



BYFORD HEALTH HUB BUSINESS CASE

February 2021



Shire of
Serpentine
Jarrahdale



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EXECUTIVE SUMMARY

The Shire of Serpentine Jarrahdale is a major growth area supporting the expanding population of Perth and Peel. The Shire has experienced the fastest population growth rate in Western Australia over the past decade and it is expected to continue to increase from a population of 35,000 to 55,000 by 2030. Alongside this growth, health needs are increasing and accessible and required health services are limited.

An assessment of health services provision and needs identified that specialist services are limited across a range of professions and that many of the medical centres are relatively smaller practices with limited hours of operation and ability to accommodate urgent care needs. There were particular needs identified in the Shire of Serpentine Jarrahdale for psychology / mental health, child / maternal health, optometry, urgent care and extended hours GPs and dental services (co-located with pharmacy, pathology, imaging and allied health services).

The lack of required health services was found to be contributing to a range of economic and social challenges, such as:

- High substance abuse and chronic disease;
- High mental health prevalence and youth suicide;
- High rates of hospital presentations, including preventable hospitalisations; and
- Flow-on impacts on absenteeism, labour force participation, productivity, caring requirements and preventable deaths.

To address these challenges, the Shire and State Government stakeholders recognised the need to explore the feasibility of co-locating a health hub in the Byford town centre with the future Byford Library and Multi-Agency Centre.

In much the same way as government-led health hubs have been developed across metropolitan Perth and other Australian cities to help deliver required health services to growing communities, this proposed health hub project will provide a range of much-needed public and private health services to meet the needs of the community earlier than would otherwise have been viable and they are important services that limit unnecessary attendance at hospital emergency departments. In particular, the health hub project aims to:

- Address fast-growing health needs that are being driven by population growth and increasing health service requirements;
- Provide preventative health services that address health risks such as chronic disease and mental health;
- Improve the health of the current and future population to support greater economic activity and wellbeing; and
- Support the activation and development of the Byford town centre through catalyst investment in the Shire Civic Reserve.

This business case identified a preferred health hub option, assessed the benefits and costs and detailed the implementation requirements to support its delivery.

EXECUTIVE SUMMARY (CONT.)

Based on health needs analysis and advice and input from key stakeholders such as the East Metropolitan Health Service, WA Primary Health Alliance, Child and Adolescent Health Service, Peel Development Commission and Shire of Serpentine Jarrahdale, five health hub options were recognised and assessed and a preferred health hub option was identified.

The proposed options vary in terms of scale, health service provision, spatial areas for private and public health providers, building location and capital and operational costs / revenues. However, option one was considered the most optimal out of the health hub options, with this option considered more suitable due to:

- The relatively lower capital costs associated with constructing the additional floorspace required to accommodate the required health services;
- The ability to leverage the construction of the Byford Library and Multi-Agency Centre which provides cost savings due to the creation of shared spaces and contribution to site works requirements;
- The strong economic and social outcomes due to the increased health services provided by this option;
- The strong alignment with community health services needs; and
- The expected operating surplus which can ensure the sustainability of this asset.

Option two was found to be comparable and have strong merit, with the key factor being the additional capital expenditure required and tenant occupancy risk associated with the additional public health provider space. As such, this option should still form part of investment decision making.

The preferred health hub (option one) is proposed to be constructed as part of the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre. It will likely form part of a 2-3 storey development that will include shared facilities, parking, landscaped areas and walkways. This option will provide:

- 1,000 sq.m leasable area for a private health provider/s to deliver a range of general practice and complementary health services (e.g. GPs, pathology, radiology, pharmacy, psychology, dentistry and physiotherapy); and
- A subsidised 400 sq.m leasable area for a not-for-profit and / or public health service provider (e.g. East Metropolitan Health Service and Child and Adolescent Health Service) will enable the delivery of specialised health services such as child health services, immunisation clinics and family mental health services.

The scale of the floorspace for the health provider/s is based on example developments, the needs analysis, the ability of the Shire Civic Reserve to accommodate additional building floorspace and stakeholder input. Subsequent tenant discussions and concept designing tasks may result in alternative floorspace requirements.

The total budget estimated to design and construct the health hub (option one) is estimated at \$5,054,400 (ex GST). This is a high level estimate

which is based on square metre rates for construction costs and industry standard professional and project management fees and landscaping / public realm fees. The costs represent the additional cost associated with constructing the health hub floorspace as part of the Byford Library and Multi-Agency Centre.

Key milestones and anticipated timeframes were identified to support the delivery of the health hub. Key tasks include:

- Endorsement of this business case;
- Ongoing engagement with stakeholders, potential funding partners and health service providers, including a potential expression of interest process;
- Lease negotiations with shortlisted health service providers and execution of lease terms;
- Concept design and cost estimation, taking into consideration the needs of health service providers and co-location with the civic and community services building;
- Funding decisions;
- Building and site works approvals;
- Contract procurement and award; and
- Construction of health hub.

A project plan illustrates that the health hub could be operational by late-2024.

The Shire of Serpentine Jarrahdale will be the lead project manager as the continued owner of the health hub. This business case details relevant implementation requirements and strategies to support its delivery and ongoing maintenance.

EXECUTIVE SUMMARY (CONT.)

The proposed Byford health hub will generate significant and ongoing benefits and help address a range of health needs and risks in the fast-growing Shire of Serpentine Jarrahdale.

An economic evaluation demonstrates that this project is expected to provide significant ongoing benefits. At the adopted discount rate of 7%, the net benefit is estimated to be approximately \$6.0 million.

Key benefits include:

- Improved health outcomes such as mortality, quality of life, self-management, increased patient knowledge and confidence due to satisfaction with the timeliness, accessibility and quality of care delivered by the health hub;
 - Improved back to work / study outcomes and reduced absence from the workforce / work due to improved health levels;
 - Reduced length of hospital stays from receiving pre-admission and post discharge care due to improved access to clinical and allied health teams outside of a hospital setting;
 - Reduced and / or avoided resource costs (operating and capital) as a result of providing appropriate care in a lower cost setting (primary through reduced potentially preventable hospitalisations);
 - Better treatment of chronic diseases in relation to improved access to primary and community care;
 - Improved population attraction and retention due to higher quality health care provision;
 - Ongoing employment in the health hub of around 40 jobs (full-time and part-time) on site, including health professionals, support staff and management / operational staff;
 - Increased economic diversification through attraction of health professionals; and
 - Improved vibrancy and activation of the town centre through quality built form development and investment.
- Planning for this project is well-advanced and there is strong support from key stakeholders, including state government health providers. The health hub additionally aligns with a range of national, state and local policies and will, in particular, support:
- The objectives of the WA Recovery Plan to build the capacity of primary health networks;
 - The South Metropolitan and Peel Sub-Regional Planning Framework and the State Government's Our Priorities: Sharing Prosperity goal of creating and additional 150,000 jobs across WA; and
 - The METRONET Byford Rail Extension investment.
- Funding decisions will therefore enable this significant opportunity to be advanced.

REGIONAL BENEFITS



\$6.0 MILLION

net present value



40 JOBS

directly within the health hub



AVOIDED HEALTH COSTS

through decreased preventable hospitalisations



IMPROVED RESIDENT HEALTH

through additional health services availability



TOWN CENTRE ACTIVATION

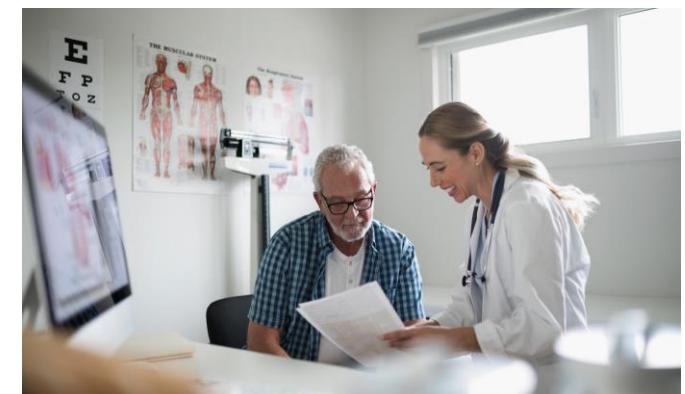
through investment in community services adjacent to the new Byford train station

EXECUTIVE SUMMARY (CONT.)

Summary of Prioritised Health Hub Options

ATTRIBUTE	OPTION 1 (PREFERRED OPTION)	OPTION 2
Building Location	Incorporated into the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre (notionally as additional storey/s).	
Indicative Building Floorspace (GFA)	1,500 sq.m	2,100 sq.m
Private Health Service Provider/s Floorspace (NLA)	1,000 sq.m	1,000 sq.m
Public Health Provider/s Floorspace (NLA)	400 sq.m	1,000 sq.m
Indicative Infrastructure and Facility Cost	\$5,054,400	\$7,076,160
Staff Estimate	40	57
Indicative Annual Operational Surplus (Deficit)	\$260,820	\$271,548
Benefit Cost Ratio	2.3 : 1	N/A

Source: Urbis, Rawlinsons, DPLH, Stakeholders



INTRODUCTION

BUSINESS CASE PURPOSE

Urbis was engaged to prepare a business case to guide decision making. In particular, this business case sought to assist the Shire in deciding on the preferred option to deliver a health hub in the Byford town centre (co-located on the Shire-owned civic reserve with the planned civic and community services building).

This business case is based on desktop analysis and advice and input from key stakeholders such as the East Metropolitan Health Service, WA Primary Health Alliance, Child and Adolescent Health Service, Peel Development Commission and Shire of Serpentine Jarrahdale.

This business case seeks to understand:

- The opportunity for a health hub to meet current and future health service needs;
- The optimal scale, timing and delivery model of a health hub in the Byford town centre and the indicative infrastructure and facility costs;
- The economic and social benefits of delivering the proposed health hub; and
- The implementation strategies required to deliver the health hub.

BUSINESS CASE STRUCTURE

This business case includes the following sections.

- **Project Scope:** Description of the health hub project and its objectives.
- **Project Need:** Analysis of the need for the Byford health hub.
- **Options Assessment:** Comparative analysis of health hub options and identification of preferred health hub option.
- **Economic Evaluation:** Analysis of the economic and social benefits of the preferred health hub option.
- **Budget and Funding Strategy:** Identification of funding options to support the delivery of the health hub.
- **Stakeholder and Strategic Alignment:** Identification of alignment to stakeholder needs and roles and how a health hub could support the objectives of national, state and local government strategies and policies.
- **Implementation Plans:** Identification of implementation strategies and actions to deliver the Byford health hub.

Methodologies and additional analysis which informed this business case is appended to this document.

01

PROJECT SCOPE

BACKGROUND

Background

In recognition of the significant population growth in the Shire of Serpentine Jarrahdale and State Government investment in the new Byford Train Station, the Shire is advancing planning for civic and community services within a Shire-owned site in the Byford town centre (i.e. the Shire Civic Reserve).

Against this backdrop, government-led health hubs have been developed across metropolitan Perth and other Australian cities to help deliver required health services to growing communities. These facilities provide a range of much-needed public and private health services to meet the needs of the community earlier than would otherwise have been viable and they are important services that limit unnecessary attendance at hospital emergency departments.

As such, the Shire and State Government stakeholders recognised the need to explore the feasibility of co-locating a health hub in the Byford town centre with the future Byford Library and Multi-Agency Centre as a key requirement to supporting the ongoing health and wellbeing of residents.

Key site attributes include:

- Site currently zoned Urban Development and indicated as Town Centre in the Byford Town Centre Local Structure Plan;
- Located adjacent to the proposed new METRONET Byford Station with potential for direct pedestrian linkages, and within the heart of the emerging Byford Town Centre; and
- Site largely cleared and relatively flat, with some earthworks required.

Health Hub Site Location (Shire Civic Reserve)



PROJECT PURPOSE

Overview

The health hub project aims to achieve the following key outcomes:

- **Address fast-growing health needs** that are being driven by population growth and increasing health service requirements;
- **Provide preventative health services** that address health risks such as chronic disease and mental health;
- **Improve the health of the current and future population** to support greater economic activity and wellbeing; and
- **Support the activation and development of the Byford town centre** through catalyst investment in the Shire Civic Reserve.

These objectives guided the identification of a preferred health hub option.

Health Hub Project Objectives

OBJECTIVE	DESCRIPTION
 Address Fast-Growing Health Needs	Population growth, ageing, current and emerging health risks and increasingly diverse health service needs per capita are driving significant demand for health services in the Shire of Serpentine Jarrahdale.
 Provide Preventative Health Services	The Shire of Serpentine Jarrahdale is perceived to have high health risk factors such as mental health, substance abuse, chronic disease and low physical activity levels which lead to high long term economic and social costs.
 Improve the Health of the Current and Future Population	A healthier population is linked to greater wellbeing, economic productivity and workforce participation and reduced absenteeism (for both patients and carers).
 Support the Activation and Development of the Byford Town Centre	The METRONET Byford Train Station and railway line extension investment provides an impetus to support the activation and development of the Byford town centre. Investment in the Shire Civic Reserve can provide a catalyst for private sector investment and leverage this significant transport infrastructure investment.

PROJECT DESCRIPTION

Health Hub Overview

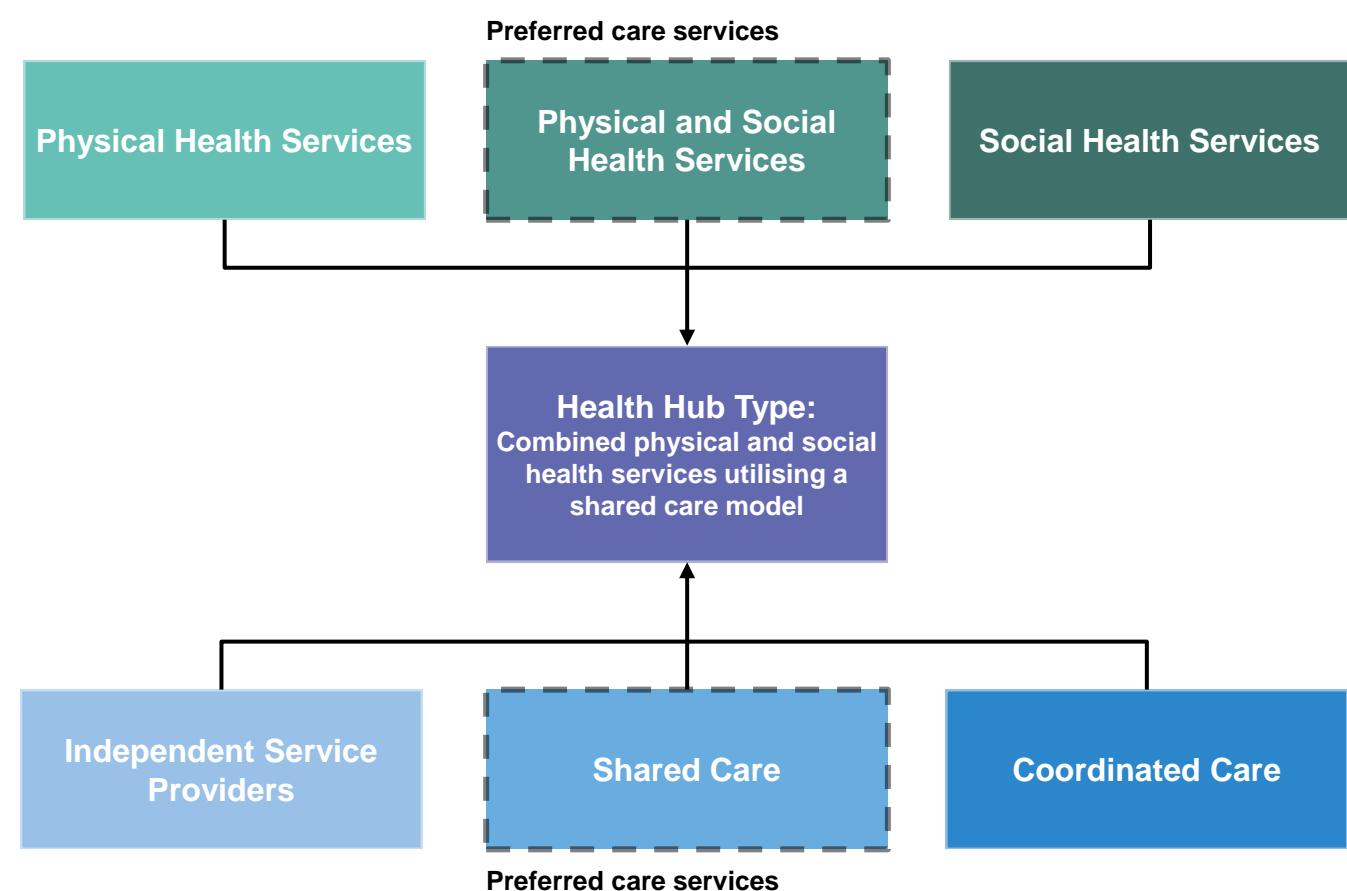
Health hubs can be defined based on their operational care and service model attributes.

- **Care Models:** Health hubs can specifically target either physical or social health or offer a model which delivers both care types.
- **Service Models:** Health hubs generally operate along one of three delivery approaches. Independent service delivery is the simplest option, with individual health service providers each holding their own tenancy and not sharing clients/patients between them. A coordinated care model still holds individual tenancies, but also offers shared spaces for individual health providers to work together and offer clients/patients streamlined access to multiple health services. The remaining operational model explored below is that of shared care, where multiple health providers share a tenancy, and offer clients/patients a single entry point to multiple health services. In these models, multiple providers work together to offer a single, multidisciplinary service offering to the community.

By combining different care and service models, there are nine potential health hub types.

The preferred health hub model provides a high level of health services and cost efficiencies. This model supports a shift away from a medical model of care to a model of care which addresses the broader social determinants of health and truly integrates care.

Health Hub Care and Service Models



PROJECT DESCRIPTION (CONT.)

Health Hub Types

SERVICE MODELS	CARE MODELS		
	Physical Health	Physical and Social Health	Social Health
Independent service providers Singular providers co-located in the same Hub, but operating independently. No information or clients are proactively shared.	GP, child health, physical allied health such as physiotherapy, optometry, pharmacy and specialist doctors.	Selection of physical and social health services.	Psychological allied health such as psychologists and social workers, counsellors, psycho-social support and psychiatry.
Coordinated care Singular providers co-located in the same Hub, and working collaboratively to refer clients to one another, and deliver care that is coordinated (i.e. reduces duplication of service, and streamlines delivery for clients).	Independent tenancies, each with their own waiting rooms and consulting rooms, with a focus on providing physical care (e.g. medical equipment, bio-hygiene). Shared common spaces to facilitate collaboration (e.g. kitchen and meals area, meeting rooms).	Independent tenancies, each with their own waiting rooms and consulting rooms, with mixture of rooms which are appropriate for either physical or social care. Shared common spaces to facilitate collaboration (e.g. kitchen and meals area, meeting rooms).	Independent tenancies, each with their own waiting rooms and consulting rooms, with a focus on providing social care (e.g. comfortable talking spaces, soundproofing). Shared common spaces to facilitate collaboration (e.g. kitchen and meals area, meeting rooms).
Shared care Singular or groups of providers co-located in the same Hub, working under a common model of care. Clients engage with the 'Hub' rather than with single providers, and all care is coordinated (e.g. singular client file system, all care is delivered in a collaborative model).	Shared tenancies where multiple providers will utilise a single lease (may have primary tenant, and sub-tenants). Space to be configured to facilitate a single model of care, where all providers can access all spaces. Space to provide a blend of individual consulting rooms (focussed on physical care), and shared spaces for collaboration.	Shared tenancies where multiple providers will utilise a single lease (may have primary tenant, and sub-tenants). Space to be configured to facilitate a single model of care, where all providers can access all spaces. Space to provide a blend of individual consulting rooms for both physical and social care, and shared spaces for collaboration.	Shared tenancies where multiple providers will utilise a single lease (may have primary tenant, and sub-tenants). Space to be configured to facilitate a single model of care, where all providers can access all spaces. Space to provide a blend of individual consulting rooms (focussed on social care), and shared spaces for collaboration.

02

PROJECT NEED

HEALTH RISKS

Key Findings

The Shire of Serpentine Jarrahdale was found to have a range of health risks which impact on health service needs, health costs and economic and social outcomes. The key health risks include:

- ***High overweight and obesity and low adult physical activity levels*** which increases the risk of premature death and chronic disease;
- ***High alcohol consumption and smoking*** and which are leading causes of preventable diseases and death in Australia;
- ***High chronic disease*** which are the prominent cause of death for people aged 45 and over in Australia (and low utilisation of GPs to manage chronic disease); and
- ***High mental health prevalence*** which can severely impact all aspects of a person's life, including their physical health, ability to work, study and interactions with family and friends.

Health promotion programs may reduce the prevalence of overweight and obesity, low adult physical activity levels and discourage smoking and high alcohol consumption. The health hub could provide the space to accommodate these services.

Furthermore, primary healthcare services (including GPs, disease screening and mental health specialists) can provide resources to detect and manage chronic disease and mental health conditions.

Health Risk Indicators, Shire of Serpentine Jarrahdale

HEALTH RISK INDICATOR	ANALYSIS FINDINGS
 Overweight and obesity, adult physical activity levels	The proportion of obese adults in the Shire is only slightly higher than the WA benchmark, however the proportion of overweight adults in the Shire is 5% higher at 42.2%. Men were much more likely than women to be overweight. High levels of children aged 2-17 in the Shire are overweight (17.2%), and obese (6.1%). 42.1% of Shire residents did not exercise at levels sufficient to provide health benefits, slightly higher than the WA estimate.
 Alcohol consumption and smoking	14% of Shire residents smoke compared to the WA benchmark of 12%. Alcohol consumption in the Shire is significantly higher than benchmark areas, and at levels likely to cause short and long-term harm.
 Chronic disease	The prevalence of heart disease, cancer, stroke, respiratory problems, osteoporosis and diabetes in the Peel Region is significantly higher than the WA benchmark. Within the Shire there are a high number of deaths from cancer which may be avoidable, including skin cancer. Screening rates for some cancers in the Shire are relatively low compared to WA. Male residents are of particularly high risk of a number of cancers. Utilisation of GP services to manage chronic disease in the Shire is low.
 Mental health	The proportion of Shire residents experiencing mental health problems, anxiety, depression, stress-related problems and high / very high psychological distress is higher than the WA benchmark, and for the majority of categories, higher than the Peel Region benchmark. Between 2017/18 and 2019/20 4% of all emergency department presentations by Shire residents were for mental health conditions, with key age groups being young adults and people aged over 65. The proportion of presentations by indigenous Shire residents were even higher, with an average of 9%. Youth suicide for Shire residents is much higher than the Perth metropolitan and WA figures, with young men at highest risk.

Sources: Serpentine-Jarrahdale LHA Health Profile, Australia's Health 2020 in brief, WA Health and Wellbeing Surveillance System, WA Primary Health Alliance.

HOSPITAL PRESENTATIONS AND ADMISSIONS

Key Findings

Hospital presentations and admissions data indicate the key acute medical issues experienced by the Shire of Serpentine Jarrahdale's resident population. The data also indicates where additional health services are needed to prevent health conditions from becoming acute and requiring emergency department presentation or hospital admission.

The analysis found that:

- Shire residents presented to hospitals at higher rates than Perth and Western Australian averages;
- Potentially preventable hospitalisations by Shire residents resulted in health costs of approximately \$2.4 million per annum; and
- Shire residents were much less likely to be admitted to hospital for mental health reasons despite high levels of relevant risk factors and suicide levels.

Health services to support on-going treatment for key health areas where admissions are high and preventative health programs to address the high rates of injuries, poisoning and external causes would help address these trends. The availability and suitability of primary and specialist care could also help address the high level of potentially preventable hospitalisations.

Hospital Presentations and Admissions Assessment Findings

HEALTH INDICATOR	ANALYSIS FINDINGS
 Reasons for Hospital Presentation	<p>The most common hospital Shire residents presenting to an ED or being treated as an inpatient or outpatient attended was Armadale-Kelmscott Health Service followed by Fiona Stanley Hospital.</p> <p>Shire residents presented to hospitals at higher rates than Greater Perth and WA averages. High rates of urgent presentations were a key contributor.</p> <p>Over 33% of Shire resident ED presentations were the result on injury, poisoning and other consequences of external causes. This was at higher rates than Greater Perth or WA. Presentations for the majority of other reasons were at rates higher than or comparable to Greater and WA, with the exception of for mental health and behaviour disorders, which were significantly lower.</p>
 Potentially Preventable Hospitalisations	<p>The Australian Institute of Health and Welfare estimated that there were 498 potentially preventable hospitalisations in 2018/19 for residents of the Shire of Serpentine Jarrahdale. This equates to a health cost of approximately \$2.4 million per annum.</p>
 Reasons for Hospital Admission	<p>The most common reason for Shire residents to be admitted to hospital was digestive systems diseases. This was followed by admissions for musculoskeletal system and connective tissue diseases and injury, poisoning and other external causes, both at rates higher than Greater Perth and WA.</p> <p>Mental health related conditions admissions occurred at around half the rate for residents on Greater Perth and WA, despite indicators of poor mental health being much higher. The low rate of admission for mental health reasons may present a concern given the high rates of poor mental health indicators and may indicate that people with poor mental health are not seeking help when their condition becomes acute.</p>

Sources: Serpentine-Jarrahdale LHA Health Profile, Australia's Health 2020 in brief, WA Health and Wellbeing Surveillance System, WA Primary Health Alliance, Eastern Metropolitan Health Service, Urbis analysis of 2016 ABS Census, Social Health Atlas: Western Australia.

LOCAL HEALTH SERVICES

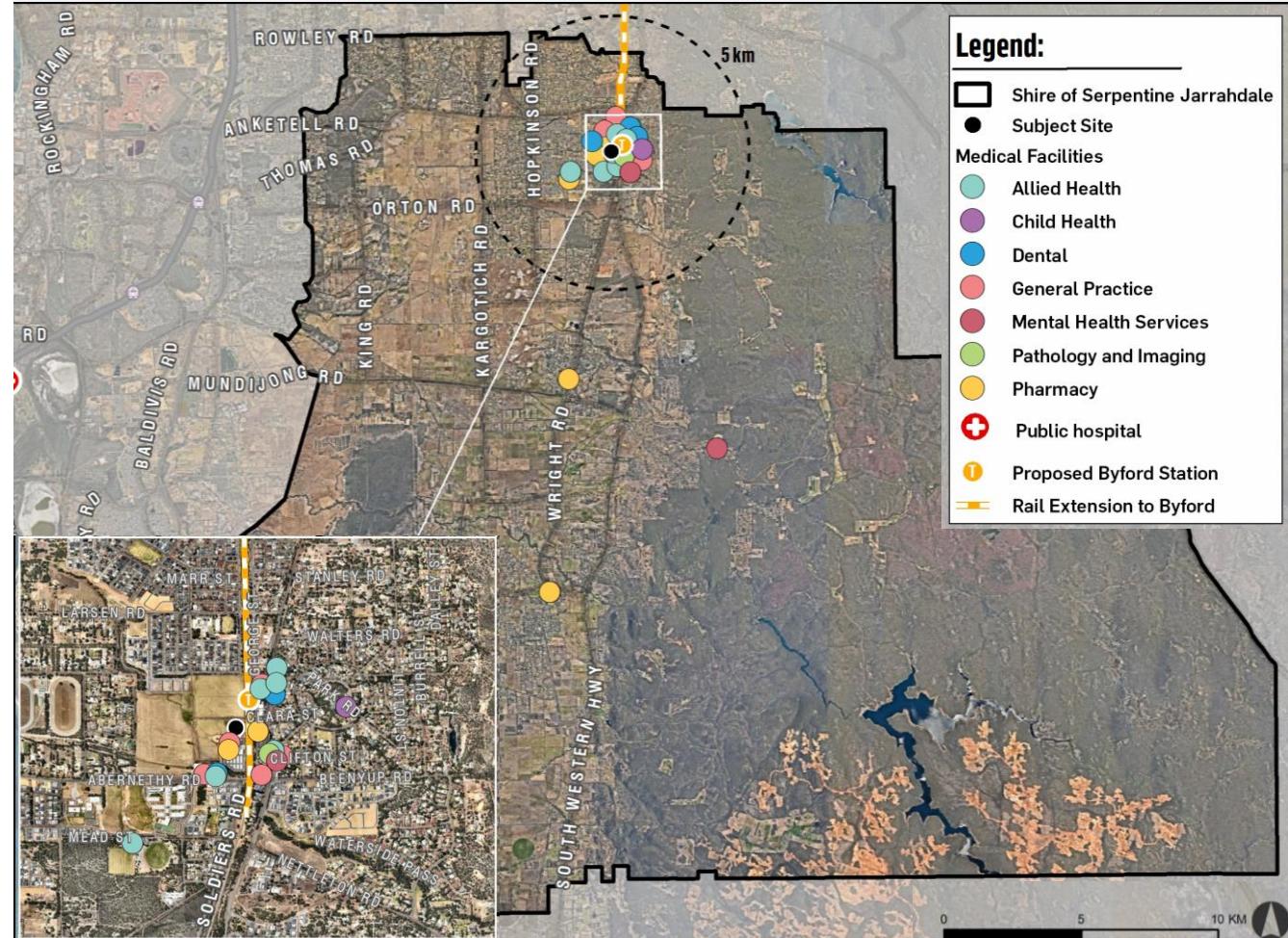
Key Findings

There are a range of health services located and operating in the Shire of Serpentine Jarrahdale. The key primary health services are summarised below.

- **General Practice:** There are an estimated eight general practice medical centres operating in the Shire (accommodating approximately 39 GPs).
- **Allied Health:** There are an estimated eight allied health practices across the Shire (accommodating approximately 18 physiotherapists and a small number of other allied health professionals).
- **Pharmacy:** There are an estimated five pharmacies currently operating in the Shire.
- **Dental:** There are an estimated five dental clinics operating in the Shire.
- **Pathology / Imaging:** There are estimated to be three pathology labs and one imaging lab operating within the Shire.
- **Mental Health:** There are an estimated three psychologists currently operating within the Shire.
- **Child Health:** There are currently two child health clinics serving the Shire (located in Byford and Serpentine) which are considered to be at capacity.

The review of health service provision found that specialist services are limited across a range of professions, particularly dentistry and optometry. Moreover, many of the medical centres are relatively smaller practices with limited hours of operation and ability to accommodate urgent care needs.

Map of Locally Available Health Services, Shire of Serpentine Jarrahdale



Sources: Urbis

Note: Additional health services may be available to Shire residents on a visiting basis.

HEALTH SERVICES DEMAND

Key Findings

An assessment of health services supply versus benchmark rates revealed that there is a current undersupply of nearly all practitioner types in the Shire, with only some types of allied health practitioners supplied within the adequate range. The key health service gaps are noted below.

- **Psychologists:** Given the high level of mental health issues, high mental health risk indicators and low level of assistance sought shown in the Shire resident population providing additional psychologists and other mental health professionals is of very high priority for the short term.
- **General Practitioners / Urgent Care:** GPs are moderately well supplied though there are many smaller practices and hours of operation and specialisations are limited.
- **Dentists:** Providing additional family dental services is a priority for the short to medium term.
- **Optometrist:** There were no optometrists located within the Shire. Currently optometry services accessible to Shire residents are provided in Armadale and Baldivis.
- **Allied Health:** Providing additional allied health services to cater for the growing younger age cohorts (e.g. occupational therapy, physiotherapy and speech therapy) will be needed as the population grows.

Demand for some other types of health practitioners have not been modelled but assessed through supply estimates and stakeholder consultation.

Demand Assessment Findings, Shire of Serpentine Jarrahdale, 2016-2035

MEDICAL SERVICES DEMAND	2020 SUPPLY (ESTIMATED)	2016	2020	2025	2030	2035
GP's Benchmark	38	28.2	34.4	44.0	53.9	64.1
Chiropractors	7	5.4	6.6	8.4	10.3	12.2
Dentists	15	20.7	25.1	32.1	39.3	46.8
Optometrist	0	3.8	4.6	5.8	7.2	8.5
Osteopath	0	0.6	0.7	0.9	1.1	1.3
Physiotherapist	18	14.4	17.5	22.4	27.5	32.7
Podiatrist	3	3.6	4.3	5.5	6.7	7.9
Psychologist	6	11.6	13.8	17.4	21.3	25.4
Pharmacist	9	20.3	24.7	31.6	38.7	46.1

Source: Urbis, WA Primary Health Alliance

Other Health Services Needs

HEALTH SERVICE	SUPPLY	NEED
Child Health Clinics	Two child health clinics are currently operating within the Shire.	Both clinics are operating beyond capacity and some Shire residents are referred to child health services outside the Shire to meet demand. There is a need for an appropriately sized immunisation clinic space.
School Health Services	Paediatric dental services. Immunisation and child health assessments.	School health nurses do not have an appropriate base location to operate from within the Shire.
Other Child and Adolescent Health Services	Can be accessed outside the Shire.	A flexible space for in-reach services within the Shire. No space is currently provided outside child health clinics.
East Metropolitan Health Services	Can be accessed outside the Shire.	A flexible space for in-reach services within the Shire. No space is currently provided within the Shire.

Source: Urbis, Child and Adolescent Health Service, East Metropolitan Health Service

HEALTH SERVICES REQUIREMENTS

Key Findings

Potential health service opportunities were qualitatively tested using a Multi-Criteria Decision Analysis (MCDA) framework. A standard feature of any form of multi-criteria analysis is a scoring assessment. Each option was scored on a scale of one to three (low, moderate or high) against the following factors considered most relevant:

- **High current health needs / high emerging health risks:** This criterion refers to whether residents have higher or lower health needs or are showing they are at high or low risk for some types of health issues.
- **Undersupply of health services:** This criterion refers to whether there is considered to be a low or high need for additional health service professionals based on the supply and needs analysis.

The assessment identified that the key immediate health service opportunities for the Health Hub are:

- Psychology / mental health;
- Child / maternal health;
- Optometry;
- Urgent care and extended hours GPs; and
- Dental services.

The above services could be co-located with pharmacy, pathology, imaging and allied health services. The health hub however does not need to meet all these needs given future private health providers and providers located outside of the Shire will partly address these needs.

Health Service Needs Assessment Findings

HEALTH PROFESSION	CRITERIA 1: HIGH CURRENT NEEDS / HIGH EMERGING HEALTH RISKS	CRITERIA 2: UNDERSUPPLY OF HEALTH SERVICES	OVERALL SCORE
General practice / Urgent care clinic	Moderate	Moderate	High Priority
Allied health*	Moderate	Low	Moderate Priority
Psychologist / Mental health	Very High	High	Highest Priority
Aboriginal health	Moderate	High	Moderate Priority
Dental	High	High	High Priority
Pharmacy	Moderate	High	Moderate Priority
Child health	High	Very High	Highest Priority
Maternal health	High	High	High Priority
Optometrist	Moderate	High	High Priority
Pathology / Imaging	Moderate	Moderate	Moderate Priority

Source: Urbis

* Allied health includes physiotherapy, podiatry, speech pathology, occupational therapy, and chiropractic services.

03

OPTIONS ASSESSMENT

HEALTH HUB OPTIONS

Options Overview

The health needs analysis and stakeholder engagement informed the identification of five health hub options for consideration.

The proposed options vary in terms of scale, health service provision, spatial areas for private health providers and publicly funded health providers, building location and capital and operational costs / revenues. All options will allow for the private sector to also deliver health services throughout the Shire when the increased residential population stimulates private investment.

Options one, two and three involve the construction of a health hub as part the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre. The additional floorspace requirements and leasable areas for the private health and public health providers vary and this has implications for the types and scale of health services which could be delivered from the site.

Options four and five involve the stand-alone development of a new building on the Shire Civic Reserve (co-located with the future Library and Multi-Agency Centre). Two building scales and alternative health service provision attributes were identified.

The scale of the floorspace for the health provider/s is based on example developments, industry standard floorspace, the needs analysis, the ability of the Shire Civic Reserve to accommodate additional building floorspace and stakeholder input.

An option to develop the health hub on an adjacent private land holding was not explicitly assessed given the Shire Civic Reserve is considered to have capacity to accommodate these options without the need purchase land.

Summary of Health Hub Options

OPTION	DESCRIPTION
Status Quo	The Shire does not actively participate in the development of a health hub in the Byford town centre apart from business as usual activities. Private sector investment decisions will determine the timing and type of future health services provided in the Shire of Serpentine Jarrahdale.
Option 1	<p>This health hub option will be constructed as part of the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre. It will form part of a 2-3 storey development that will include shared ablution facilities, car parking, landscaped areas and walkways.</p> <p>This option will provide:</p> <ul style="list-style-type: none"> ▪ 1,000 sq.m leasable area for a private health provider/s to deliver a range of general practice and complementary health services (e.g. GPs, pathology, radiology, pharmacy, psychology, dentistry and physiotherapy); and ▪ A subsidised 400 sq.m leasable area for a not-for-profit and / or publicly funded health providers (e.g. East Metropolitan Health Service) will enable the delivery of specialised health services such as Child Health Services, Immunisation Clinics, and family mental health services.
Option 2	This option aligns with option one however the subsidised leasable area for a not-for-profit and / or public health provider is assumed to be 1,000 sq.m in order to accommodate a greater level of services such as Child Development Services, School Health Services, and specialist in-reach health services.
Option 3	This option aligns with option two however no leasable area for a private health provider/s is proposed.
Option 4	This option aligns with option three however a stand-alone development of a new building on the Shire Civic Reserve (co-located with the future Library and Multi-Agency Centre) is proposed. This requires the development of ablution facilities, car parking, landscaped areas and walkways.
Option 5	This option aligns with option four however 1,000 sq.m leasable area for a private health provider/s to deliver a range of general practice and complementary health services is proposed.

HEALTH HUB OPTIONS (CONT.)

Assumed Building Attributes of Health Hub Options

ATTRIBUTE	OPTION1	OPTION2	OPTION3	OPTION4	OPTION5
Building Location	Incorporated into the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre (notionally as additional storey/s).	Incorporated into the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre (notionally as additional storey/s).	Incorporated into the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre (notionally as additional storey/s).	A separate building co-located with the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre.	A separate building co-located with the Byford Library and Multi-Agency Centre on the Shire Civic Reserve in the Byford Town Centre.
Health Hub Type	Physical and social health services Coordinated care	Physical and social health services Shared care	Physical and social health services Independent service providers	Physical and social health services Independent service providers	Physical and social health services Shared care
Indicative Building Floorspace (GFA)¹	1,500 sq.m	2,100 sq.m	1,100 sq.m	1,250 sq.m	2,500 sq.m
Private Health Service Provider/s Floorspace (NLA)²	1,000 sq.m	1,000 sq.m	-	-	1,000 sq.m
Public Health Provider/s Floorspace (NLA)³	400 sq.m	1,000 sq.m	1,000 sq.m	1,000 sq.m	1,000 sq.m
Indicative Infrastructure and Facility Cost⁴	\$5,054,400	\$7,076,160	\$3,706,560	\$4,932,000	\$9,624,000
Staff Estimate⁵	40	57	29	29	57
Indicative Annual Operational Surplus (Deficit)⁶	\$260,820	\$271,548	\$13,668	\$1,650	\$239,700

¹ Additional gross floor area required to accommodate the health hub (i.e. in addition to Byford Library and Multi-Agency Centre). This includes net lettable area and shared spaces such as walkways, lifts and ablution facilities.

² Assumed net lettable area for private health services (leased at market rates) based on requirements to accommodate approximately 15 consulting rooms for GPs and specialists, pathology and imaging services and pharmacy.

³ Assumed net lettable area for public / not for profit health services (leased at discount rates) based on

⁴ Estimated capital cost to construct additional building floorspace based on Rawlinsons Australian Construction Handbook (including professional fees, excluding fit-out costs) and notional site works, infrastructure works and landscaping costs. No additional costs assumed for site works, parking, common-user spaces / facilities for options one, two and three. Options four and five assumed to require site works / infrastructure works, car parking (20 and 40 bays undercroft respectively) and the construction of shared spaces. A contingency of 20% was assumed.

⁵ Staffing levels based on average staff to floorspace (NLA) ratios for medical services across Perth and Peel (35 sq.m per job).

⁶ High level operating costs and revenues based on the private health provider/s space to be leased at \$300 / sq.m, the public health providers space to be leased at 20% of market lease rates (i.e. \$60 / sq.m) and an ongoing lease management and building maintenance fee of 1.5% of capital costs per annum. Figures rounded.

ASSESSMENT APPROACH

Approach Overview

The five health hub options were assessed against assessment criteria to determine which option best achieves the objectives of this project.

The key considerations included:

- **Stakeholder and strategic alignment** of proposed health hub attributes and outcomes;
- **Economic and social benefits** expected to be supported by the increase in available health services;
- **Capital cost requirements** associated with the infrastructure and building construction of the health hub; and
- **Operating costs and revenues** to contribute to the sustainable maintenance of the building and potential contribution to servicing debt-finance.

Each option was assessed against the above criteria and a score of 1 (low) to 5 (high) was given against each criterion, with the higher the score the better the alignment of the option with the criterion. The total score was used to determine the preferred health hub option.

Assessment Criteria

CRITERION	DESCRIPTION
 Stakeholder and Strategic Alignment	<ul style="list-style-type: none"> ▪ The ability of the health hub to contribute to the achievement of local, state and federal policy and strategy aims. ▪ Whether the health hub aligns with the needs and objectives of community, government and health provider stakeholders.
 Economic and Social Benefits	<ul style="list-style-type: none"> ▪ The expected employment and economic benefits during the construction and ongoing phases. ▪ The social benefits associated with the increase in health services in the Shire of Serpentine Jarrahdale.
 Capital Cost Requirements	<ul style="list-style-type: none"> ▪ The required cost for infrastructure and building construction works to develop the health hub.
 Operating Costs and Revenues	<ul style="list-style-type: none"> ▪ The costs associated with the management and maintenance of the health hub building. ▪ The potential revenues associated with leasing floorspace to health providers.

Source: Urbis

ASSESSMENT FINDINGS

Key Findings

Option one is considered marginally the most optimal out of the health hub options, with this option considered more suitable due to:

- The relatively lower capital costs associated with constructing the additional floorspace required to accommodate the required health services;
- The ability to leverage the construction of the Byford Library and Multi-Agency Centre which provides cost savings due to the creation of shared spaces and contribution to site works requirements;
- The strong economic and social outcomes due to the increased health services provided by this option;
- The strong alignment with community health services needs; and
- The expected operating surplus which can ensure the sustainability of this asset and contribute to debt servicing if required.

Options one and two are highly comparable and both have strong merit, with the key factor being the additional capital expenditure required to support the additional social services space.

Options four and five are considered to be less suitable due primarily to the increased capital and maintenance costs associated with developing a stand-alone building on the Shire Civic Reserve.

The status quo does not have upfront and ongoing cost implications however it is unlikely to support an increase in health services in the Shire of Serpentine Jarrahdale.

Assessment Summary

ASSESSMENT CRITERION	STATUS QUO	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Stakeholder and Strategic Alignment	1	4	4	4	4	4
Economic and Social Benefits	1	4	5	4	4	5
Capital Cost Requirements	5	4	2	5	4	1
Operating Costs and Revenues	5	5	5	2	2	4
Overall Score	12	17	16	15	14	14

ASSESSMENT FINDINGS (CONT.)

Detailed Option Assessment Findings

	STATUS QUO	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Risks and Negatives	<ul style="list-style-type: none"> ▪ No direct impact on improving health services availability nor addressing health needs and risks in the community. ▪ Flow-on impacts / risks associated with increased emergency department admissions and chronic disease. 	<ul style="list-style-type: none"> ▪ Social service provider space may not be of sufficient scale for long term needs of providers. ▪ Perceived competition with private landlords. 	<ul style="list-style-type: none"> ▪ Moderate tenant occupancy risk associated with larger leasable floorspace (the demand for the space and the sustainability of the operators). ▪ Relatively higher capital cost requirements. ▪ Perceived competition with private landlords. 	<ul style="list-style-type: none"> ▪ Marginal operating surplus. ▪ No space to support increase in primary health service provision. 	<ul style="list-style-type: none"> ▪ Marginal operating surplus. ▪ No space to support increase in primary health service provision. ▪ Increased cost associated with developing stand-alone building and associated infrastructure. 	<ul style="list-style-type: none"> ▪ Moderate tenant occupancy risk associated with larger leasable floorspace. ▪ Relatively higher capital cost requirements. ▪ Increased cost associated with developing stand-alone building and associated infrastructure. ▪ Perceived competition with private landlords.
Benefits and Positives	<ul style="list-style-type: none"> ▪ No capital and operational costs. 	<ul style="list-style-type: none"> ▪ High employment in construction and operational phase. ▪ Delivery of space for required primary health services. ▪ Deliver of subsidised space for specialised services. ▪ Relatively low tenant occupancy risk. ▪ Expected operating surplus. ▪ Capital cost savings associated with building integration. 	<ul style="list-style-type: none"> ▪ Very high employment in construction and operational phase. ▪ Delivery of space for required primary health services. ▪ Deliver of substantial subsidised space for specialised services to cater to medium to long term needs. ▪ Expected operating surplus. ▪ Capital cost savings associated with building integration. 	<ul style="list-style-type: none"> ▪ Significant employment in construction and operational phase. ▪ Deliver of substantial subsidised space for specialised services to cater to medium to long term needs. ▪ Relatively lower capital cost requirements. ▪ Limited perceived competition with private landlords. ▪ Capital cost savings associated with building integration. 	<ul style="list-style-type: none"> ▪ Significant employment in construction and operational phase. ▪ Deliver of substantial subsidised space for specialised services to cater to medium to long term needs. ▪ Limited perceived competition with private landlords. 	<ul style="list-style-type: none"> ▪ Very high employment in construction and operational phase. ▪ Delivery of space for required primary health services. ▪ Deliver of substantial subsidised space for specialised services to cater to medium to long term needs.

04

ECONOMIC ANALYSIS

CONSTRUCTION PHASE BENEFITS

Key Findings

The proposed health hub is estimated to have a total construction cost of around \$5 million (excluding GST) over an assumed construction timeframe of 18 months.

On average, 12 FTE direct & indirect jobs are likely to be supported during construction of the project with the potential for many jobs to be supported locally. This employment will include training and apprenticeship opportunities.

Total direct and indirect Gross Value-Added to the economy is estimated at \$3.3 million over the construction period of the development in constant 2021 dollars.

Based on similar construction projects, approximately 30-40 tradespersons are anticipated to be employed on site at various times. The number of personnel employed by contractors working off site supplying products for the project is expected to be approximately 20-30.

Construction Phase Benefits



5

DIRECT FTE* JOBS

Avg. direct FTE jobs during construction



12

INDIRECT FTE* JOBS

Avg. indirect FTE jobs during construction



\$1.2 M

DIRECT GVA*

Avg. direct GVA to the State economy



\$2.1 M

INDIRECT GVA*

Avg. indirect GVA to the State economy

FTE = Full-Time Equivalent, GVA = Gross Value Added, Indirect benefits refer to supply chain effects, but not consumption effects. See definitions in the appendix for more information.

Costs are exclusive of GST.

Source: REMPLAN; Rawlinsons; Urbis (see appendix for more information)

ONGOING EMPLOYMENT AND ECONOMIC BENEFITS

Key Findings

Upon completion, the health hub is estimated to support around 40 jobs (full-time and part-time) on site. This will include a range of health professionals, support staff and management / operational staff.

These jobs will be ongoing over the life of the asset with that activity in turn creating permanent jobs elsewhere through the economy. The operation of the health hub is estimated to induce a further 8 additional jobs within Western Australia as a result of flow-on effects.

There will be an estimated \$4.5 million per annum in direct and indirect GVA contribution generated from the daily operation and management of the health hub to the economy.

Ongoing Employment and Economic Benefits



40
DIRECT JOBS

Total direct jobs on an ongoing basis at capacity



8
INDIRECT JOBS

Total indirect jobs supported by on-site employment



\$3.4 M
DIRECT GVA*

Annual direct GVA to the State economy



\$1.1 M
INDIRECT GVA*

Annual indirect GVA to the State economy

* GVA = Gross Value Added, Indirect benefits refer to supply chain effects but not consumption effects. See definitions in the appendix for more information.

Source: REMPLAN; DPLH; Urbis (see appendix for more information)

Note: Ongoing jobs may not be new to the state economy as there may be some transfer from other locations. However in the absence of the proposed investment, the health hub would unlikely be provided elsewhere in the short-term and in that respect many of these jobs are considered additional.

COST BENEFIT ANALYSIS

Key Findings

The CBA results reveal that the project is expected to provide significant ongoing benefits. At the adopted discount rate of 7%, the net benefit is estimated to be approximately \$6.0 million.

This study uses a net benefit approach. This only analyses the incremental, or additional, benefits and costs that can be estimated with a degree of accuracy. This approach is considered to be the most appropriate to assess the net economic benefits that accrue from the project as it enables direct comparisons with alternative proposals.

This cost benefit analysis included the following inputs:

- Capital costs;
- Avoided health costs;
- Improved economic participation; and
- Improved life expectancy.

The operational costs associated with delivering the health services are not included in this analysis. This is due to the uncertain nature of the costs and the recovery model.

The inputs were informed by the NSW Department of Health's *Guide to Cost Benefit Analysis of Health Capital Projects* (2018).

Cost Benefit Assessment, Health Hub Option One

IMPACT CATEGORY	4%	7% (ADOPTED DISCOUNT RATE)	10%
Costs (NPV)	\$4,797,692	\$4,620,728	\$4,455,669
Benefits (NPV)	\$15,233,449	\$10,573,297	\$7,745,164
Net Impact (NPV)	\$10,435,756	\$5,952,568	\$3,289,495
Benefit Cost Ratio	3.2	2.3	1.7

Source: Urbis

ADDITIONAL ECONOMIC AND SOCIAL DEVELOPMENT BENEFITS

Key Findings

The proposed Byford health hub will generate significant and ongoing benefits not necessarily quantified in the cost benefit analysis, including:

- **Improved health outcomes** such as morbidity, quality of life, self-management, increased patient knowledge and confidence due to satisfaction with the timeliness, accessibility and quality of care delivered by the health hub;
- **Improved back to work / study outcomes** and reduced absence from the workforce / work due to improved health levels;
- **Reduced length of hospital stays** from improved access to primary health and clinical and allied health teams outside of a hospital setting;
- **Reduced and / or avoided resource costs** (operating and capital) as a result of providing appropriate care in a lower cost setting (primary through reduced potentially preventable hospitalisations);
- **Better treatment of chronic diseases** in relation to improved access to primary and community care;
- **Improved population attraction and retention** due to higher quality health care provision; and
- **Improved vibrancy and activation of the town centre** through quality built form development and investment.

Literature Review Findings

BENEFIT	DESCRIPTION
Patient Health Improvements	Primary care physician supply is directly associated with improved health outcomes, with physician supply associated with lower levels of cancer, heart disease, stroke and infant mortality, as well as higher life expectancy and self-rated health.
Preventable Hospitalisations	The Australian Institute of Health and Welfare estimate that there were nearly 748,000 potentially preventable hospitalisations (PPHs) in Australia in 2017-18 (equivalent to 7% of all hospitalisations) and nearly 10% of all hospital bed days were for potentially preventable hospitalisations. There were estimated to be 498 PPHs from residents from the Shire of Serpentine in 2018/19 which equates to a cost of \$2.4m to the health system.
Reduced Crime and Delinquency	Community services such as drug and alcohol abuse prevention programs have been shown to produce a significant reduction in incidents of substance abuse and associated emergency department presentations.
Increased Economic Participation and Productivity	It has been found that community services such as psychological, educational, and behavioural treatment programs are generally effective in reducing levels of crime.
Improved Town Centre Vibrancy	Improved health has been linked to improved labour force participation, reduced absenteeism and greater productivity. An Australian study found that labour force participation rate for people with two or more health conditions (52.5 per cent) is lower than that for people with one (75.1 per cent). In contrast, people without any of the health issues have a participation rate of 84.7 per cent.

Source: Urbis review of literature (see appendix)

05

BUDGET AND FUNDING STRATEGY

BUDGET SUMMARY

Budget Overview

The total budget estimated to design and construct the health hub (option one) is estimated at \$5,054,400 (ex GST).

This is a high level estimate which is based on square metre rates for construction costs and industry standard professional and project management fees and landscaping / public realm fees. The costs represent the additional cost associated with constructing the health hub floorspace as part of the Byford Library and Multi-Agency Centre.

No additional site works nor car parking allowance has been assumed for this option on the basis that required infrastructure, services and civil works will largely be undertaken as part of the construction of the Byford Library and Multi-Agency Centre.

Costs include a 20% contingency allowance. Subject to detailed design and the appointment of a quantity surveyor, this contingency estimate could be substantially reduced.

Additional in-kind resources are likely to be required from the Shire in terms of project management oversight and technical input.

The fit-out cost of the health hub is assumed to be incurred by the tenants.

Estimated Capital Costs

COST ELEMENT	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Civil and Infrastructure Works	-	-	-	\$300,000	\$400,000
Professional Fees	\$234,000	\$327,600	\$171,600	\$195,000	\$390,000
Building Construction	\$3,900,000	\$5,460,000	\$2,860,000	\$3,250,000	\$6,500,000
Landscaping / Public Realm	\$78,000	\$109,200	\$57,200	\$65,000	\$130,000
Car Parking	-	-	-	\$300,000	\$600,000
<i>Sub-Total</i>	\$4,212,000	\$5,896,800	\$3,088,800	\$4,110,000	\$8,020,000
Contingency (20%)	\$842,400	\$1,179,360	\$617,760	\$822,000	\$1,604,000
Total	\$5,054,400	\$7,076,160	\$3,706,560	\$4,932,000	\$9,624,000

Sources: Urbis; Rawlinsons Australian Construction Handbook

BUDGET SUMMARY (CONT.)

Ongoing Viability and Sustainability

Following practical completion, the Shire of Serpentine Jarrahdale will be responsible for the ongoing maintenance of the health hub.

The Shire will assess and undertake required maintenance as per the Shire's Asset Management Plan and fund and budget the required upgrades as required through its annual budget processes.

A high level assessment of potential operational revenues and costs was undertaken to inform potential operating cost surpluses / deficits. This analysis was based on the following assumptions.

- The private health provider/s space will be leased at current comparable lease returns of \$300 / sq.m plus outgoings.
- The social service provider/s space will be leased at 20% of market lease rates (i.e. \$60) plus outgoings.
- An ongoing lease management and building maintenance fee of 1.5% of capital costs per annum will be incurred.

Estimated Operational Budget (per annum)

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Lease Revenue	\$324,000	\$360,000	\$60,000	\$60,000	\$360,000
Operating Costs	\$63,180	\$88,452	\$46,332	\$61,650	\$120,300
Operating Surplus (Deficit)	\$260,820	\$271,548	\$13,668	\$1,650	\$239,700

Sources: Urbis; Realcommercial.com.au, Rawlinsons Australian Construction Handbook

FUNDING STRATEGY

Key Findings

The Shire of Serpentine Jarrahdale has established a Community Infrastructure Developer Contribution Plan which will contribute funding to the works associated with the Byford Library and Multi-Agency Centre. As the funds to be collected through this scheme will not fund the health hub, an analysis of funding options was undertaken.

A combination of external grant funding and debt financing was found to be most appropriate for this project for the following reasons.

- The health hub is demonstrated to deliver a range of positive economic and social benefits to the local community and state's economy.
- The health hub is aligned with numerous state and federal government strategies.
- WATC debt financing is currently providing low cost financing which could be partly serviced by the operating surplus.

Funding Options Assessment

FUNDING OPTION	ASSESSMENT FINDINGS
Shire Reserves	<ul style="list-style-type: none"> ▪ There is considered to be insufficient existing municipal reserves of this magnitude to cover the cost of the project. ▪ The current rate base is not yet established and there is limited capacity to raise rates in the short term (further, Byford is home to largely first home buyers with high levels of mortgage stress prevalent compared to national averages).
Western Australian Treasury Corporation Loan	<ul style="list-style-type: none"> ▪ The WATC provides relatively low cost debt financing to local councils in Western Australia. ▪ There is a risk of being too highly geared, which would impact on further debt financing needs and future infrastructure investment, in which case pressure for rate rises and/or spending cuts may be evident. ▪ There is potential for higher long term interest rates due to higher debt burden which would limit future investment. ▪ Lease revenue could be quarantined to service debt interest and repayments. Dependent on market returns, the lease revenue could fully-cover the debt servicing requirements.
External Grant Funding	<ul style="list-style-type: none"> ▪ External funding opportunities are competitive in nature and generally have explicit requirements which may not be compatible with the health hub project. ▪ There is considered to be political support for the health hub project which is evidenced by the key involvement of state government stakeholders. ▪ The health hub will deliver a range of demonstrable social and economic benefits to the community which supports state and / or federal government funding support. ▪ There are a range of potential funding options that are aligned with this project (e.g. Lotterywest). ▪ The health hub is aligned with a range of state and federal government policy and strategic priorities.

06

STAKEHOLDER AND STRATEGIC ALIGNMENT

POLICY AND STRATEGIC CONSIDERATIONS

Key Findings

The Health Hub project was identified as a key initiative to fill a gap in the current provision of health services within the Shire, and to cater for the Shire's expected very high population growth over the next few decades. The Health Hub importantly will support and form a key implementation measure for a range of national, state and local government objectives.

Importantly, the proposed health hub at Byford would help deliver the aims of key policies, including:

- Sustainable Health Review: Final report to the Western Australian Government;
- Australia's Long-Term National Health Plan;
- Better Health, Together: WA Primary Health Alliance Strategic Plan;
- Our Priorities: Sharing Prosperity;
- WA Recovery Plan;
- Peel Recovery Plan;
- South Metropolitan Peel Sub-regional Planning Framework;
- 2021 WA State Election: Priorities and Requests;
- SJ2050;
- METRONET;
- The Shire's strategic community plan, community health profile, local planning strategy and economic development strategy; and
- The Byford Town Centre Structure Plan.

Alignment to Strategic Imperatives

STRATEGIC IMPERATIVE	ALIGNMENT FINDINGS
 Provide Primary Healthcare Services for the Growing Population	<p>The Health Hub will be a key means of delivering on the goal of the Sustainable Health Review to provide for resident health and wellbeing needs as the population grows and it will reduce pressure on existing healthcare services such as hospitals. It will also fulfill key objectives of the WA Recovery Plan to build the capacity of primary health networks to provide health services to residents and to provide services or connections to expanded mental health, drug and alcohol support services. The Health Hub can also be a means of delivering on the SJ2050 objectives of providing social support to assist people in need and improved public health through better access to health services.</p>
 Provide Health Services to Address Specific Community Needs	<p>The Health Hub will enable fulfillment of key objectives of the Australia's Long Term National Health Plan, including prioritising mental health and preventative health, both areas of identified need for the existing Shire residents. The Health Hub will also be a key means of delivering the goals of the Sustainable Health Review which aims to align public health service delivery with the needs of local communities, and to deliver healthcare within a community setting. As community-located physical infrastructure the Health Hub will also be well-placed to deliver preventative health initiatives and health and wellbeing services specifically for the local Aboriginal community residents in line with the WA Aboriginal Health and Wellbeing Framework.</p>
 Support and Grow the Local Economy and Employment	<p>The Health Hub will directly contribute to and further facilitate improvement of the Shire's current low employment self-sufficiency; supporting the Shire's draft Local Planning Strategy, the Shire's 2021 WA State Election: Priorities and Requests, the South Metropolitan and Peel Sub-Regional Planning Framework and the State Government's Our Priorities: Sharing Prosperity goal of creating and additional 150,000 jobs across WA. Depending on the scale, the Health Hub will provide significant construction phase and ongoing employment benefits.</p>
 Develop Byford Town Centre TOD	<p>The location of the Health Hub near the new Byford station within the Byford town centre will generate public transport trips to Byford, capitalising on the return to investment from METRONET's Byford Rail Extension and providing vibrancy to the town centre, a key priority outlined in the Shire's 2021 WA State Election: Priorities and Requests.</p>

STAKEHOLDER ENGAGEMENT

Key Findings

The nature of this project means that buy-in and participation from key stakeholders is essential for the health hub to be successful and to maximise positive community outcomes.

Targeted engagement was undertaken for this business case in order to better understand the health needs of the Shire's resident population, the capacity of the public and private sectors to deliver services, the optimal mix of services and the potential delivery models. This information was used to inform the needs assessment and options.

These were:

- Shire of Serpentine Jarrahdale;
- Peel Development Commission;
- East Metropolitan Health Service;
- Child and Adolescent Health Service; and
- Western Australian Primary Health Alliance.

Future engagement activities will be guided by the communication plan in the following section.

Key Stakeholder Roles

STAKEHOLDER	POTENTIAL ROLES / OPPORTUNITIES
Shire of Serpentine Jarrahdale	<ul style="list-style-type: none"> ▪ Need to ensure adequate public health planning is undertaken. ▪ Need to capitalise on the METRONET investment in Byford Town Centre and enable development of a functional town centre. ▪ Lead the purchase of land and development of the Health Hub building. ▪ Coordinate the location of public / private health services within/nearby the Health Hub. ▪ Remain a partner in the Health Hub building.
Peel Development Commission (PDC)	<ul style="list-style-type: none"> ▪ Provided funding for the business case. ▪ Shire is within the PDC area. ▪ Potential funding partner for development of the Health Hub. ▪ Can provide information to Peel residents on the services provided at the Health Hub.
East Metropolitan Health Service (EMHS)	<ul style="list-style-type: none"> ▪ Need to provide health services to the community, including maternity, community mental health and specialist medical and surgical outpatient services. ▪ Interested in providing regular in-reach services to the Shire residents using flexible spaces within the Health Hub. ▪ Requirement for telehealth enabled space within the Health Hub to support virtual patient consultations and multidisciplinary team case conferences ▪ Interested in supporting technology enabled healthcare (e.g. remote monitoring of people with chronic conditions such as COPD and CHF). ▪ Interested in partnering with the Shire, not-for-profit organisations (e.g. Heart Foundation, Cancer Foundation or Diabetes Australia), and/or private primary care providers with the involvement of the WA Primary Health Alliance for the delivery of health, lifestyle and social programs from the Health Hub. ▪ Interested in exploring other partnerships, for example with private specialists and nurse practitioners, particularly seeking innovative and sustainable models in outpatient services. ▪ Interested in exploring partnership with primary care/GPs to support the provision of urgent and ambulatory care in the future to reduce the need to present to a hospital emergency department for specialist care.

STAKEHOLDER ENGAGEMENT CONT.

Key Stakeholder Roles

STAKEHOLDER	POTENTIAL ROLES / OPPORTUNITIES
Child and Adolescent Health Service / Child and Adolescent Mental Health Service (CAHS / CAMHS)	<ul style="list-style-type: none"> ▪ Need to provide community health services including maternal and child health, school health, immunisations, child and adolescent mental health, Aboriginal health, refugee health. ▪ Existing child health clinics in Byford and Serpentine are exceeding capacity and some clients are being sent elsewhere. Need additional space in Byford to provide adequate child health services to the existing population. ▪ Growing population will require expansion of the school health program in the Shire. ▪ Interested in partnering with the Shire and EMHS to develop / provide combined health services to the Shire. ▪ Have previously planned to develop integrated community health hubs across Perth, including in the Shire. Funding for this is required. ▪ Interested in being a tenant within the Health Hub / co-locating their own community health hub adjacent or on the same site. ▪ Can consolidate some of existing health services in the Shire in one place.
WAPHA	<ul style="list-style-type: none"> ▪ Commission provision of primary health services in areas of need. ▪ May provide support to establishing a general practice.

07

IMPLEMENTATION PLANS

PROJECT PLAN

Overview

Key milestones and anticipated timeframes were identified to support the delivery of the health hub. Key tasks include:

- Endorsement of this business case;
- Ongoing engagement with stakeholders, potential funding partners and health service providers, including a potential expression of interest process;
- Lease negotiations with shortlisted health service providers and execution of lease terms;
- Concept design and cost estimation, taking into consideration the needs of health service providers, the preferred health care model, and co-location with the civic and community services building;
- Funding decisions;
- Building and site works approvals;
- Contract procurement and award; and
- Construction of health hub.

A more detailed timeline should be developed on as part of the development of a project management plan, following endorsement of the business case.

The timeframes will depend on the procurement approach, with a design and construct tender potentially shortening the timeframe.

Key Milestones

MILESTONE	TIMING	STATUS
Initial engagement with stakeholders	Nov-20 to Jan-21	Completed
Preparation of business case	Nov-20 to Jan-21	Completed
Endorsement of business case	Feb-21 to Mar-21	-
Engagement with stakeholders	Feb-21 to Jun-21	-
Major Land Transaction Business Plan	Jun-21 to Aug-21	=
Lease negotiations	Sep-21 to Nov-21	-
Execution of lease agreements	Dec-21 to Jan-22	-
Concept design	Jul-21 to Jan-22	-
Funding decision	Feb-22 to Mar-22	-
Building and site works approvals	Apr-22 to May-22	-
Contract procurement	Jun-22 to Aug-22	-
Contract award	Sep-22 to Oct-22	-
Construction commences	Dec-22 to May-24	-
Tenant fit-out	Jun-24 to Jul-24	-
Health hub operational	Aug-24	-

COMMUNICATION PLAN

Overview

The Shire of Serpentine Jarrahdale seeks to encourage community participation in decision-making processes, communicate information to stakeholders and the community generally and to ensure decision-making transparency. It therefore utilises a range of mechanisms to target a broad cross-section of the community to both engage and then inform residents, incorporated associations, community groups and business and industry stakeholders.

Communication of Shire initiatives, including proposal prior to final approval, generally involves online information provision and feedback mechanisms, traditional print advertising, direct mail both random and targeted, as well as information provision through outstation locations and direct community access to both informally and formally convened communication opportunities.

These communication activities are guided by the Shire's Community Engagement Policy (5.3.4). This policy applies to all Shire staff and contractors that deliver services, or undertake projects, that impact Shire community and stakeholders.

Preliminary promotion and communication mechanisms are recommended to be implemented by the Shire in relation to this project. These initiatives should be reviewed and amended as required during detailed planning for this project.

Further, the communication plan will need to align with any financial agreement requirements if external financing is provided.

Communication Plan

INITIATIVE	DESCRIPTION
Project Factsheets and Updates	Key project information and timelines presented in a simple fact sheet will be developed and made available on the Shire's website, through social media and other communication platforms and from the administration office and other distribution points.
Expression of Interest (EOI) for Health Service Providers	An expression of interest (EOI) or similar process will help to identify potential tenants to negotiate with for the leasable floorspace. Following this process and exclusive negotiations, leasing contracts should be executed prior to construction commencing.
Funding Announcement	Funding partners and relevant stakeholders will publicly announce the funding for the project and project timeline. The Shire will work with relevant government agencies to develop joint media statements.
Milestone Celebrations	Ceremonial events to mark project milestones, including sod-turning, lock-up, practical completion and grand opening/re-opening events. Related announcements, media statements and speeches will acknowledge the funding support of partner agencies.
Promotional Materials	The Shire will explore the use of promotional materials such as flyers and signage to acknowledge the benefits of the project and funding partners involved.

PROJECT MANAGEMENT AND GOVERNANCE

Overview

The Shire of Serpentine Jarrahdale will be the lead project manager as the continued owner of the health hub.

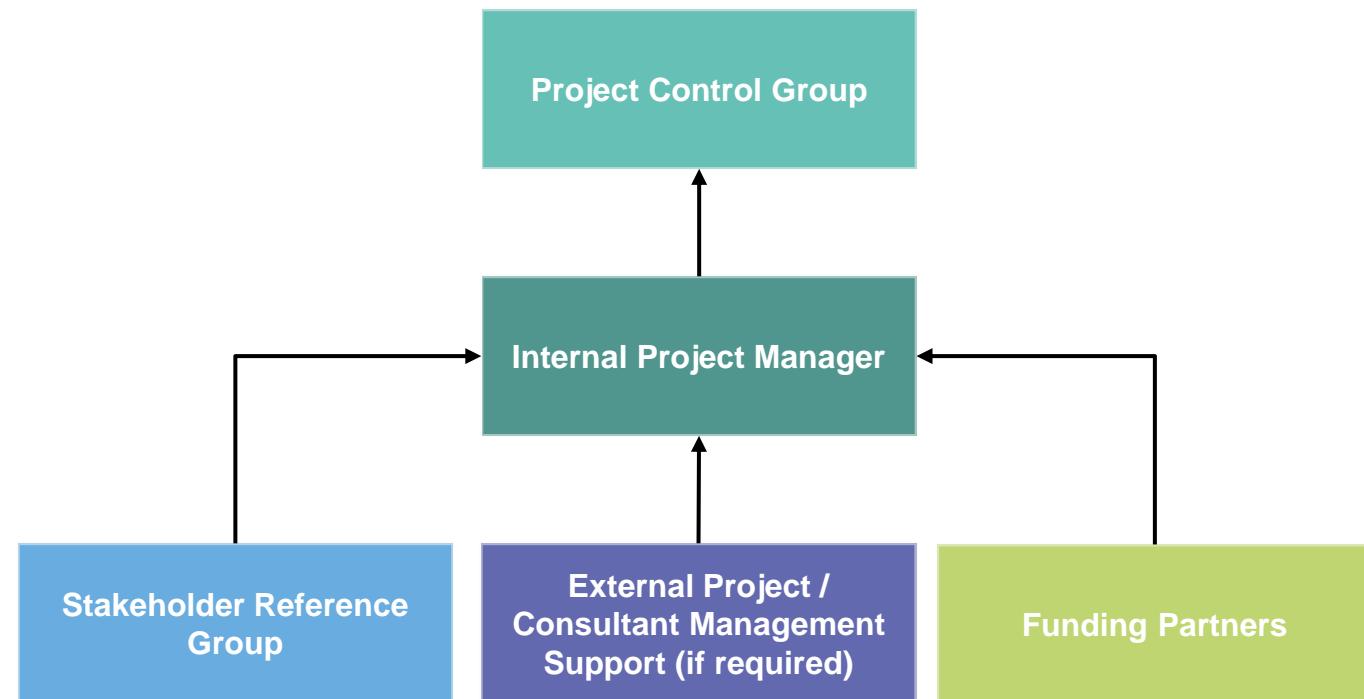
In the development of the project, the Shire will appoint a suitably qualified project manager to oversee project delivery. The project manager will be responsible for project scheduling, cost control, procurement, project delivery, construction supervision and project reporting and will be responsible for the administration of all contracts awarded to deliver the project.

Minimum reporting arrangements will exist whereby monthly progress reports, issues log and progress payment authorisation requests are provided to a project control group which would meet as required and quarterly as a minimum.

The project control group will be responsible for: monitoring the project deliverables and milestones, ensuring probity compliance, ensuring procurement and contract policies are consistent with the Shire's policies (and that of any funding partners) and reviewing and recommending any contract variations.

A project management plan for the construction of the health hub will be developed to describe in detail the project management, governance, procurement, communication and risk procedures.

Project Governance Model



PROCUREMENT PLAN

Overview

The Shire of Serpentine Jarrahdale is committed to delivering best practice in the purchasing of goods, services and works that align with the principles of transparency, probity and good governance. The Shire has an established Procurement of Goods or Services through Public Tendering Policy (3.2.5). The purpose of this policy is to ensure consistency for purchasing and procurement across all the Shire's operational areas.

For services and goods below \$250,000 in value, procurement is guided by the Purchasing Policy (3.2.4).

Procurement Services will compile and be responsible for the tender package, comprising the specifications received from the authorised officer and based on the Shire's standard terms and conditions of contract and decision matrix.

The Shire has strategies in place to prevent the misappropriation of funds and inappropriate use of public property that include a comprehensive Annual Audit Plan providing a balanced mix of financial, operational and information technology audits. In addition, risk management is considered an integral part of the annual business planning approach and risks are managed and monitored at all levels.

Potential Services Required to Deliver Health Hub

#	SERVICE REQUIRED	SERVICE PROVIDERS
1	Stakeholder engagement	Shire officers or external engagement consultant
2	Project management	Shire officers or external project management consultant
3	Leasing EOI and negotiations	Shire officers with support from property management agency
4	Concept design	Architect and required technical consultants (e.g. engineering, environmental etc.)
5	Cost estimation	Quantity surveyor
6	Building approval	Shire officers or external planning consultant
7	Contractor procurement	Shire officers or external project management consultant
8	Building works supervision	Shire officers or external project management consultant

ASSET MANAGEMENT PLAN

Overview

The Shire of Serpentine Jarrahdale will be responsible for the ongoing maintenance of the health hub. Its management of this building will be guided by the Shire's Asset Management Policy (2.0.1).

This policy guides how the Shire can ensure that the health hub will continue to function to the level of service required by Council.

A key component of asset performance is asset life – the greater the performance of an asset component, the longer the life. The Shire will therefore conduct maintenance services as required.

Asset Management plans will be prepared in accordance with the recommended format of the Institute of Public Works Engineering Australia's (IPWEA) International Infrastructure Manual. This will include long term (20 year) financial modelling of the renewal profile of each asset class and will be underpinned by long term financial plans.

Asset Management Policy Principles

PRINCIPLE

Philosophy of renewing assets before acquiring new assets and, where possible, rationalising assets that are no longer used or do not provide the necessary level of service required to sustainably deliver the service for which the asset was acquired.

Prior to consideration of any major refurbishment, improvement to an existing asset, construction or acquisition of a new asset, a critical review of the following shall occur as part of the evaluation and prioritisation process:

- Need for facility (short and long term)
- Legislative requirements
- Opportunities for rationalisation
- Future liability including ultimate retention/disposal
- Opportunities for multiple use

All capital projects will be evaluated in accordance with a Capital Evaluation model and take into account capital cost, ongoing cost of maintenance, refurbishment, replacement and operating cost ("whole of life" cost assessment).

Management of assets utilising a team approach supported by the multi discipline cross-functional asset management working group.

Developing and implementing a 10 year "rolling" financial plan that incorporates infrastructure renewal requirements as identified within the various Asset Management Plans.

The commitment to involve and consult with the community and key stakeholders when determining service levels.

Training in asset and financial management will be provided for councillors and relevant staff.

RISK MANAGEMENT PLAN

Overview

The Shire of Serpentine Jarrahdale manages and mitigates risks in accordance with its Risk Management Policy (3.3.3). The objective of this policy is to outline the strategies and processes applied in implementing an effective risk management system. This policy applies to all risk processes within the Shire and is subject to regular monitoring through the Audit, Risk and Governance ('ARG') Committee and Council.

To guide the effective risk management of the health hub project, a preliminary risk identification process has been undertaken as part of this business case. A detailed risk workshop will be undertaken by the project director / manager as part of the development of the project management plan and this role will be responsible for maintaining the risk register.

The overall objectives of the risk management and assessment process were to identify risks to the successful delivery of the project and construction contract in respect to:

- Financial risks;
- Regulatory risks;
- Procurement risks;
- Site / construction risks;
- Public perception / stakeholder risks; and
- Operational risks.

A preliminary risk management plan can be found in Appendix G.

Risk Analysis Process

1. Identify risk categories

2. Identify risk events

3. Assess the likelihood of the risk occurring

4. Assess the expected severity of the consequences if the event occurs

5. Identify appropriate mitigation measures

MONITORING AND EVALUATION PLAN

Overview

This Monitoring and Evaluation (M&E) Plan describes a proposed M&E process for the project. This plan helps to track and assess the results of the projects and provides timely insights that will inform the delivery of this project and future projects. It is a living document that should be referred to and updated on a regular basis.

The distinction between evaluation and monitoring can sometimes be blurred since both involve some form of data collection, analysis, and reflection on the implications for action. However, monitoring tends to be a continuous process, while evaluation is typically periodic and involves a greater element of analysis and reflection. Monitoring is critical for insightful evaluation because it provides a sufficient base of information about how a project or program was implemented, including whether and in what ways it deviated from its intended design.

Evaluation is an opportunity to reflect upon the approaches that worked well and those that did not work as well, to identify the reasons for success or failure, and to learn from both. This plan describes the conceptual outline of the M&E process for the project through the identification of potential performance measures and measurement approaches for each project objective identified in section one of this business case.

The Shire of Serpentine Jarrahdale will be responsible for implementing the M&E Plan. The Shire will work with relevant partner organisations to ensure information is accurately and cost-effectively obtained.

Project Outcomes and Measurement Methods

OBJECTIVE	PERFORMANCE MEASURE	MEASUREMENT METHOD/S
Address Fast-Growing Health Needs	The number, diversity and usage of additional health services provided by the health hub.	<ul style="list-style-type: none"> ▪ Number of additional health professionals ▪ Number of additional health services not previously available ▪ Usage of health services provided from health hub
Provide Preventative Health Services	The availability and usage of preventative health services.	<ul style="list-style-type: none"> ▪ The level of potentially preventable hospitalisations ▪ The number of additional preventable health services and usage
Improve the Health of the Current and Future Population	Improvements in the reported health attributes of the resident population.	<ul style="list-style-type: none"> ▪ Levels of health risk factors compared to prior to health hub operation
Support the Activation and Development of the Byford Town Centre	Increased usage of Byford town centre and associated investment in the area.	<ul style="list-style-type: none"> ▪ Level of investment proposed and undertaken in the town centre



APPENDIX A

HEALTH PROFILE

DEMOGRAPHIC PROFILE

Key Findings

The age profile illustrates that the Shire of Serpentine Jarrahdale has a population with a high proportion of younger people with a notably high proportion of residents aged 0-14 years, a very low proportion of residents aged over 60 and an average age nearly 4 years younger than Greater Perth.

The young age profile means that there is a higher than typical need for health services for young children and families, such as child health services and maternal health services. The incidence of chronic disease and disability tends to be relatively low in younger populations, however as the population ages this typically increases and appropriate services will be needed that are unlikely to be present at this point in time.

Labour force participation in the Shire is relatively high at 72% compared to the South Metropolitan Region (69%) and Greater Perth (68%). This reflects the young population and few of residents of retirement-age. Employment levels are also high, with only 7% Shire residents unemployed. Many residents tend to work longer hours than comparable areas.

While the average household income for Shire residents is typically higher than Greater Perth, the income per capita is lower due to the larger household size. This may negatively impact the access of some residents to private medical healthcare and primary healthcare services.

A very high proportion (65%) of Shire residents living in housing that is owned with a mortgage, almost double the proportion elsewhere in WA. Housing cost data indicates that the need to service mortgages is a source of stress for some residents.

Demographic Profile, 2016

METRICS	SERPENTINE JARRAHDALE	GREATER PERTH
Household Metrics:		
Average Household Income	\$ 108,353	\$ 100,524
Var'n from Perth Avg.	8%	
Average Household Size	2.9	2.6
Per Capita Income:		
Per Cap. Income	\$ 37,648	\$ 40,693
Var'n from Perth Avg.	-7%	
Age Distribution:		
Aged 0-14	24%	19%
Aged 15-24	13%	13%
Aged 25-39	24%	23%
Aged 40-59	26%	26%
Aged 60+	13%	19%
Average Age	32.81%	36.62%
Labour Force:		
Labour Force Participation	72%	68%
% Unemployed	7%	8%
% Managers and Professionals	23%	34%
% Other White Collar	34%	34%
% Blue Collar Occupations	43%	32%
People Characteristics and Diversity:		
Australian Born	73%	61%
Overseas Born	27%	39%
Aboriginal and/or Torres Strait Islander People	2%	2%
Housing:		
Owned	23%	30%
Owned with Mortgage	65%	44%
Rented	14%	28%

Source : ABS Census (2016); Urbis

POPULATION FORECASTS

Key Findings

The Shire of Serpentine Jarrahdale is the fastest growing local council area in Western Australia. The population of the Shire increased by an average of 7.3% over the 2010-20 period.

With significant levels of undeveloped Urban zoned land in Byford and Mundijong / Whitby and key infrastructure investment in the extension of the Armadale line and Tonkin Highway, the Shire's population is expected to increase from an estimated 34,653 in 2020 to 55,627 in 2030.

Over the longer term, the Shire of Serpentine Jarrahdale estimates that its population will increase to approximately 130,000 by 2050.

The significant historical, current and future growth will drive increased need for local and accessible health services.

Age forecasts indicate that the Shire is expected to almost double in the next 15 years, increasing from around 34,653 residents in 2020 to more than 66,000 by 2035. This exceptional growth rate averages 4.4% and is significantly higher than the Greater Perth average of 1.4%.

This very high growth rate will result in a rapid increase in the need for health services to be supplied locally. Waiting for the market to catch up to population growth is likely to result in a significantly underservicing of the health needs of Shire residents, which may lead to poorer overall health outcomes in the future.

Population Forecasts, 2020-2035, Shire of Serpentine Jarrahdale

POPULATION (NO.)*	YEAR				CHANGE 2020 to 2035
	2020	2025	2030	2035	
Residents					
Shire of Serpentine Jarrahdale	34,653	44,877	55,627	66,225	31,683
Aged 0 - 19	10,677	13,660	16,500	19,207	8,530
Aged 20 - 39	10,676	14,071	17,681	21,064	10,388
Aged 40 - 59	8,669	11,095	13,753	16,372	7,703
Aged 60+	4,502	6,008	7,698	9,562	5,060

POPULATION GROWTH	ANNUAL POPULATION GROWTH (%)		
	20-25	25-30	30-35
Shire of Serpentine Jarrahdale	5.3%	4.4%	3.5%
Perth	1.3%	1.4%	1.5%
Aged 0 - 19	5.1%	3.9%	3.1%
Aged 20 - 39	5.7%	4.7%	3.6%
Aged 40 - 59	5.1%	4.4%	3.5%
Aged 60+	5.9%	5.1%	4.4%

* As at June.

Source: ABS; Forecast.id; Urbis

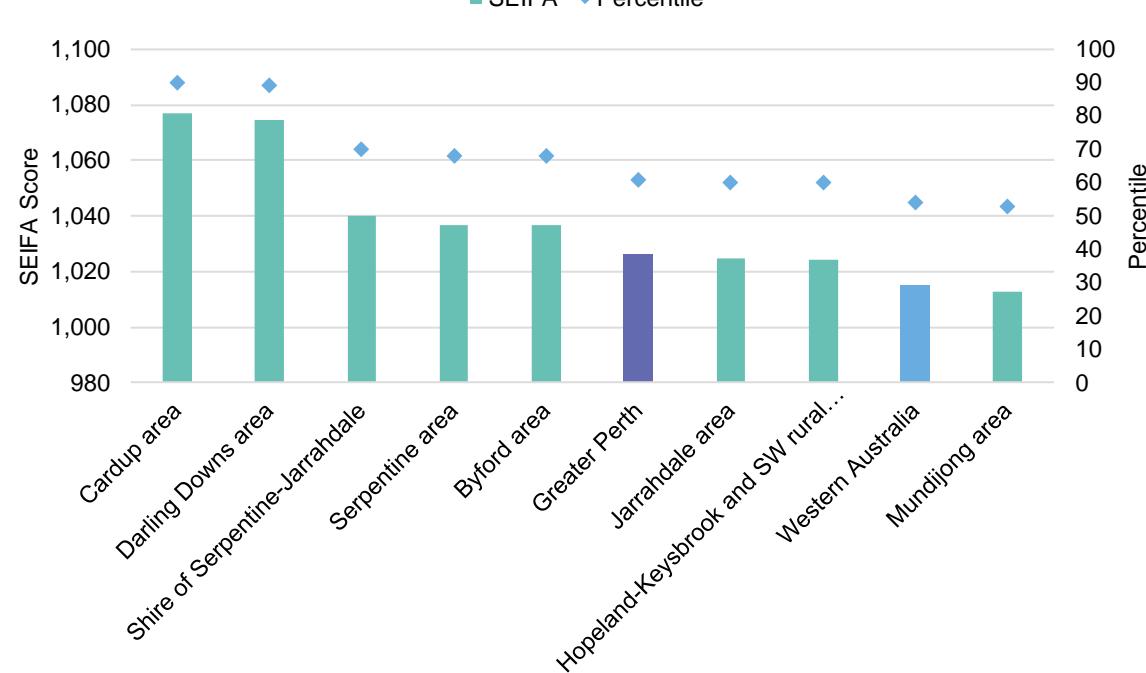
SOCIO-ECONOMIC DISADVANTAGE

Key Findings

People living in low socio-economic areas tend to have higher levels of chronic disease, lower life expectancy and higher mortality. They are also more likely to delay spending on health needs and spend less on healthcare.

Measures of socio-economic disadvantage across the Shire varied significantly in different suburbs, with some suburbs showing lower levels of disadvantage compared to the Perth metropolitan benchmark and others much higher.

SEIFA Index, 2016



Source: *Census of Population and Housing, 2016 (Australian Bureau of Statistics 2016)*.

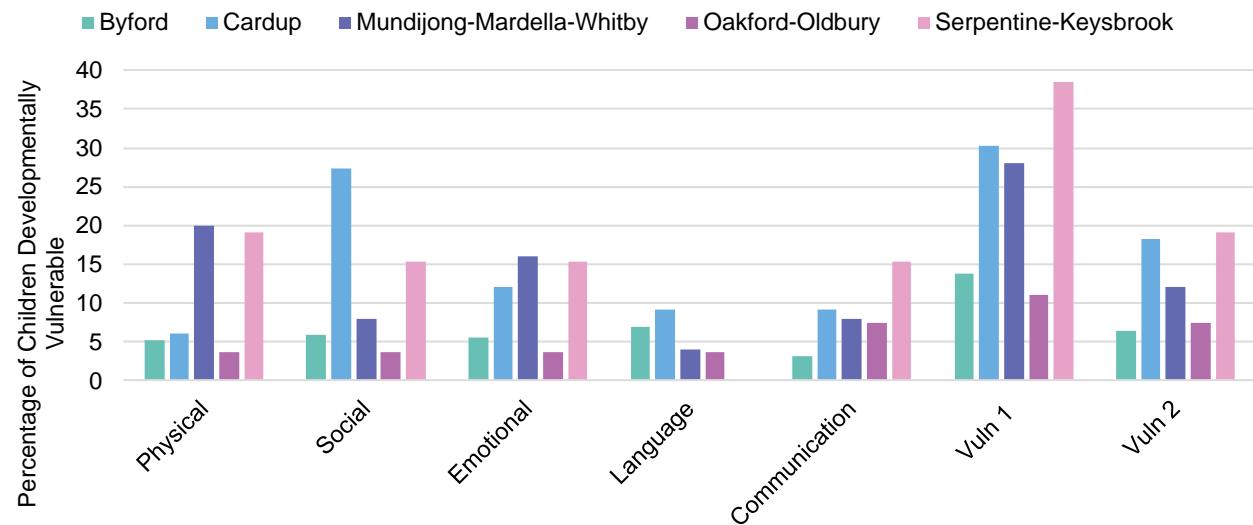
CHILD DEVELOPMENT

Key Findings

Measures across the five key domains of early childhood development show whether young children are developmentally on track, developmentally at risk or developmentally vulnerable.

Children living within some suburbs of the Shire are showing high levels of vulnerability across one or two domains.

Children Developmentally Vulnerable in the Shire of Serpentine Jarrahdale



Source: Australian Early Development Census Community Profile 2018 Serpentine-Jarrahdale (Australian Early Development Census 2019).

Notes: Vuln 1 refers to "vulnerable on one or more domain(s)", Vuln 2 refers to "vulnerable on two or more domains"

HEALTH RISK INDICATORS

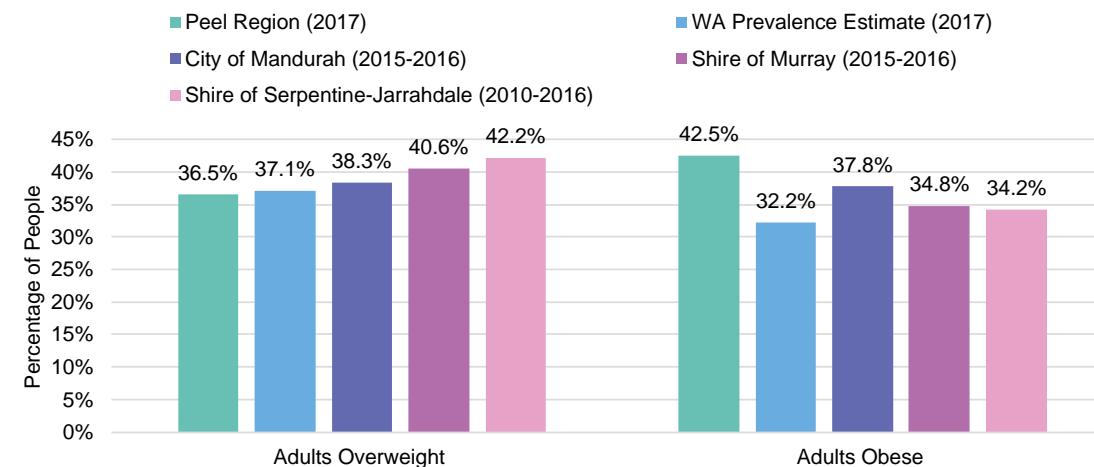
Key Findings

Overweight and obese adults tend to be at higher risk for a range of different chronic diseases.

The proportion of obese adults in the Shire is only slightly higher than the WA benchmark, however the proportion of overweight adults in the Shire is 5% higher at 42.2%. Men were much more likely than women to be overweight.

High levels of children aged 2-17 in the Shire are overweight (17.2%), and obese (6.1%).

Incidence of Overweight and Obese Adults



Source: Serpentine-Jarrahdale (S) LGA Health Profile, 2010-16, HWSS, WA Department of Health (Epidemiology Branch 2017c).

Note: Adults Overweight - (BMI 25 - <30 = Overweight, BMI 30+ = Obese) - Self Reported Height/Weight Adjusted For Under Reporting

Note: Adults Obese - (BMI 25 - <30 = Overweight, BMI 30+ = Obese) - Self Reported Height/Weight Adjusted For Under Reporting

HEALTH RISK INDICATORS (CONT.)

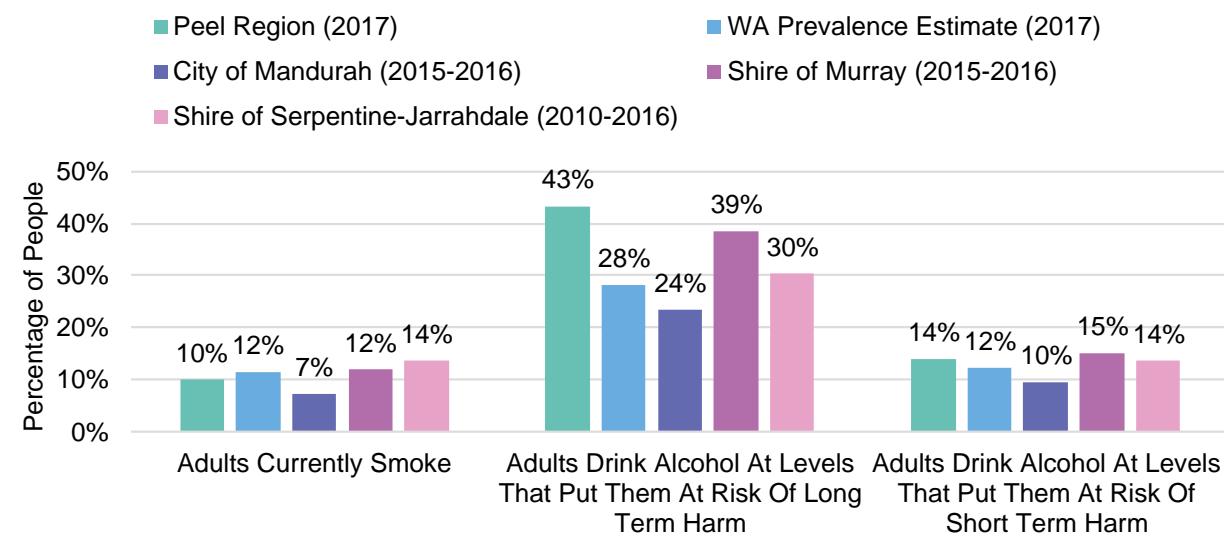
Key Findings

Smoking is the leading cause of preventable diseases and death in Australia. High alcohol consumption increases risk of short-term or long-term harm.

14% of Shire residents smoke, higher than the WA benchmark of 12%.

Alcohol consumption in the Shire is significantly higher than benchmark areas, and at levels likely to cause short or long-term harm.

Incidence of Smoking and Alcohol Consumption at Harmful Levels



Source: Serpentine- Jarrahdale (S) LGA Health Profile, 2010-16, HWSS, Western Australian Department of Health (Epidemiology Branch 2017c).
Note: Long term risk levels comply to: 'Proportion Of All Adult Respondents 16Yr+ - Drinks More Than 2 Standard Drinks On Any Given Day (Alcohol Consumption 16Yr-17YrHigh Risk Classification'
Note: Short term risk levels comply to: 'Proportion Of All Adult Respondents 16Yr+ - Drinks More Than 4 Standard Drinks On Any Day (Alcohol Consumption 16Yr-17Yr High Risk Classification'

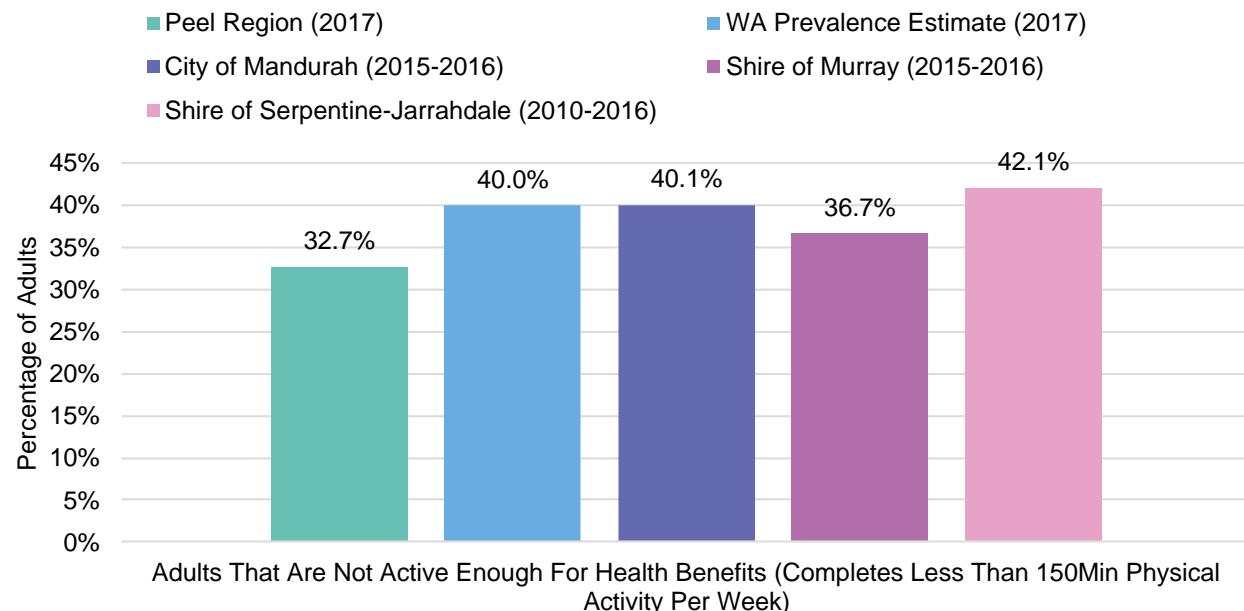
HEALTH RISK INDICATORS (CONT.)

Key Findings

Regular physical activity is important for optimal health and wellbeing, reducing the risk of some diseases and improving health.

42.1% of Shire residents did not exercise at levels sufficient to provide health benefits, slightly higher than the WA estimate.

Adult Physical Activity Levels



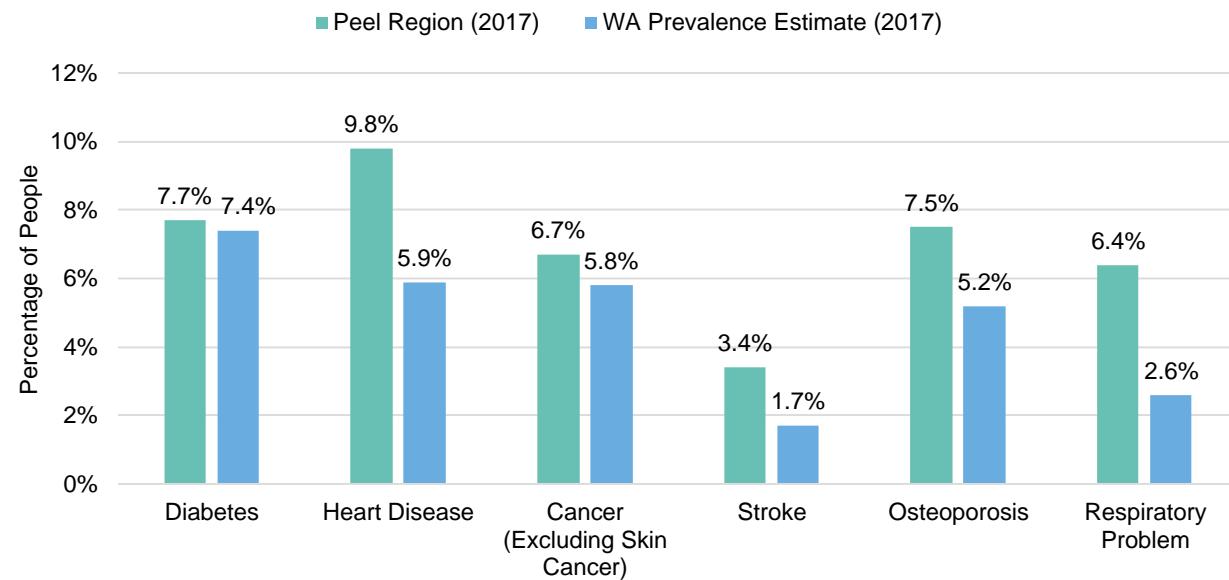
Source: WA Health & Wellness Surveillance System Data (2017 Data)

CHRONIC DISEASE PREVALENCE

Key Findings

Chronic diseases are the prominent cause of death for people aged 45 and over in Australia. The prevalence of heart disease, cancer, stroke, respiratory problems, osteoporosis and diabetes in the Peel Region is significantly higher than the WA benchmark. Within the Shire there are a high number of deaths from cancer which may be avoidable, including skin cancer. Screening rates for some cancers in the Shire are relatively low compared to WA. Male residents are of particularly high risk of a number of cancers. Utilisation of GP services to manage chronic disease in the Shire is low.

Key Disease Indicators, 2017



Source: WA Health & wellness Surveillance System (2017 Data)

Note: Respiratory problem includes any 'Respiratory Problem Diagnosed By A Doctor Lasting More Than 6 Month, Excludes Asthma (EG: Bronchitis, Emphysema, Chronic Lung Disease)'

Note: All must have been diagnosed by a doctor in the last 12 months

MENTAL HEALTH RISK INDICATORS

Key Findings

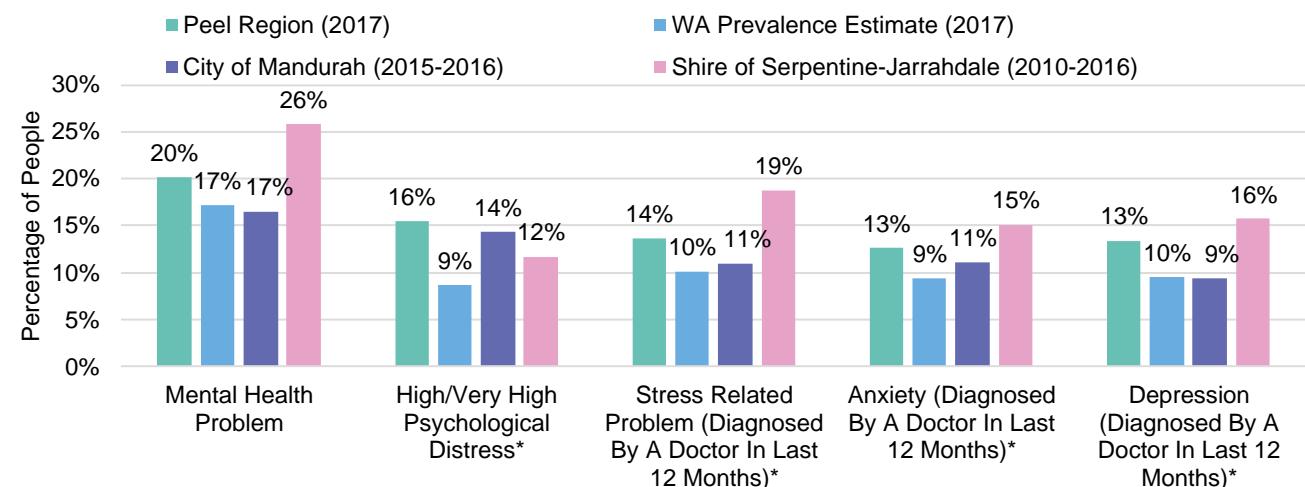
Mental health conditions can severely impact all aspects of a person's life – including their physical health, ability to work, study and interactions with family and friends.

The proportion of Shire residents experiencing mental health problems, anxiety, depression, stress-related problems and high / very high psychological distress is higher than the WA benchmark, and for the majority of categories, higher than the Peel Region benchmark. Between 2017/18 and 2019/20 4% of all emergency department presentations by Shire residents were for mental health conditions, with key age groups being young adults and people aged over 65. The proportion of presentations by indigenous Shire residents were even higher, with an average of 9%.

Youth suicide for Shire residents is much higher than the Perth metropolitan and WA figures, with young men highest risk.

A relative lack of GP and psychiatrist services within the Shire may limit the capacity of the health system to address mental health concerns at an early stage and enable residents to manage their health condition in a community setting. Key groups of high need for mental health services are men, especially teenagers and young adults, and indigenous residents.

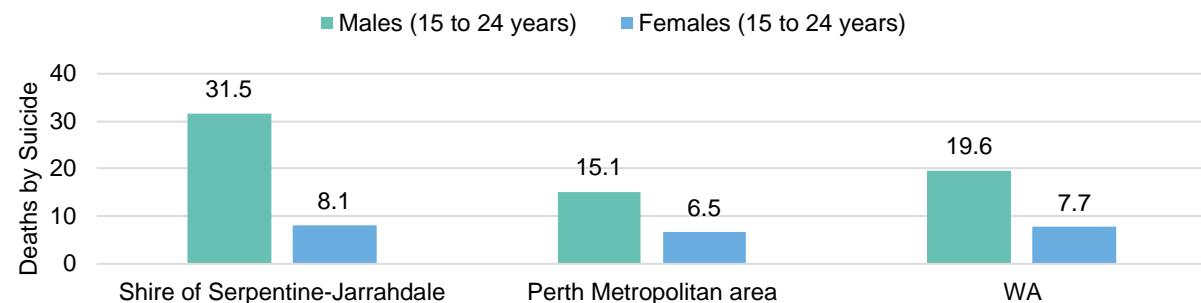
Mental Health Indicators



Source: Serpentine-Jarrahdale (C) LGA Health Profile, 2010-16, HWSS, Western Australian Department of Health (Epidemiology Branch 2017c).

Note: Mental health problem participants were 'diagnosed by a doctor with a stress related problem, depression, anxiety or other mental health problem in the last 12 months'

Youth Suicide, 2017



Source/s: Summary of population characteristics and the health and wellbeing of residents of the Serpentine-Jarrahdale (C) LGA (Epidemiology Branch 2017d).

*Results are per 100,000 persons

DISABILITY PREVALENCE

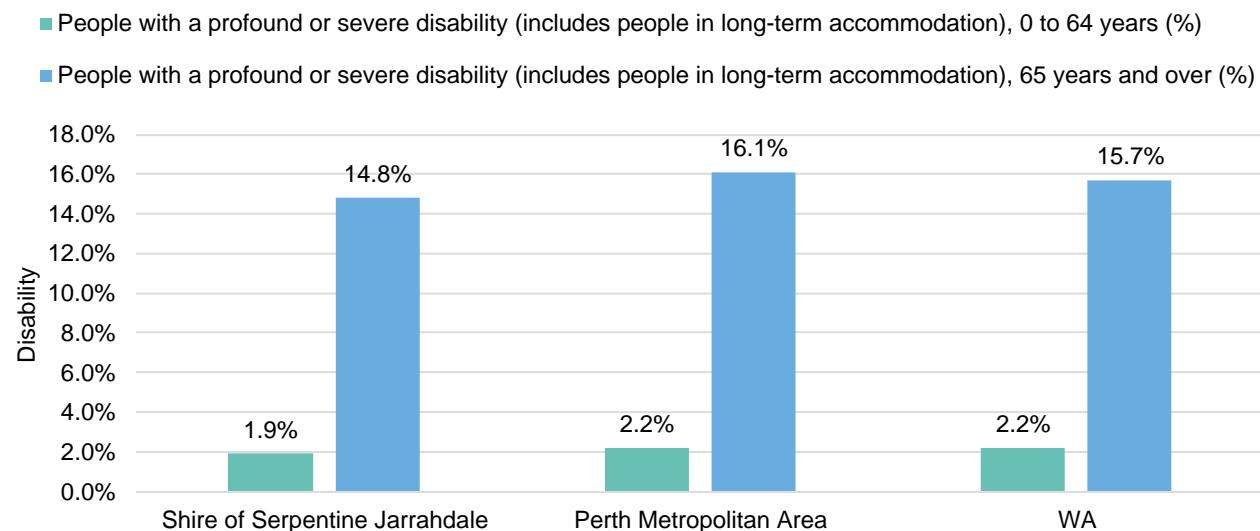
Key Findings

The prevalence of disability in the Shire is slightly lower than the comparable areas of Perth metropolitan area and WA for people aged under and over 65.

This is likely to reflect not only the young age profile of the existing resident population, but also a relative lack of services and facilities available in the Shire to support people with disabilities to live within a community setting or within specialized accommodation.

As the population matures the disability prevalence is likely to adjust to rates closer to the WA and then Perth metropolitan averages.

Disability Prevalence, 2016



Source/s: PHIDU social health atlas 2020 (2016 PoE)

HOSPITAL PRESENTATIONS

Key Findings

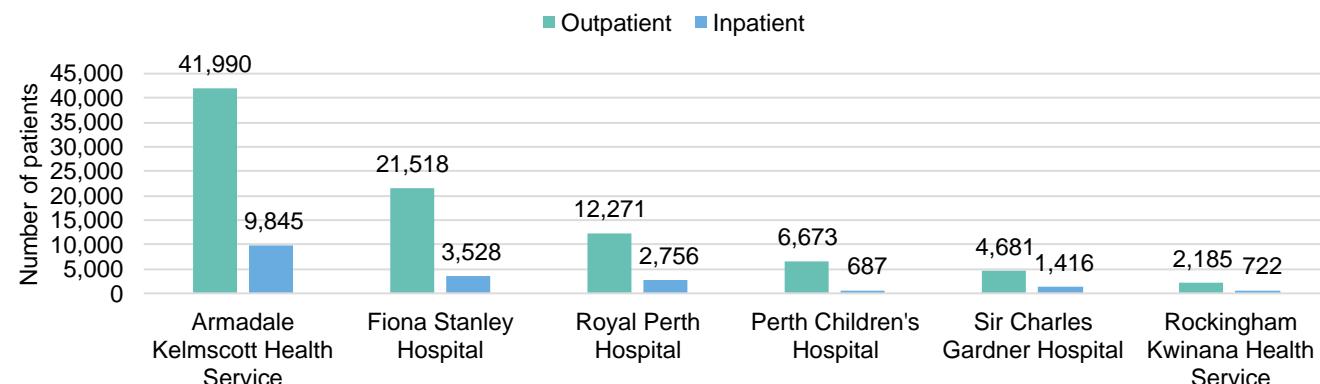
The most common hospital Shire residents attended (presenting to an ED or being admitted as an inpatient or outpatient) was Armadale-Kelmscott Health Service, followed by Fiona Stanley Hospital.

Shire residents presented to EDs at higher rates than residents of Greater Perth and WA, but lower than the WA (excluding Greater Perth). High rates of urgent presentations were a key contributor.

Over 33% of Shire resident ED presentations were the result on injury, poisoning and other consequences of external causes. This was at higher rates than Greater Perth or WA.

Presentations for the majority of other reasons were at rates higher than or comparable to Greater and WA, with the exception of for mental health and behaviour disorders, which were significantly lower.

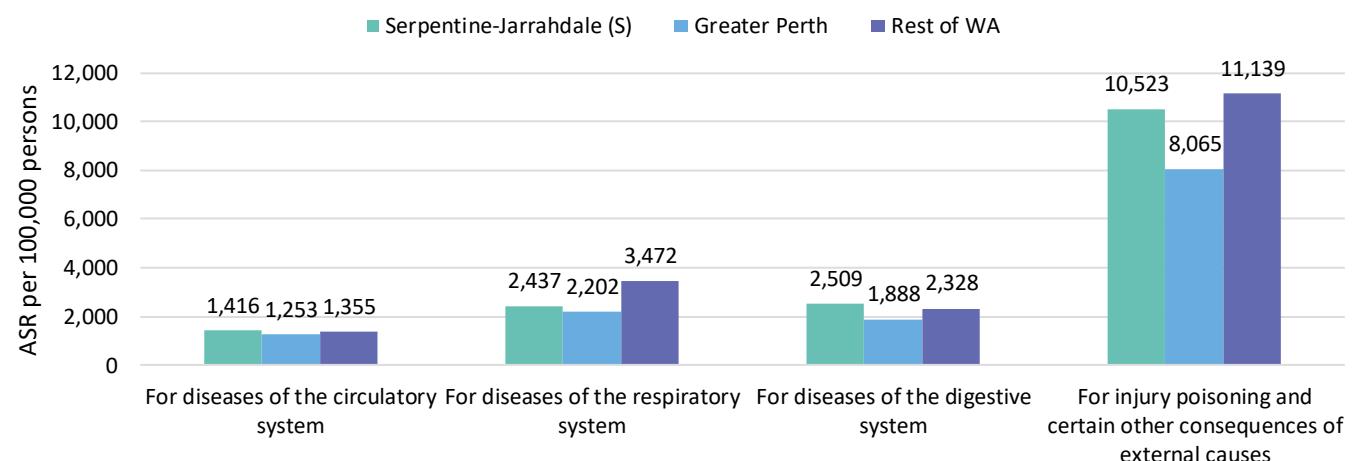
Hospital Admissions and Outpatient Appointments, 2017 - 2020



Source: East Metropolitan Health Service

Note: Total admissions from 2017/18, 2018/19, 2019/20.

Main Reason for ED Presentation 2017 - 2018



Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2017/18; and the ABS Estimated Resident Population, 30 June 2017 and 30 June 2018.

Note: ASR per 100,000 persons refers to the 'Age-Standardised Rate per 100,000 population'

HOSPITAL ADMISSIONS

Key Findings

Compared to Greater Perth and WA, Shire residents were admitted to hospitals at slightly lower rates. This may be a result of the current population being younger and less likely to have health issues.

The most common reason for Shire residents to be admitted to hospital was digestive systems diseases, at rates slightly lower than Greater Perth or WA. This was followed by admissions for musculoskeletal system and connective tissue diseases and injury, poisoning and other external causes, both at rates higher than Greater Perth and WA.

Mental health related conditions admissions occurred at around half the rate for residents on Greater Perth and WA, despite the rates of poor of mental health indicators being much higher.

Hospital Inpatient Admissions and Outpatient Appointments by Sex, 2017-18



Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2017/18; and the ABS Estimated Resident Population, 30 June 2017 and 30 June 2018.

Note: Excludes same-day admissions for renal dialysis. Data derived from all hospitals. ASR per 100,000 persons refers to the 'Age-Standardised Rate per 100,000 population'

Key Reasons for Hospital Admission, 2017-18

ADMISSIONS ALL HOSPITALS	SERPENTINE-JARRAHDALE (S)	GREATER PERTH	WESTERN AUSTRALIA
Admissions for digestive system diseases	4,130.3	4,284.4	4,310.8
Admissions for musculoskeletal system and connective tissue diseases	3,180.4	2,886.8	2,851.7
Admissions for injury, poisoning and other external causes	3,015.5	2,781.7	2,908.7
Admissions for all cancers	2,721.8	3,079.0	3,017.9
Admissions for circulatory system diseases	2,601.1	2,234.6	2,275.4
Admissions for eye and adnexa diseases	2,191.1	2,195.0	2,141.9
Admissions for genitourinary system diseases	1,903.0	1,978.5	1,948.8
Admissions for respiratory system diseases	1,566.2	1,598.9	1,724.5
Admissions for mental health related conditions	655.2	1,195.1	1,193.6

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2017/18; and the ABS Estimated Resident Population, 30 June 2017 and 30 June 2018.

Note: Data derived from all hospitals



APPENDIX B

HEALTH SERVICES SUPPLY

HEALTH SERVICES SUPPLY LOCATED / OPERATING WITHIN SHIRE

PRIMARY HEALTH SERVICE TYPE	NAME OF SERVICE	KEY SERVICES	NUMBER / TYPE OF PRACTITIONERS
General Practice	Byford Family Practice	<ul style="list-style-type: none"> ▪ GP ▪ Pathology ▪ Physiotherapy ▪ Podiatry ▪ Dental ▪ Chiropractor ▪ Dietician ▪ Physiotherapy 	<ul style="list-style-type: none"> ▪ GP – 6
	Byford Medical Centre	<ul style="list-style-type: none"> ▪ GP ▪ Psychology ▪ Physiotherapy ▪ Dietician ▪ Pathology ▪ Audiology ▪ Nurses 	<ul style="list-style-type: none"> ▪ GP – 9 ▪ Physiotherapist – 1 ▪ Dietician – 1 ▪ Nurses – 4
	Byford Village Practice	<ul style="list-style-type: none"> ▪ GP ▪ Psychology ▪ Physiotherapy ▪ Dietician ▪ Podiatry 	<ul style="list-style-type: none"> ▪ GP - 3
	Byford Central Clinic	<ul style="list-style-type: none"> ▪ GP ▪ Dermatology 	<ul style="list-style-type: none"> ▪ GP - 5

HEALTH SERVICES SUPPLY

PRIMARY HEALTH SERVICE TYPE	NAME OF SERVICE	KEY SERVICES	NUMBER / TYPE OF PRACTITIONERS
General Practice	Galaxy Health Medical Centre	<ul style="list-style-type: none"> ▪ GP ▪ Psychology ▪ Dermatology 	<ul style="list-style-type: none"> ▪ GP - 3
	Jupiter Health Byford The Glades	<ul style="list-style-type: none"> ▪ GP ▪ Physiotherapy ▪ Chiropractic ▪ Psychology ▪ Dermatology 	<ul style="list-style-type: none"> ▪ GP – 4 ▪ Podiatrist - 1
	Mundijong & Serpentine Medical Centre	<ul style="list-style-type: none"> ▪ GP ▪ Dermatology ▪ Psychology ▪ Geriatric ▪ Podiatry 	<ul style="list-style-type: none"> ▪ GP – 4 ▪ Podiatrist - 1
	Mundijong Family Practice	<ul style="list-style-type: none"> ▪ GP ▪ Physiotherapy ▪ Podiatry ▪ Chiropractor ▪ Psychologist ▪ Pathology 	<ul style="list-style-type: none"> ▪ GP – 5 ▪ Physiotherapy – 1 ▪ Podiatrist – 1 ▪ Psychologist – 1 ▪ Nurse – 1

HEALTH SERVICES SUPPLY

PRIMARY HEALTH SERVICE TYPE	NAME OF SERVICE	KEY SERVICES	NUMBER / TYPE OF PRACTITIONERS
Pharmacy	Priceline Pharmacy (Byford)	<ul style="list-style-type: none"> ▪ Pharmaceutical ▪ Vaccination ▪ Health Advice ▪ Beauty Services 	<ul style="list-style-type: none"> ▪ Pharmacist - 2+ (estimate)
	Byford Pharmacy	<ul style="list-style-type: none"> ▪ Pharmaceutical ▪ Vaccination ▪ Beauty Services 	<ul style="list-style-type: none"> ▪ Pharmacist - 2+ (estimate)
	Byford Discount Drug Store	<ul style="list-style-type: none"> ▪ Pharmaceutical ▪ Vaccination ▪ Asthma Management ▪ Blood Screening ▪ Health Advice 	<ul style="list-style-type: none"> ▪ Pharmacist - 3 ▪ Child Nurse - 1
	Serpentine Pharmacy	<ul style="list-style-type: none"> ▪ Pharmaceutical ▪ Vaccination 	<ul style="list-style-type: none"> ▪ Pharmacist - 2+ (estimate)
	Mundijong Pharmacy	<ul style="list-style-type: none"> ▪ Pharmaceutical ▪ Health Advice ▪ Counselling 	<ul style="list-style-type: none"> ▪ Pharmacist - 2+ (estimate)

HEALTH SERVICES SUPPLY

PRIMARY HEALTH SERVICE TYPE	NAME OF SERVICE	KEY SERVICES	NUMBER / TYPE OF PRACTITIONERS
Dental	Byford Dental Centre	<ul style="list-style-type: none"> ▪ General Dental ▪ Restorative Dentistry ▪ Emergency Dental ▪ Cosmetic Dentistry ▪ Wisdom Teeth Extraction 	▪ Dentist - 2
	Marri-Gum Family Dental (Byford)	<ul style="list-style-type: none"> ▪ General Dental ▪ Cosmetic Dentistry ▪ Children's Dentistry ▪ Oral Surgery 	▪ Dental Nurse - 1 ▪ Dentist - 4
	Beenyup Family Dental Centre (Byford)	<ul style="list-style-type: none"> ▪ General Dental ▪ Cosmetic Dentistry ▪ Oral Surgery 	▪ Dentist - 5
	Byford Smiles Dental Clinic	<ul style="list-style-type: none"> ▪ General Dental ▪ Cosmetic Dentistry ▪ Oral Surgery 	▪ Dentist - 3
	Juniper Dental Clinic (Byford)	<ul style="list-style-type: none"> ▪ General Dental ▪ Cosmetic Dentistry ▪ Children's Dentistry ▪ Emergency Dental ▪ Oral Surgery 	▪ Dentist - 1

HEALTH SERVICES SUPPLY

PRIMARY HEALTH SERVICE TYPE	NAME OF SERVICE	KEY SERVICES	NUMBER / TYPE OF PRACTITIONERS
	Byford Physiotherapy	<ul style="list-style-type: none"> ▪ General Physiotherapy ▪ Aged Care Rehabilitation ▪ Massage ▪ Hydrotherapy 	▪ Physiotherapist - 1
	Body and Motion Physiotherapy Byford	<ul style="list-style-type: none"> ▪ General Physiotherapy ▪ Sport Physiotherapy ▪ Post-Operation Physiotherapy 	▪ Exercise Physiotherapist – 1 ▪ Physiotherapist - 6
	Back in Motion Seville Grove – Byford Connect	<ul style="list-style-type: none"> ▪ General Physiotherapy ▪ Clinical Exercise ▪ Rehab Physiotherapy ▪ Massage 	▪ Exercise Physiotherapist – 1 ▪ Physiotherapist - 6
Allied Health (inc. physiotherapists, chiropractors, occupational therapy, speech therapy)	Byford Chiropractic	<ul style="list-style-type: none"> ▪ General Chiropractic 	▪ Chiropractor - 1
	Byford Family Chiropractic	<ul style="list-style-type: none"> ▪ General Chiropractic ▪ Massage ▪ Naturopathy 	▪ Chiropractor - 2
	Reflex Chiropractic and Physical Therapy Byford	<ul style="list-style-type: none"> ▪ General Chiropractic ▪ Acupuncture ▪ Physiotherapy 	▪ Chiropractor - 2
	Byford Healing Arts	<ul style="list-style-type: none"> ▪ General Chiropractic ▪ Massage ▪ Exercise ▪ Nutrition Advice 	▪ Chiropractor - 2
	FUNDamentals Occupational Therapy	<ul style="list-style-type: none"> ▪ Movement Based Occupational Therapy (Children) ▪ Speech Therapy (Children) 	▪ Occupational Therapist – 1 ▪ Speech Therapist - 1

HEALTH SERVICES SUPPLY

PRIMARY HEALTH SERVICE TYPE	NAME OF SERVICE	KEY SERVICES	NUMBER / TYPE OF PRACTITIONERS
	Australian Clinical Labs	<ul style="list-style-type: none"> ▪ Pathology ▪ Screening ▪ Biopsy 	▪ Pathologist – 2+ (estimate)
	Clinipath Pathology	<ul style="list-style-type: none"> ▪ Pathology 	▪ Pathologist – 2+ (estimate)
Pathology and Imaging			
	Prospect Medical Imaging (Byford)	<ul style="list-style-type: none"> ▪ Obstetrics ▪ General Abdominal ▪ Renal ▪ Vascular ▪ Small Parts 	▪ Pathologist – 2+ (estimate)
Mental Health Services (inc. psychologists and counselling)	Accessible Psychology (Byford)	<ul style="list-style-type: none"> ▪ General Psychology 	▪ Physiologist - 1
	Comfort Counselling and Psychology Services	<ul style="list-style-type: none"> ▪ General Psychology 	▪ Physiologist - 1
Child Health	Byford Child Health Centre	<ul style="list-style-type: none"> ▪ Child Health Nurse 	▪ Child Health Nurse – 2+ (estimate)
	Serpentine Child Health Centre	<ul style="list-style-type: none"> ▪ Child Health Nurse 	▪ Child Health Nurse – 2+ (estimate)



APPENDIX C

DEMAND MODELLING

METHODOLOGY

NEEDS MODELLING APPROACH

Approach Overview

Our needs modelling methodology involves three distinct steps. The first step being the identification of benchmark rates for the number of practitioners per 100,000 persons across the Perth Metropolitan area. For this project, we have developed a benchmark that excludes Inner-Perth, as provision rates are relatively high in this area.

Following this, we have reviewed the existing and planned supply in the area, and have estimated the number of operating practitioners in the area based on centre characteristics.

Following this stage, we determine if the estimated level of demand is currently met with existing and planned supply currently, and over time.

Demand Methodology

BENCHMARK IDENTIFICATION & DEMAND ANALYSIS	<ul style="list-style-type: none"> Urbis has identified benchmark levels of practitioners per member of the population, generated from the National Health Worker Dataset, and the ABS Estimated Resident Population. The population has been forecasted using WA Tomorrow Population Projections and Forecast.id. Worker estimates have also been included in the demand calculations.
REVIEW OF EXISTING SUPPLY	<ul style="list-style-type: none"> We have reviewed the existing and proposed supply of practitioners within the catchment, to identify medical centres. The number of practitioners at medical centres have been identified via their websites.
NET PRACTITIONER DEMAND	<ul style="list-style-type: none"> Net practitioner demand is estimated by calculating the number of practitioners that would be demanded based on the benchmarks identified, and the population forecasts. These are then compared to the levels of supply to determine the volume of excess demand in the area. It should be noted that this approach assumes that there is an adequate supply of practitioners at a state level that could tenant a new medical centre.

NEEDS MODELLING APPROACH

Age Profile Adjustment Factors, Shire of Serpentine Jarrahdale

PRACTITIONER TYPE	ADJUSTMENT FACTORS			
	2016	2020	2025	2030
General Practitioner	93.3%	91.3%	89.9%	88.6%
Specialist Practitioner	91.0%	88.5%	87.1%	86.0%
Allied Health	87.6%	83.5%	81.4%	80.1%

Source: National Health Workforce Dataset, AIHW, ABS Estimates of Resident Population

NEEDS MODELLING APPROACH

Health Workforce Benchmarks, 2017

PRACTITIONER TYPE	UNITS	PRACTITIONERS BENCHMARK
General Practitioner	Per 100,000 persons	109.3
Chiropractors	Per 100,000 persons	21.5
Dentists	Per 100,000 persons	82.1
Optometrist	Per 100,000 persons	15.0
Osteopath	Per 100,000 persons	2.2
Physiotherapist	Per 100,000 persons	57.4
Podiatrist	Per 100,000 persons	15.0
Psychologist	Per 100,000 persons	47.8

Source: National Health Workforce Dataset, AIHW, ABS Estimates of Resident Population



APPENDIX D

HEALTH HUB EXAMPLES

EXAMPLES OF MEDICAL HUBS IN WA

Craigie Medical & Dental Centre

Operator – Healius

Total GPs – 16

Total Floorspace - ~2,200 sq.m

Services

General practice, dental, skin clinic, dieticians, medical imaging, pathology, optometry centre, fertility treatment and a day surgery facility.

Project Description

- The medical centre is located behind Craigie Plaza Shopping Centre and is surrounded by residential development.
- The site provides easy access and exposure, as well as pedestrian and track. Additionally, there is sufficient parking, easily accessible via public transport, long service hours and with a cluster of uses in one place, it makes it convenient for visitors making it an ideal example of a medical hub.
- Within the facility there are 4 dentists, 1 skin care doctor, 2 dieticians, 1 cardiological specialist, 1 endocrinologist, 3 fertility specialists, 2 eye specialists.



St John Medical, Joondalup

Operator – St John Medical

Total GPs – 14

Total Floorspace - ~1.400 s.qm

Services

General practice, cosmetic procedures, urgent care clinic, dental, skin cancer and minor surgery clinic, medical imagery, osteoporosis clinic, pathology, podiatry and physiotherapy.

Project Description

- St John Medical in Edgewater is located on the corner of Ocean Reef Road and Joondalup Drive, providing exposure and easy access.
- The centre sits within the broader Joondalup Gate precinct which includes various other stores ranging from outdoor living, fitness and sports, home improvements, furnishing and furniture stores.
- The medical centre is well positioned to serve local residents and commuters using the Edgewater train station and bus services.
- Within the facility there are 7 dentists, 11 General Practice doctors, 2 antenatal specialists, 2 skin care doctors.



EXAMPLES OF MEDICAL HUBS IN WA

Cockburn Integrated Health (Super Clinic)

Operator – Cockburn Integrated Health (NPO)

Total Floorspace - ~11,000 s.qm

Services

General practice, psychology, counselling services, dietician, pathology, information and support for development and behaviour of children, perinatal and infant mental health service, occupational therapy, radiology, pharmacy, cancer screening, dentist, speech pathology, audiology, hypnotherapy and other various programs.

Project Description

- As part of the Commonwealth GP Super Clinics Program in 2014, the Cockburn Integrated Health (CIH) facility was established.
- The CIH is located within the Cockburn Health and Community Facility which was developed (and is owned) by the City of Cockburn. This facility has a library, Centrelink, café and space for not for profit and community services.
- Within the CIH there are 8 general practitioner doctors and 3 specialising in antenatal care, 2 dieticians, 2 Just Kids Health nurse practitioners, 2 hypnotherapists



Byford Health Hub Business Case

Peel Health Hub

Operator – GP down south

Total Floorspace - ~2,600 s.qm

Services

Aboriginal health, youth (12-25) focused medical services, counselling services, psychologist, alcohol and drug services, child and adolescent mental health service.

Project Description

- Located in Mandurah, the Peel Health Hub is a one stop shop for the health needs of young people in the Peel region.
- The centre is easily accessible being located adjacent to Mandurah Bowling and Recreation Club and is 1.8km away.
- Within the facility there are 2 general practitioners, 2 Indigenous health project officers, 1 Aboriginal youth worker, 2 Aboriginal health workers, 2 practice nurses, 1 dentist & 1 dental assistant, 1 Indigenous health project officer, 1 transport liaison officer and 1 outreach worker.



EXAMPLES OF MEDICAL HUBS NATIONALLY

Soma Wellness, Gregory Hills NSW

Operator – Providence Medical Group

Total GPs – 6

Total Floorspace - ~4,900 s.qm

Services

The wellness centre includes a range of allied health services including radiology, pathology, dental, physiotherapy, and chiropractor, amongst other uses. There is a chemist, hearing clinic and assistance for child learning difficulties.

Project Description

- A health medical centre within a bulky goods precinct, located in Gregory Hills (57 km south-west from Sydney's CBD).
- The complex forms part of a broader development scheme on a six hectare site. The masterplan for future uses includes a corporate business centre, SOMA Lifestyle (a retail centre which includes a cinema) and Camden Medical Campus private hospital.
- A relatively large scale of uses is underpinned by the inclusion of complementary uses such as wellness, beauty and F&B which add to the offer and experience provided for medical visitors. The centre appears to have established ahead of the market and will be supported by the future uses in the masterplan.
- Within the development there are 6 general practitioners, 3 dentists, 1 chiropractor, 1 dietitian, 1 naturopath, 1 vascular surgeon.



Byford Health Hub Business Case

Our Medical Home, Williams Landing VIC

Operator – Cornerstone Health

Total GPs – 15

Total Floorspace - ~1,500 s.qm

Services

In addition to general practitioner services, other services provided within the centre includes dentist, dietician, podiatrist, physiologist, pathology, radiology, and a large treatment room.

Project Description

- Our Medical Home opened in late May 2019 and is located directly opposite the Williams Landing Shopping Centre.
- The medical centre is a part of a broader network, with the Williams Landing centre offering a bulk billing GP as well as a full dental department. Smaller commercial suites ranging in size from 50 to 150 sq.m are located above the medical centre.
- The medical centre sits within the broader Williams Landing precinct which includes commercial office space, retail and high density residential among other uses.
- The medical centre is well positioned to serve local residents and commuters using the Williams Landing train station.
- 15 general practitioners, 1 dentist, 1 dietitian, 1 podiatrist and 1 exercise physiologist.





APPENDIX E

ECONOMIC EVALUATION

ASSESSMENT APPROACH

Approach Overview

An assessment of the likely positive and negative economic and social impacts from the implementation of the preferred health hub option was undertaken (option one). The impacts of the project were measured using three approaches:

- **Construction phase impacts** – estimates of the economic effect of the construction activity;
- **Ongoing employment and economic impacts** – estimates of the employment and economic activity supported by the operation of the health hub; and
- **Cost benefit analysis** – estimates of the net economic and social benefits of the investment in the health hub.

All effects were assessed in terms of the incremental impact of implementing the project compared to not implementing the project (i.e. status quo).

This is a preliminary assessment as it is based on a range of assumptions as to the level and type of health services that the hub would accommodate. Broadly, it should be considered a conservative estimate of the ongoing economic and social impacts.

Assessment Principles

PRINCIPLE	DESCRIPTION
 Transparency is Paramount	Economic and social evaluations are heavily reliant on judgement. Because of this, it is crucial that the basis for analytical inputs, decisions and conclusions are properly explained and documented. A key benefit is it allows for more robust scrutiny of the analysis by other (independent) parties, thereby facilitating more informed debate and continual improvements over time.
 Assumptions Linked to Sound Evidence Base	Credible and current published literature of ex-ante and post-ante studies should be referenced to support assumptions.
 Guided by Government Guidelines	Assessments should closely adhere to government guidelines.
 Recognition of Risks	Many of the costs and benefits are uncertain and therefore involve an element of risk. Importantly, this should be explicitly accounted for in a cost benefit analysis, primarily through undertaking a sensitivity analysis of key risk elements.

CONSTRUCTION PHASE IMPACTS

Methodology Overview

This study undertook an assessment of the potential economic activity supported by this project. The following impacts of the project were measured.

- ***Direct impacts*** are the initial round of economic output, employment and household income generated by an economic activity.
- ***Indirect impacts*** are the sum of production-induced (i.e. supply chain) effects and consumption-induced effects. Production-induced effects (Type I) are additional output, employment and household income resulting from re-spending by firms that receive payments from the sale of services to firms undertaking production.

The modelling assessed:

- ***Economic activity*** – the total dollar amount impact (or contribution to gross domestic product);
- ***Employment*** – the full time equivalent per annum employment generated by the project (referenced as FTE job years);
- ***Value added*** – the value added to materials and labour expended on the project; and
- ***Supply chain impacts*** – the value of further spending in the supply chain.

Construction Phase Impact Findings, Health Hub Option One

CATEGORY	DIRECT EFFECT	SUPPLY-CHAIN EFFECT	TOTAL EFFECT
Economic Activity	\$5,054,400	\$5,624,000	\$10,678,400
Employment (FTE Job Years)	5	12	17
Value Added	\$1,173,000	\$2,139,000	\$3,312,000

Source: Urbis, REMPLAN

ONGOING EMPLOYMENT AND ECONOMIC IMPACTS

Methodology Overview

Once operational, the health hub will support employment in terms of health professionals and support / management staff. The health hub will additionally support employment within the rest of the economy through purchases of supplies and services (e.g. cleaning).

The direct employment within the health hub was estimated based on average workspace ratios sourced from the Perth Land Use and Employment Survey (published in 2017). The relevant ratio for this analysis is the WASLUC Codes for medical services space (35 sq.m per worker).

The economic activity expected to be generated by the health services and flow-on employment estimates were based on REMPLAN economic impact modelling.

Estimated Ongoing Employment and Economic Impacts, Health Hub Option One

CATEGORY	DIRECT EFFECT	SUPPLY-CHAIN EFFECT	TOTAL EFFECT
Economic Activity (per annum)	\$5,379,840	\$2,370,880	\$7,750,720
Employment (Jobs)	40	7.6	47.6
Value Added (per annum)	\$3,413,440	\$1,080,000	\$4,493,440

Source: Urbis, DPLH, REMPLAN

COST BENEFIT ANALYSIS

Approach Summary

A Cost Benefit Analysis (CBA) is the most commonly used and most comprehensive of the economic evaluation techniques. It compares the monetised benefits and costs of a project to determine the desirability of a project.

This study uses a net benefit approach. This only analyses the incremental, or additional, benefits and costs that can be estimated with a degree of accuracy. This approach is considered to be the most appropriate to assess the net economic benefits that accrue from the project as it enables direct comparisons with alternative proposals.

The steps in CBA include:

- Identify the quantifiable benefits that are able to be monetised;
- Calculate the value (in monetary terms) of the quantified incremental benefits and costs in net present value (NPV) terms using the discount rates;
- Calculate the 30-year total net present value – the total present value of all net benefits minus the present value of economic costs to determine whether net benefits exceed (or undershoot) costs related with the project; and
- Sensitivity analysis based on alternative economic impact assumptions and discount rates.

Assessment Assumptions

ASSUMPTIONS	DESCRIPTION
Discount Rate	<p>Discounting is the reverse of compounding (adding) interest. It reduces the monetary value of future costs and benefits back to a common time dimension – the base date (i.e. 2021). Discounting satisfies the view that people prefer immediate benefits over future benefits (social time preference) and it also enables the opportunity cost to be reflected.</p> <p>A real discount rate of 7% was adopted for this assessment. A sensitivity test involved utilisation of 4% and 10% discount rates.</p>
Timeframe	<p>The benefits were identified on an annual basis over a set period and calculated in net present value terms at the defined discount rate. For this study, a 30-year timeframe was assessed as this represents the notional life span of the improvements before significant future investment is required.</p>
Benefit Escalation	<p>This assessment assumed constant social impacts which is conservative in nature (i.e. no escalation was applied to the benefits).</p>

Source: *Urbis*

COST BENEFIT ANALYSIS (CONT.)

Literature Review Overview

Studies have shown that health facilities provide significant and ongoing economic and social benefits. The key benefits include:

- Improved health outcomes such as mortality, quality of life, self-management, increased patient knowledge and confidence;
- Higher health care prevention due to satisfaction with the timeliness and quality of care;
- Improved back to work/study outcomes and reduced absence from the workforce / work (i.e. fewer sick days);
- Reduced length of hospital stays from receiving pre-admission and post discharge care due to improved access to clinical and allied health teams outside of a hospital setting;
- Reduced and / or avoided resource costs (operating and capital) as a result of providing appropriate care in a lower cost setting (primary through reduced potentially preventable hospitalisations);
- Better treatment of chronic diseases in relation to improved access to primary and community care;
- Improved population attraction and retention due to higher quality health care provision; and
- Improved vibrancy and activation of the town centre through quality built form development and investment.

Literature Review Findings

IMPACT	KEY FINDINGS
Patient Health Improvements	Primary care physician supply is directly associated with improved health outcomes, with physician supply associated with lower levels of cancer, heart disease, stroke and infant mortality, as well as higher life expectancy and self-rated health (Makinko, 2007).
Preventable Hospitalisations	The Australian Institute of Health and Welfare estimate that there were nearly 748,000 potentially preventable hospitalisations in Australia in 2017-18 (equivalent to 7% of all hospitalisations) and nearly 10% of all hospital bed days were for potentially preventable hospitalisations. Community services such as drug and alcohol abuse prevention programs have been shown to produce a significant reduction in incidents of substance abuse and associated emergency department presentations (Midford et al., 2013 & Botvin, 1995).
Reduced Crime and Delinquency	It has been found that community services such as psychological, educational, and behavioural treatment programs are generally effective in reducing levels of crime (Lipsey, M. W. and Wilson, 1993).
Increased Economic Participation and Productivity	Improved health has been linked to improved labour force participation, reduced absenteeism and greater productivity (Productivity Commission, 2007). An Australian study found that labour force participation rate for people with two or more health conditions (52.5 per cent) is lower than that for people with one (75.1 per cent). In contrast, people without any of the health issues have a participation rate of 84.7 per cent.
Improved Town Centre Vibrancy	Amenity improving enhancements which cater for the social and community space needs of current and future residents, increase the visual appeal of areas, as measured by increases in property values. This enables developments to occur earlier than may otherwise be the case due to improved development viabilities (Luttik (2000), Feng (2008) & Ahlfeldt (2008)).

Source: Urbis review of published literature

COST BENEFIT ANALYSIS (CONT.)

Summary of Inputs

This cost benefit analysis included the following inputs:

- Capital costs;
- Avoided health costs;
- Improved economic participation; and
- Improved life expectancy.

The operational costs associated with delivering the health services and maintaining the health hub building are not included in this analysis. This is due to the uncertain nature of the costs and the recovery model.

The inputs were informed by the NSW Department of Health's *Guide to Cost Benefit Analysis of Health Capital Projects* (2018).

Assessment Inputs

INPUT	DESCRIPTION
Capital Costs	The upfront capital cost was based on the estimates detailed in section five. The costs represent the additional cost associated with constructing the health hub floorspace as part of the Byford Library and Multi-Agency Centre. The estimated cost is \$5,054,400 over 18 month period.
Avoided Health Costs	Providing appropriate care in a lower cost setting than hospitals is expected to reduce the level of potentially preventable hospitalisations. The method for quantifying benefits of NAP services is based on health system benefits from the reduction in preventable / avoidable hospitalisations as a consequence of timely and effective provision of non-hospital care in primary or community settings. The number of avoidable hospitalisations (or separations) is estimated by multiplying the number of separations classified as potentially preventable hospitalisations (498 for Shire of Serpentine Jarrahdale residents in 2018/19) by the projected reduction (25%).
Improved Economic Participation	The avoided operating costs are estimated based on the difference between the average cost per admitted acute separation and the average cost per non-admitted service event (\$5,026 minus \$272).
Improved Life Expectancy	The productivity benefits of increased participation have been monetised by quantifying the expected increase in work participation (in terms of work days) from the increase in health services by the cost of absenteeism. Direct Health Solutions surveyed employers and estimated that, on average, the cost of absence per employee per annum was \$2,741 (in 2012 dollars) and average days of leave per year was 8.75 (equivalent to \$350 per day in 2020 dollars). The health services were assumed to decrease to total days of leave of health hub users by 0.5%.
	The Value of a Statistical Life Year (VSLY) is a valuation of a year of perfect health. It is an estimate of the value society places on reducing the risk of premature death, expressed in terms of saving a statistical life year. Based on international and Australian research, the Australian Office of Best Practice Regulation reported that a credible estimate of the value of statistical life is \$4.2m and the value of statistical life year is \$182,000. These estimates represent an average and are based on a healthy person living for another 40 years, both measured in 2014 dollars. Adjusting for CPI, the 2021 value is estimated at \$198,920 for the VSLY. This study assumed that the average improvement per annum was one year.

COST BENEFIT ANALYSIS (CONT.)

Key Findings

The CBA results reveal that the project is expected to provide significant ongoing benefits. At the adopted discount rate of 7%, the net benefit is estimated to be approximately \$6.0 million.

This analysis excludes benefits that could not be reliably monetised (e.g. leveraged investment, population attraction) or were not considered to be direct effects from the project. Indirect costs and benefits would include those costs and benefits obtained through multiplier effects (e.g. those indirect impacts associated with additional health care services).

Cost Benefit Assessment, Health Hub Option One

IMPACT CATEGORY	4%	7% (ADOPTED DISCOUNT RATE)	10%
Costs (NPV)	\$4,797,692	\$4,620,728	\$4,455,669
Benefits (NPV)	\$15,233,449	\$10,573,297	\$7,745,164
Net Impact (NPV)	\$10,435,756	\$5,952,568	\$3,289,495
Benefit Cost Ratio	3.2	2.3	1.7

Source: Urbis

COST BENEFIT ANALYSIS (CONT.)

Sensitivity Analysis Findings

As the avoided health cost benefit was determined to be the most significant benefit, this study estimated what the cost benefit analysis findings could be in different scenarios. The scenarios included:

- If the level of potentially preventable hospitalisations by Shire residents declined by 10%; and
- If the level of potentially preventable hospitalisations by Shire residents declined by 40%.

The sensitivity analysis has assumed a discount rate of 7% for all scenarios.

Sensitivity Analysis, Health Hub Option One (7% Discount Rate)

IMPACT CATEGORY	SENSITIVITY ONE (10% REDUCTION)	BASE CASE (25% REDUCTION)	SENSITIVITY TWO (40% REDUCTION)
Costs (NPV)	\$4,620,728	\$4,620,728	\$4,620,728
Benefits (NPV)	\$6,653,532	\$10,573,297	\$14,493,062
Net Impact (NPV)	\$2,032,803	\$5,952,568	\$9,872,333
Benefit Cost Ratio	1.4	2.3	3.1

Source: Urbis

GLOSSARY OF TERMS

Benefit Cost Ratios are indicators to determine whether the benefits of a project exceed the costs. A value greater than 1 implies there are net benefits.

Construction Cost is the estimated investment value for each development over the anticipated delivery period, measured in constant 2020 dollar (i.e. excluding inflation) excluding GST.

Direct Impacts are the initial round of economic output, employment and household income generated by an economic activity.

Discount Rates represent the view that people prefer immediate benefits over future benefits and additionally enable for opportunity costs to be reflected when making judgements about the value of a project.

Economic Output is a measure of the gross revenue of goods and services produced by commercial organisations and gross expenditure by government agencies.

Full-Time Equivalent (FTE) Job Years refers to the total number of full-time equivalent jobs that can be supported over a 12-month period.

Gross Value Added (GVA) is a measure of the value of goods and services produced in an area, industry or sector of an economy during a certain period of time. GVA is measured in constant 2020 dollar (i.e. excluding inflation) excluding GST.

Indirect Impacts are production-induced effects. Production-induced effects (Type I) are additional output, employment and household income resulting from re-spending by firms that receive payments from the sale of services to firms undertaking production. Consumption-induced effects (Type II) are additional output, employment and household income resulting from re-spending by households that receive income from employment in direct and indirect activities. These Type II effects were not assessed.

Induced Impacts are the expected outcomes of a project versus the business of usual approach whereby the project is not implemented.

Net Present Value is the sum of the present value of benefits and costs over a period of time.

Present Value reflects the current dollar value using a prescribed discount rate.

REMLAN METHODOLOGY

Analysis presented here uses REMPLAN economic modelling to assess current and potential economic impacts. REMPLAN is an Input-Output model that captures inter-industry relationships within an economy. It can assess the area-specific direct and flow-on implications across industry sectors in terms of employment, wages and salaries, output and value-added, allowing for analysis of impacts at the State of Western Australia level.

Key points regarding the workings or terminology of the model are as follows:

- REMPLAN uses either the value of investment or employment generation as the primary input. For this analysis, the value of total upfront investment has been used as the key input to assess the benefits of the construction phase.
- Outputs from the model include employment generated through the project and economic Gross Value Added (GVA) at the State level
- Outputs from the model include employment generated through the project at both the local and the state level.
- Employment generated is calculated over the life of the construction phase; or in terms of the on-going operations, total on-going jobs generated.
- Both the direct and indirect employment are modelled:
 - *Direct* refers to the effect felt within the industry as a result of the investment. For example, the construction phase will directly result in the creation of construction jobs.
 - *Indirect* effects are those felt within industries that supply goods to the industries directly affected.
- It should be noted that the results presented in this report are estimates only based on the existing state of economic activity in the area. Due to the static nature of input-output modelling, they have the potential to overstate the actual effects. Nonetheless, the analysis still reflects the fact that employment growth will be positive for the State and the local area.
- Urbis consider that in the absence of the investment package it is unlikely that similar projects would be undertaken within the same period, and therefore the investments can be considered additional.



APPENDIX F

RELEVANT POLICIES AND STRATEGIES

POLICY STRATEGY ALIGNMENT

The Health Hub project was identified as a key initiative to fill a gap in the current provision of health services within the Shire, and to cater for the Shire's expected very high population growth over the next few decades. The Health Hub importantly will support and form a key implementation measure for a range of National, State and local government objectives.

Key government policy objectives supported are shown in the tables below and on the following pages.

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
Australia's Long Term National Health Plan (2019) <i>Government of Australia, Department of Health</i>	<p>Relevant Objectives</p> <p>Four key pillars to Australia's health system reform:</p> <ul style="list-style-type: none"> ▪ Guaranteeing Medicare, stronger primary care, and improving access to medicines through the Pharmaceutical Benefits Scheme (PBS); ▪ Supporting our public and private hospitals, including improvements to private health insurance; ▪ Prioritising mental health and preventive health; and ▪ Investing in health and medical research. <p>Ageing well and aged care are also a key priority.</p> <p>Alignment to Health Hub</p> <p><i>Byford Health Hub can form a direct implementation measure of Australia's Long Term National Health Plan by providing primary healthcare services in a location where a gap has been identified, and providing mental health and preventative health services to a catchment population with identified high risk factors.</i></p>
WA Recovery Plan <i>Government of Western Australia</i>	<p>Relevant Objectives</p> <p>Goal: Return Western Australia to a proper level of functioning following the COVID-19 pandemic, alongside opportunities for enhancement where they lead to increased resilience, efficiencies and effectiveness.</p> <p>Includes a \$487 million investment plan for health and frontline service delivery.</p> <p>Key relevant priorities:</p> <ul style="list-style-type: none"> ▪ Building infrastructure – including improving hospitals and health clinics and extending facilities for young people. ▪ Putting patients first – reinforcing WA's health system's capability and capacity to support the community's physical and mental health, WA Government investment in patient care facilities in metropolitan and regional areas, and expanding mental health, drug and alcohol support services. <p>Alignment to Health Hub</p> <p><i>The Byford Health Hub will help achieve the objectives of the WA Recovery Plan and facilitate its implementation. This includes:</i></p> <ul style="list-style-type: none"> ▪ <i>Building the capacity of the primary health network within the Shire to provide health services to the local community.</i> ▪ <i>Provide services or connections to expanded mental, drug and alcohol support services.</i>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
South Metropolitan Peel Sub-regional Planning Framework (2018) <i>Department of Planning, Lands and Heritage</i>	<p>Relevant Objectives</p> <p>Key goals of the framework include:</p> <ul style="list-style-type: none"> ▪ Achieve a more consolidated urban form and development within the sub-region; ▪ Strengthen key activity centres and employment nodes to meet the future needs of industry, commerce and the community; ▪ Identify requirements for key community and social infrastructure such as those required for health and tertiary education; and ▪ Guide the staging and sequencing of future urban development. <p>The Shire population is projected to grow from 6,440 dwellings / 18,500 residents in 2011 to 42,240 dwellings / 113,060 residents by 2050.</p> <p>Alignment to Health Hub</p> <p><i>The Byford Health Hub will be a key implementation measure of the South Metropolitan Peel Sub-regional Planning Framework, directly responding to:</i></p> <ul style="list-style-type: none"> ▪ <i>The need for key community health infrastructure;</i> ▪ <i>Strengthening the Byford Town Centre by providing employment opportunities and needed health services for the local community;</i> ▪ <i>Assisting to achieve a more consolidated urban form by developing a functioning TOD in Byford Town Centre; and</i> ▪ <i>Assist in guiding the staging of urban development by attracting new residents to the Shire and Byford Town Centre through provision of local health services.</i>
Peel Recovery Plan <i>Government of Western Australia</i>	<p>Relevant Objectives</p> <p>Part of the WA Recovery Plan, WA's \$5.5 billion overarching State plan, focused on building infrastructure, economic, health and social outcomes.</p> <p>Investment will be directed to supporting the Peel community, in particular:</p> <ul style="list-style-type: none"> ▪ \$1.1 million over two years for counselling, advocacy and support services across WA, including a service in the Peel region; and ▪ \$9.77 million for Aboriginal regional suicide prevention plans in each region of WA. <p>Alignment to Health Hub</p> <p><i>The Byford Health Hub will provide capacity to deliver some of the Peel Recovery Plan community health and wellbeing initiatives within Byford Town Centre, and ensure the Shire resident population can connect to and benefit from these initiatives.</i></p>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
<p>Sustainable Health Review: Final Report to the Western Australian Government <i>WA Department of Health</i></p>	<p>Relevant Objectives Seeks to shift WA health care services from a system focused on hospitals and beds to system focused on prevention, equity, early child health, end of life care and access to services from home and in the community.</p> <p>Eight enduring strategies:</p> <ul style="list-style-type: none"> ▪ Commit and collaborate to address major public health issues; ▪ Improve mental health outcomes; ▪ Great beginnings and a dignified end of life; ▪ Person-centred, equitable, seamless access; ▪ Drive safety, quality and value through transparency, funding and planning; ▪ Invest in digital health and use data wisely; ▪ Culture and workforce to support new models of care; and ▪ Innovate for sustainability. <p>Implementing these strategies needs to ensure:</p> <ul style="list-style-type: none"> ▪ Funding and investment in health is value and outcome drive, with greater flexibility to innovate and partner; ▪ Focus is afforded to key population groups according to their health status or stage of life, targeting the cause of the demands on the system of people needing care; ▪ Prioritise recommendations based on data, evidence and stakeholder input; and ▪ Integrated clinical, infrastructure, public health, digital, workforce planning and community input to address issues at a local level. <p>Alignment to Health Hub</p> <p><i>The Byford Health Hub is strongly aligned with the strategies and implementation measures of the Sustainable Health Review, providing a practical implementation measure to deliver healthcare services into a local community targeted to the unique needs of the community.</i></p> <ul style="list-style-type: none"> ▪ <i>Data and evidence is being used to determine which services are needed for the key population groups in the Shire;</i> ▪ <i>The Byford Health Hub has potential to enable a range of preventative, primary health and specialist healthcare from both the public and private sector to be delivered in a community setting;</i> ▪ <i>Government investment to deliver the Byford Health Hub will ensure the resident population's health and wellbeing needs are being met as the community grows, rather than waiting for the population to grow enough to place pressure on nearby health services or waiting for the private sector to deliver health services once the market matures.</i>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
WA Health Clinical Services Framework 2014-2024 <i>WA Department of Health</i>	<p>Relevant Objectives</p> <p>CSF is the principal, government endorsed clinical service planning document for WA's public health system.</p> <p>Key areas of focus in responding to WA Health Requirements:</p> <ul style="list-style-type: none"> ▪ Aboriginal Health – services to target maternal and child health, young people, knowledge and awareness of healthy lifestyles, chronic disease early intervention, and continuity of care; ▪ Adolescent to Adult Transition – ensure care for childhood chronic conditions is transferred to an adult setting to support ongoing management and care; ▪ Aged and Continuing Care – continue to ensure care services for the ageing population is embedded in major health programs, including acute care, subacute care, community care, residential care, high dependency units and multi-purpose services. ▪ Collaboration with Commonwealth Government, Private and Community Health Service Providers – including private and community-based alternatives to Eds, and establishment of networks to facilitate primary health providers in the community and GP Super Clinics to encourage collaborations between hospitals and community services. ▪ Health Promotion Strategic Framework 2017-2021 – address avoidable chronic disease and injury by facilitating improvements in health behaviours and environments, including reducing incidence of overweight and obesity, improving healthy eating, encouraging physical activity, reducing rates of smoking and harmful alcohol use, and preventing injury. ▪ Mental Health Services – implement the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, including community treatment services to provide non-residential, clinical in the community for infants, children, adolescents, youths, adults and older adults, as well as specialised Aboriginal mental health services. ▪ Non-admitted (outpatient) Services – provide alternatives to inpatient hospital treatment through community coordinated multidisciplinary services, and community single specialty services. ▪ Paediatric Implementation Plan – shift secondary level services from tertiary hospitals to general hospitals to provide paediatric services to children closer to their home, including at Armadale-Kelmscott Memorial Hospital. ▪ Telehealth – deliver Telehealth services including clinical ambulatory services, acute care services, training and education, secure store and forward applications for information management, and home monitoring. <p>Alignment to Health Hub</p> <p><i>The Byford Health Hub has potential to deliver a range of healthcare services and preventative health initiatives in line with the WA Health Clinical Services Framework 2014-2024 by aligning the offer of services with the framework, providing a physical space for in-reach services, or by providing the local community with links to appropriate services.</i></p>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
WA Aboriginal Health and Wellbeing Framework 2015-2030 <i>WA Department of Health</i>	<p>Relevant Objectives</p> <ul style="list-style-type: none"> ▪ Vision: Aboriginal people living long, well and healthy lives. ▪ Strategic Directions: ▪ Prevention and early intervention; ▪ Promote good health across the life course; ▪ A culturally respectful and non-discriminatory health system; ▪ Individual, family and community wellbeing; ▪ A strong, skilled and growing Aboriginal health workforce; and ▪ Equitable and timely access to the best quality and safe care. <p>Priority areas:</p> <ul style="list-style-type: none"> ▪ Addressing risk factors; ▪ Managing illness better; ▪ Building community capacity; ▪ Better health systems; ▪ Aboriginal workforce development; ▪ Data, evidence and research; and ▪ Addressing the social determinants of health <p>Alignment to Health Hub</p> <p><i>As community-located physical infrastructure the Byford Health Hub will be well-placed to deliver preventative health initiatives and health and wellbeing services specifically for the local Aboriginal community residents as detailed in the WA Aboriginal Health and Wellbeing Framework 2015-2030.</i></p> <p><i>The types of services and initiatives, physical design of spaces, and health worker skillsets, cultural awareness and Aboriginality will need to be considered to ensure the Health Hub is developed to value culture as a determinant of health and wellbeing of Aboriginal people, and appropriate partnerships between services and community are developed to effectively deliver services.</i></p>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
Shire of Serpentine-Jarrahdale Community Health Profile 2019	<p>Relevant Objectives</p> <ul style="list-style-type: none"> ▪ Very high proportions of residents aged 0-14 and 25-34, and lower proportions aged 55+.
<i>East Metropolitan Health Service</i>	<ul style="list-style-type: none"> ▪ SEIFA scores for most parts of SJ comparable or higher than Greater Perth, with the exception of the Mundijong area. ▪ Higher rates of mental health indicators for persons aged 16 years + compared to WA. ▪ Very high youth suicide rates (more than double Perth metro for males aged 15-24 years). ▪ Slightly higher death rates from some types of cancer than WA, especially for males. ▪ Children in some parts of the Shire community showing high developmental vulnerabilities. <p>Alignment to Health Hub</p> <ul style="list-style-type: none"> ▪ <i>The Byford Health Hub will be able to provide services and links to services which directly address the unique health and wellbeing issues of the Shire resident population as highlighted in the Shire's Community Health Profile 2019, both now and as the population grows.</i> ▪ <i>Key unique characteristics which can be addressed are the high rates of mental health issues and youth suicide, and providing services for young families / children.</i>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
East Metropolitan Health Service Clinical Services Plan Towards 2021 <i>East Metropolitan Health Service</i>	<p>Relevant Objectives</p> <p>Key priorities:</p> <ul style="list-style-type: none"> ▪ Manage demand and capacity – which centres on the efficiency and effectiveness of health services. This includes: <ul style="list-style-type: none"> - Right care, right time – elective surgical access, emergency access, outpatient reform, referral and transfer; - Right care, right location – alternative pathways and non-inpatient services, care coordination and partnerships, service capabilities; and - High value health care – excellent care, high value health care, research. ▪ Acknowledging patient experience – which upholds the principles of patient centred health care. This includes: <ul style="list-style-type: none"> - Strengthening the patient pathway – acute care, cancer services, care of older adults, end-of-life care, maternity, mental health; - Patient centred health care – groups at higher risk of poor health, holistic health care, self-management; and - Health promotion – early intervention and preventative medicine, health literacy, health living and health communities. <p>Alignment to Health Hub</p> <ul style="list-style-type: none"> ▪ <i>There is potential for a number of the EMHS key priorities to be implemented through the health hub. This could include providing:</i> <ul style="list-style-type: none"> - <i>Regular in-reach services, telehealth and technology-enabled healthcare to Shire residents using flexible spaces within the health hub;</i> - <i>Partner with the Shire, not-for-profit organisations and/or private primary care providers with the involvement from WAPHA for delivery of health, lifestyle and social programs from the health hub;</i> - <i>Develop other partnerships, such as between private specialists and nurse practitioners, to seek innovative and sustainable models in outpatient services; and</i> - <i>Partner with primary care/GPs to support the provision of urgent and ambulatory care to reduce ED presentations rates.</i>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
Better health, together WA Primary Health Alliance Strategic Plan 2020-2023 <i>WA Primary Health Alliance</i>	<p>Relevant Objectives</p> <p>Primary Health Networks responsibilities are:</p> <ul style="list-style-type: none"> ▪ Engage with local communities to understand what primary health care services would make a difference, particularly for those people at risk of poor health outcomes. ▪ Commission health services to meet the prioritised needs of people in their regions and address identified gaps in primary health care. ▪ Support GPs and all primary health care workers to continuously improve the vital care they provide. ▪ Help to better integrate the local health system, and in doing so improve patient care and experience. <p>Key priority areas:</p> <ul style="list-style-type: none"> ▪ Aboriginal health; ▪ Mental health; ▪ Population health; ▪ Health workforce; ▪ Alcohol and drugs; ▪ Digital health; and ▪ Aged care. <p>Strategic priorities:</p> <ul style="list-style-type: none"> ▪ Empower people and communities; ▪ Commission services in a planned and targeted way; ▪ Promote and prioritise an integrated health system; and ▪ Continuously improve primary health care practice. <p>Alignment to Health Hub</p> <p><i>Byford Health Hub can be an important part of the Shire's Primary Health Network. As guided by the WA Primary Health Alliance Strategic Plan 2020-2023, the types of services provided will respond to local community needs, and will respond to the identified gaps in the Shire's existing primary health services, delivering healthcare services as the population grows.</i></p>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
SJ2050 (2016) <i>Shire of Serpentine Jarrahdale</i>	<p>Relevant Objectives: Very high population growth expected in the Shire in coming decades, with low house prices a key attractor.</p> <p>Vision: To ensure that the Shire continues to thrive, residents want it to remain a place where people of all walks of life have the opportunity to live, work, play and contribute.</p> <p>Key relevant outcomes:</p> <ul style="list-style-type: none"> Well-being: Our shire will be noted for its healthy living, inclusive communities and integration with nature. <ul style="list-style-type: none"> ▪ Public spaces and places that encourage participation, social cohesion and a strong sense of place; ▪ A built environment designed to encourage healthy and active living within a 30 minute neighbourhood catchment; ▪ Social support and programs that continue to assist the people most in need; and ▪ Improved public health and reduced healthcare costs with good access to health and wellbeing facilities, sport and recreation activities. Connected Communities: <i>Our shire will be known for its vibrant, connected and resilient communities.</i> <ul style="list-style-type: none"> ▪ Ongoing investment into community, sport and recreation, cultural and tourism facilities; ▪ Community hubs providing a variety of meeting spaces and places; ▪ Communities that are well-connected by walking, cycling and public transport; ▪ Self-reliant communities providing opportunities to live, work and play; and ▪ Inclusive and accessible communities. Economic Development: <i>Our shire will strengthen its economy to encourage local business expansion, job training and greater diversity through innovation, research and development.</i> <ul style="list-style-type: none"> ▪ Attract, develop and retain skilled workers to sustain the local economy. <p>Alignment to Health Hub</p> <ul style="list-style-type: none"> ▪ <i>Providing a Health Hub in the Shire will assist in meeting the SJ2050 Well-being objectives of providing social support and programs to assist people in need, and improved public health by providing good access to health and well-being facilities. It will also assist in meeting the Economic Development objective of attracting, developing and retaining skilled workers to sustain the local economy by providing employment opportunities in the health sector as the services are needed.</i> ▪ <i>Locating Byford Health Hub within the Byford Town Centre, within walking distance of the new METRONET Byford Station, will assist in meeting the SJ2050 objective of Well-being by developing key destinations within a 30 minute neighbourhood catchment, and by providing good access to health and wellbeing facilities. Co-location of the health hub with other community and civic facilities will also assist in meeting the Well-being objective of developing public spaces and places that encourage participation, and the Connected Communities objectives of providing communities hubs for meeting spaces and places, that are connected by public transport and accessible / inclusive.</i>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
Strategic Community Plan 2017 – 2027 <i>Shire of Serpentine Jarrahdale</i>	<p>Relevant Objectives:</p> <p>People: A connected, thriving, active and safe community</p> <ul style="list-style-type: none"> ▪ A healthy, active, connected and inclusive community. <p>Place: A protected and enhanced natural, rural and built environment</p> <ul style="list-style-type: none"> ▪ A diverse, well planned built environment. <p>Prosperity: An innovative, commercially diverse and prosperous economy</p> <ul style="list-style-type: none"> ▪ A commercially diverse and prosperous economy. <p>Progressive: A resilient, efficient and effective organisation</p> <ul style="list-style-type: none"> ▪ A strategically focused Council. <p>Alignment to Health Hub</p> <ul style="list-style-type: none"> ▪ <i>The Byford Health Hub will be an opportunity to implement key measures of the Strategic Community Plan 2017-2027. This includes:</i> ▪ <i>Responding to the People objective by providing valuable community infrastructure and ensuring appropriate facilities and services are provided as the population grows;</i> ▪ <i>Responding to the Place objective by actively planning for key community destinations in highly accessible places – in this case the Byford Town Centre;</i> ▪ <i>Responding to the Prosperity objective by supporting new and existing local businesses – the Health Hub will introduce new businesses to Byford Town Centre and higher levels of employment and visitation to the Hub will support existing businesses.</i> ▪ <i>Responding to the Progressive objective as a key Shire strategic project which demonstrates planning for the Shire's current growth trajectory and provides a range of positive community outcomes.</i>

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
<p>Shire of Serpentine-Jarrahdale Local Planning Strategy (draft September 2019)</p> <p><i>Shire of Serpentine-Jarrahdale</i></p>	<p>Relevant Objectives</p> <p>Place relevant objectives:</p> <ul style="list-style-type: none"> ▪ Achieve greater housing densities in proximity to the Byford Town Centre, neighbourhood activity centres, schools, community facilities, public open space and transport nodes and corridors to improve accessibility and enhance community connections. ▪ People relevant objectives: ▪ Create a connected, integrated and coordinated network of facilities which provide for the identified social needs of the community; ▪ Ensure community facilities are central to the catchment and facilitate equitable access; ▪ Ensure the location and design of new community facilities aligns with the guiding principles of the Community Infrastructure and Public Open Space Strategy and Community Infrastructure Implementation Plan; and ▪ Provide adaptable, resilient and multi-use facilities to maximise efficiency. ▪ Prosperity relevant objectives: ▪ Provide equitable access to a range of goods and services to meet the needs of the community; ▪ Create activated, vibrant, and economically thriving activity centres which concentrate retail and commercial uses and are also a community hub; and ▪ Attract business development and facilitate local employment opportunities. <p>Alignment to Health Hub</p> <p><i>A Health Hub in the Byford town centre will be a key component in meeting several objectives of the Shire's Local Planning Strategy. These are:</i></p> <ul style="list-style-type: none"> ▪ Bring additional economic activity to the Byford town centre; ▪ Provide opportunities for permanent employment in Byford due to the centre's operation; ▪ Provide community facilities within an area of future higher density residential development; ▪ Provide access to health services to the Shire community, located near public transport; ▪ Develop the Health Hub within a multi-use building; and ▪ Develop Byford Town Centre as a community hub.

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
<p>Health and Wellbeing Strategy 2020-2024 <i>Shire of Serpentine Jarrahdale</i></p>	<p>Relevant Objectives Forms the Shire's response to the requirement to prepare a Local Public Health Plan under Section 45(4) of the WA Public Health Act 2016.</p> <p>Vision: To protect, promote and enhance the health and wellbeing of our community in safe and sustainable environments.</p> <p>Key Shire health risk factors:</p> <ul style="list-style-type: none"> ▪ Mental health; ▪ Overweight / obese adults and children; ▪ Heart disease; and ▪ Lung disease. <p>Key relevant objectives:</p> <p>People: Growing health and active lifestyles together</p> <ul style="list-style-type: none"> ▪ Provide easy access to information that empowers and enables residents to make informed healthy choices for themselves and their families; and ▪ Reduce smoking and alcohol-related harms and anti-social behaviours within the community. <p>Community: Growing connected and inclusive communities together</p> <ul style="list-style-type: none"> ▪ Promote positive mental health and wellbeing initiatives for the community to be involved in; and ▪ Support community diversity, harmony and social wellbeing with particular emphasis on key vulnerable groups. <p>Environment: Growing safe and sustainable environments together</p> <ul style="list-style-type: none"> ▪ Ensure that built environments are safe and, accessible. <p>Alignment to Health Hub The Health Hub will provide an important opportunity to assist the Shire in meeting a range of objectives set out in the Health and Wellbeing Strategy 2020-2024 including:</p> <ul style="list-style-type: none"> ▪ A physical place to provide health and wellbeing information to the local community, such as on healthy lifestyles and healthy eating, smoking / alcohol-related harms; ▪ Potential for co-location with a community facility that can deliver active lifestyle fitness and wellbeing programs, and provide social wellbeing support to ageing residents and other vulnerable groups; ▪ Promote State and Federal mental health center's initiatives and campaigns; ▪ Provide an assessment of the Health Hub against the Health and Wellbeing Strategy objectives.

POLICY STRATEGY ALIGNMENT

POLICY / STRATEGY	RELEVANT OBJECTIVES AND ALIGNMENT
Shire of Serpentine-Jarrahdale Economic Development Strategy 2018-2023	<p>Relevant Objectives</p> <p>The Shire's population is expected to double in next decade, quadruple by 2050, with recent population growth fuelling economic growth.</p> <ul style="list-style-type: none"> ▪ Currently 79% of residents are employed outside of the Shire. ▪ Health, aged care and retirement living is a key industry sector of opportunity. ▪ A key objective of the Strategy is supporting and facilitating new business growth and deliver more employment opportunities. <p>Alignment to Health Hub</p>
Shire of Serpentine-Jarrahdale	<ul style="list-style-type: none"> ▪ <i>Health services have been identified in the Shire's Economic Development Strategy 2018-2023 as a key sector of opportunity for the Shire as the population grows. These will also support the growth of residential aged care, retirement community development and ageing in place.</i> ▪ <i>Providing a Health Hub within Byford Town Centre is aligned with the key objective to support new business growth and employment opportunities.</i>
2021 WA State Election: Priorities and Requests	<p>Relevant Objectives</p> <p>High population growth challenges:</p> <ul style="list-style-type: none"> ▪ Deliver modern community infrastructure for our diverse communities. ▪ Local training and employment challenges: ▪ Diversify local employment to support greater professional service, industry and manufacturing-based opportunities that reflect the skills and attributes of our residents. ▪ Creating / delivering TOD centres in Byford and Mundijong challenges: ▪ Ensure the planning of Byford METRONET facilitates a vibrant Transit Orientated Development for the Byford Town Centre. <p>Financial capacity of Shire to deliver infrastructure challenges:</p> <ul style="list-style-type: none"> ▪ Secure State and Federal Government support and funding to deliver community infrastructure. ▪ Optimise Shire assets to assist in delivering upon community priorities. <p>Alignment to Health Hub</p>
Shire of Serpentine-Jarrahdale	<p><i>The Byford Health Hub is well-aligned with the Shire's State Election Priorities and Requests.</i></p> <ul style="list-style-type: none"> ▪ <i>Developing a Health Hub will deliver important community infrastructure to support the unique needs of the existing community and cater for the expected population growth.</i> ▪ <i>Locating the Health Hub within Byford town centre will drive trip generation and promote development of a vibrant TOD around the new Byford station.</i> ▪ <i>Will form a key Shire asset as part of a multi-use facility that can be used to deliver a range of community priority services and programs.</i>



APPENDIX G

RISK MANAGEMENT

PLAN

COVID-19 AND THE POTENTIAL IMPACT ON DATA INFORMATION

The data and information that informs and supports our opinions, estimates, surveys, forecasts, projections, conclusion, judgments, assumptions and recommendations contained in this report (Report Content) are predominantly generated over long periods, and is reflective of the circumstances applying in the past. Significant economic, health and other local and world events can, however, take a period of time for the market to absorb and to be reflected in such data and information. In many instances a change in market thinking and actual market conditions as at the date of this report may not be reflected in the data and information used to support the Report Content.

The recent international outbreak of the Novel Coronavirus (COIVD-19), which the World Health Organisation declared a global health emergency in January 2020 and pandemic on 11 March 2020, is causing a material impact on the Australian and world economies and increased uncertainty in both local and global market conditions.

The effects (both directly and indirectly) of the COVID-19 Outbreak on the Australian real estate market and business operations is currently unknown and it is difficult to predict the quantum of the impact it will have more broadly on the Australian economy and how long that impact will last. As at March 2020, the COVID-19 Outbreak is materially impacting global travel, trade and near-term economic growth expectations. Some business sectors, such as the retail, hotel and tourism sectors, are already reporting material impacts on trading performance now and potentially into the future. For example, Shopping Centre operators are reporting material reductions in foot traffic numbers, particularly in centres that ordinarily experience a high proportion of international visitors.

The Report Content and the data and information that informs and supports it is current as at the date of this report and (unless otherwise specifically stated in the Report) necessarily assumes that, as at the date of this report, the COVID-19 Outbreak has not materially impacted the Australian economy, the asset(s) and any associated business operations to which the report relates and the Report Content. However, it is not possible to ascertain with certainty at this time how the market and the Australian economy more broadly will respond to this unprecedented event. It is possible that the market conditions applying to the asset(s) and any associated business operations to which the report relates and the business sector to which they belong could be (or has been) materially impacted by the COVID-19 Outbreak within a short space of time and that it will have a lasting impact. Clearly, the COVID-19 Outbreak is an important risk factor you must carefully consider when relying on the report and the Report Content.

Any Report Content addressing the impact of the COVID-19 Outbreak on the asset(s) and any associated business operations to which the report relates or the Australian economy more broadly is (unless otherwise specifically stated in the Report) unsupported by specific and reliable data and information and must not be relied on.

To the maximum extent permitted by law, Urbis (its officers, employees and agents) expressly disclaim all liability and responsibility, whether direct or indirect, to any person (including the Instructing Party) in respect of any loss suffered or incurred as a result of the COVID-19 Outbreak materially impacting the Report Content, but only to the extent that such impact is not reflected in the data and information used to support the Report Content.

This report is dated **February 2021** and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of Urbis Pty Ltd's (Urbis) opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of **Shire of Serpentine**

Jarrahdale (Instructing Party) for the purpose of a **Health Hub Business Case** (Purpose) and not for any other purpose or use. Urbis expressly disclaims any liability to the Instructing Party who relies or purports to rely on this report for any purpose other than the Purpose and to any party other than the Instructing Party who relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

In preparing this report, Urbis was required to make judgements which may be affected by unforeseen future events including wars, civil unrest, economic disruption, financial market disruption, business cycles, industrial disputes, labour difficulties, political action and changes of government or law, the likelihood and effects of which are not capable of precise assessment.

All surveys, forecasts, projections and recommendations contained in or made in relation to or associated with this report are made in good faith and on the basis of information supplied to Urbis at the date of this report. Achievement of the projections and budgets set out in this report will depend, among other things, on the actions of others over which Urbis has no control.

Urbis has made all reasonable inquiries that it believes is necessary in preparing this report but it cannot be certain that all information material to the preparation of this report has been provided to it as there may be information that is not publicly available at the time of its inquiry.

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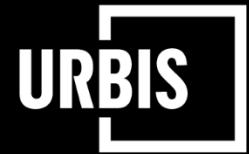
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