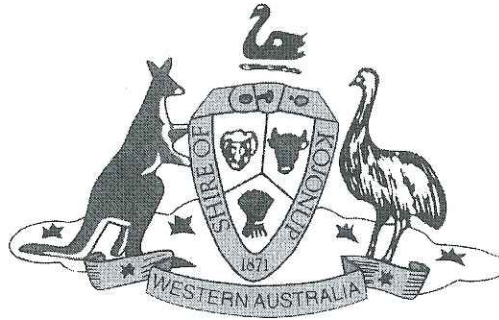


# SHIRE OF KOJONUP



## Special Council Agenda

*5<sup>th</sup> March 2015*

*at 3.00pm*

**TO: THE SHIRE PRESIDENT AND COUNCILLORS**

In accordance with section 5.5 of the Local Government Act, notice was given that a special meeting of the Council will be held in Council Chambers, Administration Building, Albany Highway, Kojonup on Thursday 5<sup>th</sup> March 2015 commencing at 3:00pm.

**THE PURPOSE OF THE MEETING IS TO:**

- Consider the tenders for the Construction of a new Day Care Centre; and
- Medical Centre approach.

Qualified Persons Advice etc.

I certify that with respect to all advice, information or recommendation provided to the Council in or with this agenda:

- i. The advice, information or recommendation is given by a person who has the qualifications or experience necessary to give such advice, information or recommendation; and
- ii. Where any advice is directly given by a person who does not have the required qualifications or experience that person has obtained and taken into account in that person's general advice the advice from an appropriately qualified or experienced person.

Your attendance is respectfully requested.

A handwritten signature in blue ink, appearing to read 'Rick Mitchell-Collins', written over a dotted line.

**RICK MITCHELL-COLLINS  
CHIEF EXECUTIVE OFFICER**

*27* February 2015

**SHIRE OF KOJONUP**

**AGENDA FOR THE SPECIAL COUNCIL MEETING TO BE HELD ON 5<sup>th</sup> March 2015**

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## A G E N D A

### 1 **DECLARATION OF OPENING AND ANNOUNCEMENT OF GUESTS**

The Shire President shall declare the meeting open and alert the meeting of the procedures for emergencies including evacuation, designated exits and muster points and draw the meetings attention to the disclaimer below:

*Disclaimer*

*No person should rely on or act on the basis of any advice or information provided by a Member or Officer, or on the content of any discussion occurring, during the course of the meeting.*

*The Shire of Kojonup expressly disclaims liability for any loss or damage suffered by any person as a result of relying on or acting on the basis of any advice or information provided by a member or officer, or the content of any discussion occurring, during the course of the meeting.*

*Where an application for an approval, a license or the like is discussed or determined during the meeting, the Shire warns that neither the applicant, nor any other person or body, should rely upon that discussion or determination until written notice of either an approval and the conditions which relate to it, or the refusal of the application has been issued by the Shire.*

### 2 **ATTENDANCE & APOLOGIES**

Cr Ronnie Fleay	Shire President
Cr Robert Sexton	Deputy Shire President
Cr Ian Pedler	
Cr Frank Pritchard	
Cr Ned Radford	
Cr Jill Mathwin	

Mr Rick Mitchell-Collins	Chief Executive Officer
Mr Anthony Middleton	Manager of Corporate Services
Mr Mort Wignall	Manager of Regulatory & Community Services
Mr Craig McVee	Manager of Works & Services
Mrs Sue Northover	Manager of Aged Care Services
Mrs Michelle Dennis	Development Services Coordinator
Miss Dominique Hodge	Personal Assistant to the CEO

#### **APOLOGIES**

Cr Jane Trethowan  
Cr John Benn

**3     PUBLIC QUESTION TIME**

**4     DECLARATIONS OF INTEREST**

**5 ITEMS****5.1 MEDICAL CENTRE**

**AUTHOR:** Rick Mitchell-Collins – Chief Executive Officer  
**DATE:** Monday, 23 February 2015  
**FILE NO:** PH.SVP.1  
**ATTACHMENT:** 5.1 Strategic Risk Management Checklist

**DECLARATION OF INTEREST**

Nil

**SUMMARY**

1. To review Decision 93/14 passed by Council at its meeting held 17 June 2014 as shown below in light of Dr Anthony King's announcement that he has sold his Practice to St Luke's Family Practice and will cease business from the Bagg Street Clinic on 31 March 2015.
2. To provide additional information on the potential opportunities at various sites in order for Council to make an informed decision on the future provision of Aged Care/Medical/Health infrastructure.

**Decision 93/14**

**“Moved Cr Sexton, seconded Cr Trethowan that Council receives the Kojonup Health Facility Needs Assessment Final Report and undertake the following actions:-**

1. Engage external professional to design with cost estimates and staged time frames the extension/renovation of the Bagg Street Surgery to provide for a minimum building footprint of 180m<sup>2</sup> taking into consideration the indicative layout plan and identified room/space provisions from what is presently provided between the two existing facilities,
2. Design plans be publicly displayed in the front foyer of the Administration Building at the Council Chambers for community information for a period as notified by the Chief Executive Officer and in accordance with Section 3.57 provisions of the Local Government Act 1995,
3. Tender documentation for each component of the Staged Development including demolition of Memorial Hall Public Toilets and new Car Parking layout be prepared for Council consideration prior to calling Tenders,
4. Council officers endeavour to leverage \$ for \$ grant funding from Mr George Church's bequest from State and Federal sources including LotteryWest, Great Southern Development Commission (GSDC) and Regional Development Australia (RDA) Great Southern, Southern Inland Health Initiative and Rural Infrastructure Fund.”

**BACKGROUND**

There is a growing expectation in the community that with the departure of Dr King and the need to leverage grant funds from Mr Church's bequest that Council needs to proceed with the construction of a new Medical Centre.

Such an expectation is understandable, however the Health Facility Needs Assessment (HFNA) independently undertaken by consultants – Hames Sharley stipulates the building footprint required to meet future population base and GP/allied health needs for Kojonup is approximately 340m<sup>2</sup> based on 2 GP's and 2 consulting rooms for Allied Health providers.

The assessment report also recognises that Council is not a provider of Health Services but more a facilitator of Health Services through the provision of a building as a landlord. Council has attempted to make informed decisions taking into consideration the following matters:-

- “Whole of Life” costs of a new facility and impact on Long Term Financial Plan in comparison to renovations/extensions to existing buildings,

- Governance issues regarding compliance with Accreditation/Risk Management, reporting requirements with Government Agencies etc., management structure, level and number of service agreements,
- Status of Southern Inland Health Initiative,
- Asset Management/Replacement/Rationalisation/Consolidation considerations for existing built infrastructure by Council,
- State Budget implications/opportunities,
- Agreement implications (if any) between State Health and Medical Practitioners/Allied Health providers,
- How effective existing GP services are given that until March 2015 two facilities operate in Kojonup,
- Succession Planning intended by Dr King, and
- What will health provision be like in 5, 10, 20, 40 years.

The purchase of Dr King's practice by St Luke's Family Practice was not envisaged when Council made Decision 93/14 in June 2014 as discussions with both GP's up to this time was considered a remote chance at the very least hence the decision to increase the existing Bagg Street Building footprint to achieve between the two GP facilities, a 340m<sup>2</sup> footprint as recommended by the HFNA. How quickly things change!

The Kojonup Hospital as a result of recent discussions with WA Country Health Service also has space available for visiting consultants/professionals which may further reduce the building footprint required to approximately 260 - 300m<sup>2</sup>.

## **COMMENT**

### **Population growth**

The Great Southern Regional Economic Development 2013-2023 discussion paper released in July 2013 forecasts population growth within the Great Southern Region to steadily increase to a population of 68,700 by 2023 and potentially 90,000 by 2050 however the vast majority of growth will be in the coastal areas with a slight population decline in some rural areas. Katanning envisages a small population increase due to its "Super Town" status and mining opportunities which to this writer appears remote given the present economic indicators.

It would not be unreasonable to expect Kojonup's population growth to be minimal over the next 10 - 20 years but still within a total population range of 2,000 – 2,400 dependent upon a number of factors such as economic activity, housing affordability/subdivision development, lifestyle, facility provision, health, education and communication services.

Based on the Health Facility Needs Assessment (HFNA) demand for GP services would remain around 4,000 visits per annum per 1,000 population or approximately 30 - 37 patients per day for a 5 day week or 15 - 18 patients per day per for each GP service for the above population growth forecasts.

### **Ageing Population**

Kojonup's median age of 41 is above the state average of 37 according to ABS 2011 Census Data and is indicative of the "Baby Boomers" reaching retirement age over the next 10 years and as stated in the HFNA as the population ages so too will GP visits however the frequency of visits will need to be quantified over time.

### **Hospital Services**

The HFNA recognises that any arrangement between GP's and the Kojonup and Katanning Hospitals is a contractual matter specifically between the respective parties. The main community priority should focus on a GP being available when needed – which is presently the case.

Whether community members have a particular preference on which hospital they wish to be treated is not a matter for Council as Health is a State Government responsibility and therefore

contractual arrangements are “In Confidence.” The main health/medical focus is ensuring that there is appropriate medical services/treatment available for the community depending on the nature and severity of attention required.

The Southern Inland Health Initiative recognises this community requirement with facilities such as the Kojonup, Katanning and Albany Hospitals being able to cater for differing levels of treatment.

Council also needs to be aware that any form of subsidy (precedent) to existing GP’s utilising ratepayer funds may be expected to be reciprocated should a new provider contemplate establishing in Kojonup.

### **GP Services**

Prior to the 2012/2013 financial year Dr King provided the only resident GP Services for Kojonup. The community became anxious that if something happened to Dr King it would leave Kojonup vulnerable to continuity in GP Services.

Council as part of its Risk Management Strategy recognised that the likelihood of Dr King being able to provide continuity in GP Services (as none of us are getting any younger) was likely and the risk extreme as non-achievement of major key objectives could be substantiated resulting in public embarrassment, high impact news profile and potentially community dis-engagement and disruptive action. An extreme risk rating necessitated some action at that time!

History now shows that St Luke’s Family Practice has established itself at 34 Katanning Road with two resident Doctors, one of which being female providing community member’s greater choice.

The term of the lease in accordance with Clause 3.1 states as follows:

*“The term of this Lease shall be three (3) years commencing on the Commencement Date with options for a further two, three (3) year extensions. Notwithstanding that the lease agreement be terminated with immediate effect should a new purpose Medical Centre be built in Kojonup.”*

### **Visiting Health Professionals**

The HFNA makes provision within the indicative accommodation layout footprint for visiting health professionals as well as counselling and social services, however there are such professionals utilising rooms and offices to conduct physiotherapy etc. services within the town of Kojonup. Regardless of any new facility other GP’s and Health Professionals still have a choice to establish offices, counselling rooms etc. in other private premises as Council’s planning scheme quite rightly should not dictate “restraint of trade” provisions.

### **Built Infrastructure**

This assessment report focusses on the Pros and Cons of building a new Medical Centre with a building footprint of approximately 340m<sup>2</sup>. This size building accommodates three GP’s, two allied health professionals and up to four staff with an indicative construction cost ranging between \$3,000 - \$4,000 per m<sup>2</sup> to be compliant with General Practice design and access accreditation standards less landscaping, fit-out, infrastructure services and IT. Therefore cost projections range from \$1.2 million to as high as \$1.8 million. Representing a funding shortfall between \$400k and \$900k in the 2014/2015 Budget.

The following table compares 5 properties to assist Council in its decision making process and to demonstrate to the community that various siting options have been considered as raised in the Main Street Master Plan Forums.

	<b>Bagg Street Clinic</b>	<b>34 Katanning Road</b>	<b>Kojonup Co-op</b>	<b>Vacant shop</b>	<b>Spring Street</b>
<b>Pros/Cons</b>					
Central CBD Location	Yes	No	Yes	Yes	No
Close to Pharmacy	Yes	No	Yes	Yes	No
Parking	Yes	Yes	Yes	Limited – not defined	Yes
Room for expansion	Yes	Yes	Yes – Front building underutilized	Limited – narrow block	Yes
Costly to expand	Yes	Yes	N/A	Yes	N/A
Flat – easy to access	Yes	Yes	Yes	Yes	Yes
Water - reticulated	Yes	Yes	Yes	Yes	Yes
Sewer System	Yes	No (Septic)	Yes	Yes	Yes
Stormwater Drainage	Yes	Yes	Yes	Yes	Yes
Separate Title	Yes	No	No	Yes	Yes
Owned by Council	Yes	Yes	No	No	Yes
Telecommunications	Yes	Yes	Yes	Yes	Yes
Safe Traffic/Pedestrian access	Limited	Yes	Yes	Limited	Yes
Presently Fit For Purpose	Yes	Yes	No	No	Yes - zoned
Building condition/Age	Fair	Good	Fair	Needs work	N/A
Costly to refit	Fair	Fair	Yes - major	Yes – narrow block	N/A
Greenfield site	Originally	Converted	Not really	No	Yes & most expensive
Amenity	Fair	Good	Fair	Limited	Good
Proximity to Springhaven and Hospital	No	No	No	No	Yes
Enhance Main Street	No	No	Yes	Yes	No
Enhance Civic Precinct	Yes	No	No	Possibly	No
Enhance Town Square	No	No	Yes	No	No
Close to allied services	No	No	No	No	Yes



**Comments on Table 1**

The properties listed in Table 1 were the result of Public feedback received in relation to the Main Street Master Plan, Senior Management Meetings and Council Briefing Session concept forums.

**Bagg Street Clinic**

This building for a number of decades has been the premises for Kojonup GP's with the past 20 years the sole use of Dr King. Community members by habit are familiar with the facility and its location. The transition to 34 Katanning Road for some community members may seem daunting as is the prospect of a seeing a new Doctor.

The building is centrally located, forms part of the Civic Precinct and provides good access for vehicles and pedestrians. The building is structurally sound but aged and would require substantial extensions and renovations to make it fit for purpose for the next 20 plus years however there are synergies with the Council Office and Memorial Hall. There is sufficient space for expansion of the existing building or a new building allowing the existing building to be utilized for other purposes for example (**I stress example only**):

- Convert to an Independent Living Unit;
- Upgrade in hope of attracting another GP/Allied Health Professionals;
- Temporary use by Curly Wig;
- Additional staff accommodation;
- Southern Dirt office;
- Library/Smart Start/Early Childhood Centre; or
- Part Converted into Public Toilets and Part as Historical Society Office.

Regardless of future use the building is worth retaining.

**34 Katanning Road**

The Lot has been converted from a house to a fit for purpose Medical Centre for use by St Luke's Family Practice. Three GP's use the facility and despite minor improvements to parking the facility is capable of being expanded to meet the 340m<sup>2</sup> Medical Centre footprint.

The facility is not close to the CBD; however some community members may see this as an advantage or disadvantage. The overriding factor is that the facility will service the immediate needs of Kojonup with the departure of Dr King and provide continuity of service. The land to the West of the Clinic is owned by Council and there are future plans for the Old Drive-in area to be connected to the sewerage system and subdivided for residential purposes. This will eventually over time fill the present disconnect between the town and Katanning Road.

The building represents half the required 340m<sup>2</sup> building footprint required of a new Medical Centre but the expansion can be achieved now without seeking additional funding.

**Kojonup Co-Op**

The area presently occupied by the Newsagency is expansive and capable of being refitted for not only a Medical Centre but potentially could also house the Community Resource Centre, Southern Dirt Office, Library, Curly Wig etc. **Again I stress this as an example only.**

I wish to emphasise the fact that Kojonup possesses a large building, centrally located incorporating a car park and scope as a town square as suggested in the Main Street Master Plan Forums yet its future is uncertain and the building underutilized. It is effectively an asset that has the potential to become a liability due to its previous use. Any refit would be costly and as the building is not owned or leased by Council negotiations would be required to achieve community consensus on the long term advantages of Council contemplating future interest in the building.

Council must ascertain if it is a discussion that should be undertaken with the Kojonup Co-Op Board and the Community as part of our Strategic Planning.

**Vacant Shop – Main Street**

Shops do exist but are limited by the size and shape of the lot and in the majority of instances require access from the rear to provide adequate parking and pedestrian access. The buildings are not fit for purpose and therefore costly to renovate or expand. Whether there is potential for a Greenfield site within the Harrison Street Redevelopment area as suggested in the Main Street Master Plan Forums has yet to be determined however starting from scratch is the most costly option especially if you are not a property developer and are building a specific purpose building.

**Spring Street (Walkers Block)**

Provides a Greenfield site for a new Medical Centre utilising the existing car park East of the Leschenaultia Wing of the Kojonup Hospital. It provides the closest link to the Hospital and Springhaven however whenever I have visited the doctor my next visit is usually to the Pharmacist not Hospital. The actual costs of providing Water, Sewer, Power, Stormwater services is yet to be determined which may add additional expense to the building costs previously listed.

I also reflect back on Mr Church's wonderful bequest and whether this will influence the final decision of Council to build a facility in close proximity to the Hospital and unveil a plaque in recognition of Mr Church and his families contribution to Kojonup and the Hospital regardless of the "Whole of Life" costs which ratepayers now and in the future will have to cover.

Would the same gesture of respect be gained from expanding the 34 Katanning Road site, Bagg Street site or Kojonup Co-Op site utilising the bequest and placing a plaque in honour of Mr Church and his family?

**Summary**

Council must consider all cost/benefits whether social or economic and their sustainability for the next 20 plus years. There is no guarantee that new private Medical Practitioners or Allied Health Professionals will not set up in opposition to St Luke's Family Practice but this is a matter for them to determine in developing a business case. An expectation that Council will accommodate all Medical and Health providers is unrealistic as this is a core function of the State and Commonwealth not the Shire of Kojonup!

Should a Greenfield site be chosen as the preferred option it must be understood that by the time plans, specifications, tenders called, building contractor appointed, infrastructure for water, sewer, stormwater, power etc. in place, fit out and of course additional funding secured; two years will have passed. Such is the pace of compliance and regulation!

**CONSULTATION**

Council Briefing Sessions  
Senior Management  
Dr Anthony King  
Dr Nicky Du Preez  
Main Street Master Plan – Public Forums  
Kojonup News

**STATUTORY REQUIREMENTS**

Compliance with accreditation and standards applicable to General Practices/Medical Clinics.

**POLICY IMPLICATIONS**

Council does not possess a Policy regarding the extent of assistance to be provided for the securing of a GP within the Shire of Kojonup whether housing or clinic building. St Luke's Family Practice are in a fit for purpose building for their immediate needs and it is Council and the Community insisting on a new Medical Centre. There is also no policy regarding Councils financial philosophy in seeking loan funds should there be a funding shortfall from Council own funds and external grants.

**FINANCIAL IMPLICATIONS**

Council will need to secure additional funds ranging from \$400k - \$900k to build a new Medical Centre on a Greenfield site.

The Asset Management Plan (AMP) specifically states *“The most significant recurring theme for all local government organisations is the sustainability concerns related to financing the renewal gap. Ageing community infrastructure, cumulative infrastructure renewal backlog and changing community expectations for the assets being replaced contribute to an industry wide challenge.”*

The Shire of Kojonup has limited resources and is the custodian of a large number of assets. Therefore, when making decisions in relation to infrastructure assets, the Shire is committed to the philosophy of renewing assets before acquiring new assets. In addition, where possible, rationalizing and consolidating assets that are no longer used or do not provide the agreed level of service.

In relation to the building of a new medical centre Council has to ensure that sufficient funds are set aside for whole of life costs including building renewal and operational over the effective life of the new asset which could be upwards of 50 years. In this case Council will be reliant on an annual rental and ratepayer funds to meet these requirements. Such considerations may be balanced by demonstrated community need however if St Luke’s Family Practice is able to expand its existing premises the necessity to seek additional funds is not required.

**STRATEGIC/CORPORATE IMPLICATIONS**

Community Strategic Plan Focus Area 1.6: Being Healthy

Corporate Business Plan Strategy 1.6.1 – Ensure and promote adequate health services are available in Kojonup.

The HFNA clearly identifies under the heading of Management that the Shire should own and manage the facility as a landlord, not a provider of services. The Shire is facilitating the delivery of health services, not providing them. Council is developing a Main Street Master Plan that attempts to reinvigorate the Main Street as well as enhance and consolidate amenity provision for residents and visitors as a place to enjoy and invest. The Medical Centre where possible should ideally complement the strategic intent of the Master Plan.

**RISK MANAGEMENT IMPLICATIONS**

Minimizing risk exposure to Council and Community in relation to financial costs, Internal fit out, compliance, future planning and public risk through a licence or lease agreement that reflects:

- 1) Lay solid foundations for management and oversight,
- 2) Structure Agreements to add value,
- 3) Act ethically and responsibly,
- 4) Safeguard integrity in reporting,
- 5) Make timely and balanced disclosure,
- 6) Respect the rights of stakeholders,
- 7) Recognise and manage risk, and
- 8) Adapts to the ever changing Health /Medical environment.

Ensure completion of the Strategic Risk Management Checklist from the Risk Management Plan 2014 as attached.

**ASSET MANAGEMENT IMPLICATIONS**

Asset Management is the systematic process of effectively planning for, maintaining, upgrading and operating assets. The benefits to both the council and the community of improved asset management are:

- Strong governance and accountability in the delivery of efficient and effective services;
- Sustainable infrastructure investment decisions through the appropriate consideration of all options and the recognition of life cycle costs;

- Improved understanding of customer requirements and the alignment of the performance of assets to the community expectations; and
- Effective risk management.

The Asset Management Plan in relation to Buildings lists a minimum estimated annual renewal expenditure target of 53% or in dollar terms \$580,000 per annum yet Council is presently only managing to allocate 16% or \$172,000. As a result Council has buildings that require roof/gutter replacements, have structural issues, remain vacant/underutilised/no longer “fit for purpose”, or not on separate title and therefore not capable of being sold to provide funds for new facilities.

### **VOTING REQUIREMENTS**

Absolute Majority

### **OFFICER RECOMMENDATION**

**That Council receives the Chief Executive Officers Report and undertake the following actions:-**

- 1. Council Decision 93/14 be rescinded given the departure of Dr King and purchase of the practice by St Luke’s Family Practice.**
- 2. Conduct a workshop with UHY Haines Norton on Tuesday 17<sup>th</sup> March 2015 to discuss Long Term Financial Planning implications regarding existing and future capital works and possible effects on rating levels, loan borrowing, operational efficiencies etc. using the following three scenarios:**
  - a) the extension/renovation of 34 Katanning Road, Kojonup to provide for a minimum building footprint of 340m<sup>2</sup> taking into consideration the indicative layout plan and identified room/space provisions from the Health Facility Needs Assessment prepared by Hames Sharley,**
  - b) a new 340m<sup>2</sup> Medical Centre at Spring Street, Kojonup**
  - c) Explore the possibility of renovating the Kojonup Co-op Building to accommodate a new 340m<sup>2</sup> Medical Centre, as well as other tenants mentioned in the CEO’s report.**
- 3. Council reconsider this matter at the Ordinary Council Meeting to be held on Tuesday 21<sup>st</sup> April 2015.**

### **COUNCIL DECISION**

/15 Moved Cr , seconded Cr

CARRIED/LOST /

### Strategic Risk Management Checklist

Areas that have not been addressed can result in the Organisation having exposure to risks.

Item to be assessed.....	N/A	Yes	No
1. Does the initiative / service/facility /strategy link to a key results area of the strategic plan?			
2. Have you determined the goals and objectives?			
3. Have key stakeholders been identified?			
4. Do you have the appropriate resources available over the life of the initiative / service/facility /strategy?			
a. Financial			
b. Physical assets			
c. Human - skills / knowledge/			
d. Time			
e. Maintenance			
f. Replacement costs			
5. Are there any political issues?			
6. Are there any supply chain issues?			
7. Do you have a management plan for the life of the initiative / service/facility /strategy?			
8. Does the initiative / service/facility /strategy have an 'owner'?			
9. Is there potential for changes that may impact on the initiative / service / facility /strategy?			
10. Do you have an approval / development and / or implementation timeline?			
11. Have you identified any operational risks that will require further assessment or treatments?			
12. Have you planned for monitoring progress?			
13. Have you determined review requirements once established?			
14. Have you a contingency plan for cost / time over runs?			
15. Are there other options you can consider?			
16. Are there any other concerns			

**6 CONFIDENTIAL REPORTS****6.1 TENDER FOR CONSTRUCTION OF DAY CARE PREMISES**

AUTHOR: Mort Wignall – Manager of Regulatory & Community Services  
 DATE: Wednesday, 25 February 2015  
 FILE NO: FM.TND.3  
 ATTACHMENT: **6.1 Confidential Report & Attachments**

**SUMMARY**

To seek Council's consideration of tenders received for construction of a Day Care Facility on Reserve 24245, Lot 330 Elverd Street, Kojonup.

**STATUTORY REQUIREMENTS**

Section 5.23(2) of the *Local Government Act 1995* permits the Council to close a meeting, or part of a meeting, to members of the public if the meeting deals with any of the following:

- (a) a matter affecting an employee or employees; and
- (b) the personal affairs of any person; and
- (c) a contract entered into, or which may be entered into, by the local government and which relates to a matter to be discussed at the meeting; and
- (d) legal advice obtained, or which may be obtained, by the local government and which relates to a matter to be discussed at the meeting; and
- (e) a matter that if disclosed, would reveal —
  - (i) a trade secret; or
  - (ii) information that has a commercial value to a person; or
  - (iii) information about the business, professional, commercial or financial affairs of a person, where the trade secret or information is held by, or is about, a person other than the local government; and
- (f) a matter that if disclosed, could be reasonably expected to —
  - (i) impair the effectiveness of any lawful method or procedure for preventing, detecting, investigating or dealing with any contravention or possible contravention of the law; or
  - (ii) endanger the security of the local government's property; or
  - (iii) prejudice the maintenance or enforcement of a lawful measure for protecting public safety; and
- (g) information which is the subject of a direction given under section 23(1a) of the *Parliamentary Commissioner Act 1971*.

Subsection (3) requires a decision to close a meeting, or part of a meeting, and the reason for the decision to be recorded in the minutes.

**VOTING REQUIREMENTS**

Simple Majority

**OFFICER RECOMMENDATION**

**That the meeting be closed to the public in accordance with s5.23 of the *Local Government Act 1995* to discuss:**

- **a contract entered into, or which may be entered into, by the local government and which relates to a matter to be discussed at the meeting.**

COUNCIL DECISION

/15 Moved Cr

, seconded Cr

CARRIED/LOST

/

**7**      **CLOSURE**

There being no further business to discuss, the President thanked the members for their attendance and declared the meeting closed at ..... pm.

**8**      **ATTACHMENTS (SEPARATE)**

Item 6.1      Confidential Report & Attachments