7. Adopt and review	Council adoption, integration into the Council Plan, and a review cycle.	Is there a named review date and a trigger for early review?

3.2 Standard framework contents

Every framework produced under this guide should contain the following sections, in this order. A reader moving between the health framework and the housing framework should find the same information in the same place.

- Purpose, scope and exclusions
- Strategic and legislative context, including the Strategic Community Plan goal and strategy it serves
- Evidence base - baseline data, demand analysis, community feedback and stakeholder input
- Gap analysis
- Council's policy position and role
- Priorities, ranking criteria and staging across the three horizons
- Enabling factors - workforce, housing, infrastructure, partnerships
- Funding approach, including alignment to State and Commonwealth programs
- Implementation and advocacy plan with actions, owners and timeframes
- Measurable outcomes and reporting arrangements
- Risk assessment
- Review cycle

3.3 Ranking criteria

Step 5 fails most often, because priorities get ranked by whoever spoke most persuasively at the meeting. Both committees should adopt explicit criteria before ranking anything. The Infrastructure & Assets Committee has already identified condition, age, risk, service need and future demand for housing replacement. The same five criteria, plus statutory obligation, transfer to every other framework:

Criterion	Question
Statutory obligation	Is the Shire legally required to act, or to act by a particular date?
Risk	What is the safety, compliance, financial or reputational exposure if nothing is done?
Condition / capacity	How far below acceptable standard is the current asset or service?
Service need	What is the demonstrated community need, evidenced rather than assumed?
Future demand	What do population and demographic trends indicate over ten years?
Deliverability	Is there a funding pathway, a provider, and the internal capacity to deliver?

Where a proposal scores well on need but has no deliverability pathway, it belongs in the advocacy program rather than the capital program. Recording that distinction openly prevents the recurring problem of a committee resolving to do something the Shire has no means of doing.

3.4 Common Failure Methods

Failure	How it shows up	Guard against it
Framework without a baseline	Priorities argued from anecdote; figures change between meetings.	Complete step 2 before step 5. Validate the source and name it.
Scope creep	The framework grows to cover everything and therefore decides nothing.	Write the exclusions down at step 1.
Role confusion	The Shire drifts into funding services that belong to State or Commonwealth government.	Step 4 must state the role explicitly, and the statutory limits on it.
Unreconciled plans	The framework assumes capital the LTFP does not contain.	Step 6 reconciles to the LTFP before adoption, not after.
Adoption without measures	Twelve months later nobody can say whether it worked.	No framework goes to Council without measurable outcomes and a reporting line.
Orphaned actions	Actions arise in discussion and are never seen again.	Every action enters the Action Tracker in the meeting it arises.

4. Strategic work plan - Medical & Community Services Committee

The Committee's Terms of Reference set thirteen objectives spanning medical services, aged care, community services, partnerships, advocacy, risk and reporting. Those objectives are grouped below into five strategic priorities. Each priority carries objectives, the actions that deliver them, and the measures by which the Committee will know whether it has succeeded.

4.1 Priority A - Establish the evidence base for health and ageing

Nothing else in this portfolio can be decided well without it. The Committee resolved to build on existing work to initiate a comprehensive Health and Aged Care Needs Analysis, and community feedback has already identified the absence of strategic planning for service expansion as a gap in its own right. The needs analysis is also the instrument that answers WACHS's requirement that Yeerakine Lodge demonstrate need, which makes it time-critical rather than merely important.

Objective	Actions	Horizon	Measure
A1. Quantify current and future health and aged care demand	Scope and commission the Health and Aged Care Needs Analysis; establish population and demographic projections	0 - 12 months	Needs analysis completed and received by the Committee
A2. Establish service capacity baseline	Document current GP, allied health, hospital, aged care and home care capacity and utilisation	0 - 12 months	Baseline populated in the committee workbook and reported each cycle
A3. Demonstrate need for aged care capacity	Support the Yeerakine Lodge Committee survey; consolidate community survey evidence	0 - 12 months	Evidence pack capable of supporting a submission to WACHS and the Commonwealth
A4. Engage stakeholders	Structured engagement with WACHS, Livingston Medical, providers, Lodge Committee and community groups	0 - 12 months	Engagement completed and gaps, workforce constraints and demand documented

4.2 Priority B - Develop and adopt the Integrated Health and Ageing Strategic Policy Framework

The Committee endorsed development of this framework to inform the Council Plan, and endorsed health and aged care as a combined strategic priority given the interdependence of the two. The framework is the vehicle that converts the evidence base into a defensible Council position - in particular a position on what the Shire will and will not fund, which the community survey shows is currently unclear to residents.

Objective	Actions	Horizon	Measure
B1. Define Council's role	Draft the policy position: advocate and facilitator rather than direct service provider, within the limits of the Local Government Act 1995	0 - 12 months	Policy position adopted and communicated
B2. Prepare the framework	Draft against the standard contents in Part 3.2; address workforce, housing and infrastructure as enabling factors	0 - 12 months	Draft framework presented to the Committee
B3. Adopt and integrate	Council adoption; integration into the Council Plan; supporting action plan	0 - 12 months	Framework adopted; actions reflected in the Council Plan
B4. Report against it	Progress reported to the Committee each cycle through the workbook	Ongoing	Framework tracker current at every meeting

4.3 Priority C - Secure and strengthen local health services

The practice is in a stronger position than it has been: an appointed lead practitioner, an expanded set of service lines, a growing patient base and patients returning from surrounding districts. The risk is concentration - a small practice in a small population carries limited redundancy and the work here is about protecting a gain rather than recovering a loss.

Objective	Actions	Horizon	Measure
C1. Maintain service continuity	Monitor locum arrangements and leave coverage; report continuity risk each cycle	Ongoing	No unplanned interruption to GP services
C2. Complete the Hyden relocation	Execute leases for Shops 8, 9 and 10; deliver refurbishment within the $20,000 allocation; transition library and tourism services	0 - 12 months	Relocation complete; cost neutrality confirmed against the current $1,860 per month
C3. Expand allied health access	Use the improved Shop 8 facility to attract visiting allied health; report frequency, type and utilisation	1 - 3 years	Increase in allied health service types and sessions delivered
C4. Strengthen service coordination	Standing invitations to the Director of Nursing, Kondinin Hospital and the Officer in Charge, Kondinin Police Station	0 - 12 months	Both attending or reporting to the Committee

4.4 Priority D - Advocacy and funding

Substantial Commonwealth and State funding exists, but access depends on scale and provider interest that small rural communities frequently lack. The Committee endorsed membership of the Local Government Rural Health Funding Alliance to strengthen its position through coordinated advocacy rather than acting alone.

Objective	Actions	Horizon	Measure
D1. Join coordinated advocacy	Confirm LGRHFA membership and participate actively. RoeROC.	0 - 12 months	Membership confirmed; Shire represented
D2. Formalise advocacy priorities	Adopt a written advocacy position covering aged care capacity, primary health access and funding equity	0 - 12 months	Advocacy position adopted
D3. Pursue funding pathways	Assess Commonwealth capital and home care programs and the State low-interest loan scheme against the needs analysis	1 - 3 years	At least one substantiated application or partnership proposal
D4. Direct advocacy	Prepare submissions in support of additional aged care beds and packages	1 - 3 years	Submissions lodged; outcomes reported

4.5 Priority E - Community wellbeing, inclusion and participation

This is the part of the portfolio that is working. Attendance at ANZAC Day services held up in both towns despite fuel cost pressures, Hyden exceeded previous years, and the community meetings across all three townsites drew strong participation. The task is to sustain it, extend it to the groups the Terms of Reference specifically name, and capture the data that shows whether it is working.

Objective	Actions	Horizon	Measure
E1. Sustain the events program	Deliver the confirmed program and progress events in planning	Ongoing	Events delivered; attendance recorded and trending
E2. Support mental health and wellbeing initiatives	Blue Tree Project BBQ; confirm the Desert Swimmer event on mental health and succession planning	0 - 12 months	Events delivered; participation recorded
E3. Broaden inclusion	Programs supporting volunteering, youth development, seniors' participation and disability access under Terms of Reference objective 8	1 - 3 years	Program coverage across each named group
E4. Expand community and visitor facilities	Deliver expanded library, tourism and meeting room capacity at the Trading Post	0 - 12 months	202 sqm of combined space activated; usage recorded
E5. Close the feedback loop	Report complaints, compliments, concerns and gaps to the Committee each cycle	Ongoing	Feedback tab populated every meeting

5. Strategic work plan - Infrastructure & Assets Committee

The Committee resolved a baseline across housing, fleet and built assets, and endorsed a structured review of the Asset Management Plans and their alignment with the Long Term Financial Plan. Its work plan follows the same five-priority structure.

5.1 Priority A - Validate and maintain the asset baseline

Objective	Actions	Horizon	Measure
A1. Confirm the built asset baseline	Validate the Property Register as the authoritative dataset; reconcile counts and values	0 - 12 months	Register validated and adopted as baseline
A2. Establish condition and performance data	Populate condition, performance and useful-life data by asset class	0 - 12 months	Condition tab populated for all six asset classes
A3. Extend coverage	Bring playgrounds, park assets, trees and natural spaces into the register and framework	1 - 3 years	All asset classes represented with a named service standard
A4. Report consistently	Adopt the agreed asset-class headings for all ongoing reporting	Ongoing	Every report uses the standard headings

5.2 Priority B - Deliver the three strategic frameworks

Housing, fleet and buildings each require a framework, and each should be built through the seven steps in Part 3. Housing carries the additional complication that the current Staff Housing Policy has been identified as contradicting the strategic direction, so the policy amendment pathway needs to run alongside the framework rather than after it.

Objective	Actions	Horizon	Measure
B1. Strategic Housing Framework	Scope and work program; rank replacement priorities against the criteria in Part 3.3; review funding and delivery models; rental pricing and categories; retention and disposal framework	0 - 12 months	Framework adopted by Council
B2. Resolve the housing policy contradiction	Bring the Staff Housing Policy amendment pathway to the Committee and then to Council	0 - 12 months	Policy amended and consistent with the framework
B3. Strategic Fleet Management Framework	Utilisation thresholds; replacement schedule aligned to reserves and the LTFP; procurement timing and lead times; vehicle replacement policy review	0 - 12 months	Framework adopted; replacement schedule reconciled to reserves
B4. Strategic Building Framework	Built assets including playgrounds and park assets; review of public facilities and sporting infrastructure policies; community survey feedback linked to asset priorities	0 - 12 months	Framework adopted by Council

5.3 Priority C - Align asset plans with financial capacity

This is the priority that determines whether the other four are affordable. The Asset Management Plans and the Long Term Financial Plan currently run on different horizons and are only partially aligned, which means the renewal gap is not reliably visible to Council.

Objective	Actions	Horizon	Measure
C1. Review the Asset Management Plans	Assess currency, data quality and assumptions across all plans	0 - 12 months	Review complete; deficiencies documented
C2. Reconcile planning horizons	Align the AMP and LTFP models and resolve the differing horizons	0 - 12 months	Single reconciled position reported
C3. Report the renewal gap	Quantify required renewal against allocated funding and report lifecycle cost projections	Quarterly	Renewal gap reported each quarter
C4. Integrate the planning suite	Integrate AMPs with the Strategic Community Plan, LTFP, budget and Council Plan	1 - 3 years	Council endorsement of the integrated planning position
C5. Monitor financial sustainability	Report the seven statutory ratios against target each cycle	Each meeting	Ratios reported with status against target

5.4 Priority D - Define service levels and manage risk

Objective	Actions	Horizon	Measure
D1. Define service levels	Set service standards for each asset class	1 - 3 years	Standards defined and adopted
D2. Measure responsiveness	Report customer requests received and response times	Each meeting	Response performance reported against standard
D3. Manage high-risk assets	Maintain the risk register; prioritise playground safety compliance and ageing facilities	Ongoing	All high risks carry a documented treatment
D4. Link community sentiment to priorities	Connect community survey feedback to asset renewal priorities	1 - 3 years	Feedback demonstrably reflected in the capital program

5.5 Priority E - Projects, funding and advocacy

Objective	Actions	Horizon	Measure
E1. Progress identified projects	Recreation centre extension, visitor centre, landfill rehabilitation and housing delivery	1 - 3 years	Each project has a funding pathway and a next step
E2. Pursue grants and partnerships	Maintain the opportunities register and match projects to programs	Ongoing	Register current; applications lodged
E3. Advocate on road funding	Advocacy on reduced government road funding and its renewal impact	Ongoing	Advocacy position adopted and pursued
E4. Maintain the policy review program	Review asset-related policies; close identified gaps including the absence of an overarching fleet policy	1 - 3 years	Review program current; gaps closed or scheduled

6. Shared matters and interdependencies

Several matters cannot be resolved by either committee alone. Where a matter appears below, the lead committee progresses it and the supporting committee is briefed through its own workbook so that neither proceeds on assumptions the other has not tested.

Matter	Interdependency	Lead	Supporting
Health and aged care workforce accommodation	Attracting and retaining GPs, nurses and allied health depends on available housing. The Strategic Housing Framework should treat health workforce accommodation as a defined demand category.	Infrastructure & Assets	Medical & Community Services
Yeerakine Lodge lease and future use	An aged care service question and a property and lease question simultaneously, with competing pressure for nursing accommodation.	Medical & Community Services	Infrastructure & Assets
Health and community facility condition	Acoustic privacy at the Hyden Medical Centre is a service quality failure caused by a building deficiency. Building condition drives service capability.	Infrastructure & Assets	Medical & Community Services
Trading Post leases and fit-out	A medical relocation, a library relocation and a tourism service expansion delivered through one set of leases.	Medical & Community Services	Infrastructure & Assets
Community survey feedback	A single survey generated findings across aged care, health access, buildings and playgrounds. It should be interpreted once, not twice.	Joint	Joint
Long Term Financial Plan capacity	Both portfolios draw on the same capital envelope. Framework commitments must be reconciled against each other before reaching Council.	Infrastructure & Assets	Medical & Community Services
Council Plan integration	Both committees' frameworks are intended to inform the Council Plan.	Joint	Joint

Both committees meet on the same four days in 2026, which makes a short joint session practical where a shared matter needs resolving. That is a scheduling convenience, not a merger: each committee resolves separately and minutes separately.

7. Reporting calendar and meeting cycle

7.1 2026 schedule

Date	Medical & Community Services	Infrastructure & Assets	Location
20 May 2026	1:00pm - held	3:00pm - held	Council Chambers, Kondinin
22 July 2026	1:00pm	3:00pm	Council Chambers, Kondinin
23 September 2026	1:00pm	2:00pm	Hyden CRC
18 November 2026	1:00pm or 2:00pm - to confirm	3:00pm - corrected from 2:00pm	Hyden CRC

Both committees carry an unresolved discrepancy for 18 November. The Infrastructure & Assets Committee identified that its schedule table listed 2:00pm while the resolution recorded 3:00pm, and raised an action to correct it. The Medical & Community Services position is the reverse: the officer recommendation and report body specify 1:00pm, while the resolution as recorded specifies 2:00pm. Both should be confirmed and corrected at the July meetings before public notice of the November meetings is given.

7.2 Standing agenda

Each meeting should work through the reporting framework in order, so that no category is quietly dropped. The recommended standing agenda for both committees:

Item	Content
1. Opening and procedural	Attendance, apologies, declarations of interest, public time
2. Confirmation of minutes	Previous committee minutes
3. Action tracker	Review of every open action, owner and status - taken before new business, not after
4. Standing reports	The reporting framework categories in order, drawn from the committee workbook
5. Framework progress	Progress against each strategic framework under development
6. Risk register	New and changed risks
7. Matters for Council	Items requiring Council direction, budget commitment or policy amendment
8. Officer reports	Reports requiring a resolution
9. Urgent business and close	Date of next meeting

7.3 Reporting Schedule

Frequency	What is reported
Every meeting	Action tracker; core performance measures M1 - M4; service or portfolio activity; facility or asset performance; community feedback; risk; matters for Council
Quarterly	Renewal gap (Infrastructure & Assets); framework register and stage progress; measures M5 - M6 and the supporting measures
Annually	Full performance measure set in the annual report to Council; policy and strategy review program; service level review; plan currency and LTFP re-integration; Terms of Reference review
On adoption	Each strategic framework, with its implementation plan and measures

8. Performance measures

The measures in Parts 4 and 5 test whether the portfolios are improving. The measures in this Part test something different and easier to overlook: whether the committees themselves are functioning. A committee can hold four well-attended meetings a year, generate substantial discussion, and still deliver nothing, because actions drift, reports arrive incomplete, and recommendations stall between the committee and Council. These measures make that visible early enough to correct.

All of them are derived from the committee workbooks rather than collected separately. No measure below requires data that officers are not already maintaining.

8.1 Core measures

Measure	Definition	Target	Source	Frequency
M1. Actions completed by due date	Actions closed on or before their due date, as a percentage of all actions falling due in the period. Actions with no due date are excluded from the numerator and denominator, and counted separately under M2.	80% by year two	Action Tracker	Each meeting
M2. Actions without a due date	Open actions carrying no due date, as a percentage of all open actions.	Below 10%	Action Tracker	Each meeting
M3. Reports received in accordance with the adopted reporting framework	Reporting elements delivered at the required frequency and to the required content, as a percentage of elements due that cycle.	90% by year two	Reporting Framework tab against the agenda	Each meeting
M4. Council-endorsed recommendations	Count of committee recommendations endorsed by Council in the period, and the same figure as a percentage of recommendations determined by Council.	Count reported; 85% endorsement rate	Council Referral Register	Each meeting
M5. Strategic frameworks completed	Count of frameworks adopted by Council against the committed program in the Framework Register.	Per the register schedule	Framework Register	Quarterly
M6. Overdue policy reviews	Count of policies and strategies past their review date, reported as the change since the previous period.	Reducing; nil by year three	Policy & Strategy Review tab	Quarterly

8.2 Supporting measures

These are not reported every cycle, but they explain movement in the core measures when it occurs.

Measure	Definition	Target	Frequency
M7. Ageing of open actions	Average age of open actions, and the count open for more than two meeting cycles.	No action open beyond three cycles without a recorded reason	Each meeting
M8. Referral cycle time	Average elapsed time from committee resolution to Council determination.	Within two ordinary meetings	Quarterly
M9. Referrals with the loop closed	Referrals where the Council outcome has been recorded back against the register entry, as a percentage of referrals determined.	100%	Quarterly
M10. High risks with a current treatment	High-rated risks carrying a documented, in-date treatment action, as a percentage of all high-rated risks.	100%	Each meeting
M11. Framework stage progress	Frameworks progressing at least one stage per quarter against the seven-step method.	Reported by exception	Quarterly

Measure	Definition	Target	Frequency
M12. Meeting effectiveness	Quorum achieved; agenda issued on time; minutes to the next ordinary Council meeting.	100%	Each meeting

8.3 Counting rules

Measures of this kind degrade quickly unless the counting rules are fixed in advance, because every one of them can be improved without any underlying improvement in performance. The following rules apply:

- An action is complete when the outcome is delivered, not when a report about it is written.
- Changing a due date does not make an action on time. Where a due date is revised, the original date is retained and the action counts as overdue against it, with the revision and its reason recorded in the comment field.
- A reporting element counts as received only if it contains the content the Reporting Framework specifies. A tab presented empty is not a report received.
- A recommendation endorsed by Council in an amended form is counted separately from one endorsed as put, and both are reported.
- A framework counts as complete on Council adoption, not on presentation of a draft.
- A policy review is overdue from the day after its review date, irrespective of whether work has commenced.

8.4 Targets and baseline

Both committees began substantive operation on 20 May 2026. The first four meeting cycles establish the baseline and no target applies to them; the figures are reported so that the committees can see the starting position honestly. Targets take effect from the 2027 calendar year, and should be set by each committee rather than assumed from this guide. The targets above are offered as a reasonable default for a small rural local government with a single officer maintaining the workbook.

A deteriorating measure is not on its own a failure. A falling completion rate at a time when the committee is deliberately taking on more actions is a capacity signal, and the useful response is usually to reduce or re-sequence the work plan rather than to press harder on the tracker. The measures exist to prompt that conversation, not to substitute for it.

8.5 Reporting

The core measures are reported to each committee at every meeting, as a short block at the head of the action tracker item. The full set, core and supporting, forms part of the annual summary report each committee provides to Council under its Terms of Reference. Where a measure sits outside target for two consecutive cycles, the CEO reports the cause and the proposed correction alongside it.

9. Framework register

Between them the two committees have committed to five strategic frameworks and one supporting needs analysis, each at a different stage, each with a different owner, and each with implications for the others. Without a single register they will be tracked in six places and reconciled in none. The register below is the controlling record: it is maintained in both committee workbooks, and the Framework Register in each workbook is the same document viewed from that committee's side.

9.1 Register fields

Field	Purpose
Reference	Sequential identifier, cited by every action and referral relating to the framework
Framework	Full title as it will be adopted
Committee	Lead committee; where a framework serves both, the supporting committee is named
Authorising resolution	The resolution that committed the Shire to developing it
Current stage	One of the seven steps in Part 3.1
Owner	Named position accountable for delivery
Target adoption	Date the framework is expected to reach Council
Dependencies	Other frameworks, datasets or decisions that must land first
Status	Not started, in progress, drafted, with Council, adopted, or under review
Review cycle	Frequency and next review date once adopted

9.2 The register

Ref	Framework	Committee	Authorising resolution	Stage	Owner	Status
F1	Shire Health and Aged Care Needs Analysis	Medical & Community Services	MCSC/26/001(1)	2. Baseline	CEO	Not started
F2	Integrated Health and Ageing Strategic Policy Framework	Medical & Community Services	MCSC/26/001(2)	1. Mandate	CEO	Not started
F3	Strategic Housing Framework	Infrastructure & Assets (supporting: Medical & Community Services)	IAC/26/002	1. Mandate	Manager Works	Not started
F4	Strategic Fleet Management Framework	Infrastructure & Assets	IAC/26/003	1. Mandate	Manager Works	Not started
F5	Strategic Building Framework (incl. playgrounds and park assets)	Infrastructure & Assets (supporting: Medical & Community Services)	IAC/26/004	1. Mandate	Manager Works	Not started
F6	Asset Management Plans - review and LTFP alignment	Infrastructure & Assets	IAC/26/005	2. Baseline	All	In progress

9.3 Dependencies and sequencing

Ref	Depends on	Why it matters
F1	Community survey data; WACHS and provider engagement; Yeerakine Lodge Committee survey	The needs analysis is the evidence base for F2 and the instrument that demonstrates need for the Lodge. Nothing else in the health portfolio should be finalised ahead of it.
F2	F1 complete; F3 for workforce accommodation assumptions	A framework drafted before the needs analysis would be asserting demand rather than evidencing it.
F3	Property Register validated (F6); Staff Housing Policy amendment pathway	The policy currently contradicts the strategic direction. Framework and policy amendment must move together.
F4	Reserves and LTFP position; plant utilisation data	Replacement scheduling is meaningless unless reconciled to the funding actually available.
F5	Property Register validated (F6); community survey feedback	Also determines the condition of the buildings from which health and community services are delivered.
F6	Nothing - this is the foundational work	F3 and F5 both draw on the validated register and the reconciled LTFP position. It should lead.

The practical sequence that follows is: F6 first, since three other frameworks depend on its outputs; F1 in parallel, because the Yeerakine Lodge lease timeline is fixed and will not wait; then F2, F3 and F5, with F4 able to run independently at any point.

9.4 Maintaining the register

- The CEO updates the register before each agenda closes; both committees see the whole register, not only their own entries.
- A framework enters the register at the moment a committee resolves to develop it, not when drafting begins.
- A stage advances only when the test in Part 3.1 for that step has been met, and the date of advancement is recorded.
- A framework that has not advanced a stage in two quarters is reported by exception, with the impediment named.
- On adoption the entry does not close. Status moves to adopted, the review cycle and next review date are entered, and the framework transfers to the Policy & Strategy Review program.
- New frameworks arising from any of the six - for example an overarching fleet policy emerging from F4 - are added as new entries rather than absorbed into the parent.

10. Governance conventions

10.1 Referral pathway to Council

A committee has no delegated authority to make final decisions. Anything requiring adoption, expenditure, policy change, disposal or a statutory process must be referred. The convention is:

- The committee resolves a clear recommendation, not a discussion outcome.
- The matter is entered in the Council Referral Register in the committee workbook, with its decision type and target meeting.
- The CEO prepares the report to Council; the committee resolution is quoted in full.
- The Council outcome is recorded back against the referral, closing the loop.

Decision types are: plan or framework adoption; policy amendment; budget commitment; asset disposal; lease execution; strategic endorsement; statutory process. Recording the type matters, because it determines the report format and any statutory requirement attaching to it - a disposal, for instance, engages section 3.58 of the Local Government Act 1995.

10.2 Resolution numbering

Both committees number resolutions sequentially by calendar year in the form COMMITTEE/YY/NNN - MCSC/26/001 and IAC/26/001. Every action in a tracker cites the resolution or minute reference it arises from, so that any action can be traced back to the decision that created it.

10.3 Terms of Reference review

Both Terms of Reference are reviewed annually. The Medical & Community Services Terms of Reference were drafted on 29 October 2025 and record a biannual review frequency with the next review due in 2027, alongside a clause in the body providing for annual review. That inconsistency, and a duplicated clause number - both Community Services and Risk Management are numbered 5.3 - should be corrected at the next review.

10.4 Document control for frameworks

Field	Convention
Owner	Named position, not an individual
Version	Sequential; draft versions numbered 0.x, adopted versions 1.0 onward
Adoption reference	Council resolution number and date
Review frequency	Stated explicitly, with the next review date
Early review trigger	The circumstance that would force a review ahead of schedule
Related documents	Terms of Reference, Strategic Community Plan goal, LTFP, related policies

10.5 Review of this guide

This guide should be reviewed annually by both committees, alongside their Terms of Reference, and amended where the reporting frameworks or work plans change. Its authority derives entirely from the committees' adoption of it.

SHIRE OF KONDININ | Medical & Community Services Committee

Reporting Framework & Committee Dashboard | Baseline established 20 May 2026 (Res. MCSC/26/001–005)

This workbook is the reporting framework and dashboard agreed by the Committee at its inaugural meeting of 20 May 2026 (Item 10.2.3). It gives effect to the nine reporting categories the Committee resolved to receive each cycle, and carries forward every action, resolution and Council referral arising. Officers populate the detail tabs before each meeting; the Dashboard summarises them.

No.	Tab	Purpose	Primary data source
1	Dashboard	One-page committee snapshot: service activity, facility position, open actions, decisions pending	This workbook
2	Reporting Framework	The nine reporting categories and elements agreed by the Committee, with data source, owner and frequency	Minutes 20 May 2026, Item 10.2.3
3	Service Overview & Activity	GP sessions, patient utilisation, allied health frequency and community services delivered	Livingston Medical; CDO records
4	Medical Services	Kondinin & Hyden medical centre baseline, service lines and continuity arrangements	Livingston Medical Report
5	Aged Care & Yeerakine	Aged care capacity, Yeerakine Lodge position, lease exposure and demand evidence	Res. MCSC/26/001; WACHS
6	Allied Health	Visiting allied health schedule, type, frequency and utilisation (to populate)	Livingston Medical; providers
7	Community Services	Community development events, engagement activity and attendance	Community Development Report
8	Facility Performance	Health and community facility register, usage, issues and lease position	Property Register; leases
9	Community Feedback	Complaints, compliments, key concerns and identified service gaps	2026 Community Survey; CSO
10	Workforce & Sustainability	Workforce position, provider and community service risks by service line	Providers; CEO
11	Partnerships & Providers	Service providers, agreements, expiry and relationship status	Agreements register
12	Advocacy & Grants	Advocacy positions, funding streams, grant opportunities and status	Res. MCSC/26/001; LGRHFA
13	Health & Community Outcomes	Service utilisation and growth, engagement and visitor servicing measures	Providers; CDO; visitor centre
14	Framework Register	Every strategic framework committed to by either committee, with stage, owner and dependencies	Both committees; Guide Part 9
15	Performance Measures	Measures of how the Committee itself is functioning, derived from this workbook	This workbook; Guide Part 8
16	Risk Register	High-risk services, compliance and service-failure risks with mitigations	Committee; CEO
17	Policy & Strategy Review	Policy and strategy review program, currency and identified gaps	Policy register
18	Health & Ageing Framework	Staged delivery tracker for the Integrated Health & Ageing Strategic Policy Framework	Res. MCSC/26/001
19	Action Tracker	Every action arising, owner, priority, status, due date and Council referral	Minutes 20 May 2026
20	Resolutions Register	Committee resolutions and their status	Minutes 20 May 2026
21	Council Referrals	Matters requiring Council adoption, budget, policy or advocacy decisions	Committee
22	Meeting Schedule	2026 meeting schedule	Res. MCSC/26/003

SHIRE OF KONDININ | Committee Dashboard

Snapshot for each meeting - figures link to the detail tabs

MEDICAL SERVICES AT A GLANCE

Measure	Value	Measure	Value
Active patients (practice)	630	Consultations per day (approx.)	25
GP consulting days per week	2+	Medical centres operating	2
Service lines delivered	8	Allied health services listed	9

AGED CARE & FACILITIES

Measure	Value	Measure	Value
Aged care facility	Yeerakine Lodge	Lease expiry exposure	Expiry ~2028
Health/community facilities tracked	10	Facilities with issues flagged	3

WORK STATUS

Measure	Value	Measure	Value
Open actions	34	High-priority actions	14
Matters for Council referral	10	Committee resolutions to date	5
Open risks (High rating)	5	Advocacy / grant items live	4

GOVERNANCE HEALTH

Measure	Value	Measure	Value
Strategic frameworks committed	6	Frameworks adopted	0
Actions with no due date	31	Policies overdue for review	0

Counts update automatically from the detail tabs. Values shown as 0 mean the tab is awaiting its first population by officers.

SHIRE OF KONDININ | Reporting Framework

The reporting categories and elements agreed by the Committee (Minutes 20 May 2026, Item 10.2.3)

Category	Reporting element	What it captures	Data source	Responsible officer	Frequency
1. Service Overview & Activity	GP visiting schedule & sessions	Scheduled GP visiting days and, where available, session numbers	Livingston Medical	CEO	Each meeting
	Patient utilisation	Utilisation of GP and allied health services	Livingston Medical	CEO	Each meeting
	Allied health frequency & type	Which allied health services attend, how often and where	Providers; Livingston Medical	CEO	Each meeting
	Community services delivered	Community development programs, events and engagement delivered	Community Development Officer	Manager Planning & Assets	Each meeting
2. Facility Performance	Service delivery issues	Issues impacting delivery of community service functions	Facility records; providers	Manager Planning & Assets	Each meeting
	Usage levels	Utilisation of health and community facilities	Bookings; facility records	Manager Planning & Assets	Each meeting
3. Community Feedback & Experience	Complaints & compliments	Volume and nature of community complaints and compliments	Customer request system	CEO / CSO	Each meeting
	Key concerns identified	Recurring themes raised by the community	Community Survey; engagement	CEO / CDO	Each meeting
	Service gaps	Gaps between community expectation and service availability	Community Survey; engagement	CEO	Each meeting
4. Workforce & Service Sustainability	Service provider risks	Viability, workforce and continuity risks for contracted providers	Providers; CEO	CEO	Each meeting
	Community service risks	Risks to volunteer-based and community-delivered services	CDO; community groups	Manager Planning & Assets	Each meeting
	Partnerships	Status of partnerships and service delivery arrangements	Agreements register	CEO	Each meeting
5. Advocacy & Grants	Opportunities	Advocacy positions, funding streams and grant opportunities	Grants register; LGRHFA	CEO	Each meeting
6. Health & Community Outcomes	Service utilisation and growth	Trend in utilisation and service growth over time	Providers	CEO	Each meeting
	Community engagement	Participation in events, programs and consultation	CDO records	Manager Planning & Assets	Each meeting
	Visitor servicing	Visitor centre and tourism servicing performance	Visitor centre records	Manager Planning & Assets	Each meeting
7. Risk & Compliance	High-risk services & activities	Services and activities posing safety, service or financial risk	Risk register	CEO	Each meeting
	Compliance risks	Licensing, regulatory and statutory compliance exposure	Risk register	CEO	Each meeting
	Service failure risks	Exposure to loss or interruption of an essential service	Risk register	CEO	Each meeting
	Mitigations	Controls and treatment actions in place	Risk register	CEO	Each meeting
8. Key Issues & Decisions Required	Items requiring Council direction	Matters the Committee refers to Council for decision	Committee	CEO	Each meeting
	Budget pressures	Emerging budget pressures affecting health/community services	Finance	CEO / Finance	Each meeting
	Emerging risk / urgent requirements	Matters requiring an out-of-cycle response	Committee; officers	CEO	Each meeting
9. Strategic Review – Policy & Strategy	Customer Service Charter	Currency and performance against the Charter	Policy register	CEO	Annual
	Public Health Plan	Status, currency and implementation of the Public Health Plan	Policy register	CEO	Annual
	LTFP & SCP alignment	Alignment of health and community commitments with LTFP and SCP	LTFP; SCP	CEO / Finance	Annual
	Policy & strategy review program	Program of reviews and identified gaps	Policy register	CEO	Annual

	Risk management	Currency of risk management arrangements for this portfolio	Risk register	CEO	Annual

SHIRE OF KONDININ | Service Overview & Activity

GP sessions, patient utilisation, allied health and community services delivered - officers populate each cycle

Service line	Location	Scheduled days / frequency	Sessions this period	Patients / participants	Trend	Comment
GP consulting - Livingston Medical	Kondinin	Alternating days with Hyden				Baseline 20/5/26: ~630 active patients across practice; ~25 patients/day
GP consulting - Livingston Medical	Hyden	Tuesday & Thursday				Cr Green noted Tues/Thurs consulting days well received
Telehealth consultations	Both towns	As scheduled				Added service line
Tele-psychology	Both towns	As scheduled				Added service line
Pre-employment medicals	Both towns	On demand				Added service line
Lung function testing	Both towns	On demand				Added service line
Hearing services	Both towns	Visiting				Added service line
Nursing support	Both towns	Part-time				Recent addition of part-time nurse
Community development programs	Shire-wide	Ongoing				See Community Services tab
Library services	Hyden / Kondinin	Ongoing				Hyden library to relocate to Trading Post Shops 9 & 10
Visitor / tourism servicing	Hyden	Ongoing				Expanded capacity proposed at Trading Post

SHIRE OF KONDININ | Medical Services

Kondinin & Hyden medical centre baseline (Livingston Medical Report, Res. MCSC/26/002)

Item	Detail	Value / status	Source	Comment
Provider	Livingston Medical	Contracted	Livingston Medical Report	High level of service delivery and positive customer feedback recognised by Committee
Active patients	Approximate active patient base	630	Livingston Medical Report	Steady but growing level of activity
Consultations per day	Approximate patients seen per day	25	Livingston Medical Report	
GP consulting days	Hyden - Tuesday & Thursday; alternating days across both towns	2+	Livingston Medical Report	Alternating days ensure consistent weekly access
Medical centres	Kondinin Medical Centre; Hyden Medical Centre	2	Livingston Medical Report	Hyden centre to relocate - see Facility Performance
Lead practitioner	Dr Robert Perry	Appointed	Livingston Medical Report	Well received; patients returning from surrounding areas incl. Kulin
Continuity	Locum arrangements during upcoming leave periods	Planned	Livingston Medical Report	Continuity of care maintained
SERVICE LINES				
Service line	Description	Status	Source	Comment
General practice	Core GP consulting across both towns	Operating	Livingston Medical	
Telehealth	Telehealth consultations	Operating	Livingston Medical	Recent expansion
Tele-psychology	Remote psychology services	Operating	Livingston Medical	Recent expansion
Pre-employment medicals	Occupational medicals	Operating	Livingston Medical	Recent expansion
Lung function testing	Spirometry / lung function	Operating	Livingston Medical	Recent expansion
Hearing services	Hearing assessment	Operating	Livingston Medical	Recent expansion
Nursing	Part-time nurse supporting the practice	Operating	Livingston Medical	Recent addition

SHIRE OF KONDININ | Aged Care & Yeerakine Lodge

Aged care capacity, Yeerakine Lodge position and demand evidence (Res. MCSC/26/001)

Item	Detail	Value / status	Source	Comment
Facility	Yeerakine Lodge	Operating	Committee discussion 20/5/26	Limited availability raised repeatedly in Community Survey
Lease position	Lodge lease expires in approximately two years	Expiry ~2028	Committee discussion 20/5/26	Key exposure - drives the timing of the needs analysis
Conversion risk	Risk of conversion to nursing (DIDO) accommodation	Live risk	Committee discussion 20/5/26	Contrary to the intent of the facility - see Risk Register
WACHS position	Lodge must demonstrate 'need' for the aged care facility	Evidence required	Committee discussion 20/5/26	Needs analysis is the mechanism to demonstrate need
Yeerakine Lodge Committee survey	Survey to determine need for the facility	To commence	Committee discussion 20/5/26	Supported by the strategic framework commitment
Nurse accommodation proposal	State/Federal undersupply of nursing accommodation	Noted	Committee discussion 20/5/26	Competing use pressure on the Lodge
Shared nurse concept	Kulin & Kondinin Shires jointly placing a nurse to support daily activities	Concept only	Cr Browning, 20/5/26	Challenge rests with licensing and regulatory compliance
Local capacity	Local aged care capacity critically limited	Constrained	Item 10.2.1	Constrains ability to meet existing and future demand
Home care	Absence of support services for elderly residents wishing to remain at home	Gap	2026 Community Survey	Ageing-in-place gap
Residential capacity	Community calls for increased aged care housing	Gap	2026 Community Survey	Feeds the needs analysis
FUNDING ENVIRONMENT (context for advocacy)				
Level	Program / commitment	Value	Source	Comment
Commonwealth	Total aged care expenditure (annual)	~$36.4 billion	Item 10.2.1	Context only
Commonwealth	Additional investment over four years	~$3.7 billion	Item 10.2.1	Residential capacity, home care reform, workforce
Commonwealth	Residential subsidies, home care packages, capital funding	Various	Item 10.2.1	Capital programs target underserviced regions
Western Australia	Aged care and related health initiatives	~$140 million	Item 10.2.1	
Western Australia	Low-interest loan scheme for infrastructure & integrated care	~$100 million	Item 10.2.1	Potential pathway for capacity expansion
Access barrier	Smaller rural communities lack scale or provider interest to attract investment	Structural	Item 10.2.1	Creates reliance on local government facilitation

SHIRE OF KONDININ | Allied Health Services

Visiting allied health type, frequency and utilisation - to populate each cycle

Service type	Provider	Location	Frequency	Sessions this period	Patients seen	Waitlist	Comment
Tele-psychology	Livingston Medical	Both towns					Operating
Hearing services	Visiting provider	Both towns					Operating
Lung function testing	Livingston Medical	Both towns					Operating
Physiotherapy							To confirm
Podiatry							To confirm
Dietetics							To confirm
Mental health / counselling							To confirm
Child health							To confirm
Dental							To confirm

SHIRE OF KONDININ | Community Services & Events

Community development activity, engagement and attendance (Community Development Report, Item 10.1.1)

Activity / event	Location	Date	Status	Attendance	Comment
Kondinin CRC Easter Egg Hunt	Kondinin	Delivered	Complete		Well attended
Scouts WA Overnight Camp	Hyden	Delivered	Complete		Visits to Wave Rock and Mulka's Cave; community clean-up of industrial area
ANZAC Day Dawn Service	Kondinin	25 April 2026	Complete	300	Approximate attendance; numbers held despite fuel cost pressures
ANZAC Day Dawn Service	Hyden	25 April 2026	Complete	160	Higher than previous years; BBB Site Services donated time and 3 banners
Community Meetings	Karlgarin, Kondinin, Hyden	Delivered	Complete		Strong community participation on the Shire's future
Kondinin CRC Community Lunch & Biggest Morning Tea	Kondinin	12 May 2026	Complete		Cr Browning noted the Community Lunch was a great success
Hyden CRC Biggest Afternoon Tea & Bake-Off	Hyden	17 May 2026	Complete		
Blue Tree Project Community BBQ	Kondinin	23 June 2026	Planned		Mental health awareness
Brendan Cullen - The Desert Swimmer	Hyden	August 2026	Pending confirmation		Mental health and succession planning
Kondinin Art Acquisition Prize	Kondinin	TBC	Planning underway		With the Kondinin Art Group
September Markets	Hyden	September 2026	Planning underway		
Kondinin Twilight Markets	Kondinin	TBC	Planning underway		
Smiley Face digital speed signs	Kondinin & Hyden highways	TBC	Under investigation		Options being explored, similar to Narembeen

SHIRE OF KONDININ | Facility Performance

Health and community facility register, usage, issues and lease position

Facility	Location	Function	Tenure / lease	Cost ($/month)	Issue flagged (Yes/No)	Usage level	Comment
Kondinin Medical Centre	Kondinin	General practice			No		
Hyden Medical Centre (WACHS)	Hyden	General practice	WACHS-operated	660	Yes		Acoustic privacy issues - consultations audible from foyer; no room for expansion; cannot accommodate
Hyden Library (current premises)	Hyden	Library	Leased	1200	Yes		To be vacated on relocation to Trading Post
Trading Post Shop 8	Hyden	Medical (proposed)	Lease / sub-lease to Livingston Medical		No		58 sqm; dedicated reception, private consulting rooms, improved patient confidentiality
Trading Post Shop 9	Hyden	Shire use - library, tourism, community	Lease proposed		No		144 sqm
Trading Post Shop 10	Hyden	Shire use - library, tourism, community	Lease proposed		No		Combined Shops 8+9 = 202 sqm; Shop 10 additional
Yeerakine Lodge	Kondinin	Aged care	Lease expires ~2 years		Yes		Conversion risk to nursing accommodation - see Aged Care tab
Kondinin CRC	Kondinin	Community resource centre			No		
Hyden CRC	Hyden	Community resource centre / meeting venue			No		Committee meeting venue Sept & Nov 2026
Kondinin Hospital	Kondinin	Hospital (WACHS)	WACHS		No		DON to be invited to future Committee meetings

Note: combined rental for Trading Post Shops 8, 9 and 10 has been agreed at an amount equivalent to current combined expenditure ($660 + $1,200 = $1,860/month) - i.e. cost neutral. $20,000 allocated in the 2026-2027 budget for minor refurbishment of Shop 8 (Res. MCSC/26/005).

SHIRE OF KONDININ | Community Feedback & Experience

Complaints, compliments, key concerns and identified service gaps

Theme / issue	Source	Type	Service area	Volume	Status	Response / action
Limited availability of Yeerakine Lodge	2026 Community Survey	Concern	Aged care		Open	Needs analysis (Res. MCSC/26/001); Lodge Committee survey
Need for expanded aged care facilities	2026 Community Survey	Concern	Aged care		Open	Needs analysis; advocacy via LGRHFA
Calls for increased aged care housing	2026 Community Survey	Concern	Aged care / housing		Open	Feeds framework and advocacy position
Absence of home-based care for elderly residents	2026 Community Survey	Gap	Aged care		Open	Ageing-in-place gap to be quantified in needs analysis
Improved access to health services	2026 Community Survey	Concern	Health		Open	Framework and advocacy
Absence of strategic planning for service expansion	2026 Community Survey	Gap	Health & aged care		Open	Addressed by Integrated Health & Ageing Framework
Expectation Council will act where other governments are absent	2026 Community Survey	Expectation	Governance		Noted	Framework defines Council's role as advocate and facilitator
Acknowledgement of Shire's limited financial capacity	2026 Community Survey	Context	Governance		Noted	Council should not be required to fully fund these services
Acoustic privacy at Hyden Medical Centre	Patient feedback (multiple)	Complaint	Health facility		Being addressed	Relocation to Trading Post Shop 8 (Res. MCSC/26/005)
Positive feedback on Livingston Medical	Livingston Medical Report / Committee	Compliment	Health		Noted	High level of service delivery recognised (Res. MCSC/26/002)
Tuesday & Thursday consulting days well received	Cr Green, 20/5/26	Compliment	Health		Noted	
Patients attending from Kulin and surrounding areas	Committee, 20/5/26	Observation	Health		Noted	Indicator of growing confidence in the practice

SHIRE OF KONDININ | Workforce & Service Sustainability

Workforce position, provider risks and community service risks by service line

Service line	Provider	Workforce position	Sustainability risk	Risk level	Mitigation	Owner
General practice	Livingston Medical	Dr Robert Perry plus part-time nurse	Single-practitioner dependency; leave coverage	Medium	Locum arrangements planned for leave periods	CEO
Aged care	Yeerakine Lodge	To confirm	Lease expiry ~2 years; conversion to nursing accommodation	High	Needs analysis; demonstrate 'need' to WACHS; advocacy	CEO
Allied health	Various visiting	Visiting only	Provider viability at small scale; facility constraints	Medium	Improved facility at Trading Post Shop 8	CEO
Hospital services	WACHS	N/A - State operated	Regional workforce shortages	Medium	Advocacy; invite DON to Committee	CEO
Community services	Shire / CRCs / volunteers	Community Development Officer plus volunteers	Volunteer fatigue and succession	Medium	Volunteering and youth initiatives under ToR objective 8	Manager Planning & Assets
Emergency services liaison	WA Police	N/A - State operated	Coordination gap	Low	Invite OIC Kondinin Police Station to Committee	CEO
Regional structural	All	Small population base	Workforce shortages, limited service scale, reduced provider viability	High	Integrated Health & Ageing Framework; LGRHFA membership	CEO

SHIRE OF KONDININ | Partnerships & Providers

Service providers, agreements, expiry and relationship status

Partner / provider	Service	Arrangement	Expiry / review	Status	Owner	Comment
Livingston Medical	General practice, telehealth, allied services	Contracted medical services		Active	CEO	Performance recognised by Res. MCSC/26/002
WACHS	Hospital and Hyden Medical Centre	State health provider		Active	CEO	Consulted on advocacy position; position on Yeerakine Lodge 'need'
Yeerakine Lodge Committee	Aged care facility governance	Community committee	Lease ~2 years	Active	CEO	Undertaking a needs survey
Local Government Rural Health Funding Alliance (LGRHFA)	Coordinated national advocacy	Membership endorsed		To join	CEO	Res. MCSC/26/001(4) - membership and participation endorsed
Trading Post proprietor	Shops 8, 9 and 10, Hyden	Lease / sub-lease	To be executed	In negotiation	CEO	Proprietor has consulted current tenants; CEO authorised to execute
Kondinin CRC	Community programs and events	Community partnership		Active	Manager Planning & Assets	
Hyden CRC	Community programs and events	Community partnership		Active	Manager Planning & Assets	
Kondinin Art Group	Art Acquisition Prize	Community partnership		Planning	Manager Planning & Assets	
Blue Tree Project	Mental health awareness	Event partnership	23 June 2026	Planned	Manager Planning & Assets	
Shire of Kulin	Potential shared nurse arrangement	Concept		Concept	CEO	Licensing and regulatory compliance is the constraint
Community groups	Various	Consultation		Active	Manager Planning & Assets	Consulted for advocacy position

SHIRE OF KONDININ | Advocacy & Grants

Advocacy positions, funding streams, grant opportunities and status

Opportunity / position	Type	Level	Target / value	Arising from	Status	Next step	Owner
Health and aged care as a combined strategic priority	Advocacy position	Local		MCSC/26/001(3)	Endorsed	Reflect in Council Plan	CEO
LGRHFA membership and participation	Membership	National		MCSC/26/001(4)	In progress	Confirm membership and participate in coordinated advocacy	CEO
Shire Health and Aged Care Needs Analysis	Evidence base	Local		MCSC/26/001(1)	In progress	Scope and commission the needs analysis	CEO
Commonwealth residential aged care capital funding	Grant	Commonwealth	Part of ~$3.7b over 4 yrs	Item 10.2.1	Identified	Assess eligibility once needs analysis complete	CEO
Commonwealth home care packages	Program	Commonwealth		Item 10.2.1	Identified	Map local access and gaps	CEO
WA low-interest loan scheme - infrastructure & integrated care	Loan	State	~$100m scheme	Item 10.2.1	Identified	Test applicability to local aged care capacity	CEO
WA aged care and related health initiatives	Funding	State	~$140m	Item 10.2.1	Identified	Monitor program guidelines	CEO
Federal aged care bed and package allocations	Advocacy	Commonwealth		Committee 20/5/26	In progress	Prepare Canberra advocacy in support of Yeerakine Lodge	CEO
Yeerakine Lodge need survey	Evidence base	Local		Committee 20/5/26	In progress	Support Lodge Committee to conduct survey	CEO

SHIRE OF KONDININ | Health & Community Outcomes

Service utilisation and growth, community engagement and visitor servicing - officers populate each cycle

Measure	Category	Baseline (20 May 2026)	This period	Trend	Target	Comment
Active patients	Service utilisation	630				Baseline from Livingston Medical Report
Patients seen per day	Service utilisation	25				Approximate
Patients from outside the district	Service growth	Reported				Patients returning from surrounding areas incl. Kulin
Allied health sessions delivered	Service utilisation					To populate
Telehealth consultations	Service utilisation					To populate
Aged care places available locally	Aged care capacity	Critically limited				To quantify in needs analysis
Home care recipients	Aged care capacity					Gap identified - to quantify
ANZAC Day attendance - Kondinin	Community engagement	300				Approximate; held despite fuel cost pressures
ANZAC Day attendance - Hyden	Community engagement	160				Higher than previous years
Community events delivered	Community engagement	6				Per Community Development Report to 20/5/26
Community meetings held	Community engagement	3				Karlgarin, Kondinin, Hyden
Visitor centre enquiries	Visitor servicing					To populate; capacity to expand at Trading Post
Library visits / loans	Community services					To populate

SHIRE OF KONDININ | Framework Register

Every strategic framework committed to by either committee - maintained in both workbooks (Guide Part 9)

Ref	Framework	Lead committee	Authorising resolution	Current stage	Owner	Target adoption	Status	Dependencies	Review cycle
F1	Shire Health and Aged Care Needs Analysis	Medical & Community Services	MCSC/26/001(1)	2. Baseline	CEO		Not started	Community survey; WACHS and provider engagement; Yeerakine Lodge Committee survey	
F2	Integrated Health and Ageing Strategic Policy Framework	Medical & Community Services	MCSC/26/001(2)	1. Mandate	CEO		Not started	F1 complete; F3 for workforce accommodation assumptions	
F3	Strategic Housing Framework	Infrastructure & Assets (supporting: MCSC)	IAC/26/002	1. Mandate	Manager Planning & Assets		Not started	F6 register validation; Staff Housing Policy amendment pathway	
F4	Strategic Fleet Management Framework	Infrastructure & Assets	IAC/26/003	1. Mandate	Manager Planning & Assets		Not started	Reserves and LTFP position; plant utilisation data	
F5	Strategic Building Framework (incl. playgrounds and park assets)	Infrastructure & Assets (supporting: MCSC)	IAC/26/004	1. Mandate	Manager Planning & Assets		Not started	F6 register validation; community survey feedback	
F6	Asset Management Plans - review and LTFP alignment	Infrastructure & Assets	IAC/26/005	2. Baseline	Manager Planning & Assets		In progress	Foundational - F3 and F5 both draw on its outputs	

Recommended sequence: F6 first (three frameworks depend on its outputs); F1 in parallel (the Yeerakine Lodge lease timeline is fixed); then F2, F3 and F5. F4 can run independently. Stages are the seven steps in Part 3.1 of the Strategic Work Plan and Framework Development Guide. On adoption, status moves to 'Adopted', a review cycle is entered, and the framework transfers to the Policy & Strategy Review tab.

SHIRE OF KONDININ | Committee Performance Measures

Measures of how the Committee itself is functioning - all derived from this workbook (Guide Part 8)

Ref	Measure	Definition	Target	Source tab	Frequency	Baseline	This period	Trend	Comment
M1	Actions completed by due date	Actions closed on or before due date, as a % of actions falling due in the period	80% by year two	Action Tracker	Each meeting				Revised due dates do not reset the original
M2	Actions without a due date	Open actions carrying no due date, as a % of all open actions	Below 10%	Action Tracker	Each meeting				Currently high - due dates to be assigned
M3	Reports received per the reporting framework	Reporting elements delivered at required frequency and content, as a % of elements due	90% by year two	Reporting Framework	Each meeting				An empty tab is not a report received
M4	Council-endorsed recommendations	Count endorsed by Council, and as a % of recommendations determined	Count; 85% endorsement	Council Referrals	Each meeting				Amended endorsements counted separately
M5	Strategic frameworks completed	Count adopted by Council against the committed program	Per register schedule	Framework Register	Quarterly	0			Complete on adoption, not on draft
M6	Overdue policy reviews	Count past review date, reported as change since previous period	Reducing; nil by year three	Policy & Strategy Review	Quarterly				Overdue from the day after the review date
M7	Ageing of open actions	Average age of open actions; count open beyond two meeting cycles	None beyond three cycles without reason	Action Tracker	Each meeting				
M8	Referral cycle time	Average elapsed time from committee resolution to Council determination	Within two ordinary meetings	Council Referrals	Quarterly				
M9	Referrals with the loop closed	Referrals with the Council outcome recorded back, as a % of those determined	100%	Council Referrals	Quarterly				
M10	High risks with a current treatment	High-rated risks with a documented, in-date treatment, as a % of all high risks	100%	Risk Register	Each meeting				
M11	Framework stage progress	Frameworks advancing at least one stage per quarter	Reported by exception	Framework Register	Quarterly				
M12	Meeting effectiveness	Quorum achieved; agenda issued on time; minutes to next ordinary Council meeting	100%	Meeting Schedule	Each meeting				

Baseline period: the four meeting cycles from 20 May 2026. No target applies during the baseline - figures are reported so the Committee can see its starting position. Targets take effect from the 2027 calendar year and should be set by the Committee. Where a measure sits outside target for two consecutive cycles, the CEO reports the cause and the proposed correction alongside it.

SHIRE OF KONDININ | Medical & Community Services Risk Register

High-risk services, compliance and service-failure risks with mitigations

Ref	Service / area	Risk description	Type	Likelihood	Consequence	Rating	Mitigation / treatment	Owner
R1	Aged care capacity	Aged care demand continues to increase without a corresponding increase in service capacity, forcing residents to	Service / community			High	Needs analysis; Integrated Health & Ageing Framework; advocacy	CEO
R2	Primary health services	Declining access to primary health services undermines the viability of existing aged care services, worsening service gaps	Service / strategic			High	Retain and grow local practice; advocacy; framework	CEO
R3	Financial sustainability	Local government required to fund services beyond its core mandate, reducing capacity to invest in infrastructure and	Financial			High	Defined role as advocate and facilitator; LGRHFA advocacy	CEO
R4	Yeerakine Lodge	Lease expiry and conversion of the facility to nursing (DIDO) accommodation, contrary to the intent of the facility	Asset / service			High	Demonstrate 'need' via Lodge survey and needs analysis; advocacy	CEO
R5	Workforce	Regional workforce shortages and small population base reduce provider viability	Workforce			Medium	Partnerships; framework; accommodation and enabling factors	CEO
R6	Funding access	Rural communities unable to consistently access Commonwealth and State funding streams	Financial			High	LGRHFA membership; evidence-based applications	CEO
R7	GP continuity	Dependency on a single practitioner; interruption during leave periods	Service continuity			Medium	Locum arrangements planned	CEO
R8	Hyden Medical Centre	Acoustic privacy failure - consultations audible from the foyer	Compliance / privacy			Medium	Relocation to Trading Post Shop 8 (Res. MCSC/26/005)	CEO
R9	Shared nurse concept	Licensing and regulatory compliance constraints on a Kulin/Kondinin shared nurse	Compliance			Medium	Seek regulatory advice before progressing	CEO
R10	Governance	Committee operating without an adopted reporting framework or action tracker	Governance			Medium	This workbook; adopted at the 20 May 2026 meeting	CEO
R11	Lease execution	Trading Post leases not executed in time to deliver the relocation	Operational			Medium	CEO authorised to finalise and execute (Res. MCSC/26/005)	CEO
R12	Community expectation	Community expects Council to fill gaps left by other levels of government	Reputation / financial			Medium	Clear policy position on Council's role in the framework	CEO

SHIRE OF KONDININ | Policy & Strategy Review Program

Status of health and community policies and strategies, and identified gaps

Policy / strategy	Current status	Review trigger	Owner	Priority	Due	Notes
Integrated Health & Ageing Strategic Policy Framework	To be developed	Res. MCSC/26/001(2) - endorsed for development	CEO	High		Staged: needs analysis, draft, adoption, action plan. See Framework tab
Shire Health and Aged Care Needs Analysis	To be commissioned	Res. MCSC/26/001(1)	CEO	High		Evidence base for the framework
Customer Service Charter	To confirm	Reporting framework category 9	CEO	Medium		Status and update to be reported annually
Public Health Plan	To confirm	Reporting framework category 9	CEO	High		Status, currency and implementation to be reported
Committee Terms of Reference	Adopted (v1 draft, 29 October 2025)	Annual review; next due 2027	CEO	Medium	2027	Two clauses are both numbered 5.3 (Community Services and Risk Management) - correct at next
Strategic Community Plan alignment	Adopted	Framework to inform the Council Plan	CEO	High		Theme 1 Community, Goal 1.2, Strategies 1.2.1 and 1.2.2
Long Term Financial Plan alignment	Adopted	Reporting framework category 9	CEO / Finance	Medium		Health and community commitments to be reconciled to LTFP
Corporate Business Plan / Council Plan	In transition	ToR objective 6	CEO	Medium		Framework to inform the Council Plan
Risk management arrangements	To confirm	Reporting framework category 9	CEO	Medium		Currency of arrangements for this portfolio
Landgate geographic naming compliance	External standard	Koorikin Road proposal (MCSC/26/004)	CEO	Low		Cr Green noted unnamed roads across the Shire require consideration

SHIRE OF KONDININ | Integrated Health & Ageing Strategic Policy Framework

Staged delivery tracker for the framework endorsed by Res. MCSC/26/001

Stage	Step	Description	Horizon	Owner	Status	Due	Comment
1. Evidence	Comprehensive Health and Aged Care Needs Analysis	Population trends, service capacity (incl. Yeerakine Lodge), identified gaps in health and aged care	Short (0-12 mths)	CEO	Not started		Res. MCSC/26/001(1)
1. Evidence	Stakeholder engagement	Identify service gaps, workforce constraints and future demand	Short (0-12 mths)	CEO	Not started		WACHS, providers, community groups, Lodge Committee
1. Evidence	Formalise advocacy priorities	Agreed advocacy positions for the Shire	Short (0-12 mths)	CEO	In progress		
1. Evidence	Participate in LGRHFA	Membership and participation in coordinated national advocacy	Short (0-12 mths)	CEO	In progress		Res. MCSC/26/001(4)
2. Draft	Prepare draft strategic framework	Council's policy position, priorities, funding approach and advocacy actions	Short (0-12 mths)	CEO	Not started		Informed by needs analysis
2. Draft	Address enabling factors	Workforce, housing and infrastructure	Short (0-12 mths)	CEO	Not started		
2. Draft	Align to funding streams	Alignment with available State and Commonwealth funding	Short (0-12 mths)	CEO	Not started		
3. Adopt	Finalise and adopt framework	Council adoption of the framework	Short (0-12 mths)	CEO	Not started		Council referral
3. Adopt	Supporting action plan	Implementation and advocacy approach with defined priorities, partnerships and measurable outcomes	Short (0-12 mths)	CEO	Not started		
3. Adopt	Inform the Council Plan	Framework outcomes reflected in the Council Plan	Short (0-12 mths)	CEO	Not started		Res. MCSC/26/001(2)
4. Partnerships	Develop provider partnerships	Partnerships with service providers	Medium (1-3 yrs)	CEO	Not started		
4. Partnerships	Align and submit funding applications	Applications aligned to the framework	Medium (1-3 yrs)	CEO	Not started		
4. Partnerships	Plan expanded aged care capacity	Planning for expanded capacity and improved service delivery models	Medium (1-3 yrs)	CEO	Not started		
5. Delivery	Facilitate additional aged care capacity	Delivery of additional capacity	Long (3-10 yrs)	CEO	Not started		
5. Delivery	Strengthen local health services	Sustained local health service capability	Long (3-10 yrs)	CEO	Not started		
5. Delivery	Continue coordinated advocacy	Sustainable funding and long-term service outcomes	Long (3-10 yrs)	CEO	Not started		

The timeline is proposed and not strictly time bound (Item 10.2.1). Reference models: Australian Government Integrated Care and Commissioning initiative; WHO Integrated Care for Older People (ICOPE); National Strategic Framework for Rural and Remote Health.

SHIRE OF KONDININ | Committee Action Tracker

Every action arising from the Committee, with owner, priority, status, due date and Council referral

Ref	Category	Action	Source	Owner	Priority	Status	Due	Council referral	Comment
G1	Governance	Establish Committee Action Tracker (action, owner, status, due date)	Item 10.2.3	CEO	High	Open			This workbook
G2	Governance	Adopt the reporting framework spreadsheet as the standing report to the Committee	Item 10.2.3	CEO	High	Open			Subject to adoption by the Committee
G3	Governance	Invite Director of Nursing, Kondinin Hospital to future meetings	Item 10.2.3	CEO	Medium	Open			Committee request 20/5/26
G4	Governance	Invite Officer in Charge, Kondinin Police Station to future meetings	Item 10.2.3	CEO	Medium	Open			Committee request 20/5/26
G5	Governance	Resolve meeting schedule discrepancy - 18 November 2026 recommended at 1pm, resolved at 2pm	MCSC/26/003	CEO / Governance	High	Open			Recommendation and resolution differ; confirm and correct
G6	Governance	Correct duplicate clause numbering in Terms of Reference (two clauses numbered 5.3)	ToR Oct 2025	CEO	Low	Open		Y	At next annual ToR review
G7	Governance	Create Council referral register for this Committee	Item 10.2.3	CEO	Medium	Open			See Council Referrals tab
H1	Health & Ageing	Initiate comprehensive Shire Health and Aged Care Needs Analysis	MCSC/26/001	CEO	High	Open		Y	Building on existing Shire work
H2	Health & Ageing	Develop Integrated Health and Ageing Strategic Policy Framework	MCSC/26/001	CEO	High	Open		Y	To inform the Council Plan
H3	Health & Ageing	Recognise health and aged care as a combined strategic priority in planning documents	MCSC/26/001	CEO	High	Open		Y	Service interdependences noted
H4	Health & Ageing	Confirm membership and participation in the LGRHFA	MCSC/26/001	CEO	High	Open		Y	Budget implication to confirm
H5	Health & Ageing	Undertake stakeholder engagement to identify service gaps, workforce constraints and future demand	MCSC/26/001	CEO	High	Open			Stage 1 of framework
H6	Health & Ageing	Prepare and finalise draft framework with action plan	MCSC/26/001	CEO	High	Open		Y	Stage 2-3 of framework
A1	Aged Care	Support Yeerakine Lodge Committee to conduct a survey demonstrating need for the facility	Committee 20/5/26	CEO	High	Open			WACHS position requires 'need' to be demonstrated
A2	Aged Care	Assess exposure arising from Yeerakine Lodge lease expiry (~2 years)	Committee 20/5/26	CEO	High	Open		Y	Risk of conversion to nursing (DIDO) accommodation
A3	Aged Care	Prepare advocacy for Canberra regarding aged care beds and packages	Committee 20/5/26	CEO	Medium	Open			Federal announcement of possible additional allocations
A4	Aged Care	Seek regulatory and licensing advice on a Kulin/Kondinin shared nurse arrangement	Cr Browning 20/5/26	CEO	Medium	Open			Licensing and compliance is the constraint
M1	Medical Services	Receive Livingston Medical service report each cycle	MCSC/26/002	CEO	Medium	Open			Standing report
M2	Medical Services	Confirm locum arrangements for upcoming leave periods	Item 10.2.2	CEO	Medium	Open			Continuity of care
M3	Medical Services	Report allied health frequency, type and utilisation each cycle	Item 10.2.3	CEO	Medium	Open			See Allied Health tab
F1	Facilities	Finalise and execute lease agreements for Trading Post Shops 8, 9 and 10	MCSC/26/005	CEO	High	Open		Y	CEO authorised; sub-lease of Shop 8 to Livingston Medical
F2	Facilities	Allocate $20,000 in the 2026-2027 budget for minor refurbishment of Shop 8	MCSC/26/005	CEO / Finance	High	Open		Y	Budget adoption required
F3	Facilities	Undertake minor fit-out and transition works for the relocation	MCSC/26/005	CEO	Medium	Open			
F4	Facilities	Vacate current Hyden library premises and transition to Shops 9 and 10	MCSC/26/005	Manager Planning & Assets	Medium	Open			Confirm cost neutrality on execution
F5	Facilities	Confirm cessation of WACHS Hyden Medical Centre arrangement ($660/month)	MCSC/26/005	CEO	Medium	Open			
C1	Community	Deliver Blue Tree Project Community BBQ, Kondinin	Item 10.1.1	Manager Planning & Assets	Medium	Open	23/06/2026		
C2	Community	Confirm Brendan Cullen - The Desert Swimmer event, Hyden	Item 10.1.1	Manager Planning & Assets	Medium	Open	Aug 2026		Pending confirmation

C3	Community	Progress planning for Kondinin Art Acquisition Prize	Item 10.1.1	Manager Planning & Assets	Low	Open			With Kondinin Art Group
C4	Community	Progress planning for September Markets, Hyden	Item 10.1.1	Manager Planning & Assets	Low	Open	Sep 2026		
C5	Community	Progress planning for Kondinin Twilight Markets	Item 10.1.1	Manager Planning & Assets	Low	Open			
C6	Community	Investigate installation of digital speed signs on highways through Kondinin and Hyden	Item 10.1.1	Manager Planning & Assets	Medium	Open		Y	Similar to Narembeen; budget implication
N1	Naming	Refer the Koorikin Road recommendation to Council for consideration	MCSC/26/004	CEO	High	Open		Y	Committee declined to support the renaming
N2	Naming	Advise Mr Pegrum of the outcome and the alternative township street naming option	Committee 20/5/26	CEO	Medium	Open			Cr Browning's alternative
N3	Naming	Consider a program for naming currently unnamed roads across the Shire	Cr Green 20/5/26	CEO	Low	Open			

SHIRE OF KONDININ | Committee Resolutions Register

Resolutions of the Medical & Community Services Committee

Resolution	Meeting	Subject	Outcome	Moved / Seconded	Status
MCSC/26/001	20/5/2026	Endorse Health and Aged Care Needs Analysis; development of an Integrated Health and Ageing Strategic Policy Framework; health and aged	Carried 3/0	Cr Green / Cr Smeed	In progress
MCSC/26/002	20/5/2026	Note the Kondinin & Hyden Medical Services Report; recognise the current high level of service delivery and positive customer feedback for Livingston	Carried 3/0	Cr Green / Cr Smeed	Complete
MCSC/26/003	20/5/2026	Endorse the 2026 Committee meeting schedule	Carried 3/0	Cr Smeed / Cr Green	Adopted - discrepancy to
MCSC/26/004	20/5/2026	Decline to support the proposed renaming of Koorikin Road on the basis it does not meet Landgate requirements	Carried 3/0	Cr Green / Cr Smeed	To be referred to Council
MCSC/26/005	20/5/2026	Endorse relocation of Livingston Medical to Trading Post Shop 8; lease Shops 8, 9 and 10; note cost neutrality; allocate $20,000 in 2026-27; authorise the	Carried 3/0	Cr Smeed / Cr Green	In progress

SHIRE OF KONDININ | Council Referral Register

Matters requiring Council adoption, budget commitment, policy amendment or advocacy endorsement

Matter	Type of decision	Arising from	Target meeting	Status	Notes
Adopt Integrated Health & Ageing Strategic Policy Framework	Plan adoption	MCSC/26/001		Pending	To inform the Council Plan
Commission Shire Health and Aged Care Needs Analysis	Budget commitment	MCSC/26/001		Pending	Cost to be scoped
Endorse health and aged care as a combined strategic priority	Strategic endorsement	MCSC/26/001		Pending	Service interdependences
LGRHFA membership and participation	Membership / budget	MCSC/26/001		Pending	Subscription and participation costs to confirm
Koorikin Road renaming - Committee recommendation to decline	Statutory / naming	MCSC/26/004		Pending	Minutes record the recommendation will be referred to Council
Trading Post Shops 8, 9 and 10 lease arrangements	Lease execution	MCSC/26/005		Pending	CEO authorised to execute; Council to note
$20,000 allocation for Shop 8 refurbishment	Budget commitment	MCSC/26/005		Pending	2026-2027 annual budget
Yeerakine Lodge lease expiry position	Strategic / asset	Committee 20/5/26		Pending	Council position required ahead of expiry
Digital speed signs, Kondinin and Hyden	Budget commitment	Item 10.1.1		Pending	Subject to investigation of options
Terms of Reference amendment (clause numbering)	Policy amendment	ToR Oct 2025		Pending	At next annual review, due 2027

SHIRE OF KONDININ | 2026 Meeting Schedule			
Endorsed by Res. MCSC/26/003. Committee meetings precede the Ordinary Meeting of Council on each respective date.			
Date	**Time**	**Location**	**Note**
22 July 2026	1:00pm	Council Chambers, Kondinin	Confirmed at close of the 20 May 2026 meeting as the date of the next meeting.
23 September 2026	1:00pm	Hyden CRC	
18 November 2026	1:00pm / 2:00pm - to	Hyden CRC	Discrepancy: the officer recommendation and report body specify 1:00pm; the resolution as recorded specifies 2:00pm. To be confirmed and corrected (Action G5).

11 BUSINESS OF AN URGENT NATURE

12 CLOSE OF MEETING

12.1 DATE OF NEXT MEETING

12.2 CLOSURE