

# Traffic and Parking Impact Assessment



## Buronga HealthOne

Prepared for Currie & Brown  
28 October 2019

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### Revision Register

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Prepared by



**SYED ALI**

Traffic Engineer

Reviewed by



**MICHAEL BABBAGE**

Senior Traffic Engineer

Authorised By



**PAUL YANNOULATOS**

Technical Director

**TAYLOR THOMSON WHITTING (NSW) PTY LTD**  
in its capacity as trustee for the  
**TAYLOR THOMSON WHITTING NSW TRUST**

# 1 Introduction

## 1.1 Background

It is understood that a Development Application (DA) is to be lodged with Wentworth Shire Council (Council) for a proposed Community Health Centre (HealthOne) in Buronga, NSW. The proposed facility is a project under HealthOne NSW program funded by the NSW Government.

Taylor Thomson Whitting (TTW) has been engaged by NSW Far West Local Health District c/o Currie & Brown to provide a traffic and parking assessment on the proposed development.

## 1.2 Scope

This Traffic and Parking Impact Assessment report has been developed to assess and address the traffic and transport impacts of the proposed development. The report covers the following areas:

- site access
- traffic generation
- car parking
- public transport.

## 1.3 References

This report has been prepared in the context of and with knowledge of a variety of relevant documents, standards, and guidelines:

- Australian Standards, including but not limited to:
  - AS2890 – Parking facilities
  - AS1428 – Design for access and mobility.

Additional documentation reviewed from relevant local jurisdictions and similar nearby developments includes:

- Wentworth Shire Development Control Plan (DCP) 2011
- Wentworth Shire Local Environmental Plan (NSW Government, 2011)
- Buronga HealthOne Functional Brief by AECOM, dated 27 July 2018
- Traffic and Parking Assessment for Dapto HealthOne Community Health Centre Project, dated 19 March 2019

## 2 Existing Conditions

### 2.1 The Site

The site consists of Lot 914 DP756961 located at the north eastern corner of the intersection of Silver City Highway and Pitman Avenue in Buronga, NSW. The land is located within the Local Government Area (LGA) of Wentworth Shire Council and is zoned under RU5 Village Zone. The site has frontages to Silver City Highway to its west, Pitman Avenue to its south, and Friel Street to its east.

The surrounding properties predominantly include residential and agricultural land uses. Buronga Public School is located immediately to the south of the site. The location of the site and its surrounding environs is shown in Figure 2.1.



Figure 2.1: Site location

Background source: Wentworth Shire Council – Online Geographic Information System

### 2.2 Road Network

**Silver City Highway** is a state road and a key traffic route through the area that links Buronga to the far west region of NSW. In the vicinity of site, the road is aligned in north-south direction. It is a two-way road generally providing one traffic lane in each direction within an 8-metre-wide carriageway. Adjacent to the site it has two northbound traffic lanes and one southbound traffic lane. It has a posted speed limit of 60km/hr.

**Pitman Avenue** is a local road and is aligned in an east-west direction south of the site. It is configured with one traffic lane in each direction and set within approximately 9-metre-wide carriageway. The road provide access to the surrounding residential properties. It has a posted speed limit of 50 km/h with a 40 km/hr school zone speed limit restriction.

**Friel Street** is a local road and is aligned in a north-south direction to the east of site. The street provide access to adjacent residential properties with a cul-de-sac to its north. It is noted, that a subdivision of land to the north of Friel Street for residential lots has been approved by the Council, whilst the approved lots will used Friel Street as main access point. Unrestricted parking is allowed on both sides of Friel Street.

## 2.3 Car Parking

The on-street parking in the vicinity of site is generally unrestricted. On-street parking is allowed on both sides of Silver City Highway to the south of the intersection of Pitman Avenue and Silver City Highway. On-street parking is not available on the highway to the north of the intersection.

Small number of on-street parking is available on the Pitman Avenue West, however no on-street parking is available on Pitman Avenue immediately to the south of the site. Unrestricted parking is allowed on both sides of Pitman Avenue (further to the east of Friel Street) and Friel Street.

## 2.4 Public Transport

The subject site is well connected with available public transport network within the region. Bus routes 950 and 953 connects the site to Wentworth in the north, Mildura in the south-west and Gol Gol in the east. Buses stop on Silver City Highway north and south of Pitman Avenue service. These are regional bus services which operate with a limited frequency. Table 1 provides the origin destination information for bus route 950 and 953.

**Table 2.1: Bus routes**

<b>Bus Route</b>	<b>Origin</b>	<b>Destination</b>
950	Mildura	Wentworth
953	Mildura	Gol Gol, Buronga

### 3 Proposed Development

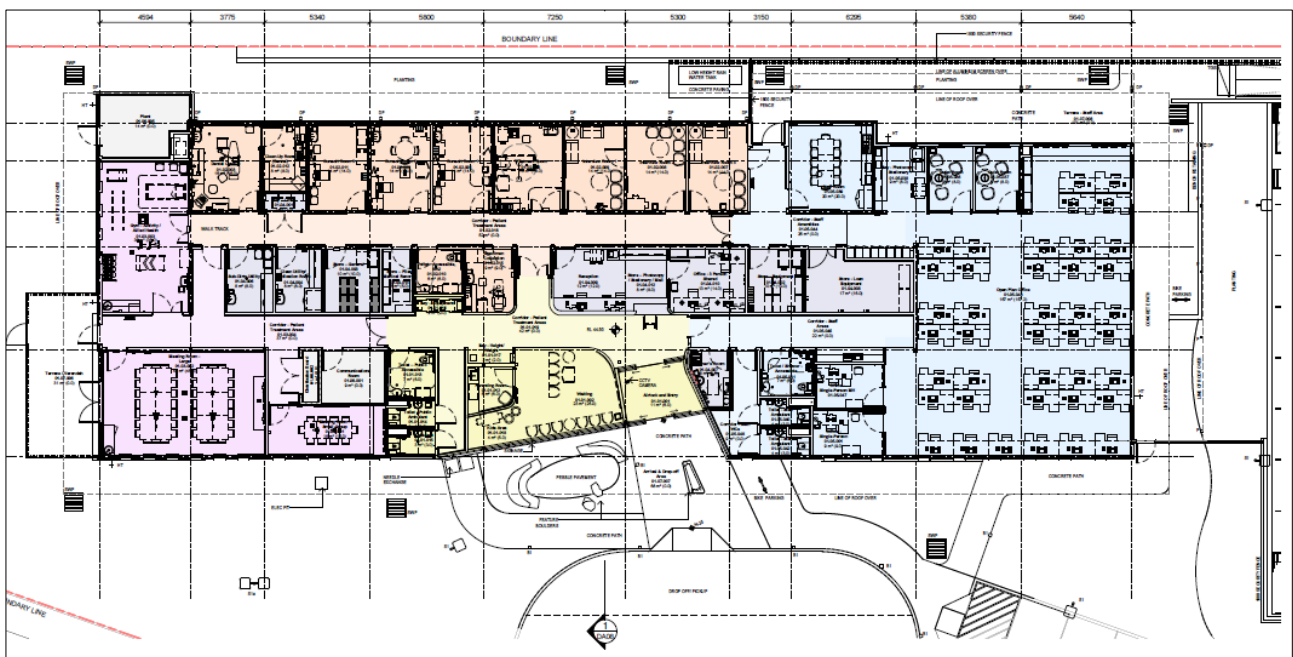
The proposed development is Buronga HealthOne, a community health care facility to be developed in Buronga, NSW. The facility aims to provide an integrated primary and community health service to the local population within the Far West Local Health District (FWLHD). The proposed facility is a new hub health centre at Buronga with spoke services at Dareton, Wentworth and Balranald.

The proposal comprises of 11 rooms that includes a mix of consulting, interview and meeting rooms as follows:

- 3 consulting rooms
- 1 dental consulting room
- 3 interview rooms
- 1 bariatric treatment room
- 2 group meeting rooms
- 1 gym.

The development proposal also includes associated facilities for staff and visitors. An at-grade carpark comprising 25 parking spaces is proposed for visitors and staff, and a secured carpark comprising 16 parking spaces is proposed for fleet vehicles. The access to the visitor and staff carpark is via Pitman Avenue, and access to the fleet carpark is via Friel Street. A pick-up and set down area for ambulances is located adjacent to the building entrance.

Figure 3.1 shows an indicative layout of the proposed facility.



**Figure 3.1: Proposed development layout**

Source: Drawing Number 130533-NBRS-AR-DWG-003, Rev 5, Dated 24 October 2019

#### 3.1 HealthOne Model of Care

HealthOne NSW is an NSW Government funded program to develop an integrated and cohesive structure for the provision of primary and community health services. At present health services in the Southern Cluster are located at Dareton, Wentworth, Balranald, Buronga and Euston where Dareton and Wentworth serve as a central location for primary health care services.

In future, the Southern Cluster HealthOne will operate through facilities in Dareton, Buronga, Wentworth and Balranald. These four sites will work as network for provision of integrated health services to the local community, where Buronga HealthOne will serve as a new hub health centre with spoke services at Dareton, Wentworth and Balranald.



The development will provide the infrastructure for an integrated service model through the relocation of range of services from existing Dareton facility to the proposed facility. The proposed services being provided by Buronga HealthOne include:

- Ambulatory and Primary Health
- Allied Health Services
- Child and Family Health
- Mental Health
- Drug and Alcohol Counselling
- Tele Health
- Oral Health
- Aged Care

### 3.2 Proposed Operations

The proposed facility will operate during the following hours of operations:

- Staff – 8:30am to 5:00pm (Monday to Friday)
- Clients – 9:00am to 5:00pm (Monday to Friday).

The proposed facility will accommodate 41 full-time equivalent (FTE) staff providing on-site and in-reach services to the local community via following approaches:

- Single and multi-disciplinary consultations to individuals and families
- Staff providing outreach to other locations (schools, homes and aged care facilities)
- Visiting/ sessional staff
- Specialist outpatient clinics.

The consultancy services generally provided on-site will be scheduled for 45-minute to one-hour sessions, while group activities will comprise of one- to two-hour sessions. The facility will mostly be operated through scheduled appointments.

### 3.3 Site Access

The proposed development will have vehicular accesses from Pitman Avenue for staff and visitors, and the fleet cars will access the carpark from Friel Street. Ambulances will also access the site via Pitman Avenue and park at the drop-off facility to the west of staff and public carpark.

## 4 Parking Assessment

### 4.1 DCP Parking Requirements

As discussed above, the proposed development is a community health care facility that provides combined primary health and community health services at one site. The Wentworth Shire DCP 2011 provides parking provision rates for “Medical Centre / Health Consulting Rooms” which is considered as the most comparable land use for the proposed development. Table 4.1 shows that under these rates the proposed development would require 48 parking spaces.

**Table 4.1: Parking demand calculation**

Land Use	Parking Rates	No. of Rooms / FTE Employees	Parking Demand
Medical Centre / Health Consulting Rooms	3 spaces per consulting room	9 <sup>1</sup>	27
	1 space per each 2 employees	41	21
<b>Total</b>			<b>48</b>

### 4.2 Timetable Parking Demand Assessment

Given the proposed development operates differently than a dedicated medical centre, a more detailed parking assessment has been completed. The assessment is meant to ascertain the parking demand of the proposed development based on the anticipated usage of the consulting rooms across a day. The usage of consulting rooms is anticipated on the basis of the operational timetable of the proposed development. The proposed consulting rooms would not operate at all times during the day or week, and these rooms will only generate parking requirements during scheduled appointment timings. Table 4.2 shows the number of consulting rooms being operated across each day, as per operational information and timetables provided by the client.

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<sup>1</sup> Total number of consulting rooms excluding meeting rooms.

**Table 4.2: Consulting room schedule**

Time		Number of Active Consulting Rooms <sup>2</sup>							
		9am - 10am	10am - 11am	11am – 12pm	12pm - 1pm	1pm - 2pm	2pm - 3pm	3pm - 4pm	4pm - 5pm
Week 1	Monday	6	6	6	2.5	6	6	5	3
	Tuesday	7	6	6	2	4	3	3	2
	Wednesday	5	5	5	2	4	3	3	4
	Thursday	7	7	7	2.5	5	5	5	2
	Friday	2	2	2	1	2	2	2	2
Week 2	Monday	6	6	6	2	6	6	5	3
	Tuesday	6	6	6	2.5	5	5	5	2
	Wednesday	6	6	6	2.5	5	4	4	3
	Thursday	6	6	6	2	4	4	4	2
	Friday	2	2	2	1	2	3	3	2
Week 3	Monday	6	6	6	2	6	6	5	3
	Tuesday	7	6	6	2	4	3	3	2
	Wednesday	5	5	5	2	4	3	3	3
	Thursday	7	7	7	2.5	5	5	5	2
	Friday	2	2	2	1	2	2	2	2
Week 4	Monday	6	6	6	2	6	6	5	3
	Tuesday	5	5	5	2	4	4	4	2
	Wednesday	5	5	5	2	4	3	3	3
	Thursday	6	6	6	2	4	4	4	2
	Friday	2	2	2	1	2	3	3	2

It is noted that maximum number of consulting rooms operating during morning and afternoon peak period will be on a typical Thursday during week 1 and 3 of a monthly cycle. The operational details for week 1 and 3 show the highest number of active consulting rooms. Subsequently parking requirements on a typical Thursday of these weeks would be higher than any other day during the monthly operations. Thus, the assessment has been completed for the anticipated parking demand for week 1 operations, which reflects the maximum usage of the carpark by visitors.

The average duration of a clinical sessions is anticipated to last between 45 minutes to one hour. For a session of this length (as opposed to typical medical appointments of perhaps 15 minutes), there would not be expected to be more than one patient waiting while a patient is being treated. Based on that, this detailed timetable assessment adopts a parking requirement rate of two spaces per active consulting room. The parking

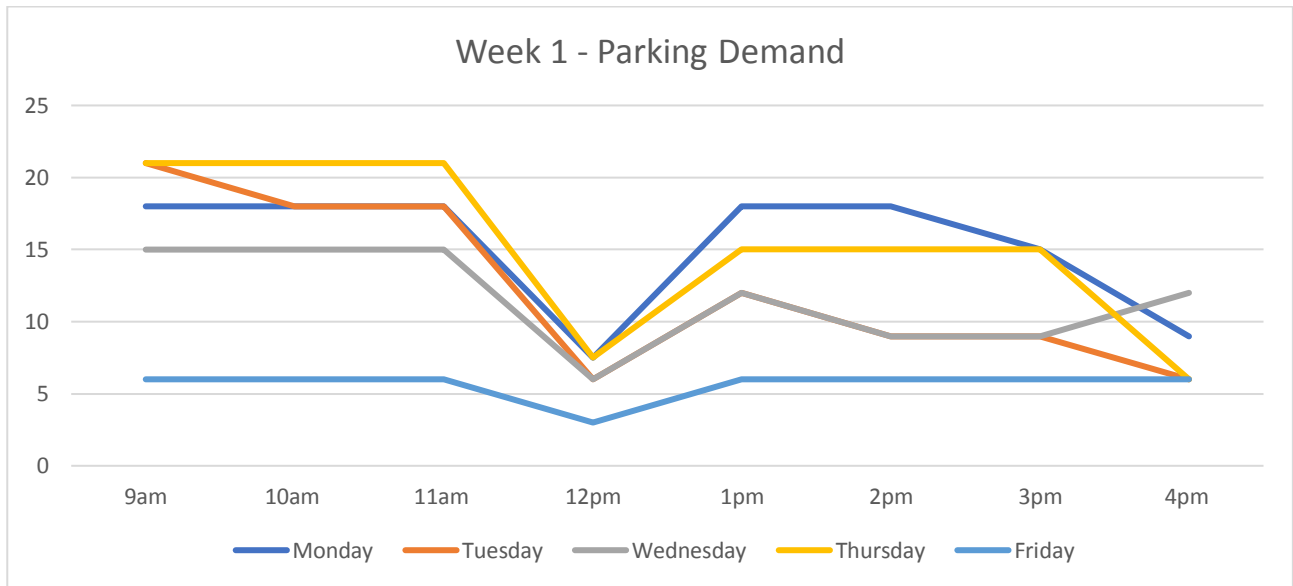
<sup>2</sup> Number of active consulting rooms are based on the following assumptions:

- Active use of Mental Health (Drop-In) and Drop-In-Clinic is variable and has been averaged
- Patient used is from 9am to 5pm
- Active use of consulting rooms from 12 midday to 1pm has been averaged to account for lunch break.

requirements are applied to the peak levels of active consulting room. Table 4.3 and Figure 4.1 shows the anticipated parking requirements for the clinical activities during week 1 of monthly operation.

**Table 4.3: Empirical parking demand**

		Parking demand of Active Consulting Rooms								
Time		9am - 10am	10am - 11am	11am - 12pm	12pm - 1pm	1pm - 2pm	2pm - 3pm	3pm - 4pm	4pm - 5pm	Average
Week 1	Monday	18	18	18	8	18	18	15	9	15
	Tuesday	21	18	18	6	12	9	9	6	12
	Wednesday	15	15	15	6	12	9	9	12	12
	Thursday	21	21	21	8	15	15	15	6	15
	Friday	6	6	6	3	6	6	6	6	6



**Figure 4.1: Empirical parking demand**

The results indicate that the proposed facility could generate a maximum visitor parking demand of 21 parking spaces, whereas the average parking demand would be 15 parking spaces on a peak activity day.

### 4.3 Occasional Parking Demand

As discussed above, the proposed development is to provide an integrated primary and community health care facility, where several community group activities will also take place. The proposed development is equipped with a large meeting room which will be used for at least three community activity sessions on a weekly basis. These sessions include a weekly one-hour sessions for tai chi training and a “New Parent Group” which could attract eight to ten people for a maximum duration between one to two hours. It is assumed that parking for these users would be required at a rate of one space per two visitors (similar to staff demands), such that these group activities could generate a parking demand of up to five parking spaces. It is noted that these activities are not expected to occur in parallel with another community activity or during peak consulting times.

The small meeting room would be used by staff only, therefore it will not generate additional parking demand.

#### 4.4 Overall Parking Demand

Overall the site is expected to generate a parking demand of up to 36 spaces as detailed in Table 4.4 below:

**Table 4.4: Overall Parking Demand**

User group	Parking demand	Source
Staff	21 spaces	DCP rates
Visitors/clients	15 spaces	Site-specific assessment based on consultation timetable and session length
<b>Total</b>	<b>36 spaces</b>	
<b>Occasional demand</b>	5 spaces (off-peak)	

#### 4.5 Parking Adequacy

The proposed development provides a carpark comprising 25 parking spaces for staff and visitors. The proposed staff and visitor carpark also include one disabled parking space, which fulfils DCP and BCA disabled parking requirements.

Based on the above assessment, the proposed parking provision fulfils 70 percent of the peak parking demand. At times such as Thursday being a peak activity day with residual parking demand or during community sessions, there could be a parking spill of up to ten vehicles on the surrounding streets. The on-street parking on Friel Street an opportunity to accommodate this additional parking demand of the development. Given the nature of surrounding land use, it is expected that this minor overflow in parking demand would not generate any significant impact on the on-street parking available in the surrounding of the site. The eastern frontage of the site to Friel Street is approximately 80 metres, which can effectively absorb the occasional additional parking demand.

An additional carpark comprising 16 spaces for fleet vehicles is provided to the north-east corner of the site. This carpark caters for the operational requirements of the facility, separate to staff and visitor travel demands.

## 4.6 Traffic Management Plan

The HealthOne management is committed to minimise the possibility of any overflow traffic. For this purpose, the management will distribute the session times throughout the day to minimise the impact on onsite parking. The facility will operate on an appointment booking system, providing useful turnover of car parking spaces available on-site. The fleet carpark will be gated to restrict illegal parking by any visitor or staff member.

## 4.7 Layout and Design

The proposed carpark layout has been reviewed against the requirements of the Australian Standard for Off-Street Car Parking (AS/NZS2890.1:2004 and AS/NZS2890.6:2009). This assessment included a review of the following:

- Bay and aisle width
- Adjacent structures
- Circulation roads and ramps
- Internal queuing
- Parking for persons with disabilities.

The review indicated that the proposed car parking layout is generally consistent with the Australian Standards and expected to operate satisfactorily. A swept path assessment showing the Bariatric Ambulance entering and exiting the ambulance drop-off bay is shown in Appendix A of this report.

## 5 Traffic Assessment

An empirical assessment to ascertain the peak traffic generation from the proposed development has been undertaken, based on the following:

- The proposed development would employ 41 FTE permanent staff members. Based on the DCP parking requirement as detailed in Section 4 of this report, it is expected that staff will travel by private vehicle at a rate of one per two employees. For the purposes of a conservative assessment, these are assumed to take place within the peak hour.
- Based on the clinical requirements, during the morning peak there will be up to seven active consulting rooms. Given a typical consultation session of 45 minutes to one hour, it is assumed that a consulting room could generate minimum of two trips during the peak hour.
- Fleet vehicle movements may occur throughout the day but are similarly assumed to occur within the morning peak for this assessment. The facility will cater for a total of 15 fleet vehicles.

The RMS Guide to Traffic Generating Developments states that data is not available for professional health consulting rooms.

The anticipated traffic generation of the proposed development is outlined in Table 5.1. The traffic generation rates in the tabled below are assumed on the basis of parking requirements as estimated in the above section.

**Table 5.1: Traffic generation estimate**

User group	Peak Hour Trip Generation Rate	Yield	Trip Generation
Staff	1 trip per each 2 employees	41 FTE staff	21
Visitors/clients	2 trip per active consulting rooms	7 active consulting rooms <sup>3</sup>	14
Fleet vehicles	1 trip per vehicle	15 vehicles	15
<b>Total Trips</b>			<b>50 trips</b>

Overall the proposed development is anticipated to generate up to 50 trips during morning peak hour, which will be the most critical peak throughout the day. The anticipated traffic generation over an hour in morning peak would not generate any significant impact on the local traffic network.

Community sessions in the large meeting room will generally not occur during the morning peak. The maximum attendance at these sessions of approximately 10 visitors will be significantly lower than staff and visitor movements during the morning peak.

The development traffic would not interact with the morning peak traffic of Buronga Public School, given the access to the school is more convenient through Hendy Road to the south of school. The afternoon peak traffic does not coincide with the school off time, thus minimising the interaction between school and development traffic on Pitman Avenue.

### 5.1 Future Developments

The Council has informed that a 77-lot (staged) and 114-lot (staged) subdivisions were approved to the north of the proposed development. The approved development would have their main accesses through Orana Crescent and Friel Street. Since the approved development is a residential land use, it is anticipated that morning peak traffic on Friel Street and at the intersection of Pitman Avenue and Silver Street Highway could increase. However, in broader context the proposed development traffic would be a minor increase which would still not impact the overall traffic quality in the surroundings.

<sup>3</sup> Maximum number of active consulting rooms during any given hour based on the operational timetable of the proposed development.

## 6 Conclusion

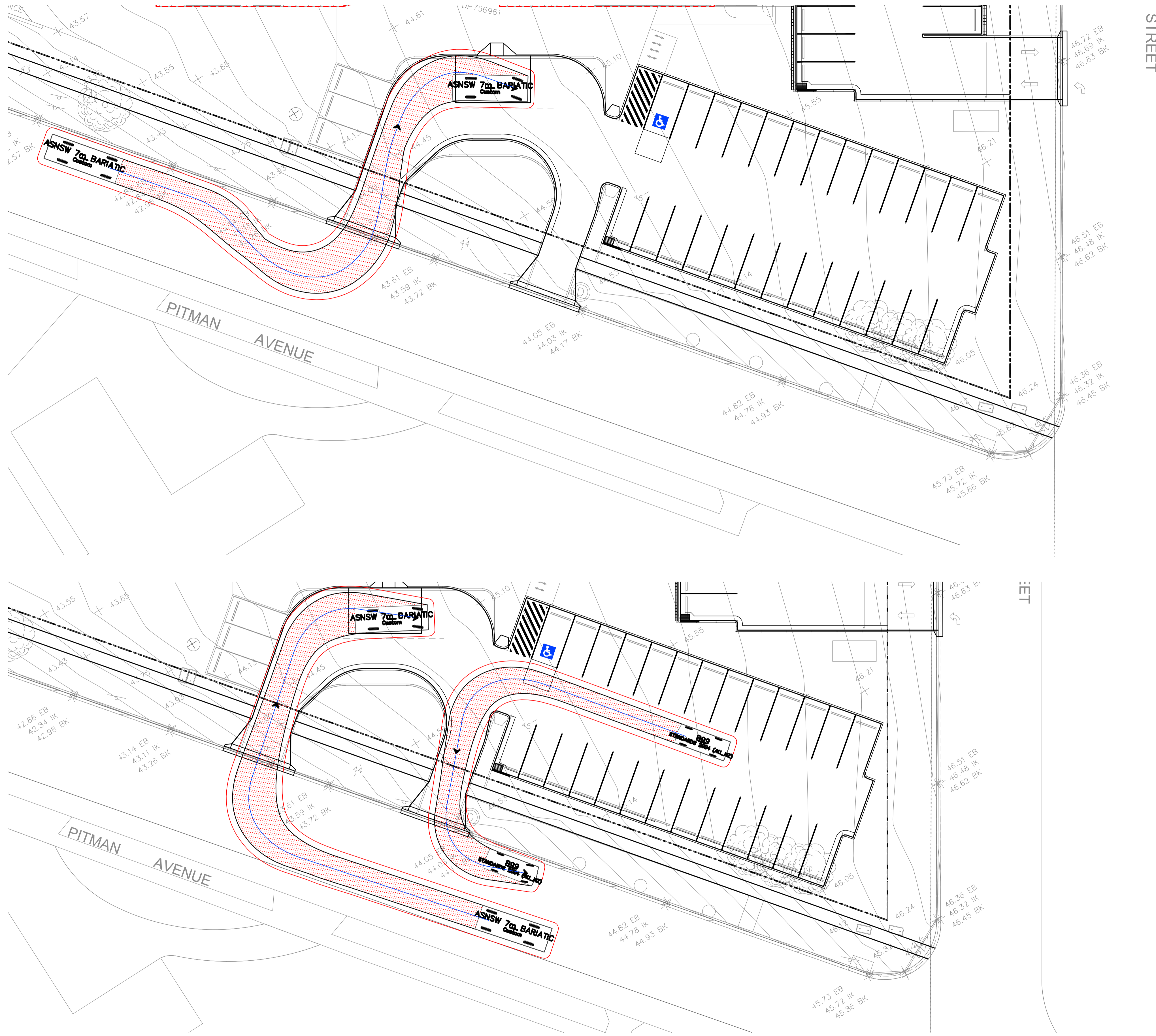
The traffic and parking requirements anticipated to be generated from this proposed development has been assessed and based on those results it was found that:

- The development proposal includes eight consulting rooms, one gym and two meeting rooms along with associated facilities.
- The proposed development could generate an overall parking demand of up to 36 spaces that includes 15 visitor parking spaces and 21 staff parking spaces.
- The proposed car parking provision of 25 vehicles is anticipated to accommodate 70 percent of average parking demand of the development, however at times an overspill of up to 11 parking spaces is expected which can be accommodated within on street parking to the eastern frontage of the site.
- An additional 16 parking spaces are provided for fleet vehicles, to cater for the operational requirements of the site separate to the staff and visitor parking demands.
- The development could generate up to 50 trips during morning peak hour which will be critical peak hour of the day.
- It is expected that anticipated trips over an hour in morning peak would not generate any significant impact on the surrounding traffic.

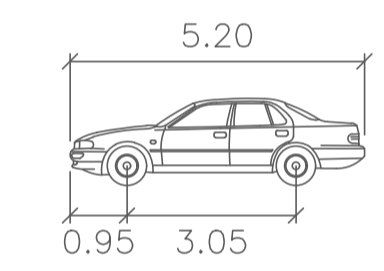
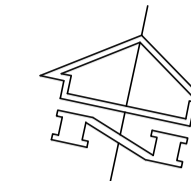
Based on the assessment provided within this report, the intent of the Development Proposal can be supported with regards to traffic and transport.



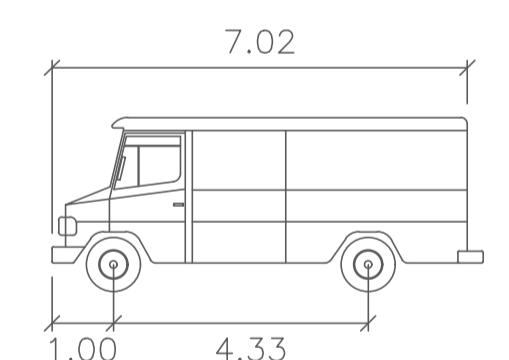
## Appendix A – Carpark Layout and Swept Path Assessment



STREET



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 Steering Angle : 33.9



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P1	ISSUE FOR COORDINATION	AH	AI	31.07.19										

Architect  
**NBR**SARCHITECTURE.  
 Sydney  
 612 9922 2344  
 nbrsarchitecture.com

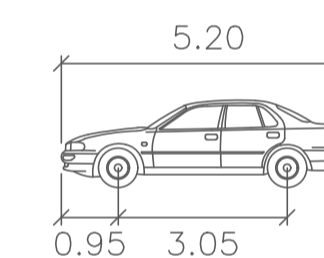
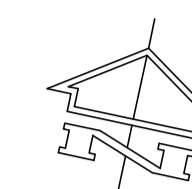
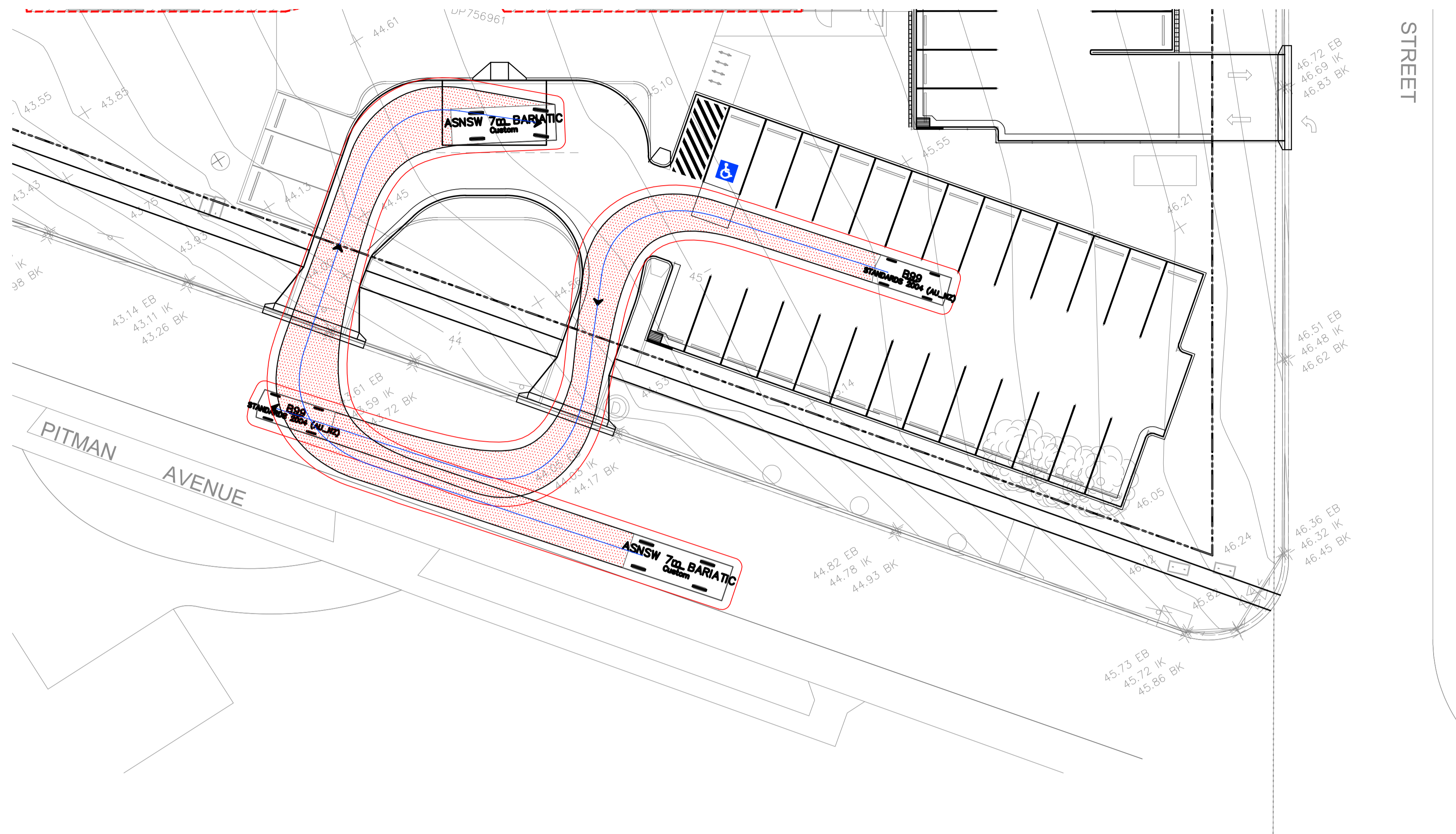
Engineer  
**TTW** Structural  
 Civil  
 Façade  
 612 9439 7288 | 48 Chandos Street St Leonards NSW 2065

Project  
**BURONGA HEALTH ONE**  
 SILVER CITY HIGHWAY  
 BORONGA NSW

Sheet Subject  
**TURNING PATH SKETCH**

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**PRELIMINARY**



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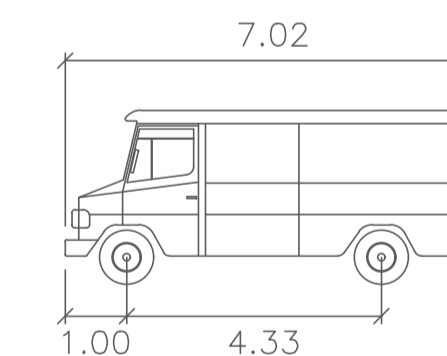
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**ASNSW 7m BARIATIC**

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Steering Angle : 38.2

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Architect

**NBR**SARCHITECTURE.

Sydney  
612 9922 2344  
nbrsarchitecture.com

Engineer

**TTW** Structural Civil Traffic Façade

612 9439 7288 | 48 Chandos Street St Leonards NSW 2065

Project

**BURONGA HEALTH ONE**  
SILVER CITY HIGHWAY  
BORONGA NSW

Sheet Subject

**TURNING PATH SKECTH 2**

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Job No Drawing No Revision

**191348 SKC0002 P1**

Plot File Created: Aug 14, 2019 - 6:03pm

**PRELIMINARY**

# Desktop Engineering Due Diligence Report Lot 914 Silver City Highway, Buronga

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Health Infrastructure

29 September 2018

Ref No. 20181216

**Principal Contact**

Andrew Seaton-Stewart

**MILDURA**

97 Pine Ave

Mildura VIC 3502

T +61 3 5021 4486

mildura@tonkin.com.au

# Document History and Status

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## Appendices

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Appendix C	Service Plans Provided by Wentworth Shire Council

# 1 Introduction

Tonkin Consulting was engaged by Health Infrastructure to undertake a desktop due diligence study of the vacant site at Lots 898, 890, 891, 899, 900 and 914 Silver City Highway, Buronga. For the purposes of this report, these combined lots will be treated as one site. The site is identified as a potential location for a new medical facility and as such some preliminary investigation is required to help identify any key issues prior to the site being purchased and developed.

Currently the location of the site for this development must remain confidential while land title issues are resolved. As such the assessment is limited to a site inspection and desktop assessment. No survey, geotechnical investigation or detailed liaising with authorities has taken place.

## 2 Assessment

### 2.1 Site Overview

The site is currently vacant and is understood to be approximately 9,066m<sup>2</sup>. The site fronts Silver City Highway (west), Pitman Avenue (south) and Friel Street (east). The site is adjacent to residential properties on its northern boundary. NSW Planning & Environment state this property is Zone RU5 – Village, which would require planning consent to build a health care facility. A property report summarising the planning details of this site can be seen in Appendix A.

Based on a visual inspection, there appears to be a slight fall across the site to the southwest corner of the site.

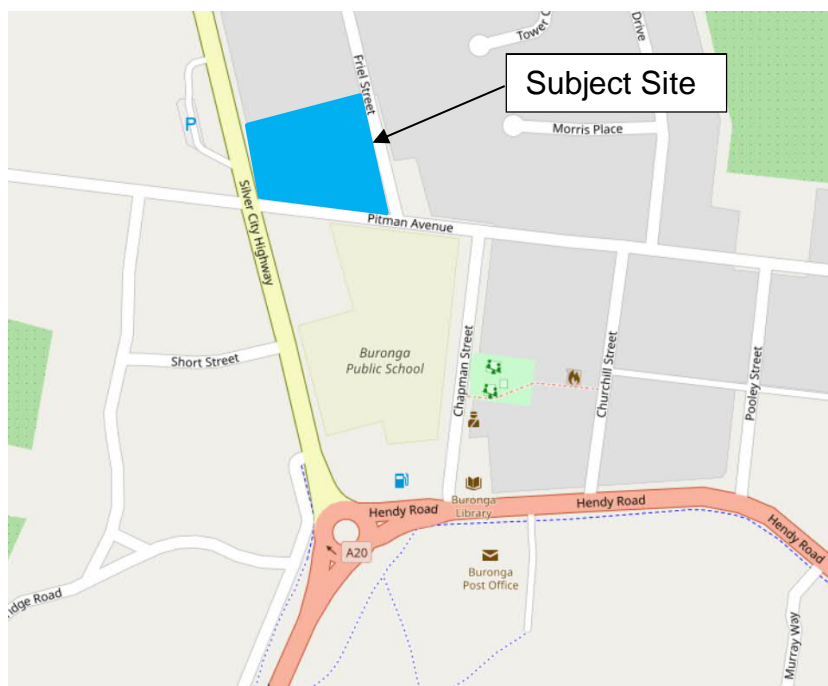


Figure 1 – Subject site location



Figure 2 – Aerial imagery of subject site (from Six Maps)





Photo 1 – Subject site (taken from northeast corner of site)

## 2.2 Flood Assessment

Based on flood data from data.gov.au, the subject site is above the 1956 Murray River flood level, the largest Murray River flood recorded. This can be seen on Figure 2, which is a screenshot of the 1956 Murray River Flood Mapping.

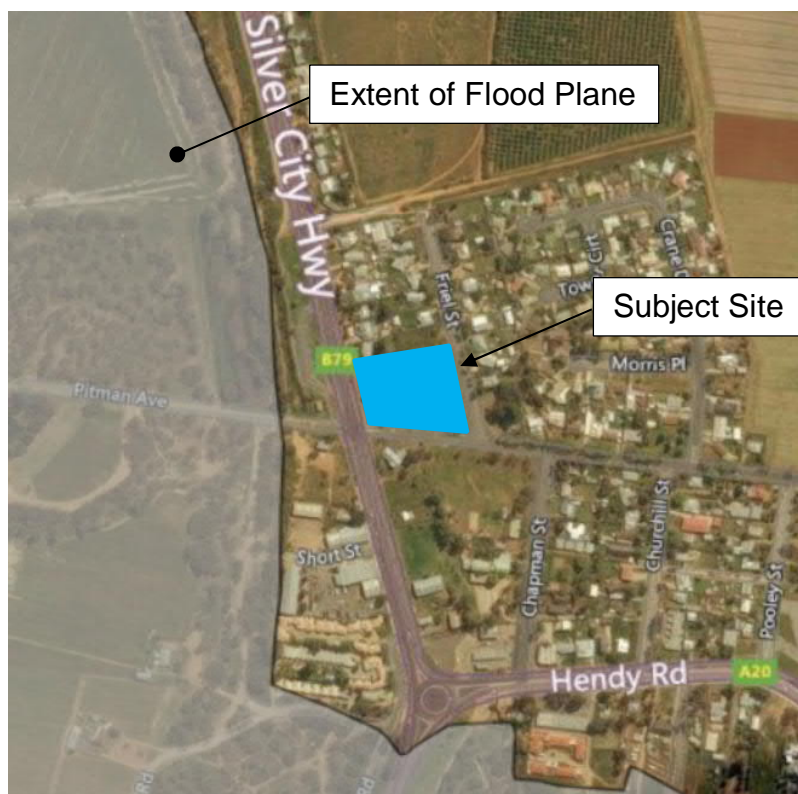


Figure 3 – 1956 Murray River flood mapping from data.gov.au

A search on [planningportal.nsw.gov.au](http://planningportal.nsw.gov.au) shows that this site is not within the flood planning region.

## 2.3 Soil Assessment

Based on local knowledge of the area and previous geotechnical investigations at other sites in the region, soil in this region comprises quaternary sediments – sands and clays. It is likely the soil will comprise approximately 500mm of sandy soil overlaying clayey soil.

According to the 250K Geological Map Sheet entitled Mildura (2<sup>nd</sup> edition, dated 1997) the site is likely to be underlain by the either of the following quaternary aged deposits:

- Coonambidgal Formation (Qc) – containing fluvial clays, silts and sands and pale grey alluvium of the Murray River System; or
- Woorinen Formation (Qw)– containing aeolian red brown sand and carbonate silt, with platy and nodular carbonate.

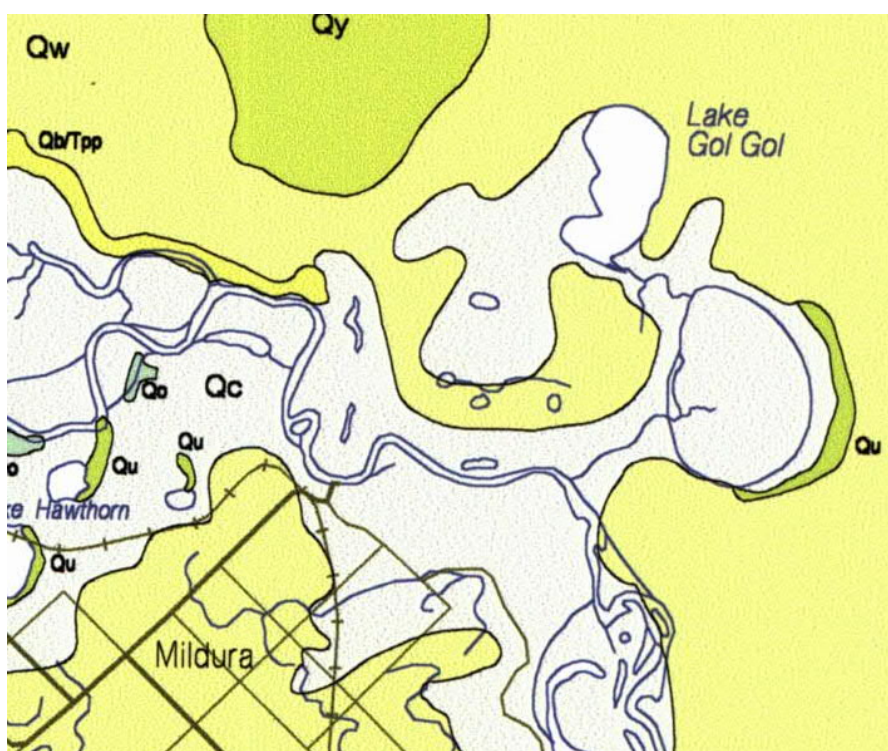


Figure 4 – Excerpt of Geological Map from geoscience.gov.au

Woorinen Formation soils due to their calcareous nature have the potential to lose strength when becoming saturated, so careful consideration must be given to suitable control of surface and other water sources.

Site classifications in this area typically range from M-D to H2-D in accordance with AS2870-2011. The allowable bearing capacity 500mm below surface level typically ranges from 100kPa to 150kPa.

Rock and groundwater are not normally encountered within 3m of surface level.

The above suggests that a conventional footing system is likely to be suitable for the proposed development, subject to confirmation of building details and a site-specific geotechnical investigation being undertaken.

## 2.4 Environmental Assessment

Based on local knowledge of the area and data.gov.au, there are no known acid sulphate issues associated with the site.

Due to the site being located above the Murray River flood plain, and expected soils conditions described above, the risk of encountering acid sulphate soils on site is considered very low.

Previous uses of the site are unknown as minimal information appeared freely online and this project is currently confidential, limiting the extent of investigation that can be undertaken. If contamination is a concern it is recommended a full site history investigation be undertaken in accordance with Schedules A and B of the National Environmental Protection Measure (NEPM).

## 2.5 Services Assessment

A Dial Before You Dig (DBYD) search for this was undertaken to identify approximate locations of services in the vicinity of the site. Indicative plans from the DBYD search can be seen in Appendix B. Service pits were also visually identified during a site inspection.

Wentworth Shire Council were liaised with to obtain information on the location, size and approximate depth of the existing stormwater, sewer, filtered water and raw water services. An image provided by Wentworth Shire Council summarising these services can be seen in Appendix C. The services in the vicinity of the site are summarised in the following sections.

### 2.5.1 Stormwater

Based on the information provided by Wentworth Shire Council (Appendix C), there is a 300 diameter RCP stormwater main running along Pitman Avenue on the same side as the site. Invert levels were not provided, however the lid of the stormwater pit near the southeast corner of the site (the lower corner of the site) was opened and the invert was measured as approximately 1.7m below the top of the pit. This depth combined with the existing slope of the site suggests it is likely the internal stormwater pipework will be able to discharge into this pit via gravity.



Photo 2 – Stormwater pit at southeast corner of site

The capacity of the existing stormwater main is unknown, however based on other developments undertaken in the area, it is likely Council will require the discharge from the site to be limited to the pre-developed 1 in 10 year ARI storm event flow.

The site will likely be required to provide on-site detention to store runoff from up to a 1 in 100 year storm event on site. It may be possible to achieve this by grading the internal roads and car parks to create a series of shallow basins. These requirements will need to be confirmed with Council prior to commencing detailed design.

## 2.5.2 Sewer

The services drawing provided by Wentworth Shire Council in Appendix C shows gravity sewer mains running along Silver City Highway (225 VCP) and Pitman Avenue (150 VCP) on the same side of the road as the site. There is also a sewer main on Friel Street (150 VCP), however it is on the opposite side of the road, so the road would need to be trenched and reinstated, or the pipe bored to connect to this main. The presence of the sewer mains means septic tanks and reln drains should not be required.

There is a sewer pit near the corner of Pitman Avenue and Silver City Highway, which is where the site falls to. This pit is approximately 1.3m deep. Depending on the details of the building and number of fixtures contributing to the sewer system, this may be deep enough to allow the sewer to discharge via gravity without a pump station. If additional depth is required, there is a 2.4m deep pit further north on the Silver City Highway. While the top of the pit has a higher RL than the top of the pit on the corner of Silver City Highway and Pitman Avenue, the extra height is unlikely to exceed to extra pit depth.

Confirmation of the capacities of these sewer mains will be required from Wentworth Shire Council prior to commencing detailed design.

## 2.5.3 Raw Water

Raw water is provided on Silver City Highway (200 uPVC trunk main and 100 AC reticulation main), Pitman Avenue (100 AC) and Friel Street (100 AC). Each of these mains is on the same side of the road as the site.

Pressures and flows available in these mains servicing the site are unknown, however based on previous experience at nearby sites the pressure and flow will be slightly insufficient to meet the requirements for fire hydrants as per AS2419. This means static storage tanks, a booster assembly and diesel fire pump will likely be required.

It is noted that the shortfall in the previous sites was only slight so, depending on factors like relative location in the raw water system and if any raw water supply upgrades have been undertaken, it may be possible that the raw water supply is sufficient at this site. As this is not confirmed, it is recommended that the static storage tanks, booster assembly and diesel fire pump be budgeted for.

There are existing street plugs on Silver City Highway, Pitman Avenue and Friel Street. Whether or not these street plugs can be utilised will depend on several factors such as:

- Pressure and flow available in town main.
- Building layout and location (to achieve coverage).
- Building fire compartment size.
- No. of storeys of building.
- Classification of building in accordance with the BCA (e.g. large isolated building).



Photo 3 – Typical fire plug

#### 2.5.4 Filtered Water

Filtered water mains are on Silver City Highway (150 uPVC), Pitman Avenue (80 uPVC with 250 uPVC trunk main) and Friel Street (80u PVC). Each of these mains is located on the same side of the road as the site, except the 80uPVC line on Pitman Avenue.

Pressures and flows in these mains are unknown. Depending on the number of storeys and fixtures in the building, a break tank and booster pump may be required, however this cannot be confirmed until the building layout and pressure and flow in the town main are confirmed.

#### 2.5.5 Power

The DBYD information in Appendix B shows powerlines are present on Silver City Highway and Friel Street, with no power supply along Pitman Avenue. Both sets of powerlines are on the same side of the road as the site. No kiosk was observed in the vicinity of the site or on the DBYD information provided by Essential Energy, however a transformer was observed on Silver City Highway to the south of the site.

This transformer could potentially provide additional supply to the site, however this will need to be confirmed with Essential Energy. Given the transformer is in already established area (i.e. not a new subdivision) it is likely the transformer is close to fully utilised.



Photo 4 – Existing powerlines on Friel Street



Photo 5 – Existing transformer on Silver City Highway (facing south from southwest corner of site)

Prior to undertaking detailed design, it is recommended Essential Energy be liaised with to determine a suitable connection point and available supply to the site. If the building's power demand is greater than what Essential Energy can supply to the site, supply upgrades may be required, which can be costly.

The close proximity of power lines to the site should also be assessed as a potential WHS hazard during construction and managed accordingly.

## 2.5.6 Communications

DBYD information (see Appendix B) shows the site is serviced by Next Gen and Telstra. NBN is yet to be installed near this site, however this is expected to happen within the next two years.

There is a Next Gen conduit and cable on Pitman Avenue on the same side of the road as the site and on Silver City Highway on the opposite side to the site.



Photo 6 – Existing NextGen pit on Pitman Avenue

Telstra conduits and cables existing along Silver City Highway, Pitman Avenue and Friel Street, all on the same side of the road as the site.



Photo 7 – Existing Telstra pit on Pitman Avenue

These authorities will need to be liaised with during detailed design to determine allowable connection points and capacities.

### 2.5.7 Natural Gas

No natural gas was observed during the site inspection or from the DBYD information provided.

## 3 Conclusion

Based on our visual inspection and desktop assessment, the soil on the site is likely to have a bearing capacity for shallow footings in the order of 100kPa, be moderately to highly reactive in accordance with AS2870-2011 and have no rock or groundwater within 3m of the existing surface. This means conventional footing system will likely be suitable.

The site is outside the flood plane of the 1956 Murray River flood, meaning it is low risk of a river flood. There is a slight fall across the site and the site is higher than the properties and roads to the south, meaning the site is not high risk of flash flooding.

The site is considered to have a low risk of identifying acid sulphate contamination

There are sewer, stormwater, raw water, filtered water, power and communications (Telstra and NextGen) in the vicinity of the site, however there is no natural gas and NBN is not expected to be available for another 12-18 months. The stormwater and sewer mains appear deep enough for the site to discharge to via gravity, however the raw water likely has insufficient pressure and flow to service a fire services system, meaning static storage tanks and a diesel pump will likely be required.

It is recommended the locations, depths, details (e.g. size, material etc.) and alignment of all these services be proven to help confirm suitability and identify potential clashes for outfalls of the sites.

It is also recommended that the relevant service authorities be liaised with to confirm available capacities of their infrastructure, agreed connection points and any other requirements. This should be undertaken prior to commencing detailed design.



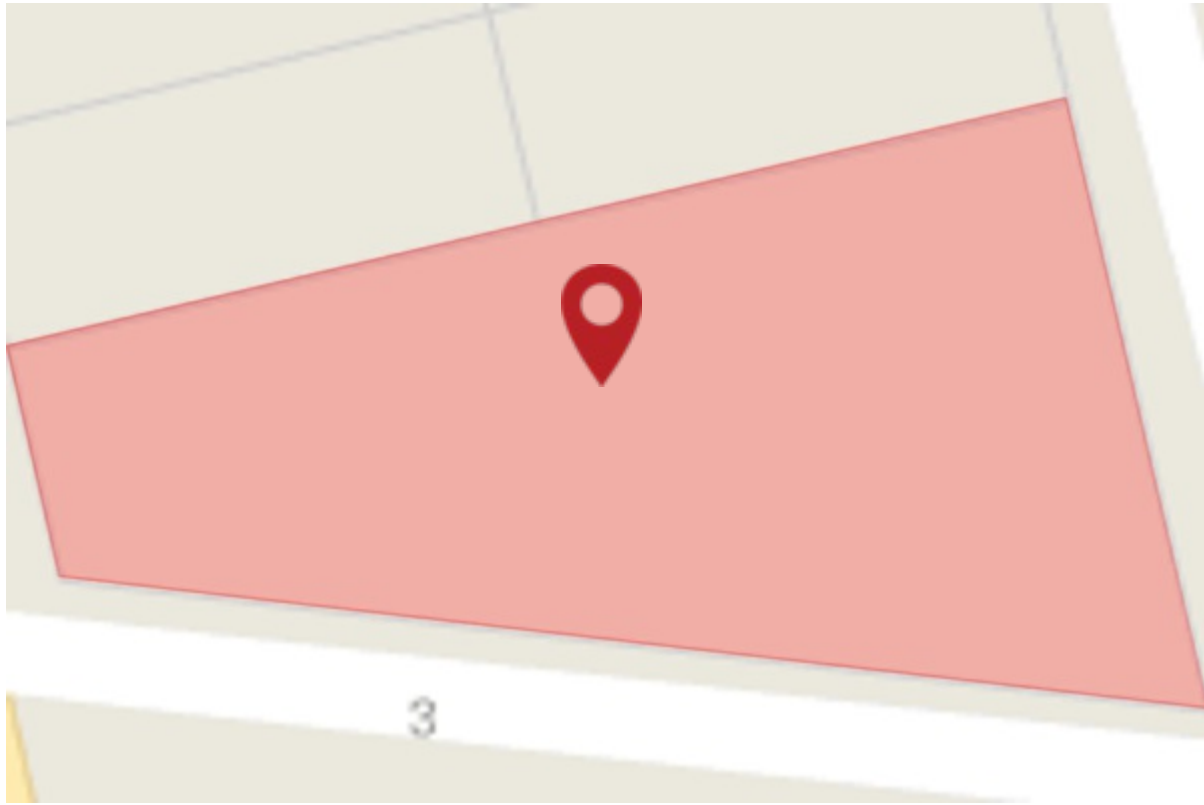
# Appendix A

# Property Report

## Property Report for 914/DP756961

### Property Details

Address:	N/A
Lot/Section/Plan no:	914/-/DP756961
Council:	WENTWORTH



### Council Details

#### WENTWORTH SHIRE COUNCIL

Website	<a href="http://www.wentworth.nsw.gov.au/">http://www.wentworth.nsw.gov.au/</a>
Phone Number	03 5027 5027
Email Address	<a href="mailto:council@wentworth.nsw.gov.au">council@wentworth.nsw.gov.au</a>
Council Address	26 - 28 Adelaide Street Wentworth 2648

### Planning Controls associated with this property

#### Land Zoning

- RU5 - Village : (pub. 2011-12-16)

#### Contribution Plans (LGA-Based)

- Wentworth CP 1996 - Drainage  
- Wentworth CP - Recreation - Amendment 1

#### Development Control Plans (LGA-Based)

- Wentworth DCP 2011

#### Land Application LEP

- Included : Wentworth Local Environmental Plan 2011 (pub. 2011-12-16)

### Other spatial data associated with this property

#### Local Government Area

- Wentworth

#### Suburbs

- Buronga

## State Environmental Planning Policies which apply at N/A

Murray Regional Environmental Plan No 2-Riverine Land : (pub. 1994-03-31)  
State Environmental Planning Policy (Affordable Rental Housing) 2009 : (pub. 2009-07-31)  
State Environmental Planning Policy (Building Sustainability Index: BASIX) 2004 : (pub. 2004-06-25)  
State Environmental Planning Policy (Exempt and Complying Development Codes) 2008 : (pub. 2008-12-12)  
State Environmental Planning Policy (Housing for Seniors or People with a Disability) 2004 : (pub. 2004-03-31)  
State Environmental Planning Policy (Infrastructure) 2007 : (pub. 2007-12-21)  
State Environmental Planning Policy (Mining, Petroleum Production and Extractive Industries) 2007 : (pub. 2007-02-16)  
State Environmental Planning Policy (Miscellaneous Consent Provisions) 2007 : (pub. 2007-09-28)  
State Environmental Planning Policy No 1-Development Standards : (pub. 1980-10-17)  
State Environmental Planning Policy No 21-Caravan Parks : (pub. 1992-04-24)  
State Environmental Planning Policy No 30-Intensive Agriculture : (pub. 1989-12-08)  
State Environmental Planning Policy No 33-Hazardous and Offensive Development : (pub. 1992-03-13)  
State Environmental Planning Policy No 36-Manufactured Home Estates : (pub. 1993-07-16)  
State Environmental Planning Policy No 44-Koala Habitat Protection : (pub. 1995-01-06)  
State Environmental Planning Policy No 50-Canal Estate Development : (pub. 1997-11-10)  
State Environmental Planning Policy No 55-Remediation of Land : (pub. 1998-08-28)  
State Environmental Planning Policy No 62-Sustainable Aquaculture : (pub. 2000-08-25)  
State Environmental Planning Policy No 64-Advertising and Signage : (pub. 2001-03-16)  
State Environmental Planning Policy No 65-Design Quality of Residential Apartment Development : (pub. 2002-07-26)  
State Environmental Planning Policy (Rural Lands) 2008 : (pub. 2008-05-09)  
State Environmental Planning Policy (Vegetation in Non-Rural Areas) 2017 : Subject Land (pub. 2017-08-25)

## Planning Controls contained in the Wentworth Local Environmental Plan 2011

### Land Zoning

#### Zone RU5 Village

##### 1 Objectives of zone

- To provide for a range of land uses, services and facilities that are associated with a rural village.
- To promote development in existing towns and villages in a manner that is compatible with their urban function.
- To encourage well-serviced sustainable development.
- To ensure there are opportunities for economic development.
- To deliver new residential and employment growth in Buronga and Gol Gol.
- To ensure business and retail land uses are grouped within and around existing activity centres.

##### 2 Permitted without consent

Environmental protection works; Home-based child care; Home businesses; Home occupations; Roads; Water reticulation systems

##### 3 Permitted with consent

Centre-based child care facilities; Community facilities; Dwelling houses; Home industries; Liquid fuel depots; Neighbourhood shops; Places of public worship; Recreation areas; Recreation facilities (indoor); Recreation facilities (outdoor); Respite day care centres; Schools; Any other development not specified in item 2 or 4

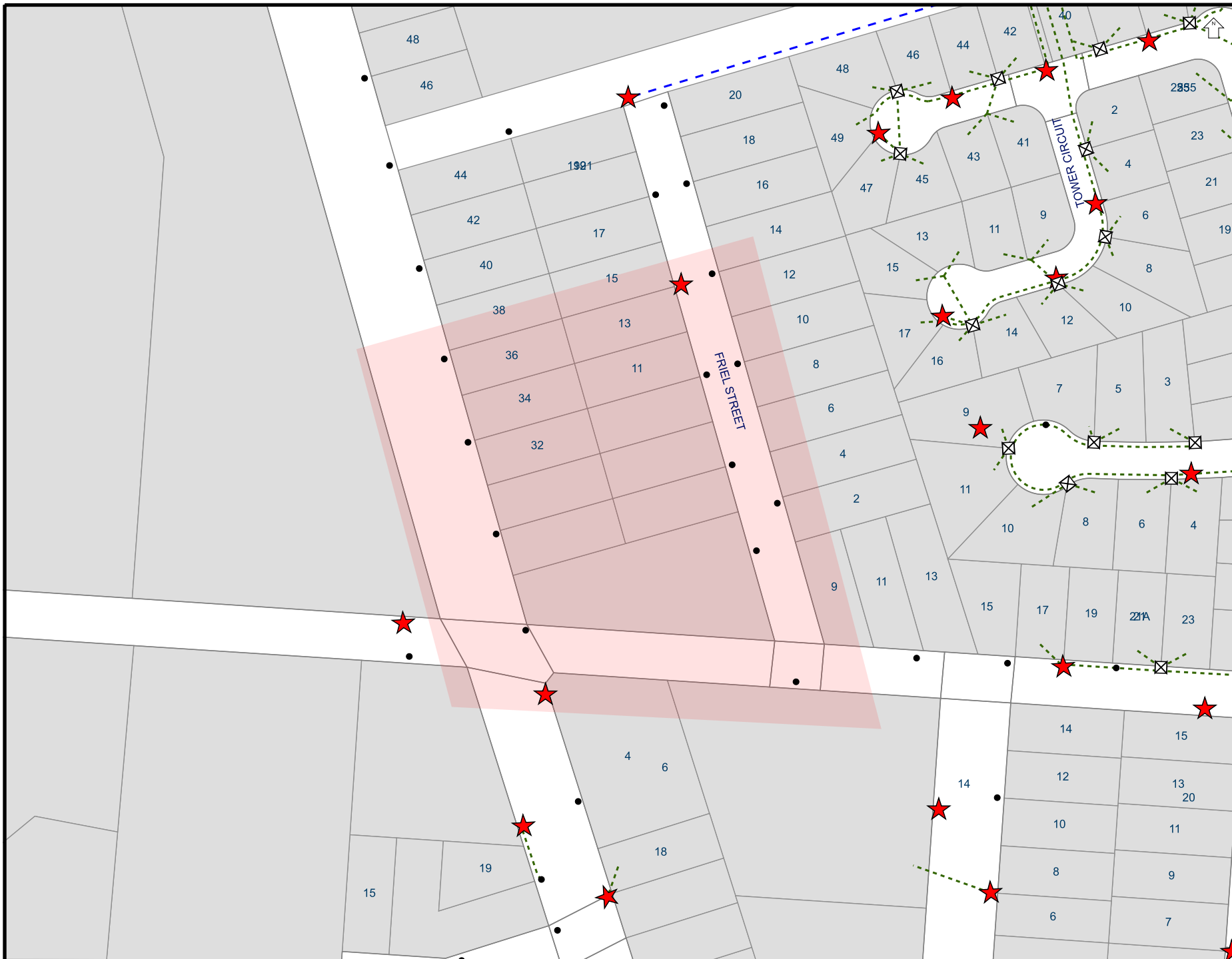
##### 4 Prohibited

Agriculture; Air transport facilities; Airstrips; Animal boarding or training establishments; Cellar door premises; Correctional centres; Crematoria; Farm buildings; Farm stay accommodation; Forestry; Freight transport facilities; Heavy industrial storage establishments; Industrial training facilities; Industries; Port facilities; Rural industries; Rural workers' dwellings; Sex services premises; Vehicle body repair workshops; Wharf or boating facilities



# Appendix B

## DBYD Plans



Overhead wires not shown  
LOOK UP & LIVE!

**LEGEND**

- LV Underground Cable
- HV Underground Cable
- Underground Pipe
- Underground Earth or Wires
- Ground Substation
- Pole
- Cubicle
- Pit
- Area of Interest

**Critical Assets**

- Contact Essential Energy on 13 23 91
- Zone Substation
- Underground Cable
- Underground Fibre

**Proposed Works**

- Area of proposed works
- Proposed assets are shown as orange symbols

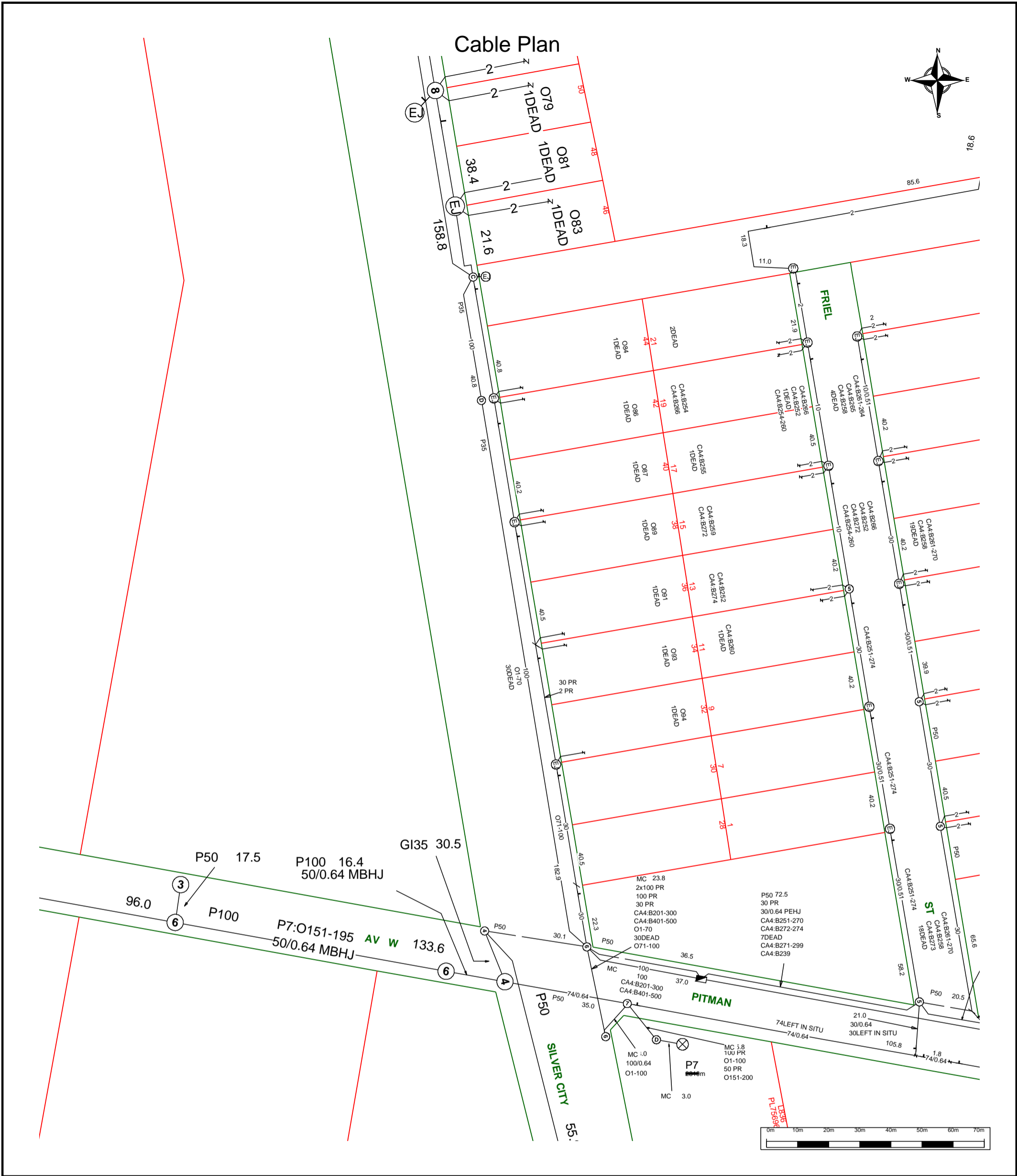
**THE INFORMATION ON THIS MAP MAY NOT BE ACCURATE.**  
If details are incorrect, please notify Essential Energy on 13 23 91 (or fax 1800 354 636)

ISSUE DATE: 11/09/2018

You must resubmit your request if you have not started work within 4 weeks of the 'Issue Date' above

A4 SCALE: 1:2172





**Telstra** For all Telstra DBYD plan enquiries - email - Telstra.Plans@team.telstra.com  
 For urgent onsite contact only - ph 1800 653 935 (bus hrs)

Sequence Number: 75376186

TELSTRA CORPORATION LIMITED A.C.N. 051 775 556

**CAUTION: Critical Network Route in plot area. DO NOT PROCEED with any excavation prior to seeking advice from Telstra Plan Services on : 1800 653 935**

Generated On 11/09/2018 10:35:43

The above plan must be viewed in conjunction with the Mains Cable Plan on the following page

WARNING - Due to the nature of Telstra underground plant and the age of some cables and records, it is impossible to ascertain the precise location of all Telstra plant from Telstra's plans. The accuracy and/or completeness of the information supplied can not be guaranteed as property boundaries, depths and other natural landscape features may change over time, and accordingly the plans are indicative only. Telstra does not warrant or hold out that its plans are accurate and accepts no responsibility for any inaccuracy shown on the plans.

It is your responsibility to locate Telstra's underground plant by careful hand pot-holing prior to any excavation in the vicinity and to exercise due care during that excavation.

Please read and understand the information supplied in the duty of care statement attached with the Telstra plans. TELSTRA WILL SEEK COMPENSATION FOR LOSS CAUSED BY DAMAGE TO ITS PLANT.

Telstra plans and information supplied are valid for 60 days from the date of issue. If this timeframe has elapsed, please reapply for plans.

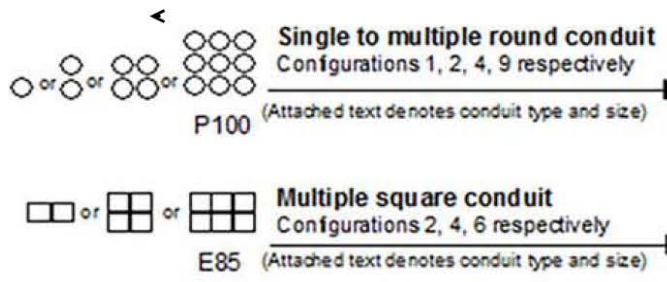
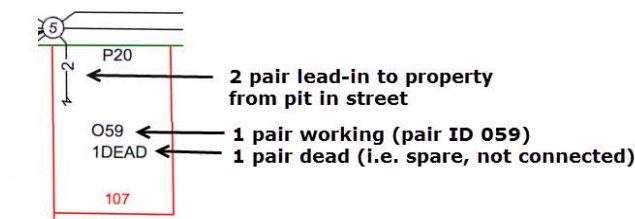
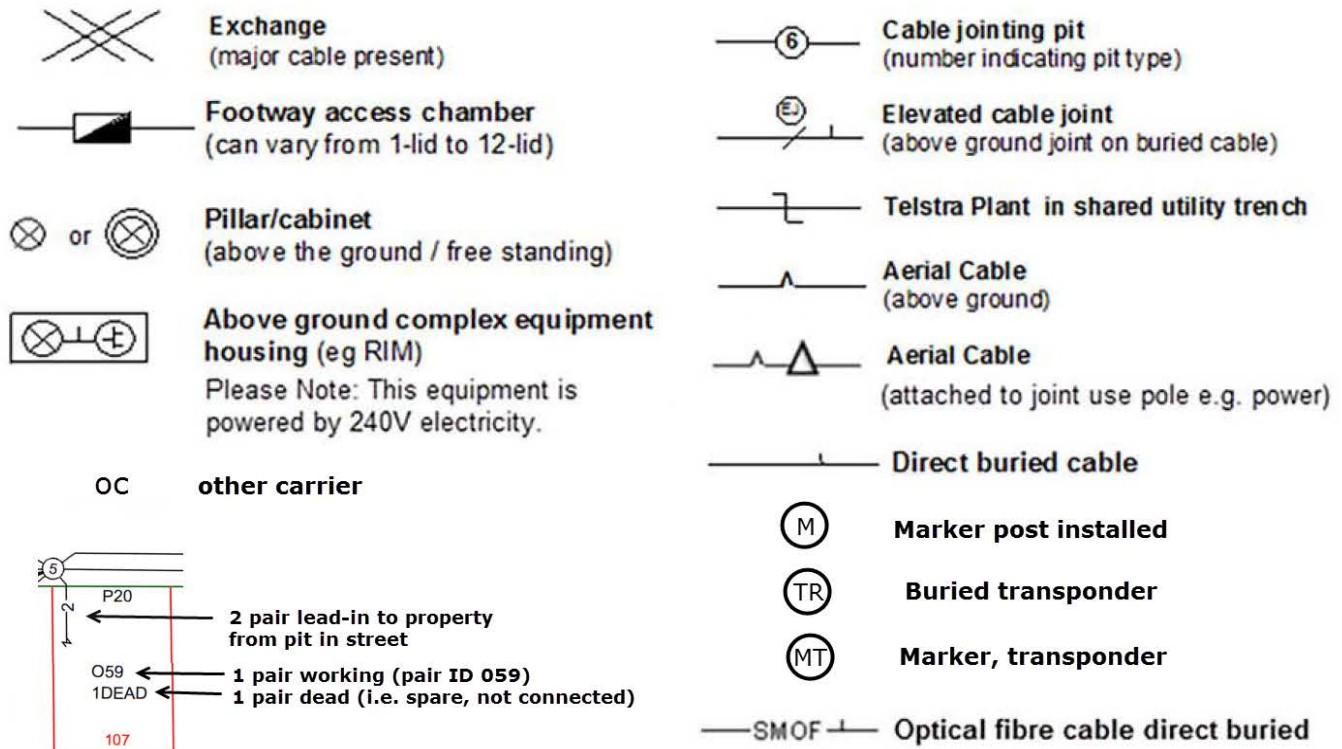


# LEGEND

IT'S HOW WE CONNECT



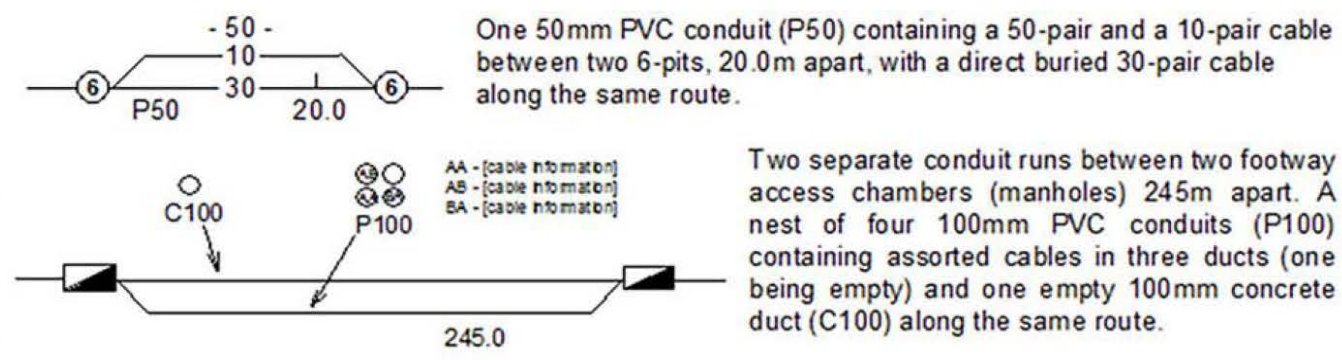
For more info contact a Telstra Accredited Locator or Telstra Plan Services 1800 653 935



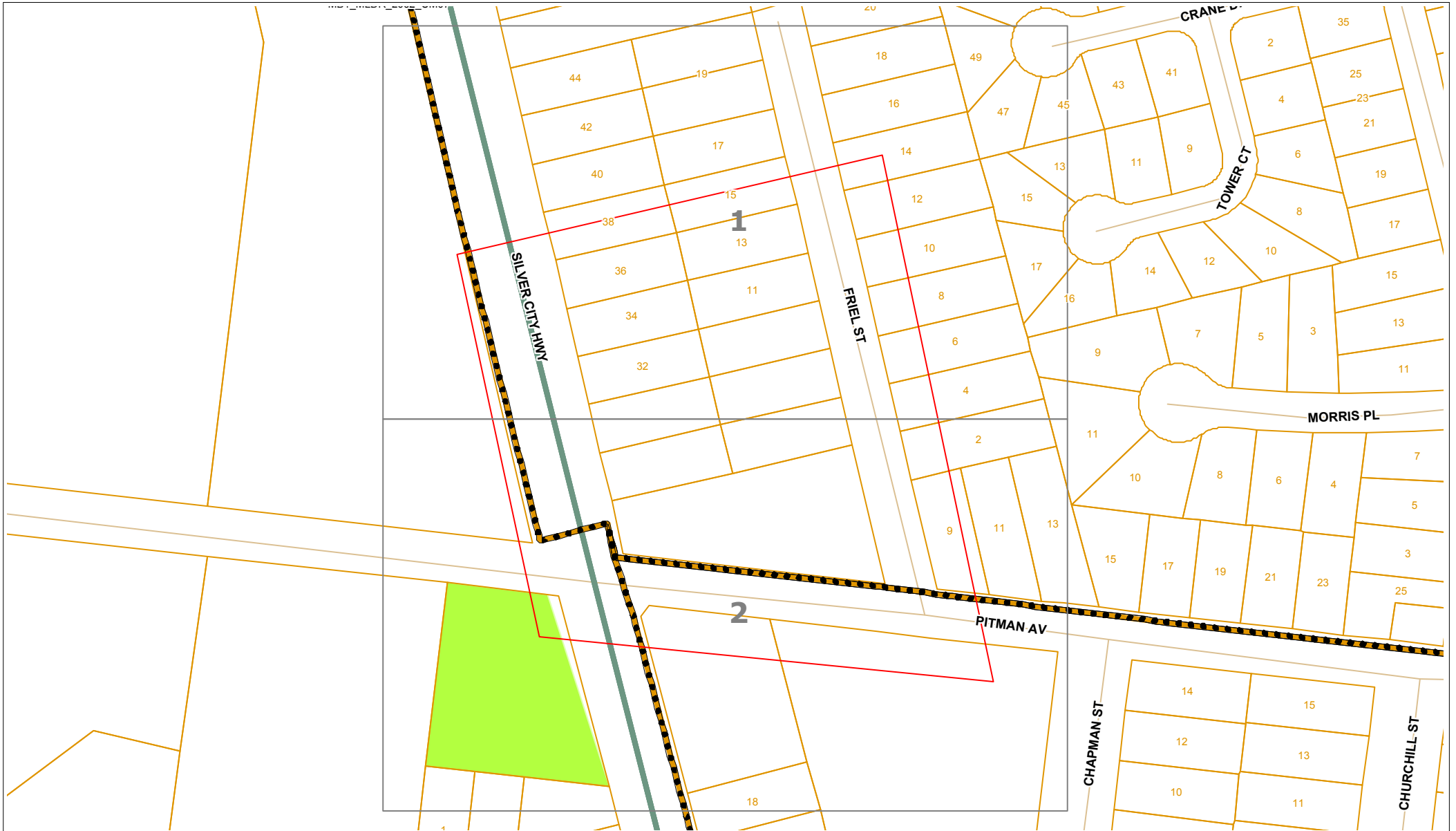
**Some examples of conduit type and size:**  
A - Asbestos cement, P - PVC / plastic, C - Concrete, GI - Galvanised iron, E - Earthenware.  
Conduit sizes *nominally* range from 20mm to 100mm.

P50	50mm PVC conduit
P100	100mm PVC conduit
A100	100mm asbestos cement conduit
E 85	85mm square earthenware conduit

## Some examples of how to read Telstra plans:



**WARNING:** Telstra plans and location information conform to Quality Level 'D' of the Australian Standard AS 5488 - Classification of Subsurface Utility Information. As such, Telstra supplied location information is indicative only. Spatial accuracy is not applicable to Quality Level D. Refer to AS 5488 for further details. Telstra does not warrant or hold out that its plans are accurate and accepts no responsibility for any inaccuracy shown on the plans. **FURTHER ON SITE INVESTIGATION IS REQUIRED TO VALIDATE THE EXACT LOCATION OF TELSTRA PLANT PRIOR TO COMMENCING CONSTRUCTION WORK.** A plant location service is an essential part of the process to validate the exact location of Telstra assets and to ensure the asset is protected during construction works. The exact position of Telstra assets can only be validated by physically exposing it. Telstra will seek compensation for damages caused to its property and losses caused to Telstra and its customers.



Sequence Number: 75376183

Date: 11/09/2018

*DISCLAIMER: THIS DRAWING SHOULD NOT BE SCALED TO LOCATE CABLES. NO WARRANTY IS GIVEN THAT THE INFORMATION IS ACCURATE OR COMPLETE. IF YOU REQUIRE INFORMATION REGARDING LOCATING THE CABLE PLEASE CALL NEXTGEN. THIS DOCUMENT HAS BEEN PREPARED SOLELY FOR DIAL BEFORE YOU DIG USE. THIS PLAN CONTAINS COMMERCIALY SENSITIVE INFORMATION AND IS TO BE TREATED ACCORDINGLY. NO SUCH INFORMATION IS TO BE PASSED ONTO OTHER PARTIES WITHOUT WRITTEN CONSENT FROM NEXTGEN PTY LTD.*



**LEGEND**

Digsite		Assets	
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	Line		3rd Party Duct
	Area		Marker Post



Sequence Number: 75376183

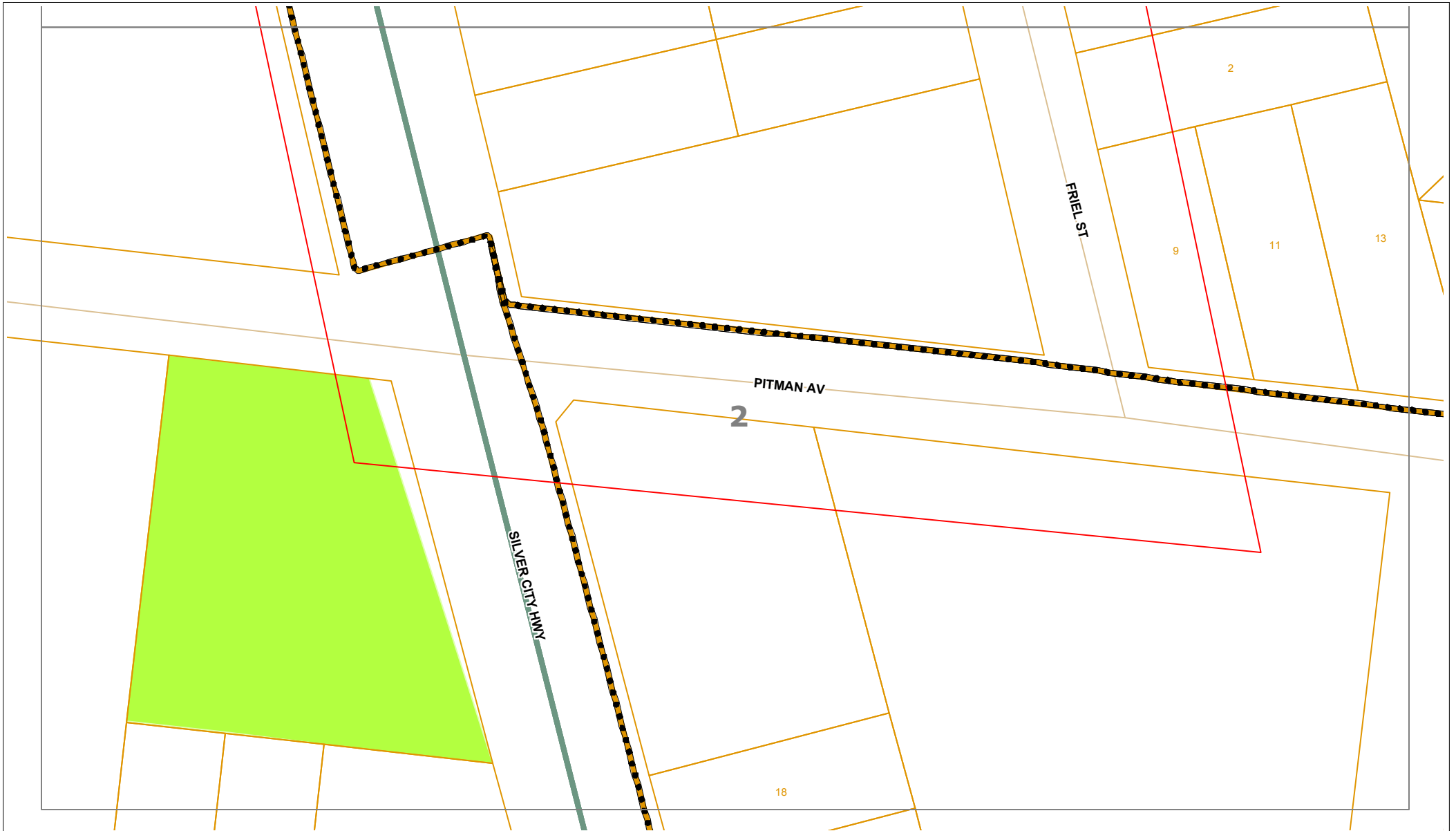
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**LEGEND**

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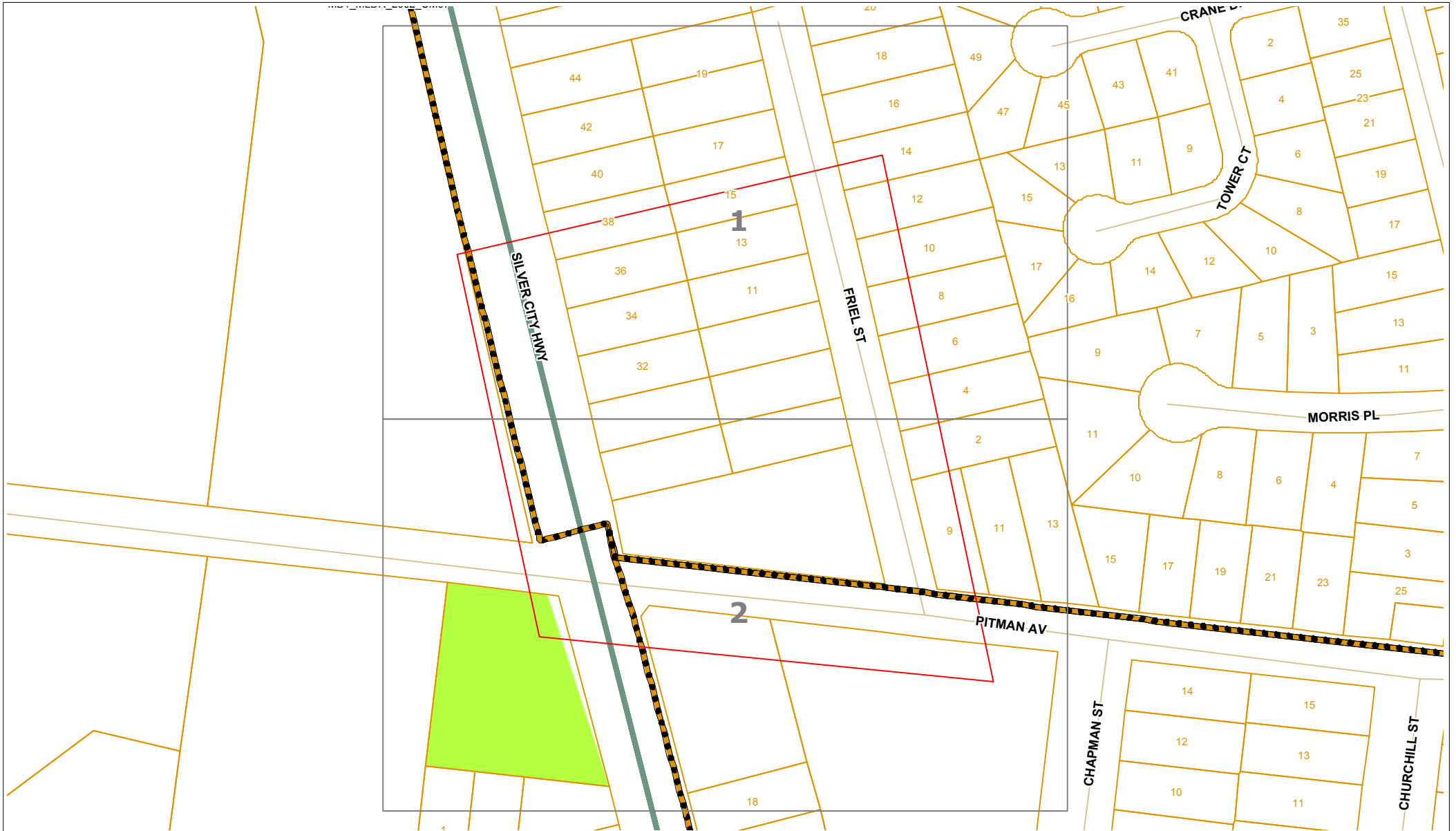
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**LEGEND**

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**LEGEND**

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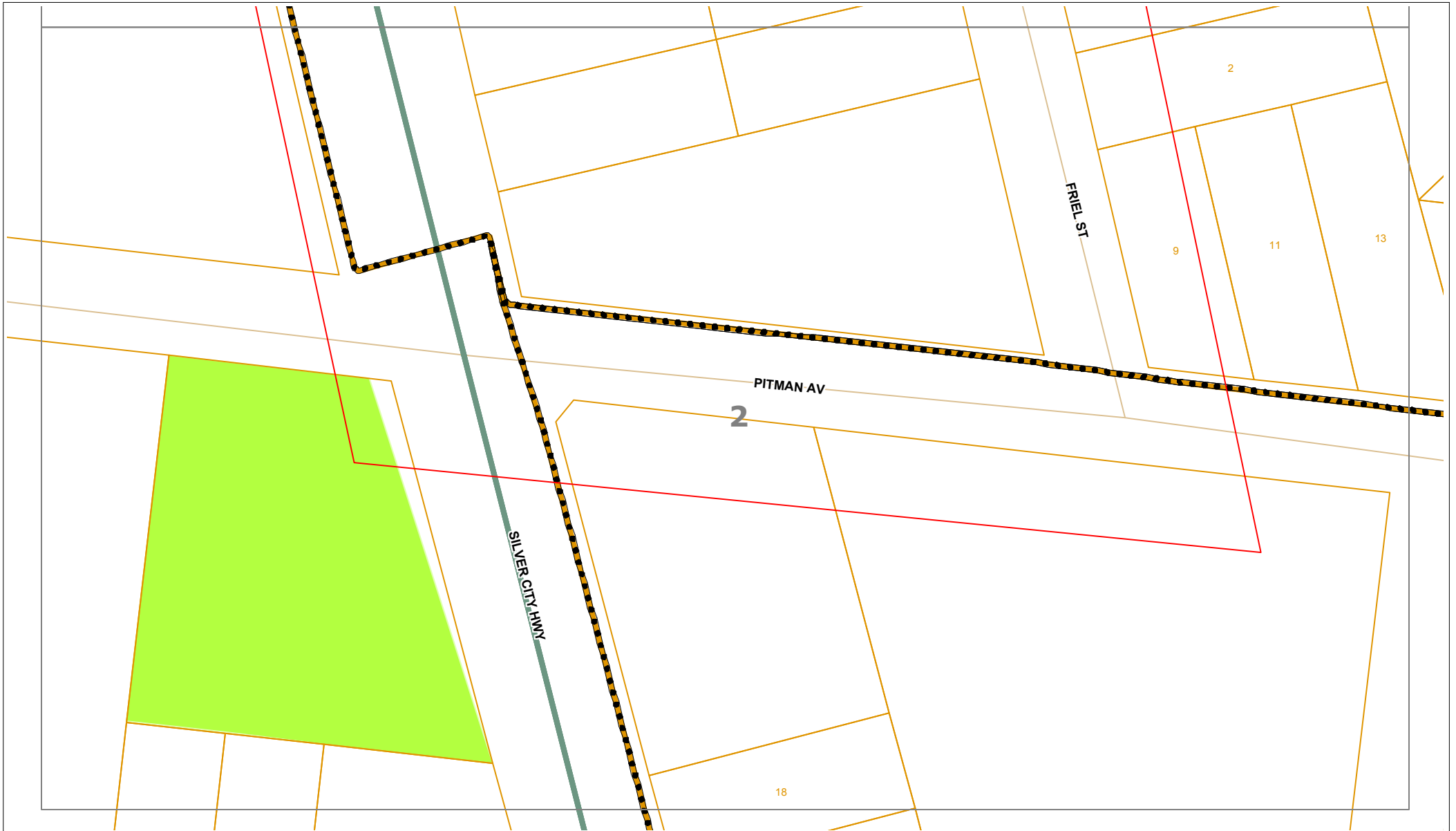
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**LEGEND**

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|         | Area  |        | Marker Post    |




Sequence Number: 75376183

Date: 11/09/2018

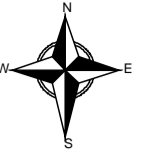
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**LEGEND**

Digsite		Assets	
	Point		Cable
	Line		3rd Party Duct
	Area		Marker Post

# Mains Cable Plan



CA4:B1-100 200/0.64 PIQL LW  
100DEAD

(AA)  
HJ/STD (AA)  
  
(BA)

A100

P100  
141.5

P100  
171.0

c18:M1-90 100/0.90 PIQL LW  
c101:ZO1/J91-100

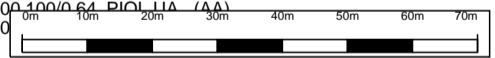
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CA4:B1-100 200/0.64 PIQL UA (AA)  
100DEAD (AA)

P7 100/300

CA4:B351-400  
2819m  
DA7  
CA4:B101-200 100/0.64 PIQL UA (AA)  
CA4:B351-400 50/0.64 CPFUT MBHJ (AA)  
A100xDIST (AA)

CA4:B101-200 100/0.64 PIQL UA (AA)  
CA4:B351-400



For all Telstra DBYD plan enquiries -  
email - Telstra.Plans@team.telstra.com  
For urgent onsite contact only - ph 1800 653 935 (bus hrs)

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Sequence Number: 75376186

**CAUTION: Critical Network Route in plot area.  
DO NOT PROCEED with any excavation prior to  
seeking advice from Telstra Plan Services on :  
1800 653 935**

WARNING - Due to the nature of Telstra underground plant and the age of some cables and records, it is impossible to ascertain the precise location of all Telstra plant from Telstra's plans. The accuracy and/or completeness of the information supplied can not be guaranteed as property boundaries, depths and other natural landscape features may change over time, and accordingly the plans are indicative only. Telstra does not warrant or hold out that its plans are accurate and accepts no responsibility for any inaccuracy shown on the plans.

It is your responsibility to locate Telstra's underground plant by careful hand pot-holing prior to any excavation in the vicinity and to exercise due care during that excavation.


Please read and understand the information supplied in the duty of care statement attached with the Telstra plans. TELSTRA WILL SEEK COMPENSATION FOR LOSS CAUSED BY DAMAGE TO ITS PLANT.

Telstra plans and information supplied are valid for 60 days from the date of issue. If this timeframe has elapsed, please reapply for plans.

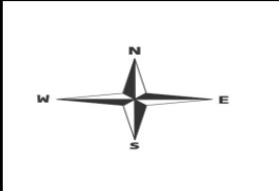






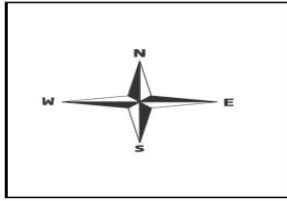


# Indicative Plans

<b>Issue Date:</b>	11/09/2018	
<b>Location:</b>	Silver City Highway, Buronga, NSW-2739	







	<b>LEGEND</b>	
	Type: Telco Technology: Fibre	<b>Scale</b> 0 20 40 60 Meters 1:2000 1 cm equals 20 m
<b>Assets</b>	IN-SERVICE: Cable/ Duct/ Trench	
DESIGNED/CONSTRUCTED: Cable/ Duct/ Trench		 Pit/Manhole
		



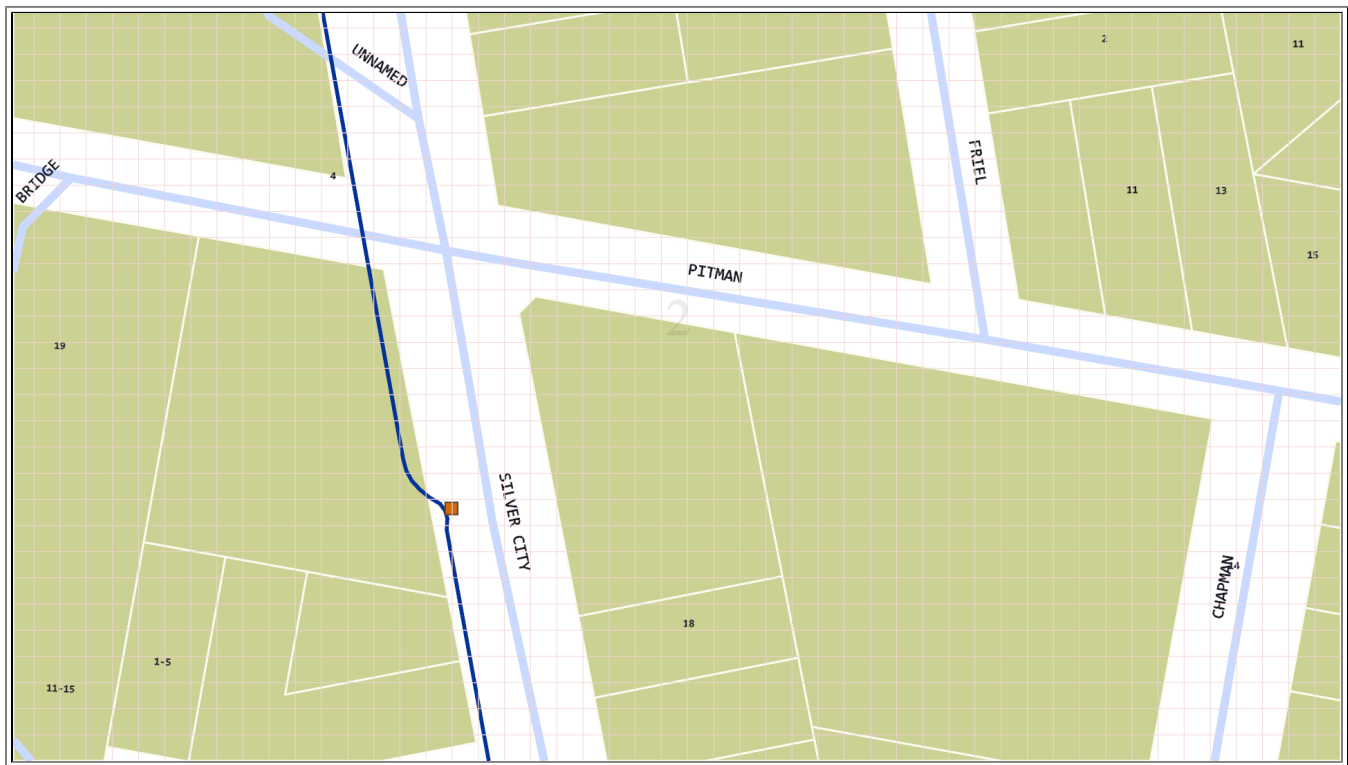
**LEGEND**

Type: Telco  
Technology: Fibre

**Assets**

	IN-SERVICE: Cable/ Duct/ Trench		Pit/Manhole	
	DESIGNED/CONSTRUCTED: Cable/ Duct/ Trench			

Scale  
0 20 40 60 Meters 1:2000  
1 cm equals 20 m

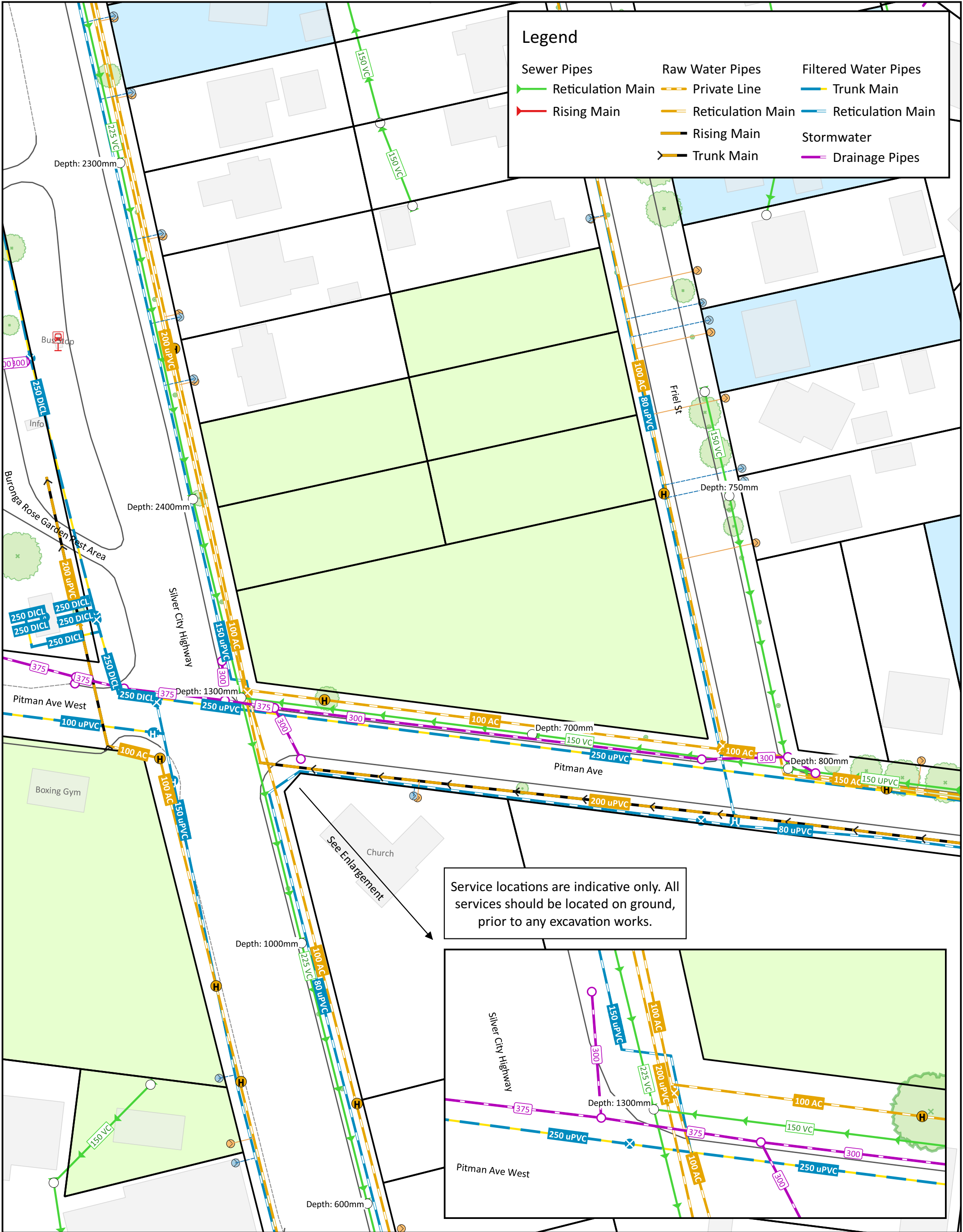


## Emergency Contacts

You must immediately report any damage to **nbn**<sup>TM</sup> network that you are/become aware of. Notification may be by telephone - 1800 626 329.

## **Appendix C**

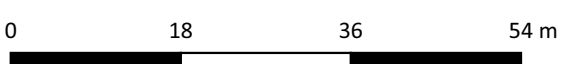
# **Service Plans Provided by Wentworth Shire Council**



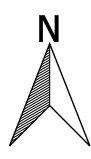
**Wentworth**  
Shire Council

P.O. Box 81 Wentworth 2648.  
Tel. (03) 5027 5027 Fax. (03) 5027 5000  
E: council@wentworth.nsw.gov.au  
W: www.wentworth.nsw.gov.au

### Service Locations Pitman Ave / Silver City Hwy - Buronga



Original Sheet Size: A3



Created by: Richard Waters  
Date: 14/09/2018  
Scale: 1:800  
Datum/Projection: GDA94 / MGA 54

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Resonate

**Buronga HealthOne**

**Environmental Noise Assessment**

S190342RP2 Revision 0

Wednesday, 11 September 2019



### Document Information

<b>Project</b>	Buronga HealthOne
<b>Client</b>	Umow Lai - Sydney
<b>Report title</b>	Environmental Noise Assessment
<b>Project Number</b>	S190342

### Revision Table

<b>Report revision</b>	<b>Date</b>	<b>Description</b>	<b>Author</b>	<b>Reviewer</b>
0	11 September 2019	First Issue	Sam Johnson	Andrew Parker

## Glossary

A-weighting	A spectrum adaption that is applied to measured noise levels to represent human hearing. A-weighted levels are used as human hearing does not respond equally at all frequencies.
Daytime	Between 7 am and 6 pm as defined in the NPI.
dB	Decibel—a unit of measurement used to express sound level. It is based on a logarithmic scale which means a sound that is 3 dB higher has twice as much energy. We typically perceive a 10 dB increase in sound as a doubling of that sound level.
dB(A)	'A' Weighted sound level in dB.
Evening	Between 6 pm and 10 pm as defined in the NPI.
Frequency (Hz)	The number of times a vibrating object oscillates (moves back and forth) in one second. Fast movements produce high frequency sound (high pitch/tone), but slow movements mean the frequency (pitch/tone) is low. 1 Hz is equal to 1 cycle per second. The human ear responds to sound in the frequency range of 20 to 20,000 Hz.
NPI	New South Wales <i>Noise Policy for Industry</i> , 2017.
Intrusive Noise	Noise emission that when assessed at a noise-sensitive receiver (principally a residential premises boundary) is greater than 5 dB(A) above the background noise level.
L <sub>10</sub>	Noise level exceeded for 10% of the measurement time. The L <sub>10</sub> level is commonly referred to as the average maximum noise level.
L <sub>90</sub>	Noise level exceeded for 90% of the measurement time. The L <sub>90</sub> level is commonly referred to as the background noise level.
L <sub>eq</sub>	Equivalent Noise Level—Energy averaged noise level over the measurement time.
L <sub>max</sub>	Maximum measured sound pressure level in the time period.
Night-time	Between 10 pm on one day and 7 am on the following day as defined in the NPI.
Rating Background Level (RBL)	Overall single-figure A-weighted background level representing an assessment period (Day/Evening/Night). For the short-term method, the RBL is simply the measured L <sub>90,15min</sub> noise level. For the long-term method, it is the median value of all measured background levels during the relevant assessment period.





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## 1 Introduction

Resonate Consultants has been engaged by Umow Lai to undertake an environmental noise assessment for the Buronga HealthOne facility.

The environmental noise assessment is to assist a Development Application (DA) to assess the potential acoustic impacts of the proposed mechanical services plant items upon the surrounding environment. This acoustic assessment has been conducted in accordance with the requirements of the NSW EPA *Noise Policy for Industry* (NPI) (2017)

The principal purpose of this commission and report is to:

- measure and document prevailing environmental noise;
- determine appropriate project specific noise trigger levels and acoustic criteria for nearby noise sensitive receivers;
- predict noise emission from outdoor mechanical plant and noise associated with the development to nearby noise sensitive receivers; and
- assess the predicted noise emissions against industry standard noise criteria.

## 2 Project Description

The proposed development of Buronga HealthOne is located on the corner of Silver City Highway and Pitman Avenue. The site, shown in Figure 1, is bound by residential receivers to the north and east, with St Michael the Archangel Church to the south and the Silver City Highway to the west. For the purpose of this report, the following sensitive receivers have been identified as the most potentially affected due to their proximity to the site.

R1 – 2 Friel Street (east)

R2 – 32 Silver City Highway (north)

R3 – St Michael the Archangel Church (south)

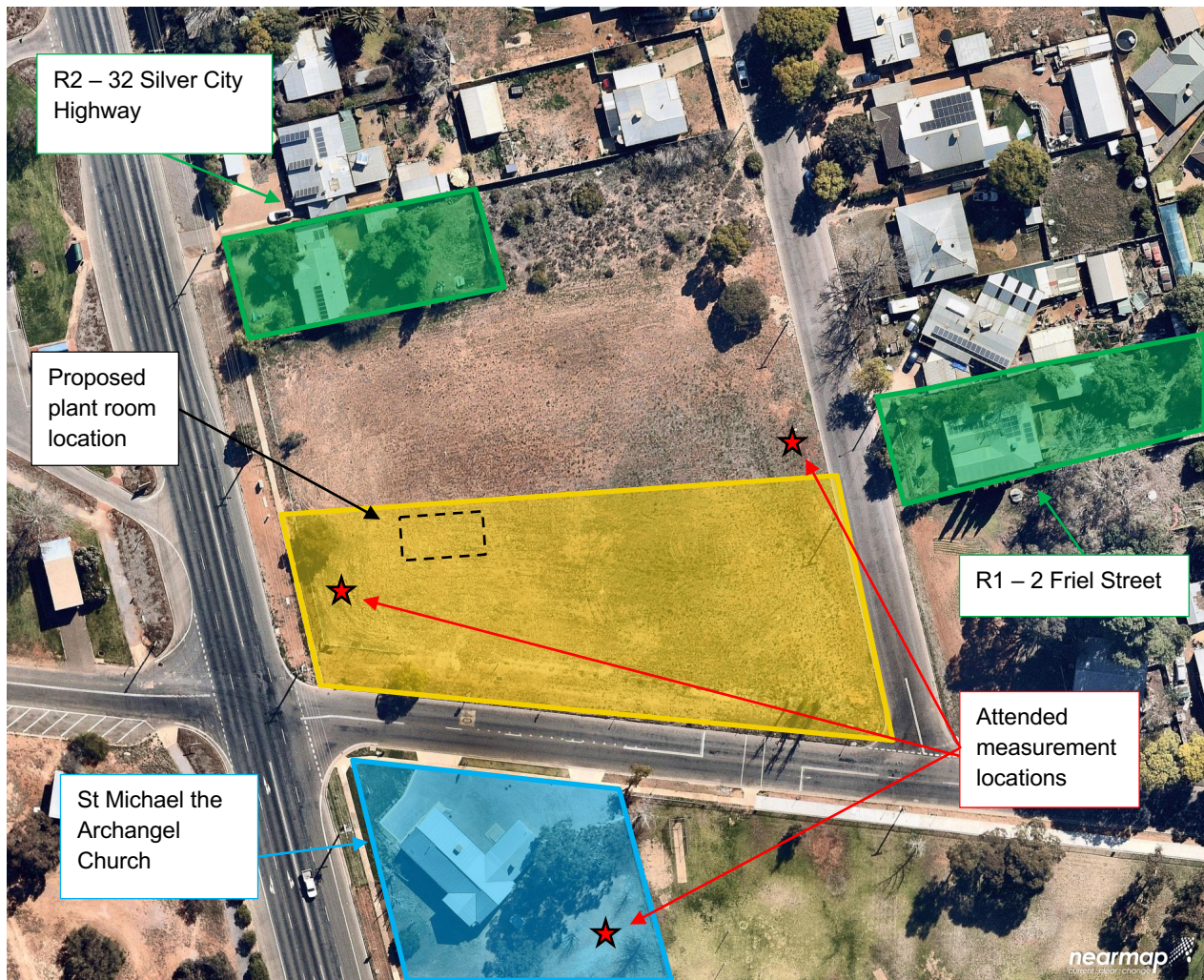


Figure 1 - Site layout in context

It is understood that the mechanical plant will be located in a plant room to the north-west of the site. The plant room will house up to four outdoor condenser units. It is understood the only two of the four condenser units would be operational during the night-time period. The proposed plant room will have non-acoustically rated weather louvres on all external facades.

## 3 Existing Acoustic Environment

### 3.1 Noise monitoring

Operator attended noise monitoring was conducted on 18 and 19 August 2019 during the daytime, evening and night-time periods. Attended noise measurements were undertaken to determine the existing background noise levels at nearby receivers. Measurement locations are shown in Figure 1 above.

The Noise Policy for Industry states short-term background monitoring can be used when a development is considered low risk. Due to the proximity of the mechanical plant to nearby residential receivers, as well as the sites proximity to a major road, it has been determined that the impact of noise emissions on nearby receivers is low risk.

The Rating Background Level (RBL) used for this assessment was determined by taking the lowest  $L_{A90(15 \text{ minute})}$  for each period at each location during the absence of any extraneous noise.

### 3.2 Instrumentation

Attended measurements were conducted using a Bruel and Kjaer 2250 sound level meter bearing the serial number 30012447. Field calibration was conducted before and after the measurements and no significant calibration drift was observed. Each measurement was for a period of 15 minutes with the meter response set to 'fast'.

Noise measurements were taken in general accordance with AS1055.1<sup>1</sup>

### 3.3 Attended noise measurements

Table 1 below provides a summary of the attended noise measurement results.

**Table 1 Operator-attended short-term noise measurement results summary**

Location	Descriptor	Noise Level dB(A)		
		Daytime 07:00 – 18:00	Evening 18:00 – 22:00	Night-time 22:00 – 07:00
R1 – 2 Friel Street	Ambient Noise ( $L_{eq}$ )	51	48	46
	Background Noise ( $L_{90}$ )	47	43	41
R2 – 32 Silver City Highway	Ambient Noise ( $L_{eq}$ )	67	61	53
	Background Noise ( $L_{90}$ )	52	43	42
R3 – St Michael the Archangel Church	Ambient Noise ( $L_{eq}$ )	57	-	-
	Background Noise ( $L_{90}$ )	48	-	-

## 4 Criteria

### 4.1 Noise Policy for Industry (NPI)

Noise emissions from the mechanical plant should comply with the requirements of the NPI when operational.

The NPI sets two separate noise criteria to meet desirable environmental outcomes:

- Intrusiveness – steady-state noise from the site should be controlled to no more than 5 dB(A) above the background noise level in the area. In this case, the steady-state  $L_{eq}$  noise level should not exceed the background noise level measured for different time periods in the environment.
- Amenity – amenity criteria are set based on the land use of an area. It requires noise levels from new industrial noise sources to consider the existing industrial noise level such that the cumulative effect of multiple sources does not produce noise levels that would significantly exceed the amenity criteria.
- The most stringent of the intrusiveness and amenity is selected to be the limiting criterion.

### 4.2 Project Specific Noise Levels

Based upon an acoustic noise survey described in Section 3 above, the project specific noise trigger levels have been established in accordance with the NPI. Table 2 summarises the acoustic criteria for mechanical services noise emissions at nearby receivers. A derivation of the project specific noise levels is provided in Appendix A.

**Table 2 Mechanical services noise emission criteria – at nearby sensitive receivers**

Location	Noise Emission Criteria (dB $L_{Aeq}$ )		
	Daytime 07:00 – 18:00	Evening 18:00 – 22:00	Night-time 22:00 – 07:00
R1 – 2 Friel Street	48	43	38
R2 – 32 Silver City Highway	52	46	38
R3 – St Michael the Archangel Church	40 (internal) when in use		

## 5 Assessment

### 5.1 Mechanical Services Noise Emission

The noise level contribution of the proposed mechanical plant has been predicted at the most potentially affected receiver locations. Predicted noise levels have been based upon fan data, location and orientation information provided by the mechanical services engineer at the time of writing. Any reselection of plant or change of location may require further assessment and noise control.

The prediction includes the following assumptions:

- 2 condenser units with a sound power level (SWL) of 86 dB(A) operating during the day and evening periods
- 2 condenser units with a sound power level (SWL) of 76 dB(A) operating 24 hours a day
- Source to Receiver distance of 80 metres to Receiver 1
- Source to Receiver distance of 45 metres to Receivers 2 and 3
- Sound transmission loss of non-acoustic weather louvres
- Grazing incidence where the building creates partial line-of-sight to the receiver
- A reduction of 5 dB(A) when assessing internal noise levels assuming open windows

The predicted noise levels at the most potentially affected receivers are presented in Table 3.

**Table 3 Predicted mechanical services noise emissions**

Location	Description	Noise Level dB(A)		
		Daytime 07:00 – 18:00	Evening 18:00 – 22:00	Night-time 22:00 – 07:00
R1 – 2 Friel Street	Noise Contribution	39	39	29
	Criteria	48	43	38
	Compliance	✓	✓	✓
R2 – 32 Silver City Highway	Noise Contribution	44	44	34
	Criteria	52	46	38
	Compliance	✓	✓	✓
R3 – St Michael the Archangel Church	Noise Contribution	35		
	Criteria	40 (internal) when in use		
	Compliance	✓		

## 6 Conclusion

An environmental noise emission assessment of noise emissions from mechanical plant for the proposed Buronga HealthOne facility has been conducted. Project specific noise criteria have been established in accordance with the Noise Policy for Industry (NPI) based on operator attended noise surveys conducted for this project.

Noise emissions from the mechanical plant have been predicted to the most potentially affected receivers. The predicted noise levels have been shown to comply with the acoustic criteria with no additional mitigation measures.

## Appendix A – Derivation of Criteria

Project specific noise trigger levels have been established in accordance with the NPI. Table 4 summarises the project specific acoustic criteria.

**Table 4 Project specific noise emission criteria – residential receivers**

NPI Criteria	Noise emission criteria, $L_{Aeq,15\text{-minute}}$		
	Daytime	Evening	Night-time
Rating background level (RBL)	47	43	41
Intrusive criterion (RBL + 5 dBA)	52	48	46
Acceptable Noise Level (ANL) Rural	50	45	40
Amenity criterion (ANL - 5dBA + 3dBA)	48	43	38
<b>Project trigger noise levels</b>	<b>48</b>	<b>43</b>	<b>38</b>

In areas with high traffic noise levels, industrial noise sources may be effectively inaudible over the background noise level. In such cases the project amenity noise level may be derived from the  $L_{Aeq, period(traffic)}$  minus 15 dB(A). For residential receivers near the Silver Road Highway, the Project trigger noise levels are presented in Table 5.

**Table 5 Project specific noise emission criteria – residential receivers affected by traffic noise**

NPI Criteria	Noise emission criteria, $L_{Aeq,15\text{-minute}}$		
	Daytime	Evening	Night-time
Rating background level (RBL)	52	43	42
Intrusive criterion (RBL + 5 dBA)	57	48	47
$L_{Aeq, period(traffic)}$	67	61	53
Amenity criterion ( $L_{Aeq} - 15 \text{ dB(A)}$ )	52	46	38
<b>Project trigger noise levels</b>	<b>52</b>	<b>46</b>	<b>38</b>



## Buronga HealthOne

### Pre-lodgement Meeting Minutes

Job reference:	Author:	Meeting date & time:	Meeting venue:
117464	AI	Tuesday 20 August 2019 @ 11am	Midway Centre, Buronga

Attendees:			
Ken Ross	KR	WSC	<a href="mailto:Ken.Ross@wentworth.nsw.gov.au">Ken.Ross@wentworth.nsw.gov.au</a>
Michele Bos	MB	WSC	<a href="mailto:Michele.Bos@wentworth.nsw.gov.au">Michele.Bos@wentworth.nsw.gov.au</a>
George Kenende	GK	WSC	<a href="mailto:George.Kenende@wentworth.nsw.gov.au">George.Kenende@wentworth.nsw.gov.au</a>
Paul Amoateng	PA	WSC	<a href="mailto:Paul.Amoateng@wentworth.nsw.gov.au">Paul.Amoateng@wentworth.nsw.gov.au</a>
Anya Isarotaikul	AI	Currie & Brown	<a href="mailto:Anya.Isarotaikul@curriebrown.com">Anya.Isarotaikul@curriebrown.com</a>
Apologies			
Denise McCallum	DMcM	FWLHD	<a href="mailto:Denise.McCallum@health.nsw.gov.au">Denise.McCallum@health.nsw.gov.au</a>
Donna Cruickshank	DC	FWLHD	<a href="mailto:Donna.Cruickshank@health.nsw.gov.au">Donna.Cruickshank@health.nsw.gov.au</a>
Darrin Quinn	DQ	FWLHD	<a href="mailto:Darrin.Quinn@health.nsw.gov.au">Darrin.Quinn@health.nsw.gov.au</a>
Brent Williams	BW	BW&A	<a href="mailto:brent@bwanational.com.au">brent@bwanational.com.au</a>
Brett Sherson	BS	NBRS	<a href="mailto:Brett.Sherson@nbrsarchitecture.com">Brett.Sherson@nbrsarchitecture.com</a>
Distribution			
All above and:			
Duncan Kennedy	DK	Currie & brown	<a href="mailto:Duncan.Kennedy@curriebrown.com">Duncan.Kennedy@curriebrown.com</a>
Rita Corbett	RC	Health Infrastructure	<a href="mailto:Rita.Corbett@health.nsw.gov.au">Rita.Corbett@health.nsw.gov.au</a>
Ben Mackey	BM	SJA	<a href="mailto:ben_mackey@sj.com.au">ben_mackey@sj.com.au</a>

\* Note: Item No. legend: (meeting No).(Topic).(Ref No.)

Item No.	Agenda Item	Action By	Date
<b>1</b>	<b>INTRODUCTION</b>		
1.01	This meeting was called to discuss Council requirements for a DA for the proposed Buronga HealthOne development at Lot 914 Silver City Highway.	NOTE	-
1.02	Land acquisition is pending.	NOTE	-
1.03	Drawings were tabled for discussion – attached for reference.	NOTE	-
<b>2</b>	<b>SITE</b>		
2.01	The position of the building on the site, has been determined by, <ul style="list-style-type: none"> <li>▪ Three street frontages, Silver City Highway, Pitman Avenue and Friel Street.</li> <li>▪ existing urban context,</li> <li>▪ clinical requirements,</li> <li>▪ site levels, safety,</li> <li>▪ solar aspect,</li> <li>▪ boundary condition,</li> <li>▪ fleet vehicle parking and</li> <li>▪ vehicular and pedestrian access points to the site from Friel Street and Pitman Avenue.</li> </ul>	NOTE	-
2.02	In accordance with WSC's DCP requirements for a medical centre, 52 car parking spaces are required on the site. As this is a community health centre, a Traffic Impact Assessment has been undertaken which has determined that a reduced number of parking spaces satisfies peak demands. This report will be submitted with the DA.	NOTE	-

Item No.	Agenda Item	Action By	Date
2.03	In accordance with the Traffic Impact Assessment, WSC have no concerns accommodating 10no. on-street car parking spaces on Friel Street but, would not encourage on-street parking on Pitman Avenue.  A footpath is required on Friel Street to accommodate on-street parking at that location.  1.8m wide footpaths required to Pitman Avenue and Friel Street.	NOTE	-
2.04	Although establishment of all required infrastructure for this development is the developer's responsibility, WSC will investigate any available opportunities for contributions to public domain works.	WSC	27.08.2019
2.05	The retaining structure at the Northern boundary of the site does not present any issues for WSC. Construction works must be confined to the subject site.	NOTE	-
2.06	FWLH to provide adequate external lighting to the landscaped areas fronting Pitman Avenue. DA documents to show light spread.  WSC will assess the area from a safety and security point of view.	FWLHD	-
2.07	HI will be responsible for the ongoing maintenance of the nature strip around the site.	NOTE	-
2.08	An OSD system is required and will be a DA condition, in lieu of a DCP requirement. Details of the proposed system may be submitted to Council for comment prior to DA submission.	FWLHD	-
<b>3</b>	<b>DEVELOPMENT APPROVAL SUBMISSION</b>		
3.01	WSC will accept the DA submission and commence assessment of the proposal, however, public notification will be delayed until finalisation of the land acquisition.	NOTE	
3.02	As the community has raised concerns in relation to the location of this development, WSC suggested that the DA submission provide a background to the selection of the site, and the perceived relocation of services from Dareton.	NOTE	-
3.03	Traffic Impact Assessment, acoustic report and geotechnical investigation reports to be submitted with DA. No need for a site history investigation.	NOTE	
<b>4</b>	<b>Any Other Business</b>		
4.01	WSC are supportive of the scheme and feel that this development will be a positive contribution to the community.	NOTE	-



Barkandji Native Title Group  
Aboriginal Corporation  
RNTBC

Tuesday, September 24, 2019

ABN 54115703880

## Cultural Engagement Report

### Reference: Buronga Health One Facility

A cultural heritage assessment was undertaken on Vacant and cleared land proposed for the Buronga Health One Facility on 31<sup>st</sup> of July 2019. The cultural heritage assessment was undertaken by Uncle Warren Clark a senior Cultural heritage Monitor appointed by the Barkandji Native Title Group Aboriginal Corporation Registered Native Title Body corporate.

### Overview

- 11 Test Pits up to 3 meters in depth were conducted
- Walked entire site up and down (entire site heavily disturbed with a thick layer of top dressing)

### Aboriginal Object's or Sites

- No visual sign of Aboriginal Artefacts (stone artefacts, fireplaces, occupation, midden sites)
- NIL (Site Heavily Disturbed)

### Recommendation's

- To provide Cultural Site Monitors when clearing operations begin





Barkandji Native Title Group  
Aboriginal Corporation  
RNTBC



Derek Hardman  
Chief Executive Officer

Barkandji Native Title Group Aboriginal Corporation  
Registered Native Title Prescribed Body Corporate

27 South Street, Broken Hill, NSW, 2880  
Email: barkandjiceo@gmail.com  
Mobile 0437832620

# Southern Cluster Health ne Services Statement




## Quality Information

Document Southern Cluster HealthOne

Date 13-Jul-2018

Prepared by Donna K Cruickshank

## Revision History

Rev	Revision Date	Details	Authorised	
			Name/Position	Signature
A	13-July-2018	Approved by FWLHD Executive	STEPHEN RODWELL CHIEF EXECUTIVE	

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## 1.0 Executive Summary

### 1.1 Purpose of the Services Statement

The Services Statement provides a clear direction for the service delivery models for Southern Cluster HealthOne.

The Statement has been developed to ensure that redevelopment supports Far West Local Health District to meet the obligations of its annual Service Agreement with the NSW Ministry of Health, which sets out the service and performance requirements and annual funding.

A key focus of this Service Statement has been to identify how HealthOne services within the Southern Cluster can respond to the growing demand for health services in the future. There is a current over-reliance on acute hospital-based health care, which is becoming increasingly unsustainable from workforce, financial and consumer perspectives.

New integrated models of care and service delivery relationships that deal with patient and health consumer needs outside the acute hospital setting are crucial to meeting those challenges.

### 1.2 Options for Service Delivery

The Southern Cluster HealthOne services will be located across the two Local Government Areas of Wentworth and Balranald with facilities in Mareton, Buronga, Wentworth and Balranald. It is proposed that the four sites across the Southern Cluster will be a network of integrated health services. The proposed facilities consist of a new hub health centre at Buronga with spoke services at Mareton, Wentworth and Balranald. There will be a coordinated approach, supported by clear communication processes, systems and practices allowing for a range of primary and community health services to be provided to the residents of the Wentworth LGA and the Balranald LGA. The services will be underpinned by contemporary ICT systems that allow for work flows across the Cluster health facilities as well as the community ie client homes.

### 1.3 Content and Catchment

The primary catchment for the proposed Southern Cluster HealthOne services is Wentworth LGA and Balranald LGA hereafter referred to as Southern Cluster HealthOne Services Catchment. The vast majority of services will be provided to residents of Wentworth LGA. The majority of the population in Wentworth LGA is located near the Victorian border and the town of Mildura. The population of Wentworth LGA is broken down by suburb below to give an indication of where the population is located. Curlwaa is located between Wentworth and Mareton. Coomealla is the area surrounding Mareton. Buronga is closest to Mildura and is located east towards Muston and Balranald which are approximately one and half and two hours respectively from the Wentworth LGA.

### 1.4 Models of Care

The health challenges facing people that reside in the Southern Cluster and surrounding areas and subsequent health burden can be supported through integrated care models that focus on chronic disease prevention. Based on preventable hospital presentation and health status information for the Far West LHD, expansion of integrated community-based interventions with a focus on chronic care especially respiratory and diabetes, Aboriginal Health, mental health, women's health, child and family health and primary health for the older generation are required.

### 1.5 Related Planning

The Lower Western Sector Clinical Service Plan is under development and links to the initiatives of the Southern Cluster HealthOne development and changing service models required to provide



contemporary services to far west NSW communities. The key objectives of the Clinical Service Plan are to consider the existing provision of health services in the Lower Western Sector, anticipate the likely future challenges for providing health services to a changing population and to develop strategies for meeting these challenges. A key focus will be on keeping people healthy rather than on treating illness and implementing the *Staying Healthy* program to provide direction. An important priority will be enhancing connection with our Aboriginal communities by working together to co-design health services that will improve health outcomes. Establishing a dedicated telehealth service to complement local services will be another key priority for increasing access to higher level services whilst reducing the need for community members to leave home.

### Recommendations – Key Proposed Service Changes

The redevelopment funded by the State HealthOne program will ensure the continuation of the current services within new enhanced service models complemented by ICT systems and a new contemporary facility. There is also opportunity to enhance services in the Southern Cluster HealthOne including:

#### Allied Health Services

The redevelopment will allow additional opportunities for partnering with allied health providers to enhance the access to services including physiotherapy, podiatry, occupational therapy and speech pathology. The enhancement of allied health services across the Southern Cluster and will be appropriately aimed at the health needs of community members for example in the Buronga and Col towns it will be child and young people health whilst in Wentworth it will be focused on aged care and rehabilitation.

#### Aboriginal Health

There will be opportunity to enhance working with SHCs and the Coomealla Health Aboriginal Corporation to ensure better collaboration and integration for shared care planning and navigating community members to the most appropriate health care provider or service. Sharing facilities to ensure services are maintained across the communities will be a key component of the integrated arrangements.

#### Primary Health Care Registered Nurses Schools Based

There will also be opportunity to enhance the work with schools in the region with the development of the Primary Health Care Registered Nurses schools based SHC/NSB roles.

This initiative provides for nursing staff to be placed in schools to provide population based health screening, health promotion and support of chronic and complex care needs health checks to ensure health issues are identified early – these positions will also link with the enhanced allied health services.

#### Youth Wellbeing, Mental Health, Sexual Health and Midwifery

The changing service models will be focused on community needs with a number of areas for service provision that can be enhanced. The main areas include youth wellbeing, mental health, sexual health and midwifery. Services can be targeted to ensure that the growing requirements for youth health can be met as well as those for mental health services and sexual health ensuring early screening and intervention to prevent requiring higher level services. The growing number of young families will also mean the enhancement of midwifery and early childhood services will be required.

## 2.0 Background

### 2.0.1 Introduction – The Car West LHD

The Car West LHD borders three States including South Australia, Victoria and Queensland with strong links for healthcare with South Australia and Victoria.

The Car West LHD includes the following public health facilities

- Balranald Health Service
- Broken Hill Health Service
- Maree Primary Health Care Service
- Vanhoe Health Service
- Renindee Health Service
- Mibooburra Health Service
- Wentworth Health Service
- White Cliffs Health Service
- Wilcannia Health Service

The Car West LHD has a number of service agreements with external organisations

- Maaari Aboriginal Health Aboriginal Corporation has a service agreement with the Car West LHD to provide a range of services in communities outside Broken Hill
- The Royal Flying Doctor Service (South Eastern Section) for medical evacuations and transfers and provision of Primary Health Care services to facilities outside of Broken Hill
- The Broken Hill University Department of Rural Health (University of Sydney) for research and training, as well as leasing a property on the Broken Hill Health Service campus.

The Car West LHD lies within the Western NSW Primary Health Network boundary.

Figure 1 – Car West Local Health District Isolation Outlier Cluster in red



### 1.1 The Car West LHD Population

The Car West LHD is the most sparsely populated LHD in NSW with 61% of its over 30,000 inhabitants living in the regional city of Broken Hill. The remainder of the population live in

- agricultural towns and neighbouring villages along the Darling Murray and Murrumbidgee rivers with a high Aboriginal population that are remote and socially as well as economically disadvantaged and
- isolated villages and very small remote communities of 80-800 or on stations throughout the region.

Of the total LHD population, 91.1% are from an English speaking background. The region has the highest proportion of Aboriginal residents 12.0% in NSW and many experience significant disadvantage. This population is relatively young and also reflects the lower life expectancy of Aboriginal people.

Overall, the Car West NSW population is decreasing, ageing and experiences poor health status compared to the rest of NSW, related to lifestyle factors and chronic illness. Furthermore, low literacy levels, a lack of affordable transport and overcrowded housing limits the capacity of some of the population to take responsibility for their own health.

Table 2 – Far West LHD Population Statistics

Area	Population	Proportion Aboriginality (%)	Proportion 65 years and over (%)
Broken Hill LGA	18,718	8.5*%	21.8%
Balranald LGA	2,267	8.8*%	18.4%
Central Darling LGA	2,088	39.5*%	16.0%
Wentworth LGA	6,897	9.6*%	19.1%
Unincorporated NSW	1,173	Not Avail	10.2%
Far West LHD	30,740	12.4%	20.4%
NSW	7,410,399	2.9*%	14.5%

Source: 2016 ERP, <http://www.healthstats.nsw.gov.au>, NSW Ministry of Health accessed May 2018. \*2016 Census ABS.

### Health Status of the Population

Over each specific reporting period, residents of the Far West LHD had a life expectancy at birth that was more than three years less than NSW residents. The rate of potentially avoidable deaths was 60% higher than that of NSW and the most common cause of death was malignant neoplasms.

Compared to all other LHDs, the Far West had the third lowest rate of cancer, with the death rate for lung, breast and colon cancers being lower than all NSW. Cancer deaths in the Far West were most commonly caused by lung, breast and oesophageal cancer.

The rate of circulatory disease hospitalisations in Far West was slightly higher than that of NSW. Both high blood pressure and high cholesterol were approximately 60% higher among Far West residents than NSW residents. Hospitalisation rates for COPD and diabetes-related conditions were two and three times that of NSW, respectively, while those for intentional self-harm in 2011-16 were the second highest of all the LHDs. However, of all the LHDs, the Far West reported the lowest rates of psychological distress.

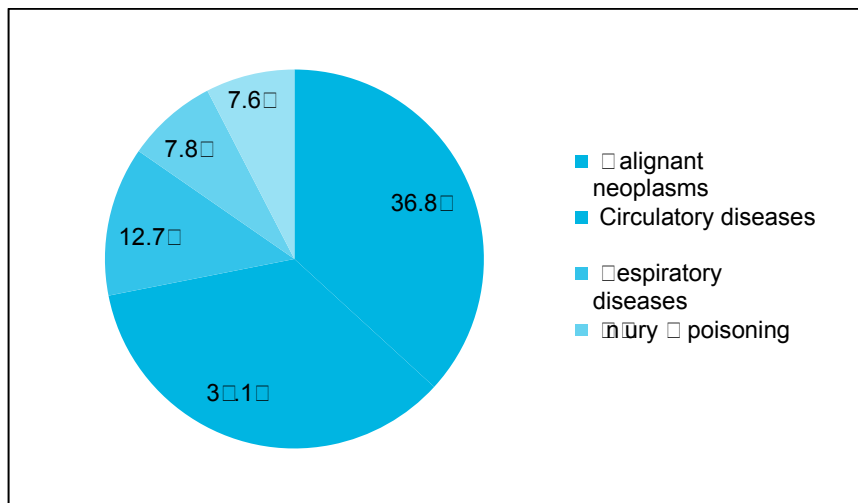
The incidence of low birth weight babies in Far West was slightly lower than that for NSW, while perinatal mortality for Far West was 60% higher than NSW.

### Life expectancy

In 2011, the life expectancy at birth for Far West LHD residents was 79.6 years compared to 82.9 years for NSW residents. Also, in 2011 the rate of deaths from all causes in Far West LHD was higher by 32% than that of all NSW i.e. 718.9 vs 56.0 per 100,000 persons. In 2011-16, the rate of potentially avoidable deaths<sup>1</sup> per 100,000 people was 60% higher than that of NSW i.e. 169.1 vs 105.9). The most common cause of death in Far West LHD between 2011 and 2015 was 'malignant neoplasms' (Figure 2).

<sup>1</sup> Potentially avoidable deaths are those that occur before age 75 years and are caused by conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care. Deaths are defined as avoidable in the context of the present health system.

Figure 1 – Five most common causes of death in Car West LHD from 2011 to 2017



Source: NSW Health HealthStats, 2011 to 2017

In NSW overall, the life expectancy for Aboriginal people from 2010 to 2012 was nine years less than for non-Aboriginal people while the death rate in 2017 was substantially higher amongst Aboriginal people than amongst non-Aboriginal people (i.e. 80.0 vs 39.7 per 100,000 persons)

**Cancer**

Between 2010 and 2017, the Car West LHD recorded the third lowest overall cancer death rate compared to all other NSW LHDs and was less than that of all NSW by 8% (i.e. 109.2 vs 161.6 per 100,000 persons). In 2017, the most common cancer deaths were due to lung (17.3% of all cancer deaths), breast (10.7%), oesophageal (6.7%), colon (4.3%), multiple myeloma (4.3%) and pancreatic (4.3%) cancers.

Between 2010 and 2017, the death rate for lung, breast and colon cancers was lower in Car West LHD than in all NSW. However, the death rate for oesophageal cancer in Car West LHD was higher than that of NSW by 30% (i.e. 12 vs 10 per 100,000)

Between 2010 and 2017, the rate of new cases of prostate, lung and colon cancers was higher than that of NSW by 9% (i.e. 87.7 vs 80.7 per 100,000), 20% (11.3 vs 3.6 per 100,000) and 11% (13.3 vs 39.2 per 100,000), respectively. However, the rate of new cases of melanoma was lower than that of NSW by 20% (0.9 vs 1.9 per 100,000)

**Circulatory disease**

In 2015-16, the rate of hospitalisation attributable to circulatory disease was slightly higher in the Car West LHD (1,733 per 100,000) than in NSW (1,713 per 100,000 people). In 2016-17, the rate of coronary heart disease hospitalisations in Car West LHD (83.3 per 100,000) was also higher than that of NSW (36.0 per 100,000)

However in 2016-17, the rate of hospitalisations attributable to circulatory disease and coronary heart disease among Aboriginal people in NSW was significantly higher than that of non-Aboriginal people by 70% (297.9 vs 168.3 per 100,000) and more than 100% (103.2 vs 36.0 per 100,000), respectively.

**Diabetes**

In 2017, the prevalence of diabetes for adults in the Car West LHD (16.7%) was significantly higher than that for all NSW (10.1%). In addition, the rate of diabetes-related hospitalisations in Car West

□6□6 per 100,000□ was more than three times that of NSW □1.8 per 100,000□ and the highest of all NSW □H□s in 2017.

□ Also in 2017, the prevalence of diabetes for □aboriginal people □1□0□ □in NSW was higher than that for non-□aboriginal people □9.9□ □by □1□. □he rate of diabetes-related hospitalisations was also higher than that of non-□aboriginal people by a factor of 3.6 □i.e. □10.□ per 100 000 vs 1□1.□ per 100 000□

### **Maternal and perinatal health**

□ baby's birth weight is an important outcome measure of the health of the mother and her healthcare during pregnancy. □ 201□, the proportion of babies born of low birth weight to mothers of the □ar West □H□ was slightly lower □8.8□ □than that of NSW □6.6□ □ However, for □aboriginal mothers in □ar West, 11.6□ of babies were born of low birth weight compared to □.□□ for babies born to non-□aboriginal mothers.

□ In 2016, □ar West □H□ had a perinatal mortality rate of 8.□ per 1,000 births compared to 7.□ for NSW.

### **Mental Health**

□ In 201□, 7.9□ of adults in □ar West □H□ were e□periencing high or very high levels of psychological distress<sup>2</sup> compared to 11.8□ in NSW. □hese levels in □ar West were the lowest of all NSW □H□s. However, in 201□-16, the rate of hospitalisations due to intentional self-harm for all ages in □ar West □268.□ per 100,000□ was the second highest among all NSW □H□s and nearly twice that of NSW □1□0.6 per 100,000□

□ In 2013-1□ across NSW, high and very high levels of psychological distress were greater among □aboriginal people than non-□aboriginal people □9.□□ vs 10.7□ □

### **Respiratory disease**

□ In 201□-1□, the C□□□ death rate in the □ar West □H□ was □2□ higher than that of NSW at 3□.6 and 2□.3 deaths per 100,000 people, respectively. □ Indeed, for that year, the □ar West □H□ had the second highest death rate due to C□□□. □ In 2016-17, the hospitalisation rate for C□□□ in the □ar West □H□ was nearly double that of NSW at □06.1 vs 2□3.1 hospitalisations per 100,000 people, respectively. □ For people aged over 6□ years the hospitalisation rate in □ar West was more than 60□ higher than NSW □2□83.3 vs 1□38.9 per 100,000□

□ Also in 2016-17, the hospitalisation rate for C□□□ among □aboriginal people across NSW was □8 times higher than for non-□aboriginal people □1,171.3 vs 2□□.2 per 100,000 people□

### **Blood pressure and cholesterol**

□ In 2013, the proportion of □ar West □H□ adults □□□.7□ □with high blood pressure was higher than any other □H□ and significantly higher than that of NSW □28.□□ □ In addition, the proportion of □aboriginal people in NSW with high blood pressure was higher than that of non-□aboriginal people by 10□ □i.e. 31.1□ vs 28.□□ □

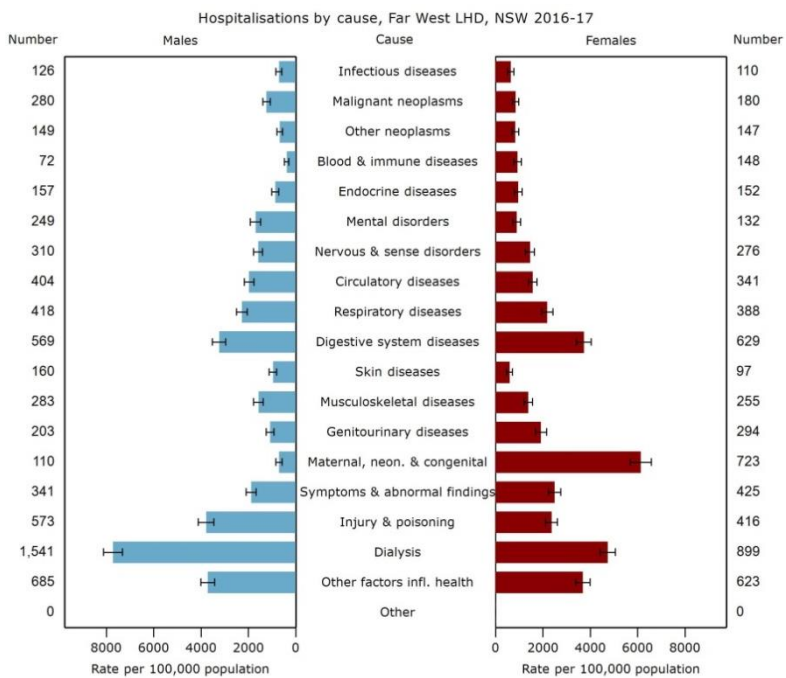
□ Also in 2013, the proportion of adults with high cholesterol was greatest in □ar West □H□ than all other □H□s and higher than that of NSW by nearly 60□ □33.1□ vs 20.9□ □ For □aboriginal people, the proportion was lower than that for non-□aboriginal people by 20□ □i.e. 16.7□ vs 21.1□, respectively□

<sup>2</sup> based on the □essler 10 □lus □10□□questionnaire

13-14 Hospitalisations

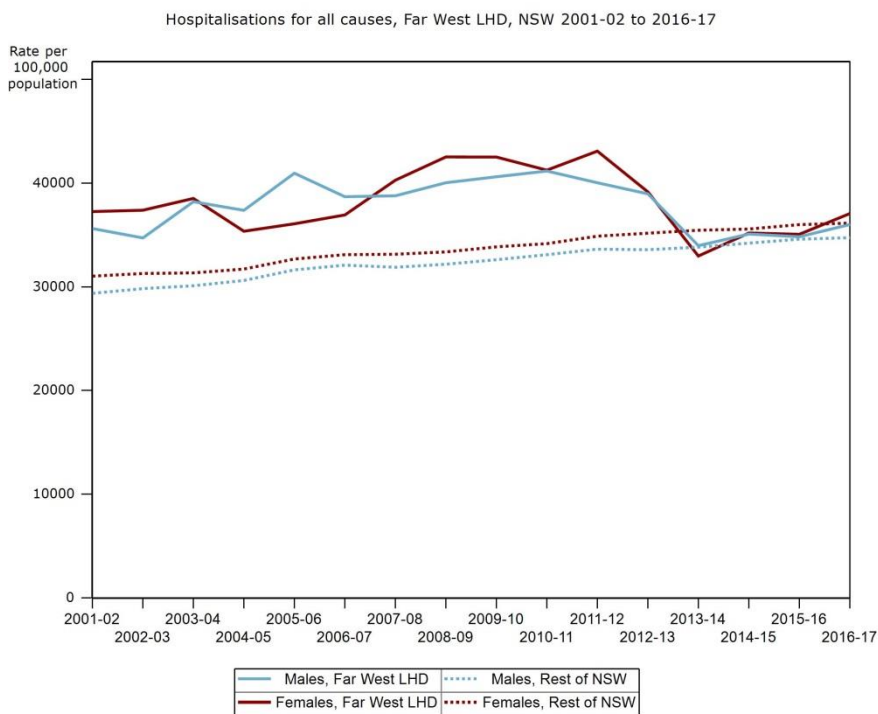
13-14 Causes of Hospitalisation

Figure 13-14 – Far West Hospitalisation all causes



13-14 Trends in Hospitalisations

Figure 13-14 – Far West LHD Hospitalisations all causes



## Potentially Preventable Hospitalisations

Table 1. Potentially Preventable Hospitalisations by bed days

Condition Type	Number	Average bed days	Total bed days
Asthma	56	2.4	136
Cellulitis	131	5.6	739
Congestive cardiac failure	85	16.4	1397
Convulsions and epilepsy	64	2.2	140
COPD	222	5.9	1301
Diabetes complications	69	5.5	380
Gangrene	12	15.9	191
Iron deficiency anaemia	108	1.5	158
Pneumonia and influenza (vaccine-preventable)	21	9.3	195
Urinary tract infections, including pyelonephritis	83	5.3	440
<b>Grand Total</b>	<b>851</b>	<b>7</b>	<b>5077</b>

## Health Behaviours

Over each specific reporting period, the Far West H reported some of the lowest breast and cervical screening rates but some of the highest immunisation rates. However, compared to NSW, a smaller proportion of Far West adults engaged in adequate physical activity and 33% more Far West adults were overweight or obese.

Also compared to NSW, fewer Far West adults reported adequate fruit consumption, while a higher proportion engaged in risky alcohol consumption. While the proportion of current smokers in Far West was slightly less than that of NSW, the death rate attributed to smoking was more than 10% higher than NSW.

In the Far West H, notification rates for both chlamydia and hepatitis C were higher than that for NSW, but lower for gonorrhoea.

The rate of infant breast feeding at discharge was slightly higher among Far West mothers compared to NSW while attending a first antenatal visit prior to 10 weeks was 10% less than NSW.

### Cancer screening

Between 2010 and 2016, the Far West H reported some of the lowest breast and cervical screening rates compared to other Hs. The breast cancer screening rate for women aged 40-69 years was 6.7% compared to 3.0% for all NSW, while for women aged 70-74 years, the rate was 11.1% compared to 10.8% for NSW. However, in the same year, the cervical screening rate for women aged 20-69 years was similar to that of NSW—that is, 11.2% and 16.3%, respectively.

### Immunisation

In 2017, the Far West H had a higher proportion of fully immunised one year old non-Aboriginal children (93.2%) than NSW (93.8%) and a higher proportion of fully immunised one year old Aboriginal children (97.3%) than in NSW (93.3%).

Immunisation rates in 2010-16 for influenza and pneumococcal disease in persons aged 65 years and over were highest in Far West H than any other H and were higher than that of NSW (i.e. 71.9% vs. 71.6% for influenza vaccination and 3.2% and 7.0% for pneumococcal vaccination).



### **Mother and Baby**

In 2016, the rate of infant breast feeding at discharge from hospital for the Car West CH was slightly higher than that of NSW at 7.2% and 7.9%, respectively.

Also in 2016, the proportion of Car West CH mothers that attended their first antenatal visit prior to 10 weeks was only 8.3% compared to 67.8% for all NSW. This proportion for Car West was the third lowest of all the CHs.

### **Physical activity and nutrition**

In 2017, the proportion of Car West adults that engaged in adequate physical activity was 6.0% compared to 8.0% for NSW and lower than that for all other CHs.

In 2017, the proportion of Car West CH adults that met the recommended consumption of vegetables was slightly higher than that for NSW that is, 7.0% compared to 6.6%. By contrast, the proportion of people meeting the recommended fruit consumption in Car West was significantly lower than that of NSW by 3% i.e. 30.0% vs. 36.0%, respectively. Indeed, Car West CH had the lowest proportion of adults eating the recommended fruit intake of all CHs.

### **Alcohol**

In 2017, the proportion of Car West adults consuming alcohol at levels posing long-term risk to health was higher than that of all NSW (37.9% vs 31.1%, respectively) and the second highest of all CHs.

In 2014-15, the hospitalisation rate attributable to alcohol for the Car West CH was 66.1 per 100,000 people lower than that of NSW i.e. 671.6 per 100,000. However in 2012-13, for alcohol-attributed death rates, Car West CH had a higher rate than NSW, with 31.3 per 100,000 compared to 16.1, respectively.

In 2017, the proportion of Aboriginal adults in NSW consuming alcohol at levels posing long-term risk to health was 3% greater than that of non-Aboriginal adults i.e. 41.3% vs. 30.7%. In 2014-15, the rate of alcohol-attributed hospitalisations among Aboriginal people in NSW was 1,390.1 per 100,000 more than double the rate among non-Aboriginal persons at 639.0 per 100,000.

### **Smoking**

In 2016, the proportion of Car West CH adults that were current smokers was slightly less than that of NSW that is 1.3% compared to 1.0%, respectively. In 2014-15, the rate of smoking-attributed hospitalisations in Car West was 13% higher than that of NSW i.e. 61.0% and 52.1 per 100,000 people, respectively, while the rate of smoking-attributed deaths in Car West was 3% higher than NSW i.e. 92.8 vs 60.8 per 100,000, respectively.

In 2016, the proportion of mothers in Car West that smoked during pregnancy was 3.7 times higher than in NSW i.e. 30.8% vs. 8.3%, respectively and higher than any other CH. Also in 2016, the proportion of Car West Aboriginal mothers that smoked during pregnancy was 3.3 times higher than that of non-Aboriginal women i.e. 71.0% vs. 21.9%, respectively and higher than Aboriginal mothers in all other CHs.

### **Sexually Transmissible infections**

In 2014, the notification rate for chlamydia in the Car West CH (22.6 per 100,000) was higher than that of NSW (308.1 per 100,000) by 38% and higher than all other CHs. Also in 2014, the rate of hepatitis C notifications in Car West was more than twice that of NSW (101.9 vs 47.6 per 100,000) while the rate of gonorrhoea notifications among females was substantially less at 8.2 per 100,000 compared to 21.1 for all NSW.

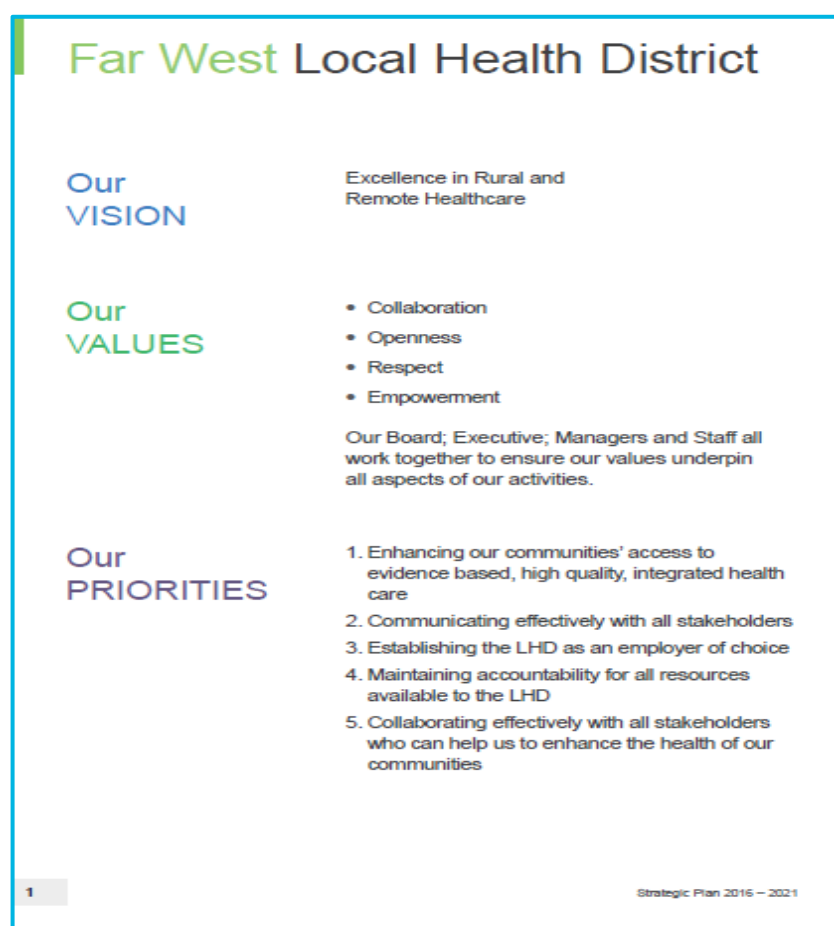
### Overweight and obesity

In 2017, 71.0% of adults in the Far West LHD were classified as overweight or obese compared to 63.0% in NSW. In 2010-11, the rate of hospitalisations attributable to high body mass in the Far West LHD was 10.0 per 100,000 people and slightly lower than NSW at 36.8 per 100,000. In 2013, the rate of deaths attributable to high body mass in Far West LHD was 8% higher than that in NSW with rates being 3.8 and 29.0 per 100,000 people, respectively.

### Far West Local Health District Strategic Plan

The Far West Local Health District Strategic Plan guides the direction of the health service over the next five years to meet the needs of the Far West population. The plan is summarised below showing the five strategic priorities.

Figure 5 - Far West Local Health District Strategic Plan



Source: <http://fwlhd.gwahs.nswhealth.net/UserFiles/files/Directorates/Planning/PDF>

### Far West Local Health District Health Service Plan

The Health Service Plan 2016-2021 provides strategic direction in regard to the service gaps and key priorities of the health services. The Health Service Plan ensures the LHD has a focus on maintaining and improving the health of communities living in the far west by

- focussing on co-designed healthcare services to keep people healthy as well as responding to their needs when they experience poor health
- supporting people across the region to better understand and manage their own health and

- ensuring that health promotion occurs across all communities.

The Health Service Plan has been developed with the input from local community consultations throughout Far West NSW to help identify

- current health service gaps and
- key priorities for health service developments over the next five years.

#### Key Directions

Consistent with the goals of the New South Wales 2021 Plan, the HHS is working towards delivering health services with an increased emphasis on supporting people and communities to remain healthy and to improve the range and quality of clinical services available.

The geographic character of the region requires service models that are appropriate to small dispersed populations facilitate access to frequently required services as close as possible to consumers' homes and ensure coordination of services across providers and the continuum of care.

The prevalence of chronic disease, and a high proportion of the population engaged in behaviours likely to contribute to these conditions, requires a greater emphasis on the provision of primary health care and support for self-management. In addition, clinical services need to contribute to the coordinated management of individual consumer's health care, rather than episodic response to issues that arise due to poor health.

The approach is focussed on

- the provision of services as close to home as possible
- the promotion of wellness and quality of life and
- services that reflect the needs of the community and consumers.

#### Far West LHD Integrated Care Project – Staying Healthy

The Far West HHS Integrated Care *Staying Healthy* program is part of the NSW Health Integrated Care Strategy which is aimed at supporting the HHS and their partners to develop a better connected model of care to support a sustainable healthcare system for our community. The *Staying Healthy* program is designed to engage 20-40 year olds living in our community with the precursors or risk factors to chronic and long-term illness, to make changes to their lifestyle that would improve or maintain their health.

The project has been implemented in Broken Hill in the first two phases with community members engaged across the target group. The establishment of Care Navigator roles based in GP clinics in Broken Hill provide a key link between health service providers and community members to enable access of *the right care, in the right time, at the right place*. The project will be rolled out across the lower western sector of the HHS in phase three including the Southern Cluster region in 2018/19.

**State Health Plan**

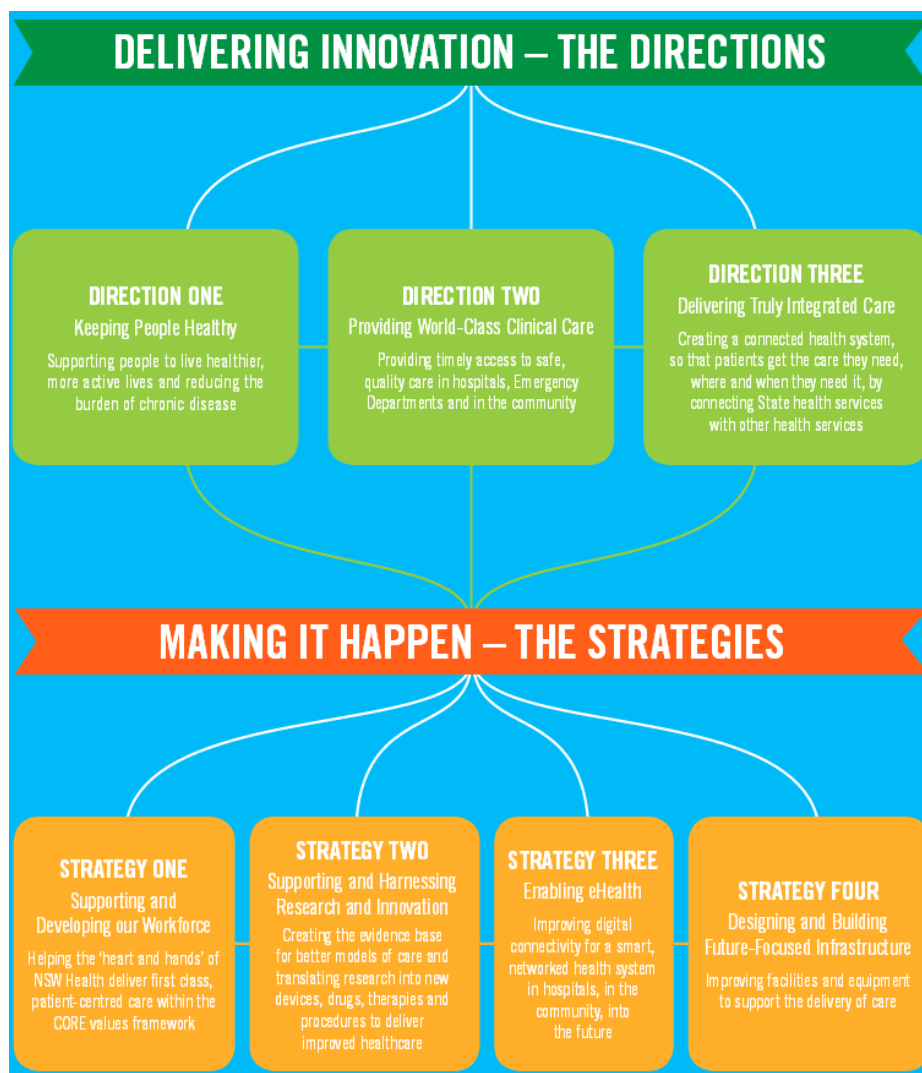
**State Health Plan Towards 2021**

The NSW State Health Plan provides the strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time' for everyone. Key priority areas within the plan include:

- Delivering patient-centred care across NSW Health
- Improving integration across the broader health system, including connecting primary and acute services.

The plan outlines three directions and four associated strategies, displayed in Figure 6.

Figure 6 – State Health Plan: Towards 2021 – Directions and Strategies



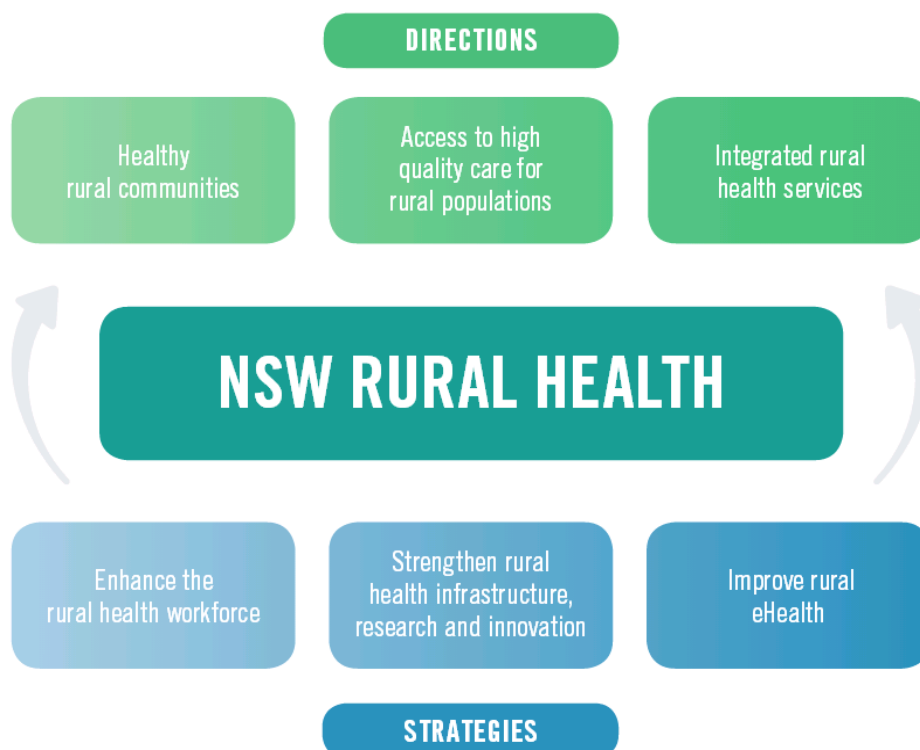
Source: <http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-State-Health-Plan-Towards-2021.pdf>

## Figure 7 – NSW Rural Health Plan – Goals and Directions

The NSW Rural Health Plan aims to strengthen the capacity of NSW rural health services to provide connected and seamless care, as close to regional, rural and remote NSW communities as possible.

The plan outlines three directions and three associated strategies for rural health in NSW, summarised in Figure 7 and outlined in further detail below.

Figure 7 – NSW Rural Health Plan – Goals and Directions – Directions and Strategies



Source: <http://www.health.nsw.gov.au/rural/Publications/rural-health-plan.pdf>

### Direction One: Healthy Rural Communities

Strengthen health promotion, disease prevention and community health services to ensure people in rural communities are healthy.

### Direction Two: Access to High Quality Care for Rural Populations

Improve access to health services as close to home as possible and enable the provision of high quality care in local rural health services.

### Direction Three: Integrated rural health services

Ensure services and networks work together, are patient-centred and planned in partnership with local communities and health service providers, and provide better continuity of care.

#### Strategy One: Enhance the rural health workforce

Continue to build the health workforce in rural areas through enhanced recruitment, training, career development and support.

#### Strategy Two: Strengthen rural health infrastructure, research and innovation

Invest in facilities, models of care and research and innovation to ensure the provision of high quality health services in rural communities.

### Strategy Area: Improve rural health

Implement eHealth solutions and strategies to transform connections between and access to health services in rural NSW.

#### Integrated Care Strategy

The NSW Government has committed \$180 million over six years to implement innovative, locally led models of integrated care across the State to transform the NSW healthcare system.

The objectives of the NSW Integrated Care strategy are to transform how we deliver care to improve health outcomes for patients and reduce costs deriving from inappropriate and fragmented care, across hospital and primary care services by

- focusing on organising care to meet the needs of targeted patients and their carers, rather than organising services around provider structures
- designing better connected models of healthcare to leverage available service providers to meet the needs of our smaller rural communities
- improving the flow of information between hospitals, specialists, community and primary care healthcare providers
- developing new ways of working across State government agencies and with Commonwealth funded programs to deliver better outcomes for identified communities
- providing greater access to out-of-hospital community-based care, to ensure patients receive care in the right place for them.

#### Southern Cluster Health Service Site

The Southern Cluster Health Service sites will be located across the two local government areas of Wentworth and Balranald with facilities in Maree, Buronga, Wentworth and Balranald. It is proposed that the four sites across the Southern Cluster will be a network of integrated health services. The proposed facilities consist of a new hub health centre at Buronga with spoke services at Maree, Wentworth and Balranald. There will be a coordinated approach, supported by clear communication processes, systems and practices allowing for a range of primary and community health services to be provided to the residents of the Wentworth LGA and the Balranald LGA. The services will be underpinned by contemporary ICT systems that allow for work flows across the Cluster health facilities as well as the community ie client homes.

Each facility will have a specific health focus pertaining to the core needs of the community within that area of the LGAs. The services will be networked to ensure delivery of all health programs to provide single and interdisciplinary consultations to individuals and families, outreach to other centres, access for visiting services for example specialists and potentially a base for other community services such as human services agencies and NPs. There will also be opportunity for better integration with General Practice and Allied Health services with enhanced clinic space. Key partnerships will be with the Coomealla Health Aboriginal Corporation, the Western NSW Primary Health Network and the Invalley District Health Service.

#### Key Challenges for Southern Cluster Health Service

The current health service facilities of the Wentworth LGA are not fit for purpose and do not allow for any further expansion or enhancement of services. The Maree Primary Health Care Service is housed in an old bank building/residence that is now at capacity in regard to staffing and services provided. This prevents the ability to meet growing service demand and there is lack of capacity to

expand services especially allied health services. There are also issues with child friendly spaces as well as privacy for clients.

The Buronga and Gol Gol towns of the Wentworth SHC do not currently have a health facility to provide services. A room is used in the Midway Centre owned by the Wentworth Shire Council for child/baby health checks and the hall is used for a group exercise program. This gap in infrastructure hinders service provision in the growth area of the SHC including child and family health, primary health – women’s services and allied health. There has been a misconception that residents of this area of the SHC access services in Mildura but access to primary health services is not generally available. This reduces the access to promotion, prevention and screening services increasing the risk for the onset of cancers and chronic diseases.

Other challenges in the region include issues with recruitment of Mental Health staff, a lack of regular public transport across the region for clients to access transport for clinics and other referring health facilities and with limited resources of the SHC with one Aboriginal transport officer. There are also limited appointments available for people in the Southern Cluster to access for example, a fracture clinic is only held every three months.

### 3.2.1 The Catchment Population

The primary catchment for the proposed Southern Cluster HealthOne services is Wentworth SHC and Balranald SHC (hereafter referred to as Southern Cluster HealthOne Services Catchment). The vast majority of services will be provided to residents of Wentworth SHC. The majority of the population in Wentworth SHC is located near the Victorian border and the town of Mildura. The population of Wentworth SHC is broken down by suburb below to give an indication of where the population is located. Curlwaa is located between Wentworth and Dareton. Coomealla is the area surrounding Dareton. Buronga is closest to Mildura and Gol Gol east towards Euston and Balranald which are approximately one and half and two hours respectively from the Wentworth SHC.

Table 3 – Southern Cluster HealthOne Services Catchment Summary Population Statistics

Area	Population	Proportion Aboriginal (%)	Proportion 65 years and over (%)
<b>Wentworth LGA</b>	<b>6,897</b>	<b>9.6</b>	<b>19.1</b>
Wentworth State Suburb	1437	9.7	34.2
Curlwaa State Suburb	393	1.0	17.0
Dareton State Suburb	501	38.3	24.7
Coomealla State Suburb	826	20.4	16.0
Gol Gol State Suburb	1523	2.1	14.8
Buronga State Suburb	1212	7.9	15.4
<b>Balranald LGA</b>	<b>2,267</b>	<b>8.8</b>	<b>18.4</b>
Balranald State Suburb	1,343	12.2	20.5
Euston State Suburb	839	5.4	10.0
<b>Catchment Total</b>	<b>9,164</b>	<b>9.3</b>	<b>18.7</b>
<b>Far West LHD</b>	<b>30,740</b>	<b>12.4</b>	<b>20.4</b>
<b>NSW</b>	<b>7,410,399</b>	<b>3.0%</b>	<b>14.5%</b>

Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health.

Available at: [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au) and Australian Bureau of Statistics Quickstats.

Available at <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats>

The population of the catchment demonstrates a higher proportion of people aged 65 years and over compared to the rest of NSW.

Table 1 – Southern Cluster HealthOne Services Catchment – Population Age Profile

Age	Central Coast	Ballina	Total Catchment	% Total Catchment
0-14	1,361	476	1,837	20%
15-24	2,309	711	3,020	33%
25-44	1,912	663	2,575	28%
45-64	1,314	417	1,732	19%
Total	6,906	2,277	9,183	100%

Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health.

Available at: [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au) and Australian Bureau of Statistics Quickstats.

Available at <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats>

Although the population across the catchment is projected to decrease from 9,163 to 8,682, the population aged over 65 is projected to increase by over 100 between 2016 and 2036.

Table 2 – Southern Cluster HealthOne Services Catchment – Projected Population by Age Group to 2036

Year	0-14	15-24	25-44	45-64	Total
2016	1,837	3,020	2,575	1,732	9,164
2021	1,791	2,928	2,433	1,912	9,064
2026	1,730	2,908	2,008	3,682	8,997
2031	1,674	2,772	2,134	2,266	8,846
2036	1,616	2,600	2,121	2,300	8,682
Change 2016 - 2036	-221	-372	-441	650	-384
% Change 2016 - 2036	-12%	-12%	-17%	33%	-4%

Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health.

Available at: [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au)

## 1.1 Purpose of this Services Statement

The purpose of this Services Statement is to guide health service developments of the Southern Cluster HealthOne to 2020 to meet the health care service challenges. The Plan also highlights projected health service activity, patient flows and the drivers for health care service delivery to 2027.

## 1.2 Meeting the Challenges – Southern Cluster HealthOne

The health challenges facing people that reside in the Southern Cluster and surrounding areas previously outlined and subsequent health burden can be supported through integrated care models that focus on chronic disease prevention. Based on preventable hospital presentation and health status information for the Far West LHD, expansion of integrated community-based interventions with a focus on chronic care especially respiratory and diabetes, Aboriginal Health, mental health, women's health, child and family health and primary health for the older generation are required.

The redevelopment of health services and facilities will provide the communities with contemporary service models that can provide the healthcare required by residents.

It will enable enhancement of services for example allied health services which will be able to be better accessed across the Southern Cluster and be appropriately aimed at the health needs of community members. There will also be opportunity to enhance working with LHDs and the Coomealla Health Aboriginal Corporation to ensure better collaboration and integration for shared care planning and navigating community members to the most appropriate health care provider or service. Investing in and developing contemporary ICT systems will allow staff to work across the Cluster in the health



facility setting as well as community settings ie client homes and will underpin the new service models proposed.

#### Health Integrated Care Strategy

The objectives of the NSW Integrated Care strategy are to transform how we deliver care to improve health outcomes for patients and reduce costs deriving from inappropriate and fragmented care, across hospital and primary care services by

- Focusing on organising care to meet the needs of targeted patients and their carers, rather than organising services around provider structures
- Designing better connected models of healthcare to leverage available service providers to meet the needs of our smaller rural communities
- Improving the flow of information between hospitals, specialists, community and primary care healthcare providers
- Developing new ways of working across State government agencies and with Commonwealth funded programs to deliver better outcomes for identified communities
- Providing greater access to out-of-hospital community-based care, to ensure patients receive care in the right place for them.

The project has identified the HealthOne NSW model as a suitable integration approach for implementation for the Southern Cluster HealthOne Site.

The key features of the HealthOne NSW services are

- Integrated care provided by general practice and community health services
- Organised multidisciplinary team care
- Care across a spectrum of needs from prevention to continuing care
- Client and community involvement

The five key objectives of HealthOne NSW are to

- Prevent illness and reduce the risk and impact of disease and disability
- Improve chronic disease management in the community
- Reduce avoidable admissions and unnecessary demand for hospital care
- Improve service access and health outcomes for disadvantaged and vulnerable groups
- Build a sustainable model of health care delivery

The service configuration for the proposed Southern Cluster HealthOne will support emerging shifts in health care delivery as a result of changing community needs in the Wentworth and Balranald areas. Traditional service delivery has resulted in fragmented care and poor coordination.

The increasing prevalence of chronic disease and an increasing older generation requires that service delivery is better integrated and there is a coordinated approach across multidisciplinary teams. With the emphasis on hospital avoidance strategies and care coordination, community-based service delivery will have a much larger profile within the health care arena.

Moreover, there is evidence to show that integrated primary care and community health services can offer the most cost-effective, accessible first-line response to health care needs, and can reduce the need for expensive and invasive hospital care. It is also known that people with chronic conditions often prefer to be cared for at home, in a familiar environment.

- General practitioners will act as medical case managers, together with Community Health staff and others working in partnership to achieve better care and improved health outcomes
- Services will provide prevention and early intervention services, as well as episodic and continuing care for people who are unwell
- Information usually held and recorded separately will need to be shared via use of IT technology
- Clinical and corporate governance arrangements to support integration will need to be in place
- Financial arrangements between all the stakeholders need to be considered
- Services will move beyond traditional health services to form partnerships with local government, Primary Health Networks, community services and the charitable sector to provide a suite of health services
- Care delivery will be centre based where possible and have a dedicated liaison nurse centre based who travels externally to facilitate coordination as required
- Virtual health – the use of new and emerging digital communications and technologies to provide care and education remotely will be used extensively for service delivery.

#### 4.4.3 Site Specific Requirement

The redevelopment of health services and facilities will provide the communities with contemporary facilities that can provide the services required by residents. It will enable enhancement of services for example allied health services which will be able to be better accessed across the Southern Cluster and be appropriately aimed at the health needs of community members. Making space available for GPs and service providers will ensure better collaboration and integration for shared care planning and navigating community members to the most appropriate health care provider or service.

The proposed service configuration for the Southern Cluster health services will be a hub and spoke model with health centre sites networked across the two towns of Wentworth and Balranald. Each site will have a key service focus pertaining to the needs of the community. The proposed HealthOne facility at Buronga core services will be child and family, women's health, antenatal/post-natal care and allied health services. The proposed services at Maree will have a focus on Aboriginal Health and Mental Health and Drug and Alcohol. The proposed Wentworth services will include sub-acute patient services, aged care primary health and support services, CHOC and allied health services.

The establishment of the improved network will facilitate service synergy and allow for same day delivery of complementary services. In addition, it is proposed to have virtual integration with GPs and continue to work together for improved health outcomes. The new facilities proposed will allow the integration with GPs to be further enhanced as they will be able to use, as necessary, the HealthOne facilities to conduct clinics.

The availability and access to primary health care nurses, child health nurses and allied health services, under this enhanced model at the proposed Buronga HealthOne facility will promote greater use of care plans and team care arrangements with the general practitioners. Working in partnership with the community and health and welfare agencies will create an environment that will increase the capacity of the community to take ownership of their own health. By strengthening health care in the community the HealthOne service aims to improve change of care delivery patterns, clinical streaming and outreach allowing a greater focus on health and participation in health promotion activities as well as care navigation of community members.

The expansion of the integrated care program "Staying Healthy" into the Wentworth town sites will further support facilitating virtual integration of the HealthOne services with the GP and other health services including CHOC.

In addition the use of telehealth in the HealthOne facilities as a component of health service provision will increase access to specialist services required for the care of chronic and complex illness and disease. Telehealth will also be able to enhance the local services by networking facilities and providing a communication tool with staff members and clients. Using telehealth will benefit community members who may currently be required to travel to Melbourne or Adelaide to access higher level services.

### Existing Service Plans

The Lower Western Sector Clinical Service Plan is under development and links to the initiatives of the Southern Cluster HealthOne development and changing service models required to provide contemporary services to far west NSW communities. The key objectives of the Clinical Service Plan are to consider the existing provision of health services in the Lower Western Sector, anticipate the likely future challenges for providing health services to a changing population and to develop strategies for meeting these challenges. A key focus will be on keeping people healthy rather than on treating illness and implementing the *Staying Healthy* program to provide direction. An important priority will be enhancing connection with our Aboriginal communities by working together to co-design health services that will improve health outcomes. Establishing a dedicated telehealth service to complement local services will be another key priority for increasing access to higher level services whilst reducing the need for community members to leave home.

### Current Activity Data

Set out below is a summary of non-admitted patients' occasions of service (NAPOOS) activity data recorded by program under the current Careton Primary Health Care Service for the periods 2015/2016, 2016/2017 and 2017/2018.

As with the recording of NAPOOS activity across health services in much of NSW, there are a number of caveats to be made in interpreting the data:

1. Some activity has not been recorded.
2. Some activity has been recorded unreliably.
3. Some data collected fluctuate dramatically from year to year.
4. There were changes to the data collection system which may impact numbers shown.
5. It is not clear which activity has been recorded accurately and which has not.
6. Some changes in data collected reflect supply-driven changes in activity, rather than in demand.
7. Overall, the data thus provide at best only a rough guide to overall and relative activity levels between services and across years.

Table 1 – Population Southern Cluster

Health Service Program	2014/15	2015/16	2016/17	% Change
Dareton Primary Care & Community Health Community Midwife includes AMIHS	581	605	596	2.6%
Dareton Primary Care and Community Health Child and Family Health Service	1431	1462	1550	8.3%
Dareton Primary Care & Community Health Palliative Care Service	981	1476	1601	63%
Dareton Primary Care and Community Aboriginal Transport Service	1241	930	1161	-6%
Dareton Primary Care and Community Health Aboriginal Health Service	1394	1826	1169	-16%
Dareton Primary Care and Community Health Aged Care Assessment Team	288	325	175	-39%
Dareton Primary Care and Community Health Building Strong Foundations Service	486	542	942	93%
Dareton Primary Care and Community Health Diabetes Service	854	937	638	-25%
Dareton Primary Care and Community Health Early Childhood Intervention Service	393	340	217	-44%
Dareton Primary Care and Community Health Nursing Service	5672	5458	5250	-7%
Dareton Primary Care and Community Health Social Work Service	426	385	165	-61%
Dareton Primary Care and Community Health Women's Health Service	214	227	229	7%
Dareton Dental Services (Adult, Childrens, Van)	757	622	775	2%
Mental Health and Drug & Alcohol Services	3242	11098	10428	221%
<b>Grand Total</b>	<b>17960</b>	<b>26233</b>	<b>24896</b>	<b>39%</b>

Table 1 – Detailed Activity and NAPOOS at Southern Cluster Health Centre

Service/Team Name	Client Age	Current Activity					Room Requirements	Future Activity 2027				
		OOS per week	Average Duration (minutes)	Range of Duration (minutes)	Total Weeks per Year	Total NAPOOS (estimate)		OOS per week	Average Duration (minutes)	Range of Duration (minutes)	Total Weeks per Year	Total NAPOOS (estimate)
Dareton Primary Care & Community Health Community Midwife includes AMIHS	0-45	13.0	60	50-70	46	596	Treatment Consult	13.3	60	50-70	46	611
Dareton Primary Care and Community Health Child and Family Health Service	0-15	33.7	50	45-60	46	1550	Consult Meeting room	34.5	50	45-60	46	1587
Dareton Primary Care & Community Health Palliative Care Service	All ages	34.8	90	80-100	46	1601	Small meeting/teleconferencing	35.7	90	80-100	46	1642
Dareton Primary Care and Community Aboriginal Transport Service	All ages	25.2	n/a	n/a	50	1161	n/a	25.8	n/a	n/a	50	1290
Dareton Primary Care and Community Health Aboriginal Health Service	All ages	25.4	50	45-60	46	1169	Treatment Consult Meeting room	26.0	50	45-60	46	1196
Dareton Primary Care and Community Health Aged Care Assessment Team	+55	3.8	90	80-100	46	175	Small meeting room	3.9	90	80-100	46	179
Dareton Primary Care and Community Health Building Strong Foundations Service	All ages with families	20.5	60	50-70	46	942	Consult	21.0	60	50-70	46	966

Service/Team Name	Client Age	Current Activity					Room Requirements	Future Activity 2027				
		OOS per week	Average Duration (minutes)	Range of Duration (minutes)	Total Weeks per Year	Total NAPOOS (estimate)		OOS per week	Average Duration (minutes)	Range of Duration (minutes)	Total Weeks per Year	Total NAPOOS (estimate)
Dareton Primary Care and Community Health Diabetes Service	15-100	13.9	80	60-120	46	638	Consult Meeting room	14.2	80	60-120	46	653
Dareton Primary Care and Community Health Early Childhood Intervention Service	0-5	4.7	60	50-70	46	217	Meeting room	4.8	60	50-70	46	221
Dareton Primary Care and Community Health Nursing Service	All ages	105	30	20-40	50	5250	Treatment	323	30	20-40	50	16150
Dareton Primary Care and Community Health Social Work Service	All ages	3.6	60	50-70	46	165	Meeting room	3.7	60	50-70	46	170
Dareton Primary Care and Community Health Women's Health Service	15-100	5.0	60	50-70	46	229	Treatment	5.1	60	50-70	46	235
Dareton Dental Services (Adult, Childrens, Van)	2-100	16.8	60	45-75	46	775	Dental consult	17.2	60	45-75	46	792
Mental Health and Drug & Alcohol Services	5-100	226	60	40-80	46	10428	Interview	232	60	40-80	46	10672
<b>TOTAL</b>		<b>531</b>				<b>24896</b>		<b>760</b>				<b>36364</b>

## 3.0 Service Descriptions

### 3.0.1 Current Services

The Health Services in the Southern Cluster are currently provided from the Mareton Primary Health Care Service and the Wentworth Health Service. There are outreach clinics at Midway between Col and Buronga and Wentworth using community facilities of the Wentworth Shire Council. The Mareton Primary Health Care team provide specialist nursing services at the Balranald Health Service. Refer to Appendix to review current service provision at each locality.

The services that will continue to be delivered across the Southern Cluster HealthOne will be:

- primary health care
  - child and family health
  - women's health screening and education services
  - continence services (children & adults)
  - community midwifery
  - Aboriginal Maternal and Infant Health Strategy (AMHS)
  - Building Stronger Foundations for Aboriginal Families (BSF)
  - Aboriginal health
  - Aboriginal transport liaison officer
  - Palliative Care
  - Psycho oncology
  - early intervention education
  - diabetes education
  - social work
  - integrated community mental health and drug & alcohol for adults, children and adolescents, older people
  - Podiatry service
  - children's dental services, 3 days per week
  - aged care assessment team (ACAT)
  - drop in first aid/assessment/wound care clinic
  - complex case management and care co-ordination
  - child, school and adult immunisation clinics
  - health promotion and falls prevention programs
- Visiting services to Mareton Primary Health Care Service include:
- adult dental services, weekly
  - psychiatrist, monthly from Broken Hill

- sexual assault support / sexual health
- psycho geriatrician quarterly
- child and adolescent psychiatrist
- dietician, weekly
- occupational therapy, twice weekly
- physiotherapy, twice weekly
- speech pathologist, 1 days per week
- obstetrician & gynaecologist registrar fortnightly Mildura Base Hospital (C)
- Telehealth – monthly geriatrician and weekly endocrinologist

The visiting services for inpatient support and community health to Wentworth Health Service include

- physiotherapy, 2. days
- podiatrist, weekly
- dietician
- social worker uses a room
- Country Care Hearing

The services currently based at Wentworth Health Service and community health include

- Sub-acute – step-down post-surgery from Mildura Base Hospital, Mildura Private Hospital, Melbourne and Adelaide Hospitals
- Drug and Alcohol detoxification, through Careton Mental Health and Drug & Alcohol and Sunraysia Primary Health Drug and Alcohol, Victoria
- Transitional aged Care Suite – 12 weeks stay, average 7 weeks.
- First Aid presentations
  - Unplanned emergency presentations are stabilised and transferred to Mildura Base Hospital by ambulance
  - Planned – dressings and venepuncture. Referred by Mildura Base Hospital or Careton Primary Health, on public holiday or weekend
  - Administration of antibiotics or injections

### Future Services

The redevelopment funded by the State HealthOne program will ensure the continuation of the current services within new enhanced service models complemented by ICT systems and a new contemporary facility there is also opportunity to enhance services in the Southern Cluster HealthOne including

### Allied Health Services

The redevelopment will allow additional opportunities for partnering with allied health providers to enhance the access to services including physiotherapy, podiatry, occupational therapy and speech pathology. The enhancement of allied health services across the Southern Cluster and will be



appropriately aimed at the health needs of community members for example in the Buronga and Colinton townships it will be child and young people health whilst in Wentworth it will be focused on aged care and rehabilitation.

#### 4.1.2.1 **Primary and Aboriginal Health**

There will be opportunity to enhance working with GPs and the Coomealla Health Aboriginal Corporation to ensure better collaboration and integration for shared care planning and navigating community members to the most appropriate health care provider or service. Sharing facilities to ensure services are maintained across the communities will be a key component of the integrated arrangements.

#### 4.1.2.2 **Primary Health Registered Nurses Schools Based**

There will also be opportunity to enhance the work with schools in the region with the development of the Primary Health Care Registered Nurses schools based HNSB roles.

This initiative provides for nursing staff to be placed in schools to provide population based health screening health promotion and support of chronic and complex care needs health checks to ensure health issues are identified early – these positions will also link with the enhanced allied health services.

#### 4.1.2.3 **Youth Wellbeing Mental Health Sexual Health and Midwifery**

The changing service models will be focused on community needs with a number of areas for service provision that can be enhanced. The main areas include youth wellbeing mental health sexual health and midwifery. Services can be targeted to ensure that the growing requirements for youth health can be met as well as those for mental health services and sexual health ensuring early screening and intervention to prevent requiring higher level services. The growing number of young families will also mean the enhancement of midwifery and early childhood services will be required.

#### 4.1.2.4 **Integrated Care for People with Chronic Conditions**

This service provides care coordination and self-management support for clients with chronic and complex conditions who are at risk unplanned presentation to hospital. The program seeks to provide a person-centred approach that facilitates empowerment and self-efficacy to achieve:

- Accurate and timely communication across the multidisciplinary team
- Improved and timely access to services
- Change in individuals' pattern of utilisation of health care services
- Effective transitional care for individuals moving between care settings and providers
- Improved health literacy
- Improved quality of life, health and wellbeing for individuals and families.

Table 1 – Staff Profile Dareton Primary Health Care Services including Mental Health and Drug & Alcohol

Role	FTE	Future FTE
Aboriginal Health Worker (AHW)	4	4
Aboriginal Transport	1	1
PH Child & Family	1	1
BSF Child & Family Nurse & AHW	0.63	0.63
Community Midwife	.95	.95
Diabetes Educator	1	1
Palliative Care	3	3
Primary Health/ACAT	1.68	1.68
PH/Aged Care (CHSP)	0.63	0.63
Primary Health Nurse	3.94	7 <sup>3</sup>
Social Worker	0.42	0.42
Psycho-oncology Counsellor	0.42	0.42
Women's Health/Continence Nurse	1	1
Administration officers	3.31	3.31
Health service manager	1	1
Cleaner	0.42	0.42
Mental Health Team Leader	1	1
Community Mental Health Drug & Alcohol Clinician	3.6	3.6
Mental Health CNC	1	1
Child and Adolescent Mental Health Clinician	1	1
Aboriginal Mental Health Trainee	1	1
Dental Therapist & Assistant	1.26	1.26
JIRT	1	1
<b>Total</b>	<b>34.26</b>	<b>37.32</b>

Source: HSM Dareton Primary Health Care and Team Leader Mental Health and Drug & Alcohol April 2018

<sup>3</sup> Includes Primary Health Care Registered Nurses schools based

□ □ □ **endi** □ □

Supporting □ information

## WENTWORTH

- 18 bed sub-acute
- 4 TACP
- 12 Subacute
- 1 Clinic room
- 1 First Aid

### Community Health Centre

- Physio
- OT
- Social Work
- Dietician
- ACAT
- Palliative Care
- Diabetic Educator
- Wound Care
- Continence MGT
- Podiatry
- Audiology
- Blood and Alcohol Testing

### EXTERNAL SERVICES

Live Better  
Sunraysia Community Health

### Wentworth Shire

- CHF
- Immunisations
- Health Promotion
- Pharmacy
- Tristar GP
- Pathology
- Speech
- Psychology

### Schools

2 Schools - Wentworth  
Pomona

## DARETON

Aboriginal Health  
Child & Family Health  
Child & Family Health  
Community Midwifery

### Primary Health

- Wound
- Immunisers—Health Promotion
- Smoking Cessation
- Aged Care - Chronic Disease
- Diabetes
- ACAT
- Early Childhood Early Intervention—Children Disability
- Palliative Care
- Women's Health/Continence
- Psych Oncology
- Social Worker
- Social worker/Academic
- Nurse Academic
- Aboriginal Transport
- Physio
- Speech
- Dietician
- OT
- Dental Adult
- Dental Therapist—Children
- Dental Assistant

### Mental Health, Drug and Alcohol

Drug and Alcohol  
Mental Health Clinicians  
Aboriginal Mental Health Clinician  
CAHMS  
IVPRS—Violence  
Psych Reg

### EXTERNAL SERVICES

- Pathology
- Pharmacy
- AMS—GP
- Obstetrics and Gynaecology
- Psychology/Geriatrician
- Adult Psychologist
- Child Psychologist

## DARETON

### TELEHEALTH

- Endocrinology
- Geriatrician
- Balranald if required

### Schools

Coomealla  
1 Primary  
1 Secondary

## BURONGA

Child and Family Health Clinic  
Parenting  
Immunisation

### ONEHEALTH

Pharmacy  
GP

## BALRANALD

16 RAC  
8 ACUTE  
ED  
Dialysis  
Palliative

### Primary Health

- Physio
- OT
- Speech
- Podiatry
- Dietician
- Exercise physio
- EP Assistant
- Radiology
- Stenographers
- Optometrist
- Audiologist

### Drug and Alcohol

Mental Health Clinician  
CAMMS  
Psychologist  
Palliative Care  
Psych/Oncology  
Community Midwifery  
Women's Health  
ACAT

### EXTERNAL SERVICES

#### Mallee Domestic Violence Sexual Assault Unit

Wentworth/Buronga Shire

- Pharmacy
- GP—onsite
- Pathology Courier

### Schools

1 Pre-school  
1 Primary  
1 Five—18 year old

23 October 2019

Wentworth Shire Council  
26-28 Adelaide Street  
WENTWORTH NSW 2648


**CONFIDENTIAL**

Dear Sir / Madam,

**Re: Development Application by Health Administration Corporation for 3 Pitman Avenue – HealthOne facility**

- 1 NTSCORP Limited is the Native Title Service Provider for Aboriginal people in New South Wales and the Australian Capital Territory. NTSCORP acts in this instance as the legal representative of the Barkandji Native Title Group Aboriginal Corporation RNTBC (**Barkandji PBC**) in relation to Lot 914 DP 756961, known as 3 Pitman Avenue, Buronga (**Subject Site**).
- 2 The Barkandji People have non-exclusive native title rights over the Subject Site. Those rights are held on trust by the Barkandji PBC.
- 3 The Barkandji PBC, NTSCORP and the Health Administration Corporation (**HAC**) have been in discussions in relation to reaching agreement regarding HAC's proposed use of the Subject Site (including the validation of any future acts). Amongst other things, HAC and the Barkandji PBC have discussed Barkandji's involvement in the design of the HealthOne facility (internal, external and landscaping).
- 4 Whilst Barkandji PBC have not had an opportunity to review HAC's development application, the Board of the Corporation has indicated its 'in principle' support for the Subject Site being used for the purposes of a community health facility.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read "J MacLeod".

James MacLeod  
Senior Solicitor

## CERTIFICATE ORDER SUMMARY

### Transaction Details

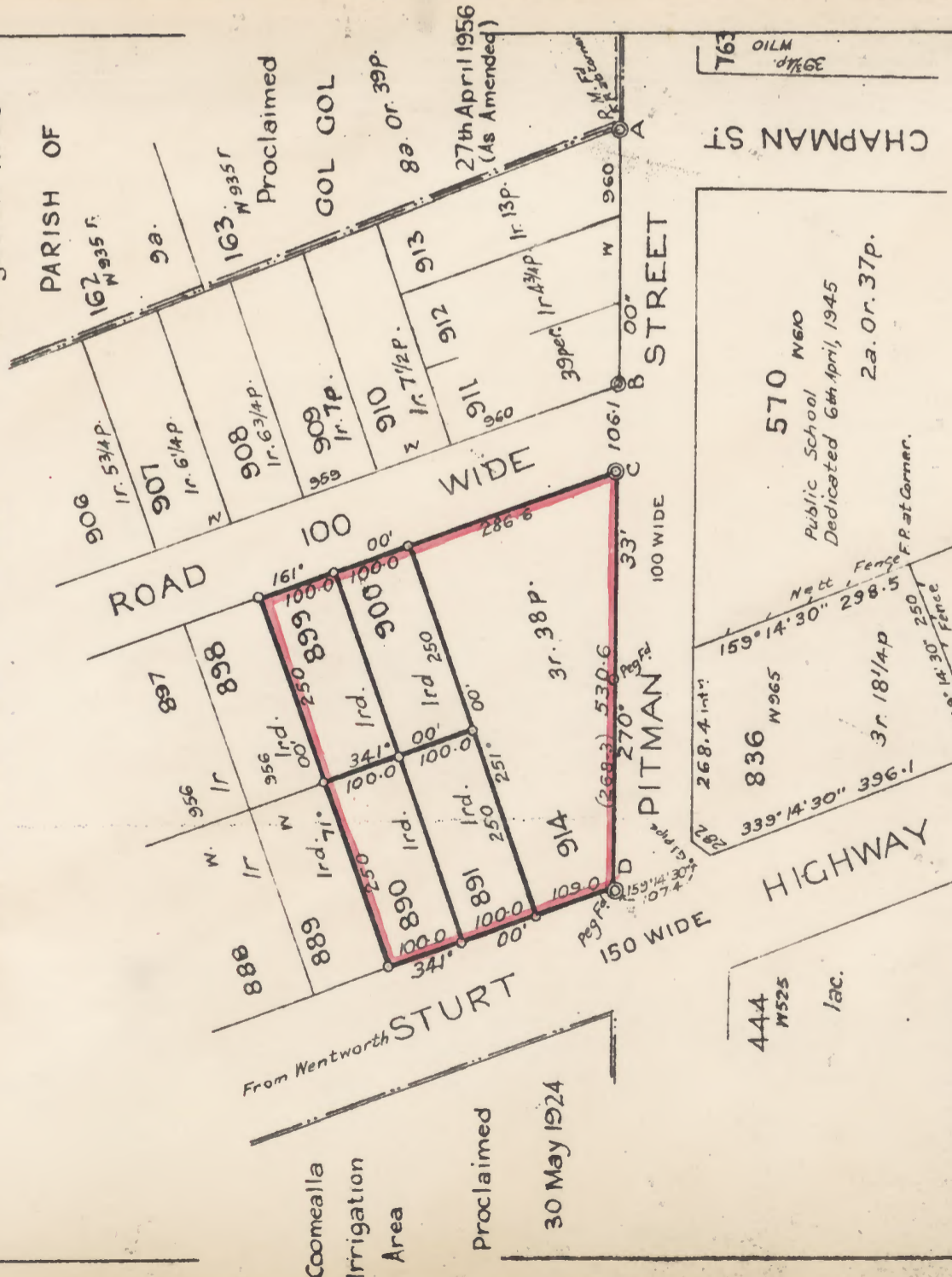
Date: 16/09/2019 09:09  
Order No. 58796826  
Certificate No: 90988644  
Your Reference: DA20190010  
Certificate Ordered: NSW LRS - Copy of Plan or Plan Documents - Crown Plan 957-1820  
Available: Y  
Size (KB): 384  
Number of Pages: 1  
Scan Date and Time: 29/11/2012 06:55

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SAI Global Property Division an approved NSW Information Broker hereby certifies that the information contained in this document has been provided electronically by the Registrar General in accordance with section 96B(2) of the Real Property Act 1900.

Cancel's part W935 1820  
**PLAN OF PORTIONS 890, 891, 899, 900 & 914**  
**PARISH MOURQUONG COUNTY WENTWORTH**  
 LAND DISTRICT WENTWORTH <sup>15-3-1966</sup> LAND BOARD-DISTRICT Papers. W.L.C. 60-737  
**NOTATION PLAN**  
 Within the Wentworth Catchment Area Proc'd 23 Mar. 1896  
 Within an Area Exempted from Occ'n under MR or BL Not'd 25 Jan. 1918  
 Within R1711 from Occupation under MR or BL Not'd 27 Jun., 1924  
 Within the Wflege boundaries of the Mining Act 1906 Not'd 27 Jun., 1924  
 Within the Wflege boundaries of Village of Burongvide Gaz. 14 Aug. 1959  
 Por 890 WLL 9491 Hotel June Bland vide Gaz. 16 Dec. 1960  
 Por 891 WLL 9492 Mrs Elizabeth Westerbeek vide Gaz. 16 Dec. 1960 Canc'd vide Gaz. 28 Apr 1961  
 Por 899 WLL 9519 John William Talent vide Gaz. 24th March, 1964  
 Por 900  
 Por 914 R81541 from Sale for Future Public Requirements Not'd 17 Apr., 1959  
*Revs. 890, 891, 899, 900 & 914 - R85020 fr. Sle. for Public Recreation Not'd 25.9.1964.*

**PLAN MICROFILMED**  
 NO AMENDMENTS OR AMENDMENTS TO BE MADE



NUMBER	BEARING	FROM	LINKS	INCHES
C	271° 33'	G.I. Pipe	5.6	
D	90° 33'	G.I. Pipe	10.0	
	341° 00'	G.I. Pipe	10.0	
	Number of Pegs at all Corners.			
B	90° 33'	G.I. Pipe	2.7	

Calc 81.03 Fol 59

**NOTATION PLAN**  
 I CERTIFY that this is a CORRECT COPY of the original plan of survey and of all notations thereon now relevant, I being the officer having the custody thereof.  
 John Bell  
 Field Draftsman,  
 Western Lands Commission  
 6.11.1961

**NOTATION PLAN**  
 I Arthur Stanley Walstenbolms of Mudgee, District a Surveyor registered under the Surveyors Act, 1909 hereby certify that the survey represented in this plan is accurate and has been made by me in accordance with the Survey Practices Regulations 1933 and that the same was completed on the 10th March 1961 and the reference marks have been placed as shown hereon.  
 A. A. Walstenbolms  
 Surveyor registered under the Surveyors Act 1909

Transmitted to the District Surveyor with my letter of 10/11/61  
 CHECKED & CHARTED  
 EXAMINED  
 PLAN APPROVED  
 JOHN BELL  
 24.8.1961  
 13.9.1961  
 CHAINS TO AN INCH  
 SCALE 2  
 CAT. N° W 957 1820  
 AZIMUTH TAKEN FROM A.D. FIELD BOOK Q2 & 3.5. PAGES 33, 34

**NOTATIONS**

All further notations are to be made on this sheet, which is to be ruled off horizontally to provide separate panels for notations affecting each portion.

890 WLL 9491 Cancelled vide Gaz. 26-10-1962  
 Within R85020 fr. Sle. for Public Recreation Not'd 25.9.1964.

891 Within R85020 fr. Sle. for Public Recreation Not'd 25.9.1964.

899 WLL 9519 Cancelled vide Gaz. 24-2-1964  
 Within R85020 fr. Sle. for Public Recreation Not'd 25.9.1964.

900 WLL 9819 Giovanni Matteozzzi vide Gaz. 2+6-1963 Cancelled vide Gaz. 24.1.1964  
 Within R85020 fr. Sle. for Public Recreation Not'd 25.9.1964.

914 Within R85020 fr. Sle. for Public Recreation Not'd 25.9.1964.

957-1820

NSW LRS - Title Search

NEW SOUTH WALES LAND REGISTRY SERVICES - TITLE SEARCH  
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FOLIO: 914/756961  
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SEARCH DATE	TIME	EDITION NO	DATE
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16/9/2019	9:08 AM	-	-

CERTIFICATE OF TITLE HAS NOT ISSUED

LAND  
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LOT 914 IN DEPOSITED PLAN 756961  
AT BURONGA  
LOCAL GOVERNMENT AREA WENTWORTH  
PARISH OF MOURQUONG COUNTY OF WENTWORTH  
(FORMERLY KNOWN AS PORTION 914)  
TITLE DIAGRAM CROWN PLAN 957.1820

FIRST SCHEDULE  
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THE STATE OF NEW SOUTH WALES (CA133449)

SECOND SCHEDULE (2 NOTIFICATIONS)  
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- \* 1 THE LAND IS A RESERVE WITHIN THE MEANING OF PART 5 OF THE CROWN LANDS ACT 1989 AND THERE ARE RESTRICTIONS ON TRANSFER AND OTHER DEALINGS IN THE LAND UNDER THAT ACT, WHICH MAY REQUIRE CONSENT OF THE MINISTER.
- \* 2 LIMITED TITLE. LIMITATION PURSUANT TO SECTION 28T(4) OF THE REAL PROPERTY ACT, 1900. THE BOUNDARIES OF THE LAND COMPRISED HEREIN HAVE NOT BEEN INVESTIGATED BY THE REGISTRAR GENERAL.

NOTATIONS  
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UNREGISTERED DEALINGS: NIL

\*\*\* END OF SEARCH \*\*\*

PRINTED ON 16/9/2019



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