

**THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS MET AT
ALONNAH POST OFFICE, BRUNY ISLAND, ON FRIDAY 13 MARCH 2009**

BRUNY ISLAND COMMUNITY HEALTH CENTRE

Mr PETER ALEXANDER, DIRECTOR, FACILITIES MANAGEMENT; **Mr FRED HOWARD**, ACTING AREA MANAGER, PRIMARY HEALTH SOUTH; **Mr GREG COOPER**, PROJECT MANAGER, CAPITAL WORKS; **Mr PAUL GILBY**, PRINCIPAL ARCHITECT, GILBY VOLLUS ARCHITECTS; AND **Mr GARY ARMSTRONG**, PRIMARY HEALTH COORDINATOR SOUTH (WELLINGTON) WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

Mr HARRISS (Chair) - Thank you for providing both the facility for the meeting, the tour of the existing facility and also the proposed location.

Mr ALEXANDER - I am Peter Alexander and I manage the capital program for the Health department. Gary Armstrong is responsible for the local services; Fred Howard is the acting area manager for Primary Health and so has a broader responsibility, and Greg Cooper is the project manager of this project.

This project is part of an overall program which we have had over a number of years, and which internally we have called the network program. It has been refurbishing and rebuilding primary health and allied health facilities in district hospitals across the State. I am sure the committee is familiar with quite a number of them, most recently probably George Town, Queenstown and Smithton. That has been a prioritised program which has refurbished facilities through rural communities to tailor services to the local community, to integrate and co-locate a number services, to help with the recruitment and retention of staff and ultimately to help with health promotion and reduce the health burden that goes to the acute hospitals.

This is part of the second tranche of that; next you will have Flinders and King islands and some big suburban clinics. So this is part of that program and put forward with the same rationale and business case behind it.

Mr ARMSTRONG - The Tasmanian Primary Health Services plan highlights the requirement for Tasmania to provide safe and sustainable service to its rural communities. Peter mentioned quite a few of those, and Bruny is just one of those. From our point of view, as service managers, rural and remote areas face significant challenges, especially in recruitment and retention of staff, meeting the health-care needs of an ageing population - and I think Tasmania is the highest in Australia - and increased demand due to chronic conditions. So that is the environment we work in.

Bruny Island has a current permanent population of 651 in 2001 - I do not think that changed too much in the 2006 census. The island is subject to a large increase in population during the summer months, and you can see that on the ferries on a normal Friday. During the summer months, the increased tourism and holiday periods cause the

population to swell up to 12 000 during the summer season. Some say it is actually higher than that, but it is growing very quickly and our client group is changing.

Local ecotourism statistics show that upwards of 30 000 visitors took the adventure trip in 2004-05. I imagine, with the additional one now, it will be a lot higher than that. We have Pennicott's business growing and another one recently opened up. So it is quite high and the impact of that is obviously on our nursing and doctors.

I will give you a little background about the consultation process. The need to replace the existing centre has been acknowledged since 2001. The Bruny Island Community Health Services Advisory Committee has promoted the proposal over a number of years and I have certainly been aware of it since 2001 because I was around. The business case for the project received support with the release of the Tasmanian Health Plan in 2007 along with a few other projects, which is really good for Bruny. Council support has been provided in the form of an offer of land.

Since the approval of the funding, the levels of consultation have been extensive. The Bruny Island Community Health Services Advisory Committee's community representative - Geoff - is on the project team and we have established a community reference group with quite a few of advisory committee members on the reference group. So we have a project team and a reference group. The reference group provides the necessary level of consultation required to keep the Bruny Island community informed.

Consultation also included a tour by the Bruny Island Community Health Services Advisory Committee of similar community health centres in Southern Tasmania. We went to Huonville, Sorell and the Oral Health Services because Paul Gilby was also recently project managing that site as well. So they inspected those sites just to get a view of the size and what it looked like because what we are proposing at Bruny is very similar to the size of Sorell's.

Community consultation continues via regular updates on the new facility. So we have those that are sent out across the island. They are either in the *Bruny News* or in a flier that is distributed by a lot of locals for us and dropped off in their post office boxes because not everyone buys the *Bruny News*.

Key services groups and other external stakeholders, such as the GPs, visiting GPs, physiotherapists, podiatrists and all the range of people who visit the service are also consulted through Lynette about their needs through this process. For broader community consultation there is an open day scheduled for next Thursday, 19 March. It is for potential tenderers to talk to the architects about the proposal. We have also extended open day to the whole community. We are having a barbecue where everyone can come along to look at the plans. We are going to put them up with the project team, and architects will be there to answer any questions about what we are proposing. The project team and architects, as I mentioned, will be there for that visit.

The existing health facility is a weatherboard building constructed in 1936 as the Bush Hospital. That is still the same building we are in. The facility no longer has the space or configuration to support the full range of health services that the community requires. You can see from walking through it that we can provide what we can with what we have and we are restricted to that. There have been a number of occupational health and

safety issues, although we have addressed a lot of them along the way - we have to - such as the heating, not being child-proof, and the corridors are narrow. When we have lengthy rain periods the sewage washes down through the yard. The storage of drugs, the security of the building, the water quality - we can go on and on. We have spent money but obviously we hoped to get this new building some time ago.

A clinical audit was done in 2008. That audit also identified risks. There were 100 recommendations in that audit and Lynette and I are working through them. Most of them are done and we are nearly there. It was mostly around the drug audit and the management of the drugs because it needs to be secure in this building.

Poor disability access: we have made a ramp at the front, as you can see, but it is still not great. Privacy issues are a major issue in the practice. The waiting area is very close to reception. The walls are very thin. The doctors are here two days a week. Privacy has come up as a massive issue in all of our discussion.

I mentioned inefficient heating. It is a pretty hefty heating bill at the moment because we have stand-alone heaters in each of the rooms. Continued maintenance: in my five years here we have done the roof - we have painted it, we have done the chimney, upgraded the wiring and the water tanks. It would just go on and on. We try to keep it as minimal as we can without going over the top but we have to maintain it. I think it will continue to be maintained.

The Bruny Island Community Health Centre currently accommodates up to 39 visiting and local base staff. The new centre will provide suitable accommodation for the private GP practice, which is two days a week at the moment. There are 12 part-time registered nurses with wide experience in emergency management, intensive care nursing, midwifery, anaesthetics and specialty areas such as burns. There are always the Director of Nursing and two nurses working at any one time. One goes out and does the community rounds and there is always one in the centre to support the doctor or support anyone who comes in. So not all those 12 nurses are working at any one time. They only come together one day at the end of the month for a staff meeting, which we attend.

The 24-hour accident and emergency service is the first-response team for acute medicine, suicide et cetera - a support service for the Tasmanian Ambulance Service. Tas Ambulance will get a call; they will be in contact with the on-call nurse and the on-call volunteer ambulance officer. They will be called out to an emergency. They go out in twos and if they need the backup second on-call then that nurse is also called out to support them. We do not have a paramedic or doctor on the island and we cannot get off the island after 6.30 p.m. weekdays and 7.30 p.m. weekends. We are undertaking some special training for the nurses to provide those services, so any new nurses that come onto the island go through a training program.

It is a good model. We had 10 evacuations on the island in January and another 10 in February. It is normally around 12 or 15. That is either by the police boat *Dauntless* at Roberts Point or the chopper at various spots. Most injuries involve tourists - fishing, surfing - so it is not generally our people. A lot of the tourists are not used to driving on the dirt roads. I think that is being addressed.

We have a visiting family child health nurse. We also have a range of visiting allied health workers such as the physiotherapist, the social workers, the podiatrists. We have a health promotion coordinator one day a week. Hearing and immunisation clinics were run from the centre. You saw the existing administration. The new building will have a really good administration reception area and a large waiting area removed from the reception area to address those privacy issues. We spent a lot of time in the working group on that.

The day centre activity room will also provide for respite clients - 30 to 40 and growing. Currently they use the bowls building at Adventure Bay. Between 30 and 35 meet there to have a meal and get together one day a week. It is run under the auspices of BIRCH. In the new model they will occupy the activity-centre room. It is quite a large room and you can see from the design that it is slightly removed from the centre. That is deliberate because the community members will also have access to that large activity centre for a range of activities. We encourage all the health centres to be community centres. Someone can book that out for meetings - Tas Ambulance or Tas Fire or whatever - and also bookings for the community. It is going to be a multipurpose room, which we do not have at the moment.

CHAIR - Thank you. We have the submission and we have been through it but that sort of overview is useful and we appreciate that.

Mr COOPER - The new building is located on the brow of a hill, creating essentially a community centre precinct. We have the existing school, an existing community centre and then this. The health centre creates an overall community area for Bruny Island. The building itself is about 700 to 720 square metres of floor area. We are also providing car parking for 18 to 20 staff, patients and clients. It will also be available out of hours, and where the activity centre is being used for community events it will be available for parking for them as well.

The overall block of land was donated by the Kingborough Council. They provided a couple of options to us in terms of land that we could use. This one was identified as the best location to create that community precinct, and for the general views and for the amenity of staff. It was a great opportunity. Within the building we have five consulting rooms of different physical space and size to accommodate the different usage patterns. We have some larger consulting spaces that can be used by physiotherapy and podiatry with their specialist equipment, but they could also be used for larger groups for consulting purposes. We also have a nurse clinical space within accident and emergency. Two of the consult spaces are used by the GPs, with a shared facility in between with a common examination bed. All the rooms are designed to be multipurpose.

Buildings need to be not just for the here and now; they are going to be around for 100 years so they need to be capable of being adjusted and modified in future, so that is certainly part of the design. The physical size of the building is designed in such a way that it can be expanded in future. We believe we have the scope there for any future growth should that may occur on the island.

For front of house we have general office spaces and amenities for the building. So we have the site manager, health promotions officer, the general office, which backs onto the

main reception, and a large waiting area. Moving back from the office area we have a space for up to five community nurses and also nursing students. This site has student practitioners coming over and experiencing first-hand how to be involved in health care, and so we need to provide that space. Also, with specialists coming over we need spaces where they can sit and write up their notes. We also have staff-specific areas - staff rooms and a meeting room where we can have Telehealth. Telehealth facilities have been expanded for this building. Within accident and emergency we are having a new model with an in-ceiling camera which can zoom in if there is any need for close examination of patients. That image can be then picked up at the Royal to get expert advice first hand.

There is lots of storage space, including community nursing equipment, medical records, medical drugs, storage, laundry, staff amenities. That is an important part of the building as well.

The activity centre is essentially a stand-alone part of the building. The building is designed so that it can operate outside normal hours of the health centre and can accommodate between 30 and 40 clients at any time. The centre toilets and the disabled facilities are there. It also has a kitchen for preparation of meals for BIRCH, which provides respite care for aged residents. It has, again, large storage space, specialised seating and various equipment which BIRCH and other community groups are going to be using. They can store chairs and tables and will be moved in and out, depending on the type of clinics being held. We also have a large secure courtyard which is fully accessible for wheelchairs.

The accident and emergency space is such that Bruny Island can remain as a tier 1 facility. It also can operate as a stand-alone arrangement and has the capability of emergency generator power back-up. It has body-protected electrical distribution so it has the full capabilities of a modern accident and emergency unit. It has the examination bed with medical gas and an adjacent observation waiting area until patients can be transferred to the mainland. It has the standard dirty-utility/clean-utility spaces and that is where the medical drug storage is provided.

So the centre falls into four main areas. We have an area which is patient/waiting/reception, then that is separated through doors to a shared staff and patient area, so a common-use area. That is where the clinical occurrences happen and then, again, through secure doors we have the staff space. The fourth area is the activity centre, itself, which can operate as stand-alone.

So the key planning objective that we have achieved with this building is a minimum travel arrangement within the building for staff to go around the centre. It operates as a bit of a Y-type arrangement, so it minimises travel. There are appropriate degrees of patient and staff security and also confidentiality. There is the accessible accident and emergency unit that can operate stand-alone. Staff areas have fantastic views. The physio area is connected to the internal courtyard to provide outdoor use. We have undercover entry and convenient parking for buses, visitors and patients, and also for the ambulance. There is a covered entry there for the ambulance if it needs to arrive at accident and emergency, and for the community nurses who are constantly in and out of the building.

A high degree of environmental sustainability initiatives have been incorporated into this project. It was a strong theme from the community and it is also a strong theme within the facilities branch at Health to achieve minimum energy consumption, so we are providing solar hot water systems. We are looking at what is called an evacuated tube system for this facility, which operates more effectively at lower temperatures and has a higher efficiency across the whole day. There is very good passive solar design so the building is orientated to maximise solar energy, with eaves to minimise solar gain during peak summer conditions. We also have additional insulation and we have double-glazing throughout the facility, so we are minimising the impact of external temperature conditions on the space which, in turn, then reduces the loads on air-conditioning, and maximising light means less lights that you need to turn on.

We have high-efficiency light fittings - the new T5 lights. They are linked with occupancy senses and also with the security system. We have an overall security system in the building. When it identifies this or when it is armed, any lights that may have been inadvertently left on will also be switched off.

We have heat pumps for heating purposes in most areas where it is appropriate because that is a more efficient form of heating. We have panel heating in a number of areas where it is not efficient to put the heat pumps in and it is a relatively low use requirement.

We also have on-site waste water management and a number of water storage tanks which we believe will have adequate storage for the entire year's collection of water. The water fittings, themselves, are five-star rated, so we have minimum consumption during the day.

Probably the two major initiatives that we are proposing for this facility are to generate our own energy. So we are proposing a 10-kilowatt wind turbine. It has a pole of 12 metres. The turbine itself is eight metres in diameter so the full unit stands at 16 metres. It is capable of generating at 37 000 kilowatt hours across the whole year at the average wind velocity which has been measured at Cape Bruny at 7.5 metres per second. We are also putting in a 1-kilowatt solar voltaic system and that will generate 1 500 kilowatt hours per annum.

The existing site consumes 38 000 kilowatt hours and that was in 2006. Solar hot water is normally about 30 per cent of your energy consumption, and you get 80 per cent free with solar, so with the high efficiency building and all the smarts we are putting into it, a worse case scenario is about 100 kilowatts per square metre per annum. That is 71 000 kilowatt hours. Potentially, because of the scale of the building, we were looking at doubling the energy bill, but with the installation of these we are going to be halving the net energy bill. With the solar and on-site generation we are only going to have to take from the grid some 15 000 kilowatt hours during the year. Interestingly, that achieves the overall government target of achieving the 60 per cent reduction by 2050. We will achieve that as soon as it is built.

The other potential which needs to be tested is that we want to do some wind monitoring. If it proves that the wind velocity here is just one metre per second greater than at Cape Bruny, then it could be a zero energy building. At the moment we are working on

theoretical figures of 100 watts per square metre. If we are successful in energy efficiency the actual energy required will be less too.

With the building itself, we have aimed to make it as constructible as possible for ease of buildability. We have always seen the inherent issues with getting trades onto the island with the ferry, so we have gone for domestic-style construction with timber flooring, timber trusses, colourbond-type linings and concrete block. We have gone for an option of either timber or concrete piles. We have, wherever possible, minimised the use of concrete. If they had to do big pours then that would have significant logistic issues. They may even have had to put a batching plant on the island to construct something of this scale if we had gone for modern commercial construction. So we replaced that and minimised brick and block work as well to minimise the number of trades and create opportunities for on-island tradespeople. There has been a high level of interest from the community's tradespeople. To facilitate that, for the upcoming tender briefing sessions next week we have sent out fliers and that is an opportunity for island-based tradespeople to work with the pre-qualified head contractors.

Mr BEST - Thank you very much for an excellent overview of something that is very much needed down here, no question about that. It is my second time to Bruny Island in about 20 years perhaps, hence I am showing my ignorance in regard to the issues down here but they were very obvious to see and thank you for the tour.

In relation to the land acquisition and the western boundary, how much land do you have attached to the facility that is being proposed?

Mr COOPER - It is just under 6 000 square metres.

Mr BEST - So does that go to the line of the beach almost?

Mr COOPER - No. When you were up on the site you may have seen a dam; it goes to that and probably a good 500 metres or so on from the beach.

Mr BEST - Who owns that land? Is that crown land as well?

Mr ALEXANDER - That is private land. This piece of land had been crown land which was passed to council under the CLAC process and which we are now getting back from council. It is part of a bigger parcel. We should mention that the title is not finalised yet; we expect it will be finalised within the next week or so. It is with Crown Law and obviously that will occur before we go to tender. So it is a portion of land which we excised from a bigger chunk.

Mr BEST - I think it is an excellent site and because it does sit up relatively above the sea level, even if somebody does build further down you will still maintain the aspect. I suppose that is what I was interested in. So that will be in keeping. Obviously what you want to build here is something that people will not only use but also have good amenity over for x number of years.

In relation to privacy issues, which were pretty dominant in what I heard when we went on tour today, I heard you talk in regard to the keeping of records and how that was a big issue. Obviously in a tight community there will be privacy issues in regards to maybe

community health as opposed to emergency help. I am interested in how you see that will overlay with the floor plan that you are presenting.

Mr COOPER - We have a large waiting area, which is where everyone will come to the reception. The reception itself has a glass screen in front of it so any confidential discussions for that initial interview are going to be very confidential with that screening.

Mr BEST - So you come into the waiting room and then there is a screening area in there.

Mr COOPER - Yes.

Mr BEST - That is what that little U-shaped thing is?

Mr COOPER - Yes, the glass feature. If there is a need for a detailed discussion of any confidential matters we have a waiting/interview room where a nurse may then escort the client and take more detail of a more confidential nature.

Mr ARMSTRONG - We deliberately removed the waiting area from the front reception so they do not listen to all the telephone calls and discussions and we put the screen around it to reduce the noise coming out of the reception area. We are also conscious that when they back onto a GP room or a room in the waiting area that room will be sound-proofed as much as possible because we are aware that in health if you sit with your back to a wall then you can hear what is going on. There was a lot of discussion with the community in particular because they hear what is going on at reception and with the telephone calls. Also the staff had a lot of input into moving that waiting area, where the seats will be, away from the reception. It is probably the best that we could do.

Mr BEST - It is good. I am pleased to hear more detail to explain that. So I appreciate that.

We heard that storage is really important because most of your sterilised items are pre-packaged. That will continue with this arrangement?

Mr ARMSTRONG - We have just moved away from autoclaving system to a pre-packaged system, in line with what we use around our other sites. The storage has come up at every meeting. We have external storage, underneath storage for the large equipment items and we also have a lot of storage in the community nursing store, general store, reception - where there is a filing system for the record storage. I think some of the lessons we have learnt with Sorell and Triabunna is that that is the thing that goes missing very quickly. We have factored a lot into the consumable store for the community nurses and where it is located. BIRCH, with their activity room, are also very aware that they have a big need for storing special chairs for the disabled. They take up a lot of room so we have factored that in as well. So I think we have accommodated storage.

Mr COOPER - What we probably didn't mention is that with the gentle grade across the site the floor level at the top is about 11 metres above sea level. We drop about 2.5 metres to the bottom corner, so we have an area in the bottom corner underneath the meeting and staff room of about 2 metres and that provides a lot of extra storage that can be utilised.

Mr BEST - It was very good to hear about the environmental side of things. You have a 10-kilowatt, 7-metres-a-second wind turbine. I don't imagine it will be going around at 100 miles an hour, but in itself it looks to be some sort of feature where you are placing it. You have to site it where it will get the wind; it is something to look at but it is not going to be too noisy, I imagine?

Mr COOPER - No, we don't expect it to be. We have double glazing in the windows so it will not impact on anything within the building. It seems to be a common discussion point that wind turbines are noisy but the reality is that the small commercial/residential ones aren't really that noisy.

Mr BEST - Regarding the global economy and the departmental procurement side of things, is there much thought about Tasmanian products that can be used? I am thinking about my home town of Devonport with carpet, for example. That is just one that comes to mind, but there are probably lots of others, even timber from around the island itself.

Mr ALEXANDER - As Greg said before, when we have the meeting with the tenderers there will be opportunities for local tradesmen to come in. The head tenderers have to be pre-qualified by Treasury to be of a certain size that can guarantee that, but they use subcontractors so there are those opportunities there. With all our procurements there is an office that we consult about Tasmanian opportunities - ICN. We consult them about local opportunities where we are not aware and our consultants also use local providers and materials where they can.

Mr BEST - I guess the main thing is that people tender and then you have a choice.

Mr ALEXANDER - There are opportunities even within the tender for tenderers to offer alternatives, where they have a deal with a local company that we may not have been aware of. So we pick it up two or three times during the contract. We are all Tasmanians too.

Mr BEST - Yes, I know, but it helps to keep drumming it in. Obviously we are speaking to the converted but it is so important with the way we are headed.

Mrs NAPIER - In relation to the solar hot water heater system you chose, how does that compare to the reverse-cycle hot water systems, which are quite often better at dealing with lower temperatures?

Mr COOPER - They are. The reverse-cycle, though, still consumes a reasonable amount of energy. A heat pump-style solar system still uses probably about 40-50 per cent of energy relative to a standard hot water cylinder. Then the next level down is the solar one, which gets to about 80 per cent reduction. So, given the remote location and pushing the boundaries as far as we can within the budget, we felt that we wanted to go as efficient as we possibly could with the solar systems. They all have electrical boost anyway so we are going to have that.

Mrs NAPIER - So these systems are less energy demanding than the reverse cycle?

Mr COOPER - Yes. There is not a significant difference but they are more efficient.

Mrs NAPIER - Is that peculiar to this particular design?

Mr COOPER - No, your standard panel heaters are about an 80 per cent reduction as well.

Mrs NAPIER - I noticed the original value of the project was \$2.3 million but actually measures \$3 million. Can you just clarify that?

Mr ALEXANDER - Yes, the overall project is \$3 million. The construction component is \$2.4 million.

Mr COOPER - We have consultancy fees on top of the \$2.4 million, and there is furniture and equipment that goes on top of that figure.

Mrs NAPIER - So you actually want us to tick off to \$3 million, not \$2.4 million?

Mr COOPER - Yes.

Mr ALEXANDER - Yes, the whole project budget, which includes public buildings and the whole thing.

Mrs NAPIER - With the turning circle opposite the activity room, we have bus parking which will require reverse parking and which runs into the loop of your traffic, and mostly it is traffic that is going to be coming through. Is that the most appropriate place to have bus parking? I would have thought with your bus parking you would be trying to avoid any backwards movement. I just wondered why you did not have your bus parking actually aligned with the direction of your traffic.

Mr COOPER - What we are endeavouring to do there is keep the other portion of the land that is not used at the moment as an expanding area for future car parking to maximise the number of spots we might get there in the future. So we are leaving the bus really close to the activity centre itself. On a fine day the bus might drive straight into that spot and people would leave from there.

Mr GILBY - We are not talking about a big bus. It is a small vehicle.

Mr COOPER - It is a relatively small vehicle, probably a 15-seater. We have had the design reviewed by a traffic engineer and they are quite comfortable with the turning circles that are there, so we have left it at that.

Mrs NAPIER - So it has been checked by a safety engineer?

Mr COOPER - A traffic engineer, yes.

Mrs NAPIER - I can see the argument for proximity but you have buses and vehicles backing into your main direction of traffic after the visitor drop-off. Given that most of your other people would presumably be dropping people off and then going to the car park, it just looked like asking for an accident with someone getting caught behind the bus.

Mr COOPER - That spot with buses will probably be used once a week, so there will be a limited number of people coming in and out. If you had all the other vehicles they would be coming in and out a lot more regularly.

Mrs NAPIER - But that also can be used for car parking space, apart from the bus parking one?

Mr COOPER - The other couple of spots, yes.

Mrs NAPIER - So you still have people backing into traffic that is coming from your visitor drop-off site?

Mr COOPER - Yes.

Mrs NAPIER - I just see that as a potential pedestrian or traffic safety issue.

Mr GREEN - They might be backing into the carpark, Sue.

Mrs NAPIER - That would be even worse. Apart from that it is a very good project. It's certainly an improvement on what is there.

Mr GREEN - The community consultation aspect has been very good. Community members have been consulted thoroughly about the project and it seems to me that there's been a great sense of camaraderie around this project, given the interest that's been shown. Obviously it's been a fair while coming. Listening to the maintenance programs earlier on, I thought that there was an expectation that funding was going to come a little earlier and obviously it didn't for various reasons. I commend everybody on the way you've thought this through from the point of view of involvement in the community and innovation. Your comments about the target for reducing carbon emissions et cetera puts it into perspective. We talk about it a lot but here's a really good example of a project that actually allows you to understand what it means to reduce by 60 per cent and what you have to do to achieve that. Really it's not that difficult, when you think about it, in the circumstances.

Were there any Commonwealth subsidies associated with the renewables aspect of the project?

Mr COOPER - I did a bit of investigation on that. There is a Commonwealth subsidy but it doesn't apply, unfortunately, to this location.

Mr GREEN - I thought there was a solar program.

Mr COOPER - There is. It is usually aimed residential. It still needs to be tested once we go to the market as to whether we get a Commonwealth rebate for the photovoltaic system.

Mr GREEN - Right.

Mr COOPER - We are not 100 per cent sure on that. If we do that will provide a saving to the project.

Mr GREEN - I was thinking that you probably looked at it but it seems to me that with the push for renewables it may well be an avenue for you to save quite a bit more money, particularly on the wind generation project.

The facilities, even though they were cute and very small, were obviously really well maintained up to this point. I know that you've been working through a lot of the issues associated with maintaining that building so I do have to give the staff and everybody some credit for the way that it has been maintained.

CHAIR - The submission indicates that there is potential for the introduction of a nurse practitioner. Is that a matter which is in the near future or a long way off?

Mr ARMSTRONG - Across Tasmania legislation doesn't allow us to have nurse practitioners in the State government at the moment. They want to trial three pilot sites across the State, and Bruny has been chosen as one because the doctors would be very interested in working with that nurse practitioner. So it hasn't commenced yet. The Director of Nursing and Primary Health is the lead for that and has chosen Bruny as the site, but it is in the very early stages. It will need the doctors to work with the nurses, obviously, to make it work. The department has been trying to introduce it for some time but I think there are reasons why it hasn't. We would love to see it on Bruny Island but it's in the hands of our Director of Nursing. I think the other sites are on the west coast and one of the other islands.

CHAIR - When investigating the costs projected for a project we have a look at things such as contingencies and I note that there has been an allowance made in this budget for remote-site allowances. We understand the difficulties of that, as has already been explained. The bald construction cost contingency is about 7 per cent; I suspect you wouldn't foresee too many abnormal things to be encountered on that site?

Mr COOPER - No, we don't. We've had a geo-technical report so we know exactly what the soil conditions are for our waste water treatment system and for the structural design of the footings and foundations. So it gives you a high degree of confidence. When you are working in existing building and refurbishing there are always things that seem to crop up and you need a high contingency in a greenfield site of this nature. It is more about picking up things that might have been missed, like the odd power point and so forth, once people start having a closer look at the plans.

CHAIR - So it is possible and probably even likely that you would not go anywhere near the \$200 000 contingency requirement?

Mr ALEXANDER - It is possible. The whole market has been extremely volatile in trying to get tender prices - as you would know very well from your experience. It is unpredictable, particularly when you get away from a metropolitan area. So it would be imprudent for us not to include that level of contingency. If we can save some money out of that, then we will put it towards refurbishment of the existing building to provide accommodation which will allow us to give up a rental house.

CHAIR - It was mentioned earlier that there has been a lot of community input. Is there anything, Geoff, which you want to add?

Mr DUNIAM - No, Mr Chairman, the community is very happy with the progress of the project.

Mr ARMSTRONG - On the local content, in the project there is some funding for art works. There has been a lot of work done with the local artists in encouraging them to register. Lynette is one and there are a number on the island who have shown an interest in this project. We have encouraged them basically to register with the authority. We have had somebody come out and talk to us because we want a bit of a Bruny Island theme.

Mr GREEN - We have an expert on bronze statues here.

Laughter.

Ms LYNETTE HOLLAND WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

Ms HOLLAND - As you know, we have a percentage of whatever the amount is to spend on artworks. Islands attract artists and one of the things about Bruny Island is that it is really steeped in Tasmanian history. It has an incredible indigenous history, then early settlers and all the way through to the present-day mix of people. So we felt that the one thing that ties the whole together is the endemic character of the plants of this island and other things from history. One of our local artists is a landscape artist and I have spoken to him and other people. We would like to see a living artwork. The naturally occurring courtyard could become a living artwork that could be incorporated not just for the people who come to the centre but also for the school that is close by; it could become part of their educational program. Services that use the centre, such as the social worker, and people who do not want to be talking inside a building could come to the garden. Incorporated into that could be, for example, parts of an old jetty that could be made into a bench seat. There are stones containing amazing fossils that are part of the heritage of the island. All the plants here could form the most amazing garden, and as it grows the art changes. So, there is a lot of interest and work being put into a proposal for that to be put forward. That would be something that everybody could get something from and enjoy as a living, growing work of art.

Mr BEST - On the plan I noticed that it said 'safe landscape terrace', which I thought was interesting.

Ms HOLLAND - The physiotherapy area has a door that opens into this courtyard garden and so we can incorporate, with the physio's input, steps and paths and things to assist rehabilitation of people.

Mr ARMSTRONG - And it will be fenced off, so it's safe.

Mrs NAPIER - This will be a much cheaper building to run in a recurrent sense because of the efficiencies built into it, so what additional capital costs have been built into it that you might not have otherwise had in previous designs? I know you can't give us an exact figure but it would be interesting to know.

Mr COOPER - If we focus purely on the environmental sustainability areas, we have the wind turbine, the photovoltaic system, solar hot water and also the double glazing. We have added about \$10 000 through double glazing all the windows, or maybe a bit more than that. The wind turbine and solar voltaic will be in the region of an additional \$50-\$60 000. Solar hot water is usually about \$5 000-\$6 000 each, compared to probably \$2 000, so we have added probably an extra \$5 000-\$10 000 because there are three of those.

Mrs NAPIER - So about \$100 000.

Mr COOPER - A bit less than \$100 000 in a construction budget of nearly \$2.5 million, so it is a relatively small percentage increase.

Mr ALEXANDER - There is no real definition of where you start 'adding' cost because some of the things such as double glazing you should be doing as good business practice

anyway. We tend to think it is unfair to consider that to be an added cost, although our cousins in Treasury sometimes disagree with this because they don't pay the power bills. I tend to think as a general principle that if something will pay for itself in three or four years then it should be considered good business. We have been really pleased to have the opportunity to put in wind turbines and things. It has really been government initiative in the Climate Change Office which has allowed us to put those forward as business cases.

Mrs NAPIER - Do you have to argue a separate business for it or is it assumed that all new buildings will have those designs to reduce your recurrent energy costs?

Mr ALEXANDER - It's not assumed or mandated but we have this overarching need to reduce our energy costs and emissions. When the budget is put up we are given a global budget, which is at a fairly early stage of estimating the size and capacity of the building, and then we have to balance what we have. The provision of health service accommodation is the primary thing so we have to balance that within the budget and within economic circumstances after the budget is set to see what we can afford.

Mrs NAPIER - Is this one of the first buildings on the island with these design features? Given the proximity to the school and other community centres, are we going to build some read-out systems into it that can also be used as part of the community education process? It seems to me there is a great opportunity for doing that here.

Mr COOPER - We probably haven't gone quite into that level of detail yet, but that would be the optimum outcome for the facility.

Mrs NAPIER - Some of the school projects we have looked at have built in a read-out system and incorporate the data in the curriculum, but also use it to educate the rest of the community about what the potential is. This seems like a great extension of the community project.

Mr ALEXANDER - We would certainly like to do that because we want to monitor closely how well it works, what it does cost us and save us, because this is our first venture into that. It is certainly a subject that is getting a lot of public, political and media attention. We have another project coming through the planning stages in Clarence and we sought Federal support for the ETS initiatives, particularly on the basis that we could use it as a demonstration site.

Mrs NAPIER - So would it be expensive to put that additional documentation in or the read-out systems in?

Mr COOPER - No. I have been doing background research. For water consumption, for example, you can have your water meter with an electronic output that might add \$1 500 for each meter. Then you can buy some software for another \$1 500 and that gives you your log of how much water you have consumed and graphs of litres per day and all that sort of thing, so you can look at how efficient you are. It is the same for your power consumption. It is about \$600 or \$700 for the power meter and about \$1 500 to \$2 000 for the software.

Mrs NAPIER - Because you would be monitoring the feedback into the system anyhow, wouldn't you?

Mr COOPER - Yes. What we are proposing is a grid-connected system, so we will be generating electricity overnight and pumping that back into the grid, and then during the day just topping it up.

Mrs NAPIER - It seems to be a perfect location to have it, with the school and your community centre in the one area.

Mr COOPER - Yes.

Mr ALEXANDER - It is something we will keep note of. If our tender prices are favourable we will certainly -

Mrs NAPIER - Build it in?

Mr ALEXANDER - Yes.

Mrs NAPIER - I am interested in the art and public buildings and the extension to a living art work, which I think is a great concept; do the criteria allow for that? I have only ever seen static examples of living art.

Ms HOLLAND - I have spoken to Nick Goodwolf from Arts Tasmania and he is open to all concepts. The trend in art at the moment is to a more installation-type thing and away from static things. So it is a progression in a lot of different areas that are breaking new ground.

Mr ALEXANDER - The public art is 2 per cent of the budget. The money is passed over to Arts Tasmania and they become custodian of the money. Then they have a very close consultation process with the locals, so they audit the criteria and make sure that the money is spent appropriately, but we try to fit in with the local needs.

Ms HOLLAND - One of the proposals that have gone into Arts Tasmania has incorporated sculpture in the whole concept of the living art garden that blends with the scenes.

CHAIR - We thank you for the detailed presentation.

THE WITNESSES WITHDREW.