# Shire of Lake Grace

## 26 AUGUST 2026

# Ordinary Council Meeting

# INFORMATION BULLETIN

# ITEM 16.0 - ATTACHMENTS

## TABLE OF CONTENTS

## REPORTS:


| Title of Report | No of Pages |
|---|---|
| Infrastructure Services Report – July 2026 | 2 - 11 |


## EXTERNAL ORGANISATIONS


| | |
|---|---|
| 4WDL Meeting Minutes 28 July 2026 | 12 - 36 |
| Tourism Advisory Committee Meeting Minutes 11 August 2026 | 37 - 44 |


## CIRCULARS, MEDIA RELEASES & NEWSLETTERS:


| | |
|---|---|
| Community Newsletters as circulated via email | 0 |

Information Bulletin

# Infrastructure Services Report

Shire of Lake Grace

Prepared for the August 2026 Ordinary Council Meeting
presenting information to the end of July 2026

# Road Maintenance Grading

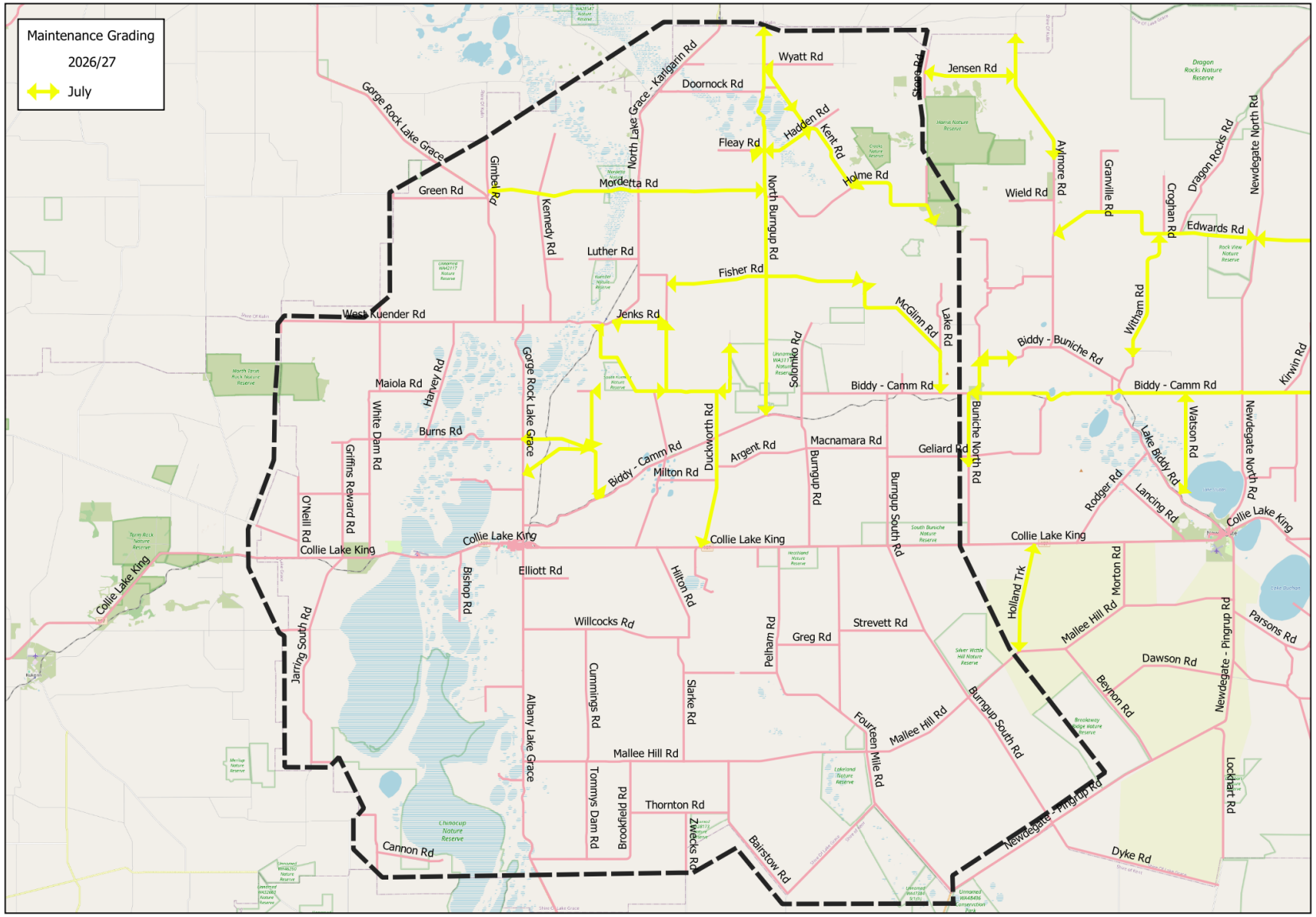
## For the month of July 2026

| *Lake Grace Area* | | *Newdegate Area* | | *Lake King-Varley Area* | |
|---|---|---|---|---|---|
| *Road Name* | *Graded (km)* | *Road Name* | *Graded (km)* | *Road Name* | *Graded (km)* |
| *Beenong North Rd* | 5.15 | Aylmore Rd | 10.16 | Baanga Hill Rd | 1.89 |
| *Brooks Rd* | 8.81 | *Biddy Buniche Rd* | 2.75 | Hatters Hill Rd | 27.09 |
| Burns Rd | 5.51 | Biddy Camm | 34.65 | Long Creek Rd | 9.50 |
| Duckworth Rd | 20.54 | Buniche North Rd | 25.52 | Magdhaba Tr | 5.59 |
| Dunham Rd | 10.00 | Easton Rd | 1.05 | Mallee Tree Rd | 4.37 |
| Fisher Rd | 14.57 | Edwards Rd | 24.37 | Milsteed Rd | 3.89 |
| Fleay Rd | 1.03 | Hollands Track Rd | 8.06 | Muncaster Rd | 12.80 |
| Goddard Rd | 4.41 | Jensen Rd | 6.95 | Norseman Rd | 24.99 |
| Haddens Rd | 6.39 | Kerr Rd | 6.72 | Old Newdegate Rd | 24.54 |
| Hartley Rd | 2.71 | Kirwan Rd | 4.97 | Stennetts Lake Rd | 27.72 |
| Holme Rd | 8.67 | McCraken Rd | 8.60 | | |
| Jenks Rd | 4.03 | Mount Sheridan Rd | 30.68 | | |
| Kean Rd | 1.43 | Mount Vernon Rd | 28.82 | | |
| Kent Rd | 11.34 | Tonkin Rd | 9.79 | | |
| Lake Rd | 5.16 | Watson Rd | 7.62 | | |
| McGlinn Rd | 11.88 | Witham Rd | 9.88 | | |
| Mordetta Rd | 20.63 | | | | |
| North Burngup Rd | 35.29 | | | | |

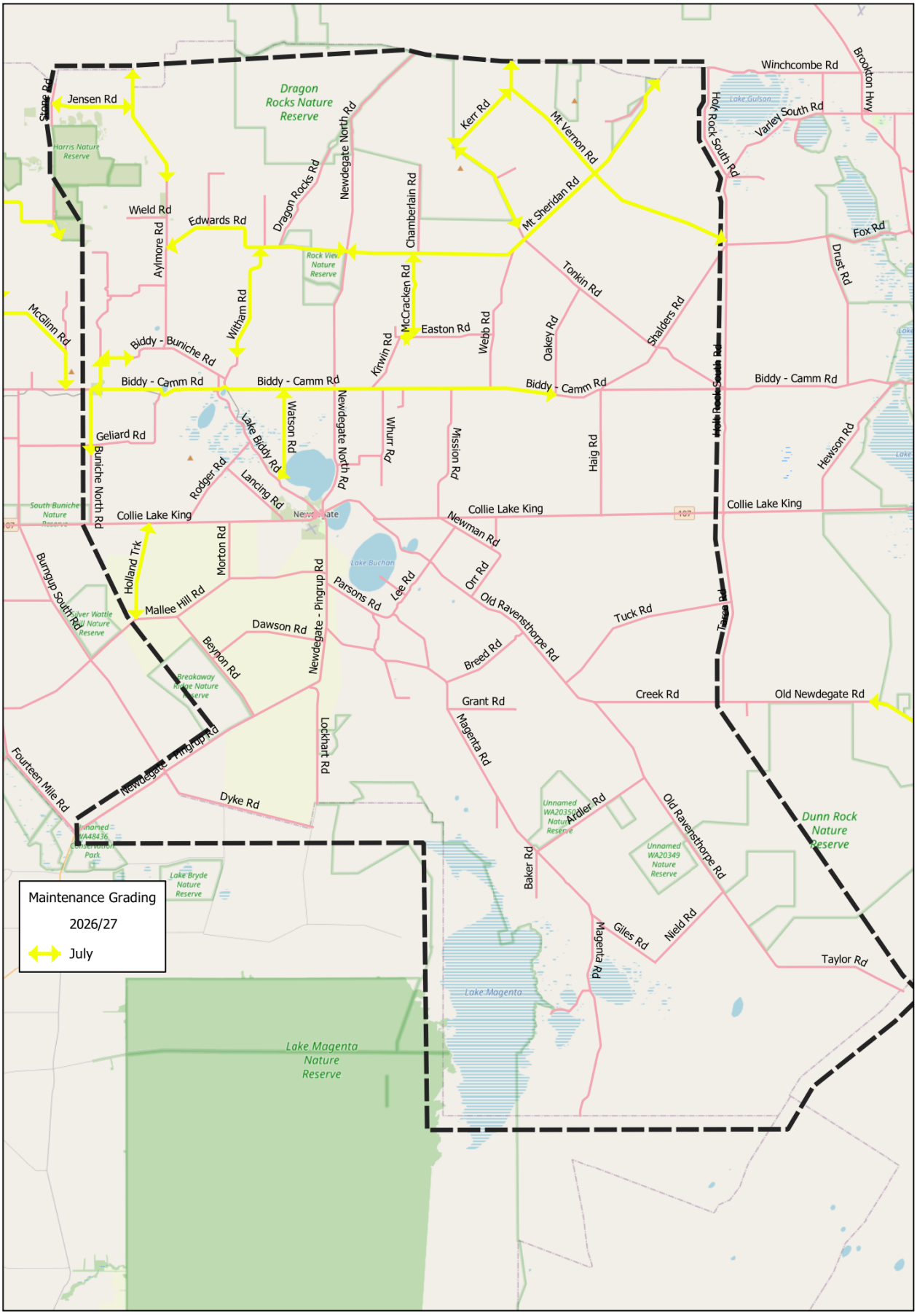
| | | | | | |
|---|---|---|---|---|---|
| Robertson Rd | 4.30 | | | | |
| Wyatt Rd | 5.08 | | | | |
| **Subtotal** | **186.93** | **Subtotal** | **220.59** | **Subtotal** | **142.38** |

## 2026/27 Year-To-Date Grading by Month

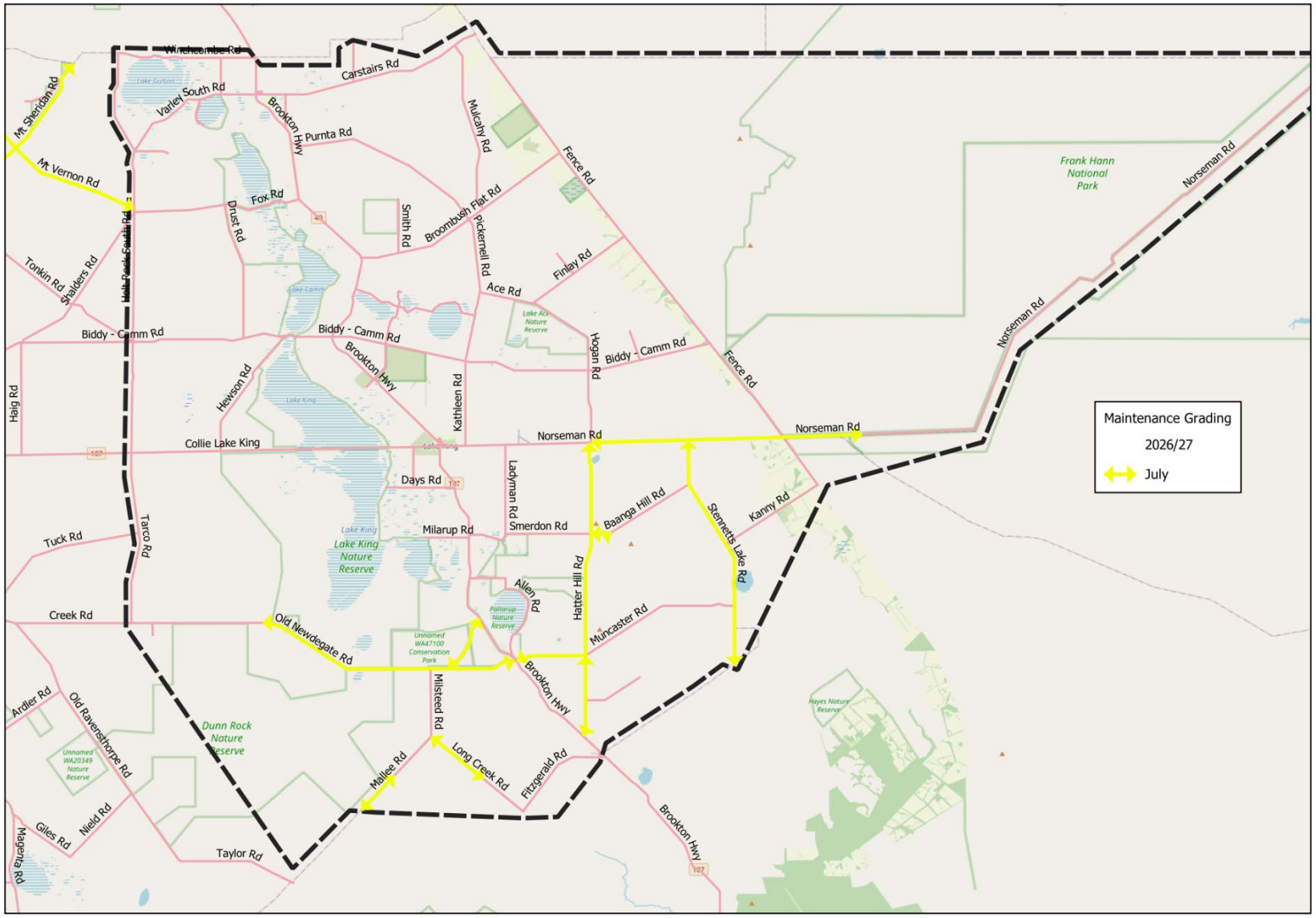
| Year | Month | *Lake Grace Area (km)* | *Newdegate Area (km)* | *Lake King-Varley Area (km)* | **Monthly Subtotal** |
|---|---|---|---|---|---|
| 2026 | July | 186.93 | 220.59 | 142.38 | 549.90 |
| | August | | | | |
| | September | | | | |
| | October | | | | |
| | November | | | | |
| | December | | | | |
| 2027 | January | | | | |
| | February | | | | |
| | March | | | | |
| | April | | | | |
| | May | | | | |
| | June | | | | |
| | To-Date | 186.93 | 220.59 | 142.38 | 549.90 |




*Monthly maintenance grading – Lake Grace area*




*Monthly maintenance grading – Newdegate area*




*Monthly maintenance grading – Lake King-Varley area*

# Plant Management

## Plant Acquisitions

- Nil.

## Plant Repairs

| Plant | Plant Description | Action |
|---|---|---|
| LG950 | 2023 Isuzu D-Max | Windscreen Replacement |
| LG246 | 2023 CAT Loader | Inspect & replace emergency door handles |
| LG021 | 2024 BCI Proma Bus | Heavy vehicle inspection – LG Community Bus |
| NGT355 | 2025 BCI Proma Bus | Heavy vehicle inspection – NGT Community Bus |

# Building Construction & Maintenance

## Capital

-Nil.

## Maintenance

**Lake Grace**

- Cemetery
- Oval
- 33A Absolon Street
- Visitor Centre
- Public Hall

**Newdegate**

- Public Toilets

**Lake King**

- Nil.

**Varley**

- Nil.

**Other**

- Nil.

# Parks & Gardens Maintenance

## Lake Grace

- General maintenance, gardening/mowing & tidying of gardens and parks.

## Newdegate

- General maintenance, gardening/mowing of the recreation grounds, parks and skate park.

## Lake King

- Carried out general gardening, mowing and spraying to all parks and gardens.

## Varley

- Carried out gardening maintenance and general maintenance, including spraying, mowing, raking of the town site, sports complex and cemetery for weeds.

## Pingaring

- Nil.

# Customer Service Requests

For the period of 1 July 2026 to 31 July 2026:

| Category | Complete | Incomplete | Total | % Complete |
|---|---|---|---|---|
| Works | 6 | 1 | 7 | 85.7% |
| Building | 3 | 1 | 4 | 75.0% |
| Parks & Gardens | 1 | 0 | 1 | 100.0% |
| *Total* | *10* | *2* | *12* | *83.3%* |

Because July is the first month of the financial year there is no previous month to compare it to:

| Category | Complete | Incomplete | Total | % Complete |
|---|---|---|---|---|
| Works | | | | |
| Building | | | | |
| Parks & Gardens | | | | |
| *Total* | | | | |

Previous financial year's (2025/26) statistics. To be updated every month:

| Category | Complete | Incomplete | Total | % Complete |
|---|---|---|---|---|
| Works | 64 | 13 | 77 | 83.1% |
| Building | 41 | 14 | 55 | 74.5% |
| Parks & Gardens | 19 | 1 | 20 | 95.0% |
| *Total* | 124 | 28 | 152 | 81.6% |


# 4WDL VROC

# MINUTES

Tuesday, 28 July 2026 – 10:00 am

In-Person – Shire of Lake Grace
Council Chamber - 1 Bishop Street, Lake Grace WA 6353
Elected Members & CEOs

# Contents

1.1 DECLARATION OF OPENING / ANNOUNCEMENT OF VISITORS ..... 3
TION OF OPENING / ANNOUNCEMENT OF VISITORS ..... 3
2. RECORD OF ATTENDANCE / APOLOGIES / LEAVE OF ABSENCE ..... 4
3. CONFIRMATION OF MINUTES ..... 5
4. PRESENTATIONS/GUESTS ..... 5
5. CORRESPONDENCE ..... 5
5.1. INWARD ..... 5
5.2. OUTWARD ..... 5
6. ITEMS FOR DISCUSSION ..... 5
6.1 4WDL VROC 2025-2028 STRATEGIC PLAN ..... 5
6.2 AROUND THE SHIRES ..... 8
7. STRATEGIC PLAN ..... 9
10. NEXT MEETING ..... 11
11. MEETING CLOSURE ..... 11

# 4WDL VROC AGENDA

Tuesday, 28 July 2026, at 1 Bishop Street, Lake Grace WA

## 1.1 DECLARATION OF OPENING / ANNOUNCEMENT OF VISITORS

Chairperson Cr Harrington welcomed everyone and declared the meeting open at __10.03AM_____

## 2. RECORD OF ATTENDANCE / APOLOGIES / LEAVE OF ABSENCE

| Local Government | Attendee(s): |
|---|---|
| Shire of Wagin | Cr Sheryl Chilcott<br>Ken Parker |
| Shire of West Arthur | Cr Karen Harrington<br>Mark Hool |
| Shire of Williams | Cr Tracey Price<br>Peter Stubbs |
| Shire of Woodanilling | Russel Thomson |
| Shire of Dumbleyung | Cr Amy Knight<br>Anika Serer |
| Shire of Lake Grace | Alan George<br>Cr Steve Hunt |

**Visitors**

| | |
|---|---|
| Nil | |

| Local Government: | Apologies: |
|---|---|
| | Cr Blight, Shire of Wagin<br>Cr Armstong, Shire of Lake Grace<br>Cr Stevens, Shire of Williams<br>Mike Fitzgerald, Shire of Woodanilling |

# 3. CONFIRMATION OF MINUTES

**COMMITTEE DECISION**

**Moved by** **President Dumbleyung** **Seconded by President Thomson**

That the minutes of the 4WDL VROC meeting held on Tuesday, 31 March 2026, at the Shire of Dumbleyung, are confirmed as a true and accurate record of the meeting with the deletion of George.

# 4. PRESENTATIONS/GUESTS

**NIL**

# 5. CORRESPONDENCE

## 5.1.Inward

**NIL**

## 5.2.Outward

**NIL**

# 6. ITEMS FOR DISCUSSION

## 6.1 4WDL VROC 2025-2028 STRATEGIC PLAN

**Local Government:** Shire of Wagin
**Reporting Officer:** Kenneth Parker

At the March 2025 meeting the 4WDL adopted its current Strategic Plan. Since the adoption of the plan there has been three meetings of the 4WDL.

The Strategic Plan identified six priority areas. The process involved reviewing the member local governments' Strategic Community Plans for areas of common interest.

Member local governments were tasked with identifying one of six priority areas to be lead and to prepare a proposed joint action of activity to respond to that priority area.

At the three meetings since the adoption of the Strategic Plan member local governments have discussed work that they are doing connected each priority area.

In broad and general terms, the work might appear to be siloed rather than collaborative and sporadic rather than planned and ordered as a concentrated effort.

When compared to the 4WDL Housing Initiative, especially, the strategic projects have not captured the verve of this initiative.

It could be argued that the breadth of the strategic priorities and approach of assigning one to each local government is counterproductive to the collaborative aims of the 4WDL.

However, at the same time WEROC and NEWROC, for example, also have action plans with five broad focus areas.

| WEROC | NEWROC |
|---|---|
| • Sustainability – a socially, economically and environmentally sustainable region<br>• Tourism Product Development – increased regional visitor economy<br>• Strengthening our economy through local business development – sustained economic development<br>• WEROC Digital Connectivity – high capacity telecommunications network and linkages that support digital access and connectivity<br>• Inter-council cooperation – achieve greater efficiency and cost savings for WEROC Member Councils through resource sharing | • Infrastructure and service delivery<br>• Tourism Sector Development<br>• Small Business Development<br>• Local Community Revitalisation<br>• Regional Brand Establishment |

Whether these VROC would consider themselves to be actively pursuing these strategic priorities successfully is not known.

At the March 2026 meeting, a report was received that proposed establishing a paid Executive Officer position. One of the impetuses of the report appeared to be driving the group from a discussion focused group to an action orientated group:

> *"To transition from a discussion forum to an active regional collaboration platform, 4WDL requires dedicated coordination. A part-time Executive Officer would bring professional capacity to support the group's objectives. The planned departure of Mr Gavin Treasure is anticipated to create a significant gap in 4WDL's advocacy capacity."*

Appointing a paid executive officer addresses part but not all of the issue and create unintended consequences. A paid executive officer might hold member local governments accountable for project reporting but would not be a panacea for the lack of drive – beyond the housing project.

The housing project galvanised the 4WDL for several reasons:

1. it had a clear champion
2. it addressed a common problem to all local governments
3. the problem was seen by all local governments as requiring a joint response
4. it had a clear, tangible solution to that problem that could be articulated simply
5. the solution could be implemented as a joint response

6. the solution required comparatively little participation from members.

Looking at the current list of strategic priorities few, if any, meet the criteria above.

The challenge for the 4WDL may be identifying:

- one of the five remaining strategic priorities that can be implemented in such a way that it meets the criteria; or
- a new strategic priority meets the criteria.

At the March 2026 meeting too a report was presented regarding shared services, especially as they apply to regulatory services. The appetite for shared services appears to vary considerably. To this degree shared services itself does not appear to meet all of the criteria.

Different local governments may have different views about whether the pursuit of shared services fits in the domain of the Council or CEO or somewhere in between. This can be a barrier to the discussion of shared services at the 4WDL as can the turnover of senior staff.

Members might conclude that the strategic plan requires refocusing. This could involve the identification of a singular project or priority area that member local governments want to get behind and work towards. Members might also seek to gain insight from NEWROC, ROEROC and WEROC for example on approaches that they have found successful.

One potential area of focus that may satisfy many of the criteria that underpinned the success of the Housing Initiative is the coordinated development of commercial and industrial land across the region.

All member local governments face similar challenges in progressing industrial and commercial projects, particularly in securing timely and affordable utility connections and upgrades from electricity, water and telecommunications providers. A regional approach could provide a stronger and more unified advocacy platform, increasing the likelihood that agencies such as DevelopmentWA and utility providers.

**Recommendation**

For discussion

**Resolution**

That the 4WDL Secretary prepare a scope of works for consideration by members outside of the session with a view to obtaining quotes for an analysis and environmental scan of the commercial and industrial land development opportunities and means to address barriers in member local governments

## 6.2 Around the Shires

1. **Wagin**
   - The Shire is meeting with WorkSafe representatives during the WALGA Convention. The Shire has prepared a paper for consideration at the next WALGA Country Zone meeting following its experience with a fire event in December which resulted in some interesting interpretations of legislation by State Government entities and LGIS.
   - Long-time Councillor Greg Ball resigned in May 2026. The Shire was able to employ the backfilling provisions in the Act which were simple enough. Wade Longmuir who has previously served on Council graciously agreed to fill-in the remainder of the term.
   - Council will tonight consider adopting the 2026-27 budget. Officers are proposing to continuing to lift minimum rates to provide an incentive to develop land and is proposing a rate rise of 3.5% to 80 per cent of non-minimum properties.

2. **West Arthur**
   - The Shire of West Arthur is currently having a large portion of their time being consumed by the Renewable energy Transition

3. **Williams**
   - The Shire is currently in the process of their indoor swimming pool construction
   - Tidy Towns Winner for 2026 – Will be hosting the 2027 event in May
   - BP Service Station will be receiving a much-needed redevelopment over the next year
   - Caravan Park has opened in Quindanning- hoping it will allow for a central resting place, allowing for day trips in the region

4. **Woodanilling**
   - Have successfully recruited - Chief Executive Officer- Signe Balodis – Commences on 24 August 2026 and Manager of Works – Peter Vlahov – Commences on 04 August 2026
   - Currently in the early stages of a hotel development in the townsite
   - Hosting the opening of the Bloom Festival in Spring- opportunity for community engagement

5. **Dumbleyung**
   - Welcomes new Chief Executive Officer- Anika Serer
   - Working through redevelopment of Stubbs Park Pavilion, which doubles as the Dumbleyung Evacuation Centre and redevelopment of Dumbleyung swimming pool
   - Caravan Park is now managed by Campervan & Motorhome Club of Australia (CMCA)

6. **Lake Grace**
   - Attended The Local Government Rural Health Funding Alliance national workshop in Canberra which coincided with the Australian Local Government Association National General Assembly
   - Found that certain Ministers came across rather aggressive whilst in discussion with Local Governments
   - Recruited a Certified Emergency Services Manager (CESM) that will be shared with both the Shire of Dumbleyung and Shire of Kent
   - Currently or 3rd application for redevelopment of Lake King Pavilion
   - Have started planning/coordinating for Newdegate Field Day
   - Have completed railway crossing upgrades- now have flashing lights instead off signage

# Rural Local Government: Attraction and Retention of Doctors
## Canberra Workshop — Meeting Summary

22 June 2026

Hosted by the Local Government Rural Health Alliance

# Local Government Rural Health Funding Alliance

## Canberra Workshop — Meeting Summary

22 June 2026

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### 1. Purpose

The Local Government Rural Health Funding Alliance convened a hybrid workshop in Canberra, with both in person and online participation, to bring together rural and remote local governments facing the same problem: *the cost of attracting and retaining general practitioners in thin markets*. The workshop had three aims;

- to demonstrate that local government funding of GP access is a national, not isolated, issue;
- to share evidence and service models from across rural communities;
- and to agree to practical actions to advance a coordinated case to the Commonwealth.

Local governments were represented from Western Australia, New South Wales, Victoria, Queensland, Tasmania and South Australia, alongside WALGA, LG NSW, ALGA, the National Rural Health Alliance and the Rural Doctors Association of Australia.

### 2. Presenters

- Cr Len Armstrong, President, Shire of Lake Grace
- Susi Tegen, Chief Executive Officer, National Rural Health Alliance
- Hannah Godsave, Manager Community Policy, WALGA
- Derek Francis, General Manager and Deb Wood, Director, People and Community Services, Bogan Shire Council, NSW
- Rachel Gill, Director Community, Midwestern Regional Council, NSW, and Treasurer, Doctors for Mudgee Region Inc.
- Peta Rutherford, Chief Executive Officer, Rural Doctors Association of Australia

### 3. Summary of proceedings

#### Welcome and Alliance context — Cr Len Armstrong, Shire of Lake Grace

The Alliance was formed in November 2024. Its six foundational member shires — Lake Grace, Kojonup, Gnowangerup, Jerramungup, Ravensthorpe and Narembeen — are MM6 and MM7, cover approximately 48,000 square kilometres (about two-thirds the size of Tasmania), service around 21 town sites on a hub-and-spoke model, and have a combined population over 9,000. The six councils contribute approximately $1.4 million per annum in cash, plus surgeries, housing and other in-kind support. Cr Armstrong set out the Alliance's central argument: in the absence of bulk billing in these communities, ratepayers effectively pay three times — through the Medicare levy in their taxes, through the consultation fee, and again through council rates that fund the doctor.

#### National picture — Susi Tegen, National Rural Health Alliance

NRHA framed the issue as both economic and social: rural Australia generates a disproportionate share of national GDP while receiving less health funding. The NRHA's annual analysis found a health underspend of $6.55 billion in 2022 (about $1,000 per person less than metropolitan areas), rising to $8.35 billion in the most recent report (between $1,090 and $4,700 less per person). Medicare indexation has run at around 1 per cent against approximately 30 per cent cumulative CPI growth over five years. The NRHA argued this is now a human rights issue, citing life

expectancy 12 to 16 years lower than in cities, and that where the market fails, government must step in. Proposed responses included block funding, infrastructure funding, expanded urgent care / multidisciplinary clinics, an increased Patient Assisted Transport Scheme rebate, and reform of scope-of-practice barriers, delivered as a federal and state package.

**Western Australian sector data — Hannah Godsave, WALGA**

WALGA has run two surveys of its members. WALGA reported local government support for GPs has risen to approximately $9.5 million per annum (up from $7.8 million), a figure WALGA considers conservative. Of this, 91 per cent is contributed by local governments with populations under 5,000, and all but one of the supporting councils in the 2025 data set are classified MMM5–7. Around 50 per cent ($4.8 million) is direct financial underwriting of GP services. The data has been shared with Commonwealth and state ministers, oppositions and peak bodies, and submitted to the Senate inquiry into rural, regional and remote Medicare access. WALGA's advocacy identifies Schedule F of the National Health Reform Agreement Addendum as a key opportunity. WALGA is working with health-sector partners to identify service and funding models that would remove the need for local government support.

**The Alliance**

The Alliance's position is that the attraction and retention of GPs is a Commonwealth responsibility, not a local government one. Across the six members, cash contributions range from 4.6 per cent to 16 per cent of annual rates (the Shire of Narembeen contributes 16 per cent, with a population under 1,000). The Alliance's economic impact assessment found that every dollar councils invest in GP attraction and retention returns $3.08 in value, with a net benefit of $8.6 million. Key points: there is a fundamental gap in Commonwealth programs and incentives for MM6 and MM7 (and MM4 and MM5) communities; the issue is not yet prioritised by the WA government or the Primary Health Network; service delivery is place-based and local governance is what makes models succeed; and the sector needs a consistent national data set. The purpose of the workshop was to "build the family" of local governments in the same position and build the case for tailored Commonwealth funding to thin markets.

**Case study — Bogan Shire Council, NSW (Derek Francis and Deb Wood)**

Bogan Shire (MM6, population around 2,500) owns and operates the Bogan Shire Medical Centre, employing the GPs, nurses and administrative staff and providing housing and vehicles. The centre opened in 2017 and now has around 3,500 active patients. The council support this financial year is approximately $600,000, close to 20 per cent of total rates income — the highest proportion reported at the workshop. The council noted it values direct involvement in decisions for its community, but maintained that the service should ultimately be funded by the Commonwealth, and supported block funding, reimbursement, or adjustments to remote loading on Medicare rebates.

**Case study — Midwestern Regional Council, NSW (Rachel Gill)**

The Mudgee region faced a GP to resident ratio well below benchmark and went without a resident doctor for around 18 months. In January 2025 the community established Doctors for Mudgee Region Inc., a not-for-profit bringing together practices, the hospital, council, community and industry. It secured funding from three mining operations with retention incentives of up to $45,000 over four years per GP, and funds a "lifestyle concierge" coordinator supporting incoming doctors and their families. The program has secured five fellow GPs and six registrars, restored services, and enabled the Mudgee Medical Centre to reopen its books. Council's contribution is primarily in-kind. The lesson emphasised was that incentives alone are rarely decisive — partner employment, housing, schooling and community integration, and collaboration, make the difference.

**Recruitment and retention — Peta Rutherford, Rural Doctors Association of Australia**

Medicare's design disadvantages rural and remote practice because it rewards higher patient volume and shorter consultations, and the bulk-billing incentive does not apply to all services (for example, antenatal visits). The Commonwealth must recognise the true cost of employing a rural GP and state health should be engaged as a co-funder and co-advocate, particularly where the GP and hospital workforce is shared. On recruitment, understanding the practice's non-negotiables; matching a doctor's clinical interests and community connection to the service profile; investing in a good practice manager and gaining practice accreditation (which unlocks other Commonwealth funding); using "easy entry, gracious exit" arrangements with review points rather than open-ended commitments; and planning from a doctor's arrival for their eventual departure. RDAA noted record rural GP training numbers, the strong post-fellowship retention of rural generalists, and the value of bringing every state's evidence together so the Commonwealth understands the scale of local government investment.

## 4. Key themes

- Local government has become the funder of last resort for GP access in thin markets (MM5–7) because of market failure and the absence of state and Commonwealth support.
- The attraction and retention of GPs is a Commonwealth and state responsibility, not a local government one. There was strong consensus on this, though some councils value retaining local involvement in how services are run.
- Medicare / the MBS is structurally unsuited to rural and remote practice: it is volume-based, bulk-billing incentives do not cover all services, and indexation has not kept pace with costs. Reform options raised included block funding, remote loading, Medicare Act exemptions and an increased Financial Assistance Grants.
- Ratepayers effectively pay multiple times, and council spending on GPs displaces core functions such as roads and infrastructure — a material opportunity cost.
- State governments are largely absent and must be engaged as co-funders and co-advocates. Examples included paying to rent hospital rooms from the state, a state directive to use telehealth rather than the on-site doctor for emergencies, and Tasmania withdrawing co-contribution funding.
- There is no single model: approaches range from council-operated practices to community-led not-for-profits, subsidy and underwriting arrangements, and multi-shire MOUs.
- Recruitment and retention depend on more than money — partner employment, housing, schooling, childcare, practice management, accreditation, the training environment and scope of practice all matter.
- A coordinated national coalition ("the family"), a consistent national data set, and a central repository of existing work are needed to strengthen advocacy.
- Schedule F of the National Health Reform Agreement Addendum is a current policy opportunity.

## 5. Workshop discussion

1. Why is your local government spending ratepayer dollars to attract and retain GPs (and the wider health workforce)? What is the underlying issue.

In-room discussion: Councils are filling a gap because no other level of government will, and because health access is a community priority and a fundamental need. The underlying issues identified were market failure, a competitive market that drives up GP packages, the financial non-viability of rural practice without incentives, and a failure of state and federal governments to understand or address the problem.

Online contributions:

- Participants said local government is intervening because the state is not supporting the service, there is no state co-contribution, and community need forces councils to step in where there is a gap in provision.
- They described GP services as a community-based service needed to limit people leaving town, support local pharmacies, and assist residents who cannot travel more than 100 kilometres to access care.
- The underlying issue was described as services being unfinancial, not self-sufficient and not financially sustainable, with regions unable to attract and retain doctors without financial incentives.

2. What information is missing or gaps do we/you have in knowledge and advocacy on this issue?

In-room discussion: Gaps identified included what doctors are actually paid and what a competitive package looks like; the distinction between genuine market failure and profit; understanding Medicare, bulk billing and the section 192 exemption; the division of responsibility between state and federal governments; and how long local governments can sustain this spending.

Online contributions:

- Participants said there are gaps in understanding visa sponsorship rules and regulations, Medicare and the wider field, as well as the right channels to work through these issues and put the local government message to medical professionals.
- They noted it is difficult to get the information needed from doctors, including patient numbers and other statistics to justify the service, and that there are not a lot of incentives for doctors to provide that information or collaborate with councils.
- Participants also identified the cost of other services, such as bloods and wound dressings, the complexity of running GP services, and the need for an overall rural guidance model for people starting the process or being left with it.

3. What are three quick wins the Local Government Rural Health Alliance could action after this workshop?

In-room discussion: Suggested actions included formalising the Alliance as a national body and advocating to the federal level with one voice; reviewing the MBS and bulk billing to make rural practice viable; immigration and visa measures, including mandatory rural terms for international graduates; HECS and tax incentives to work rurally; nurse practitioners in every hospital; and a central repository of existing research.

Online contributions:

- They suggested closer collaboration between local governments, including mitigating the situation where councils may be competing with each other, and members perhaps contributing financially for advocacy.
- Quick wins included bulk or population-based incentives for rural practitioners coming out of the Medicare system, consideration of increasing the Financial Assistance Grants, and an overall guidance model where information is easier to access

4. How should we continue to collaborate after today?

In-room discussion: Participants supported a national rather than state-by-state coalition; consistent data collection across states; a central repository or “library” of completed work; leveraging ALGA and state local government associations (including the LGNSW action plan).

Online contributions:

- Participants said the work already undertaken should be centralised, with more information shared about other models operating around the country.
- They called for advocacy to both state and federal governments, with WALGA's policy work brought from the back office to the forefront.
- Participants said it is very important to continue to collaborate and asked whether the Local Government Rural Health Alliance is able to expand its membership.

Unresolved issues

Issues raised as influencing the discussion but not resolved on the day: the misalignment of bulk-billing incentives; the role of state government; the difficulty and underfunding of recruiting nurse practitioners; the competitive market created between councils through tender processes; rural versus remote definitions; the accuracy of the August census; and whether local governments can own or control their own provider numbers.

**6. Agreed next steps**

a) Tell the story externally: each council to run a local media piece. The Alliance maintains a register of media coverage as evidence for the Primary Health Network and the Department of Health and Ageing.
b) Formalise 'the family': councils to register their support via the Alliance webpage, building a national register of local governments active in this space.
c) Data collection: survey local governments in other states using WALGA's survey, working through state local government associations and ALGA to build a consistent national data set.
d) Case studies: capture the human impact and the opportunity cost to councils (services and infrastructure foregone), and provide these to relevant decision-makers.
e) Close information gaps: build understanding of doctor remuneration, market failure versus profit, the range of models, and available incentives, and weave this into the advocacy story.
f) Continue political engagement: maintain direct contact with members of parliament and keep the issue in front of decision-makers.

**IN THEIR OWN WORDS: VOICES FROM LOCAL GOVERNMENT**

Western Australia

**Shire of Yilgarn**: The Shire of Yilgarn provides financial support for the provision of a doctor in Southern Cross. This includes an annual cash component of $96,000, plus housing and the surgery, which includes all equipment. Council has recently appointed a new provider of GP services and has had to significantly increase the Shire contribution in order to attract a quality service.
**Shire of Corrigin**: Providing a cash incentive, housing, car, practice support and a medical centre, to the value of approximately $400,000, to support a GP service for four days per week.
**City of Greater Geraldton:** Unlike Geraldton, where there is no need for local government intervention as there is a good supply of doctors, for its satellite town of Mullewa (and the hinterland community) there is a need for the City of Greater Geraldton to provide significant assistance such as a rent-free surgery building and house, a fully maintained vehicle, and other in-kind services to ensure a local doctor is available for both GP services and Mullewa Hospital emergency department attendance.
**Shire of Northampton**: We provide a surgery and house in two towns, Northampton and Kalbarri, for two separate doctors' businesses, and we have provided travel assistance between the towns. Previously there was just one business servicing both towns, but the operators weren't well invested in the Northampton part of the business, in the less remote zone, which pays less in government payments. We now have a trial 12-month arrangement with a second Geraldton-based doctors' business in Northampton, where we are financially contributing, hopefully on a sliding scale as the business builds. The likely financial contribution for 2025/26 is in the vicinity of $150,000–$200,000. We could not afford to replicate this in Kalbarri. The Shire currently provides budget support for doctors and two surgeries of $290,618 (direct cash support to doctors is $223,368).
**Shire of Cunderdin**: Council has recently appointed a new provider of GP services and has had to significantly increase the Shire contribution in order to attract a quality service.
**Shire of Ravensthorpe:** The Shire currently provides budget support for Doctors and 2 Surgeries is $290,618 (Direct cash support to Doctors is $223,368). We also provide accommodation at $18,720pa and we have also just provided 11 days transit accommodation for the doctor at $1,463, so another $20,000 for accommodation.
**Shire of Goomalling:** Full burden of retention of the doctor falls on the Council**.**
**Shire of Kulin**: The Shire of Kulin fully funds GP services in Kulin, and also supports WACHS and Child Health Services with the provision of free consult rooms.
**Shire of Victoria Plains**: Victoria Plains has never had a doctor, so everyone goes outside the district. Having a GP presence in a neighbouring district is therefore even more of a critical issue for us as are allied health services, which are in the same boat.
**Shire of Trayning**: Currently offering substantial incentives when recruiting medical practitioners for our **area.** Working with a group of four shires under an MOU to service the four shires. We are a long standing medical practice committee that has been responsible for recruiting medical practitioners for over 15 years.
**Shire of Jerramungup:** It's a big financial burden on our council. Has a great effect on our rates as well.
**Shire of Lake Grace:** We have been fully funding our local dr for over 15 years. In the end of 2024 the Dr resigned so we had to reevaluate the situation, as it was costing a lot of money. We now have entered into a contract with our current Dr, but still does cost the shire some money, house, car utilities.
**Shire of Narembeen:** 16% of our annual rates, over $300,000 in cash, vehicle and accommodation.
**Shire of Gnowangerup:** Over 7% of our annual rates, surgery, executive house, vehicle – more than $250,000.

New South Wales

**Hay Shire Council**: We currently support local healthcare through the provision of the Hay Medical Centre, accommodation and vehicles for GPs, community transport services, and a range of aged care and in-home support programs. The advocacy plan calls for stronger investment in the rural health workforce, improved patient transport, restoration of local maternity services, support for ageing in place, and reimbursement for councils subsidising health services. Council's support aims to strengthen coordinated advocacy to ensure rural communities receive fair and equitable access to healthcare, regardless of postcode.
**Edward River Council**: Edward River Council is experiencing the same dilemma as other rural councils: attracting and retaining doctors is difficult, requiring Council to offer further incentives for doctors (and indeed nurses) to relocate. The community expects to be able to see a doctor when, in reality, the surgery books are closed, making their only option to present to ED.
**Local Government NSW**: As the peak body for local government entities in NSW, we represent a number of rural, regional and remote councils that are struggling with the attraction and retention of GPs. We would be happy to provide copies of our submissions on the issue to various parliamentary inquiries, as well as our recently launched advocacy campaign, "Caring for our Regions".
**Cobar Shire Council**: Small rural council in the far west of NSW with large mining industry and same issues as all others in relation to attracting doctors as well as other staff Same problem with all small towns.

Victoria

**Warrnambool City Council**: As with most rural towns, Warrnambool struggles to attract and retain medical staff. This leads to little option for bulk billing, longer appointment wait times, difficulty getting in to a medical practice, and no continuity of medical relationships.

Queensland

**Pormpuraaw Aboriginal Shire Council**: We are currently looking at funding a full-time doctor in Pormpuraaw, we only get a doctor visit five days per fortnight, and half a day is taken up with travel.
**Central Highlands Regional Council**: At present, it is rather difficult to make appointment for our local doctors. They are often booked out well in advance. No bulk billing is available.
We are a small community, population of about 500 in town and 1100 in the shire give or take a few during the tourist and mustering seasons. We cover approx 41,000 sq km.
**McKinlay Shire**: We have an 8 bed hospital and emergency room and basic X-ray facility. 4 beds are allocated as nursing home beds,2 acute beds and 2 temporary holding bays. We have one Doctor and Director of Nursing, nursing staff and domestic staff. McKinlay Shire had been without a permanent Doctor for over 15 years. We had a number of Locum's visit (some were regular relievers but none ever made Julia Creek their home). During this period the North West Hospital and Health Service provided the Doctor and Council had obtained funding for a Doctors house and small relieving Doctors house which was leased to the NWHHS so the state covered these costs. We also engaged a Community Health Nurse which is a 50/50 split of the cash component with the NWHHS. Council provided a house/office space and vehicle. Due to recent legislative changes we have not renewed an MOU with the district as it became too difficult for our council to manage these changes, not only financially but logistically with resources, time etc. We have a good relationship with the NWHHS which allowed us to campaign collaboratively about 5 years ago. We injected some cash into the campaign. We focused not on the job but the community. There was a package over $500,000 on offer. Council supplied a new home but the NWHHS lease it and fund the cash component. The campaign along with lots of radio and TV interviews enabled us to be successful in attracting a Doctor who had a family and they stayed for 2 years.

South Australia

**Lower Eyre Council**: We have “temporarily” resolved the recruitment situation and we know what works however we are surprised by the lack of willingness of the local health network to invest in what we believe would be a viable solution for small practices. The solution is based on vertical integration of training in small remote practices. The development of rural generalists in rural and remote towns (MMM 6 & 7) is dependent on adequate Medicare funding (Federal), appropriately funded local hospital services (State), appropriate community support around housing, education, childcare and employment (Local).

Tasmania

**Huon Valley Council**: Huon Valley Council operates two GP practices, and attracting and retaining GPs is challenging. This is, however, only part of the problem, with most issues stemming back to regional and remote funding of health services (such as community expectation versus what the MBS covers). In short, current MBS arrangements do not adequately fund practices in MM5 and above areas, and a rethink is needed so that communities can get equitable access to health services — whether that be via block funding or adjusted MBS payments and structures, such as expanding the professions that can use the MBS.

**Glamorgan Spring Bay Council**: Council makes available two council-owned assets for the delivery of GP services. Council has contracted a provider and subsidises the operational costs via a yearly provision of funds. This is not a core role and function, and Council would prefer not to have any involvement in GP services; yet the State and the Commonwealth are unlikely to backfill service delivery if and when Council removes itself from the arrangement. This is a completely unsustainable service delivery model.

**Local Government Rural Health Alliance**

Crowne Plaza, Canberra and online

Monday June 22nd 2026

**Commencing at 9am (AEST), 7am (WA)**

**AGENDA**

| | |
|---|---|
| 8.30am | **Meet and greet over tea and coffee** |
| 9am | **Welcome \|** Cr Len Armstrong, Shire of Lake Grace (WA) |
| 9.10am | **Setting the Scene**<br>National Rural Health Alliance<br>Western Australian Local Government Association |
| 9.40am | **Stories from across the Country**<br>Local Government Rural Health Alliance (WA) \| Caroline Robinson<br><br>Bogan Shire Council case study (NSW)\| Derek Francis, General Manager and Debb Wood, Director People and Community Services<br><br>Mid Western Regional Council case study (NSW) \| Rachel Gill, Director Community |
| 10.20am | Participant questions and discussion |
| 10.40am | **Morning Tea** |
| 11am | Rural Doctors Association of Australia \| Peta Rutherford, CEO |
| | Working Session (online and in person) |
| 12.30pm | **Close and Networking Lunch** |

ATTENDEES

| Name | Role | Local Government |
|---|---|---|
| David Nicholson | CEO | Shire of Gnowangerup |
| Cr Len Armstrong | President | Shire of Lake Grace |
| Cr Kate O'Keeffe | President | Shire of Gnowangerup |
| Samuel Bryce | Chief Executive Officer | Shire of Goomalling |
| Alan George | Chief Executive Officer | Shire of Lake Grace |
| Cr Julie Chester | Shire President | Shire of Goomalling |
| Ben Forbes | CEO | Shire of Yilgarn |
| Natalie Manton | Chief Executive Officer | Shire of Corrigin |
| Cr Sharon Jacobs | Shire President | Shire of Corrigin |
| Dick Shaw | Acting CEO | Glamorgan Spring Bay Council |
| Darren Simmons | Manager Mullewa District Office | City of Greater Geraldton |
| Cr Roslyn Suckling | Councillor | Shire of Northampton |
| Sean Fletcher | CEO | Shire of Victoria Plains |
| Cr Suzanne Woods | Deputy President | Shire of Victoria Plains |
| Cr Holly Cusack | President | Shire of Narembeen |
| Rebecca McCall | CEO | Shire of Narembeen |
| Cr Liz Sudlow | President | Shire of Northampton |
| Cr Rachel Gibson | Shire President | Shire of Ravensthorpe |
| Nicole O'Neill JP | CEO | Shire of Ravensthorpe |
| Cr Melanie Brown | Shire President | Shire of Trayning |
| Cr Karen Chappel | President | Shire of Morawa |
| Taryn Scadding | Executive Manager of Community Services | Shire of Kulin |
| Cr Matt Burnett | Mayor<br>President | Gladstone Regional Council<br>ALGA |
| Cr Bryan Close | Shire President | Shire of Yilgarn |
| Cr Alison Harris | President | Shire of Cunderdin |
| Cr Todd Harris | Councillor | Shire of Cunderdin |
| Janelle Menzies | CEO | Pormpuraaw Aboriginal Shire Council |
| Damian Carter | Chief Executive Officer | Streaky Bay District Council |
| David Webb | General Manager | Hay Shire Council |
| Cr Carol Oataway | Mayor | Hay Shire Council |
| Peter Vlatko | General Manager | Cobar Shire Council |

| | | |
|---|---|---|
| Cr Jarrod Marsden | Mayor | Cobar Shire Council |
| Cr Janene Fegan | Mayor | McKinlay Shire Council |
| Cr Janice Moriarty | Mayor | Central Highlands Regional Council |
| Cr Karen Newman | Deputy Mayor | Central Highlands Regional Council |
| Melinda Lymon | Deputy CEO | Shire of Wongan-Ballidu |
| Cr Paul Barrett | Councillor | Shire of Jerramungup |
| Cr Cheryl Arnol | Mayor | Glamorgan Spring Bay Council |
| Peter Russell | Manager Community Strengthening | Warrnambool City Council |
| Hannah Godsave | Policy Manager Community | Western Australian Local Government Association |
| Nicole Matthews | Executive Manager Policy | Western Australian Local Government Association |
| Cr Ashley Hall | Mayor | Edward River Council |
| Cr Kellie Crossley | Deputy Mayor | Edward River Council |
| Jack Bond | Chief Executive Officer | Edward River Council |
| Cr Jo-Anne Quigley | Mayor | Lower Eyre Council |
| Bronwen Regan | Manager Public Affairs - Local Government NSW | Local Government NSW |
| Andrew Bourne | Senior Manager Business Enterprise | Huon Valley Council |
| Leonard Long | CEO | Shire of Boyup Brook |
| Peta Rutherford | CEO | Rural Doctors Association of Australia |
| Derek Francis | General Manager | Bogan Shire Council |
| Debb Wood | Director People and Community Services | Bogan Shire Council |
| Rachel Gill | Director Community | Mid Western Regional Council |
| Cr Lincoln Stewart | Councillor | Shire of Gingin |
| Nic Sloan | CEO | WALGA |
| Cr Stephen Strange | State Councillor | WALGA |
| Cr Mark Irwin AM | President | WALGA |
| Cr Chris Antonio | Deputy President | WALGA |
| Cr Darriea Turley AM | Deputy President | ALGA |

**MEDIA RELEASE – 24 June 2026**

*Rural councils: funding local doctors is a Commonwealth responsibility, not a ratepayer one*

CANBERRA — Local governments from across Australia met in Canberra this week to call on the Commonwealth to take responsibility for funding the attraction and retention of general practitioners in rural and remote communities, a cost that is increasingly falling on councils and their ratepayers.

The workshop, held on Monday 22 June, was convened by the Local Government Rural Health Funding Alliance. It brought together over 30 councils from Western Australia, New South Wales, Victoria, Queensland, Tasmania and South Australia, in person and online, alongside the Western Australian Local Government Association (WALGA), Local Government NSW, the Australian Local Government Association (ALGA), the National Rural Health Alliance and the Rural Doctors Association of Australia.

The Alliance's founding six member councils from WA, alone contribute over $1.4 million a year in cash, plus surgeries, housing and vehicles, to attract and keep doctors in their towns. For some, the cost reaches 16 per cent of their annual rates.

“Our ratepayers pay three times: through the Medicare levy in their taxes, through the consultation fee, and again through their council rates to keep a doctor in town. We need the federal government to pick up its part of the cost of having doctors in the bush” said Cr Len Armstrong, President of the Shire of Lake Grace and Alliance spokesperson.

Two WALGA surveys show local government support for GPs in the state has risen to about $9.5 million a year, with 91 per cent contributed by councils with populations under 5,000.

WALGA President Mark Irwin AM said while primary healthcare was traditionally a State and Federal responsibility, Local Governments were often the ones responding to community needs, with WA Local Government’s spending more than $9.5 million to support GP services in 2024-25 alone.

“Local Government is often told to stay in its lane with rates, roads and rubbish, however Local Governments are now playing a critical role in funding medical centre operations to retain essential healthcare services throughout the State,” President Irwin AM said.

“We are committed to working towards a practical solution, that provides sensible funding and support for Local Governments and their communities.”

The scale of the problem is not confined to Western Australia.

Councils in the eastern states described the same pressures. Bogan Shire Council in New South Wales owns and operates its medical centre and expects to contribute about $600,000 this financial year, close to 20 per cent of its annual rate income.

“Every dollar we spend on the medical centre is a dollar we can't spend elsewhere,” said Derek Francis, General Manager of Bogan Shire Council. “The ratepayers of Sydney or Canberra would not accept

having to give up other council services so that their council could subsidise a GP practice. Yet that is exactly what is happening in rural Australia."

The National Rural Health Alliance told the workshop that people living outside the cities receive between $1,090 and $4,700 less in health funding per person each year, contributing to a national shortfall it estimates at $8.35 billion. Rural local governments are stepping in to fund this shortfall in primary health care.

"Rural Australia is often considered a burden, or something we have to save — when actually we don't need to be saved. We're punching above our weight and we want to ensure equity for rural Australians." said Susi Tegen, Chief Executive Officer of the National Rural Health Alliance.

The Rural Doctors Association of Australia said the funding system itself works against rural communities.

"Bulk billing, by design, does not support rural and remote communities," said Peta Rutherford, Chief Executive Officer of the Rural Doctors Association of Australia. "The Commonwealth needs to recognise the true cost of what it costs to employ a GP in the regions."

The Alliance's independent economic assessment found that for every dollar councils invest in GP attraction and retention returns $3.08 in value, with a net benefit of $8.6 million, through reduced hospitalisations, a healthier workforce and stronger local economies.

The workshop also heard examples of communities building their own solutions, including the community-led model in the Mudgee region of New South Wales, which has helped return doctors to towns that had gone without.

The Alliance is asking the Commonwealth to review its thin-market incentives and to introduce tailored sustainability payments for MM6 and MM7 communities, so that local governments are no longer the funder of last resort.

"The attraction and retention of GPs is a Commonwealth responsibility. It is not a local government responsibility," said Cr Armstrong. "We all have the same situation, and we are building the case for tailored Commonwealth funding to thin markets."

— ENDS —

Media contact: Cr Len Armstrong M 0429 843 785 Local Government Rural Health Funding Alliance

Email: ea@lakegrace.wa.gov.au  Website: www.ruralhealthfundingalliance.au

About the Local Government Rural Health Funding Alliance: The Local Government Rural Health Funding Alliance has six rural Western Australian local governments — the Shires of Lake Grace, Kojonup, Gnowangerup, Jerramungup, Ravensthorpe and Narembeen — formed in 2024 to address the cost to local government of attracting and retaining general practitioners in remote and very remote (MM6 and MM7) communities. The Alliance has additional support from over 20 local governments in WA, experiencing the same issues.

## 7. STRATEGIC PLAN

| PROJECT | SUMMARY | ACTION | PROJECT LEAD | SUCCESS INDICATORS | UPDATES/OUTCOMES |
|---|---|---|---|---|---|
| 1. Economic Development | Supporting and diversifying agricultural-based economies and the small business | | Shire of Williams | | See past minutes |
| 2. Tourism | Identify opportunities to work across the 4WDL region | Compile a "Drive Trail" brochure for all 4WDL Member Local Governments to maximise the current tourism market and the travellers through the region<br>Set up a new Social Media Group from 4WDL to promote all activities. Paul Hanlon and Cr Chilcott will spearhead this group with support from a marketing person (CDO) from other shires. | Shire of Woodanilling | 1. Production of Short-Term brochure for the region.<br>2. Increase foot traffic to newly created social media sites. | |
| 3. Communications | Improved internet and mobile connectivity in areas of poor service | To investigate the development of a Business Case for a Communications solution to poor internet and mobile connectivity.<br>New Action – Support each member of the Local Government in their endeavour to provide improved communications in their Shire. | Shire of Lake Grace | 1. Grant funding is obtained<br>2. Successful project completed<br>3. Improved internet and mobile telecommunications access in areas of member Local Governments | |
| 4. Water security | Increased water security and reduced reliance on current systems | Investigate Water supply and security issues across the VROC region and prepare a report on future options.<br>1. Contact appropriate agencies and Local MP to support the reinstatement of farm funding opportunities for the National On-Farm Emergency Water Infrastructure Rebate Scheme. | Shire of Wagin | 1. A report is presented to 4WDL VROC to determine the viability of a Water Security project<br>2. Grant Funding obtained and successful projects completed | |

| | | | | | |
|---|---|---|---|---|---|
| | | 2. Advocate for Regional Water Security importance. | | | |
| 5. Housing | Short & long-term accommodation | Undertake a two-stage comprehensive analysis of supply and demand gaps for Key Worker Housing across the 4WDL region. Based on this investigation, complete a project-ready business case supporting new key worker housing investment in the 4WDL region. | Shire of Dumbleyung | Federal and/or State Government support secured to provide funds to enable the 4WDL LGAs to invest in new Key Worker Housing across the region. | |
| 6. Renewable energy | Support socially sustainable renewable energy opportunities | Contribute to the wider WALGA and LG industry policy on renewable energy. Advocate for appropriate.<br>• Community benefits<br>• Mitigation of impacts<br>• Legacy benefits using local businesses and accommodation/housing provisions | Shire of West Arthur | Community benefits agreements are in an appropriate contractual framework<br>2. The extent of risk mitigation<br>The extent of legacy benefits achieved. | |

## 10. NEXT MEETING

The next in-person 4WDL meeting is scheduled for November 2026 at the Shire of Wagin.

## 11. MEETING CLOSURE

There being no further business, __Cr Harrington_declared the meeting closed at ____11:52___ am.

# Shire of Lake Grace

# TOURISM ADVISORY COMMITTEE

# MINUTES

## DATE

Meeting Commencing at 9.30am on Tuesday 11th August 2026.

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**Disclaimer**

No responsibility whatsoever is implied or accepted by the Shire of Lake Grace for any act, omission or statement or intimation occurring during Council or Committee meetings or during formal or informal conversations with staff. The Shire of Lake Grace disclaims any liability for any loss whatsoever caused arising out of reliance by any person or legal entity on any such act, omission or statement or intimation occurring during Council or Committee meetings or discussions. Any person or legal entity who acts or fails to act in reliance upon any statement does so at that person's and or legal entity's own risk.

In particular and without derogating in any way from the broad disclaimer above, in any discussion regarding any planning application or application for license, any statement or limitation or approval made by a member or officer of the Shire of Lake Grace during the course of any meeting is not intended to be and is not taken as notice of approval from the Shire of Lake Grace. The Shire of Lake Grace warns that anyone who has an application lodged with the Shire of Lake Grace must obtain and only should rely on WRITTEN CONFIRMATION of the outcome of the application and any conditions attaching to the decision made by the Shire of Lake Grace in respect of the application.

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**Acknowledgement of Country**

I wish to acknowledge the traditional Custodians of the land on which we meet today and pay my respects.

I extend that respect to Aboriginal and Torres Strait Islander peoples here today.

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## CONTENTS

**1.0 DECLARATION OF OPENING ANNOUNCEMENT OF VISITORS ..... 3**

**2.0 PRESENT ..... 3**

**3.0 APOLOGIES ..... 3**

**4.0 CONFIRMATION OF MINUTES ..... 4**

**5.0 MOTIONS OF WHICH PREVIOUS NOTICE HAS BEEN GIVEN ..... 4**

**6.0 URGENT BUSINESS APPROVED BY THE CHAIRPERSON ..... 4**

**7.0 MEMBERS REPORTS ..... 4**

**8.0 GENERAL BUSINESS ..... 4**

**9.0 DATE OF NEXT MEETING ..... 7**

**10.0 CLOSURE ..... 7**

# SHIRE OF LAKE GRACE

Minutes of the Tourism Advisory Committee Meeting held at the Shire of Lake Grace Council Chambers on Tuesday 11th August 2026 commencing at 9.30am.

Objectives of the Shire of Lake Grace Tourism Advisory Council are to advise the Council on:

1. The identification, inclusion and implementation of tourism matters in Council's Strategic Community Plan (and other operational plans/annual budget) in order to increase tourism income in partnership with the Community, Commonwealth, State and Local government and other industry stakeholders
2. The coordination of and collaboration between Lake Grace Shire's tourist attractions, heritage museums (AIM Hospital etc.), events, tourism promotion/marketing and services to visitors
3. Developing community understanding of the value of tourism
4. Industry development, employment and training to benefit tourism, heritage and events
5. Seeking funding to support and promote tourism and develop new and existing tourist attractions
6. Assisting in the development of current, quality information to visitors and stakeholders
7. Recognising and promoting excellence within the local tourism industry
8. To represent the Shire at Roe Tourism meetings and events

## 1.0 DECLARATION OF OPENING ANNOUNCEMENT OF VISITORS

Chairperson Cathie Kelly opened the meeting at 9.39am on Tuesday 11th August 2026.Slightly delayed due to technical difficulties for our members on Teams.

We welcome everyone this morning to this additional meeting to help discuss and plan the upcoming AIM Hospital Art Exhibition on Sunday, 18th October 2026 and the SOLGTAC interest in hosting a plaque unveiling in conjunction with the Art Space event.

## 2.0 PRESENT

| | | |
|---|---|---|
| Chairperson | Ms Catherine Kelly | Community Representative Newdegate |
| Committee Member | Cr Debrah Clarke | Shire of Lake Grace Councillor |
| Committee Member | Mr Kevin Penny | Community Representative Lake King |
| Committee Member | Mr Norm O'Neill | Community Representative Pingaring |
| Committee Member | Mrs Lynne Ellard | Community Representative Newdegate |
| Shire Representative | Mr Aaron Wooldridge | Lake Grace DCEO |
| Shire Representative | Mrs Jo Morgan | Lake Grace Visitor Centre Manager |

## 3.0 APOLOGIES

| | | |
|---|---|---|
| Committee Member | Cr Roz Lloyd | Community Representative Newdegate |
| Committee Member | Mrs Kerrie Argent | Community Representative Lake Grace |

## 4.0 CONFIRMATION OF MINUTES

**RESOLUTION**

**Moved:** **Cr Debrah Clarke**
**Seconded:** **Mrs Lynne Ellard**

That the Minutes of the Shire of Lake Grace Tourism Advisory Committee Meeting held on Tuesday 7th July 2026 be confirmed as a true and accurate record of the meeting, subject to the following amendment:

**CARRIED** **5/0**

**For:** **Mrs C Kelly, Cr D Clarke, Mr K Penny, Mr N O'Neill, Mrs Lynne Ellard**

**Against:** **Nil**

## 5.0 MOTIONS OF WHICH PREVIOUS NOTICE HAS BEEN GIVEN

Nil

## 6.0 URGENT BUSINESS APPROVED BY THE CHAIRPERSON

Nil

## 7.0 MEMBERS REPORTS

Nil

## 8.0 GENERAL BUSINESS

**RECOMMENDATION / RECOMMENDATION**

**Moved: Cr Debrah Clarke**

**Seconded: Mr Kevin Penny**

Motion to suspend Standing Orders for the Shire of Lake Grace Tourism Advisory Committee to allow discussion and planning for the unveiling of a plaque commemorating 100 years since the opening of the Australian Inland Mission Hospital.

**CARRIED: 5/0**

**For:** **Mrs C Kelly, Cr D Clarke, Mr K Penny, Mr N O'Neill, Mrs Lynne Ellard**

**Against:** **Nil**

- As discussed at the previous meeting, Norm suggested that an action list be developed to assist with the planning. Assistance will be required from the AIM Museum Team and SOLGTAC, noting that several Museum Team members and staff will be unavailable in October.

- Deb has prepared and action list outlining the tasks required for the Centenary Plaque unveiling. See attached Action List.

**Sylvia Brandenburg**

- CEO Alan George has spoken to Sylvia Brandenburg, who has indicated she is happy to unveil the plaque. The date is yet to be confirmed with Sylvia, after which a formal invitation will be sent. Sylvia's address will also be obtained for this purpose.

**Date**

- It was agreed that **Sunday 18th October 2026** would be the preferred date for the plaque unveiling, to coincide with the Lake Grace ArtSpace Exhibition being held on the same day. This would add a tourism element to the event and encourage visitors to make a weekend of their visit. Accommodation providers and food venues will be contacted in advance to advise them of a potential increase in visitors.

**Backup Plan**

- It was noted that a brief may need to be prepared by Sylvia in case she is unable to attend, and a suitable alternative representative will also be considered.

**Minister**

- Aaron suggested inviting a Minister to attend the event. Jo noted that three Ministers were invited to the AIM Centenary celebrations in March but were unavailable. It was agreed that an invitation should still be extended, noting that attendance cannot be guaranteed.

**Shelter**

- As weather can be unreliable in October, we need to have a backup plan in case of bad weather. The Town Hall, Sports Pavillion or sports pop-up gazebos were possible options.

**Proposed Schedule**

**11am – AIM Museum Open**

*Jo to check if ArtSpace member Jayne or other staff available for tours. Deb from the Museum Team will be available to assist.*

*A trestle table with morning tea will be available on the veranda.*

**12 noon – Unveiling of Plaque (approx. 30 minutes)**
*MC & Sylvia.*

*Lunch will be available from both cafes, the LG Hotel and the Roadhouse on the day.*

**2pm – AIM Museum Closes**

**2pm - ArtSpace Exhibition Opens**

*Followed by afternoon tea*

**Extras**

- **Toilets.** Jo will ask Lisa at the hospital if it's possible to use the nearby staff toilet can be used on the day.

- **Rock /plaque.** We need a big rock for the plaque, along with a way to transport it. Aaron confirmed the Shire has loaders available to move a suitable rock.

- **Heritage query.** Cathie asked whether the plaque could be placed on the building next to the current plaque, the committee was unsure of the heritage requirements. Aaron to investigate.

- **Promotion.** A News release for the event (after Council approval) will be needed.

- Norm suggested promoting the event through the Shire and Visitor Centre Facebook pages, Instagram, local newspapers, Roe Tourism, Central Wheatbelt, WA Settlers & Pioneers.

- Flyers to be produced and displayed on local notice boards and in toilet door flyer holders.

- **Visitor Centre** could be open on that day. However, it is currently understaffed on weekends. Norm and Kevin offered to volunteer to sell AIM souvenirs. They will liaise with Jo before the event

**Handouts**

- The current AIM brochure will be used. Jo to make sure plenty available.

**MC**

- A person with a connection to the AIM Hospital would be best suited as MC. . Someone involved in the restoration or from one of the clubs that assisted with the restoration would be ideal. A Councillor or a family representative could also ne considered.

**ABC & Newspaper Promotion**

- Kevin advised that he had emailed Malcolm Quekett but had not received a reply at this stage. Malcolm recently wrote a piece about Flynn of the Inland so it maybe worth following up.

- Kevin also suggested Can You Help? in Mondays paper was another option.

- Council would like a media representative to speak to the ABC, who has good knowledge of the AIM Hospital history. – Shire President Len Armstrong suggested Jo for this role.

Kevin left the meeting at approx. 10.19am

**Wording on the Plaque**

- Aaron provided four wording options for the plaque. **Option 4 was voted as the preferred option.** See attached Plaque Options.

- Norm suggested stainless steel would be the most suitable material to use for the plaque due to its weather resistance. Cathie suggested using brass to match the existing plaque, noting that it is under the veranda and protected by the weather.

- It was suggested the current brass plaque get cleaned **it time for the ceremony.**

  Norm left the meeting at 10.52am

- Cathie to contact Sylvia to confirm whether **Sunday 18th October** is suitable.

  The proposed date will then go to Council for approval, after which a formal invitation will be sent.

**RECOMMENDATION / RECOMMENDATION**

**Moved: Cr Deb Clarke**

**Seconded: Mrs Lynne Ellard**

Motion that the action plan for the AIM Hospital Centenary Plaque unveiling on Sunday 18th October be submitted to Council for approval.

**CARRIED 3/0**

## 9.0 DATE OF NEXT MEETING

The next meeting is on Tuesday 8th September 2026 commencing at 9.30am at the Shire of Lake Grace Council Chambers. 1 Bishop Street, Lake Grace.

## 10.0 CLOSURE

There being no further business, the Chairperson closed the meeting at 10.58am.

| Action | Yes/No | Date assigned | Person | Date to be completed | Other | Completed |
|---|---|---|---|---|---|---|
| Date of Celebration | | | | | | |
| How many people | | | | | | |
| Sylvia's availability | | | | | | |
| Invitation to Sylvia and Ian | | | | | | |
| Shelter | | | | | | |
| Tables and Chairs | | | Shire | | | |
| Tea /Coffee | | | | | | |
| Lunches | | | | | | |
| MC history and introduce Sylvia | | | | | | |
| Hand outs | | | | | | |

ABC

NEWS PAPERS