SUBMISSION TO THE SYDNEY EAST JRPP IN RESPONSE TO:

1. The minutes of the JRPP meeting on 20th August 2015 re:
   2014SYE130 Ryde LDA2014/419: Fernleigh Residential Care Facility,

2. The JRPP legal brief on the issue of compliance with Clause 26 in the State Environment Planning Policy for Seniors and People with a Disability (SEPP),

3. The Memorandum of Advice received by the JRPP,

4. The written evidence submitted by the Applicant in response to requirements of Clause 26 in the SEPP.

Prepared by Gideon Reiss. October 2015

1.0 Introduction.

This report has been written in response to community concerns in relation to a Development Application (DA) by Opal Fernleigh (the Applicant) at 8-14 Sherbrooke Road & 78-82 Mons Avenue, West Ryde and the following documents published on the JRPP website for this DA:

1. The minutes of the Sydney East JRPP meeting on 20th August 2015
2. The JRPP brief seeking legal advice on the issue of compliance with Clause 26 of the State Environment Planning Policy for Seniors and People with Disability 2004 ("SEPP").
3. The Memorandum of Advice received by the JRPP
4. The written evidence submitted by Opal in response to requirements of Clause 26 of the SEPP dated 28th September 2015.

2.0 Executive Summary.

The basis of the Applicant's argument as to why they should not be required to comply with the external access requirements in Clause 26 of the SEPP is that all their residents are and will be *"high care"* seniors and incapable of independently accessing facilities outside the accommodation.

While this may seem a reasonable proposition, it is not compatible with the objective of the SEPP which is to:

> *"create opportunities for the development of housing that is **located** and designed in a manner particularly suited to **both** those seniors who are independent, mobile and active **as well as** those who are frail, **and** other people with a disability regardless of their age."*

The legal brief prepared by the JRPP in relation to compliance with Clause 26 is based on incorrect and misleading assertions by the Applicant. The categories of "high" and "low" care for Residential Aged-Care **were abolished in July 2014**. Also person does not have to be classified as a frail senior to be a resident in an aged-care facility - the Aged Care Act allows for other types of residents.

The Memorandum of Advice to the JRPP overlooked an important guide to the SEPP published by the NSW Department of Planning and Infrastructure which clarifies the intent and details of the services and facilities to be accessible by residents.

It is clear by the instructions in this guide to the consent authority that the services and facilities referred to in Clause 26.1 (a) are intended to be located off-site. Only Recreational Facilities are noted as being potentially located on-site.

The recommendation in the Memorandum of Advice for a condition of consent (if the DA is approved) to restrict intake to only frail residents is problematic as it contradicts provisions in the SEPP and the Aged Care Act to allow groups other than frail seniors to live in aged-care facilities.

Exclusion of these other groups would contradict provisions in the Anti-Discrimination and Disability Discrimination Acts.

Classifying all residents as "high care" will interfere with Government subsidies and annual allocation of places to aged care facilities

Even if Clause 26.1 can be considered to be satisfied by locating services and facilities on-site, further provisions within the SEPP in relation to accessibility (Clause 38) assume compliance with the external

grades and distances in Clause 26.2 has been achieved. Due to the external grades and distances Clause 26.2 cannot be satisfied.

Providing consent to this DA would not be consistent with previous decisions of the JRPP and recent court decisions on similar matters.

The type of facility proposed by the Applicant would be more appropriately assessed under the Ryde Local Environment Plan which would not require a condition of consent that is in conflict with a range of Government policies and legislation. For this to occur, a new DA would need to be submitted due to the different development guidelines.

Based on the above reasons, and reasons detailed in the body of this submission, the JRPP should accept the Council's recommendation to refuse consent of this DA.

3.0 Commentary on the Applicant's Assertions to JRPP in relation to "high care" residents.

The decisions made by the JRPP at their meeting on August 20th 2015 were in part based on the following assertions by the Applicant:

1. That all the residents at Opal Fernleigh are classified as "high care" and are therefore too frail to independently access services and facilities outside the aged-care facility.
2. That a person must be classified as "high care" to be admitted into an aged-care facility.

As a general point, the JRPP should treat with caution assertions by the Applicant given that it has previously provided inaccurate information. For example in their Statement of Environmental Effects they understated the travel distances to public transport and shops:

> "the site is within 400m of Meadowbank Railway Station and shops, and is in the order of 600m from West Ryde Station and a more comprehensive range of shops. Access to West Ryde is available by bus from Adelaide Street within 400m"

The actual distances, which are easily measured using online tools on Google maps and Nearmaps, are 520m, 1205m and 602m respectively.

In relation to the above two assertions, it should be noted that:

1. The definition of "high care" for aged-care residents was removed from the Aged Care Act in 2014 and there is now no differentiation between high and low care residents as these terms are no longer in use. The same is true in the Aged-care Funding Instrument. (Refer Appendix A).

2. On the Commonwealth Government website **'myagedcare.com.au',** that contains the database of available Residential Aged-Care places, **Opal Fernleigh is listed as offering places for "Low Care" Respite Care** in addition to Residential Aged-Care. (Refer to Appendix B).

3. On their website, Opal Fernleigh advertises that they offer Respite Care which includes activities that would not be normally be associated with "high care" frail seniors. These include yoga, Pilates, cinema days, gardening and "men's shed". (Refer to Appendix C).

4. In Opal's "***Step by step guide - All you need to know about Residential Aged-Care***" published on their website, there is a checklist of issues for potential residents to consider when assessing an aged-care facility. Included in the checklist are the following questions that are contrary to the assertions by Opal:

- What transport can you use to visit shops, friends and family?
- Is there provision for married couples and singles?
- How can family or friends be involved in care? Can they stay overnight if needed?

5. **It is not correct** that only people classified as "high care" can become a resident in a residential care facility. Not only has the "high care" classification been abolished, **the Aged Care Act allows people other than frail seniors to reside in Residential Aged-Care facilities.**

   The following extract is from the **Aged Care Act.** Parts that show that people other than frail seniors are allowed to reside in a residential care facility are in **bold**:

   21-2 Eligibility to receive residential care

   A person is eligible to receive residential care if:

   *(a) the person has physical, medical, **social or psychological needs** that require the provision of care; and*

   (b) those needs cannot be met more appropriately through non-residential care services; and

   (c) the person meets the criteria (if any) specified in the Approval of Care Recipients Principles as the criteria that a person must meet in order to be eligible to be approved as a recipient of residential care.

   Section 6 of Part 2 in the **Approval of Care Recipients Principles** sets out the following additional criteria which the person must meet to be eligible to be approved as a recipient of residential care:

   (1) For paragraph 21-2(c) of the Act, a person is eligible to receive residential care only if:

   (a) the person is assessed as:
   *(i) having a condition of frailty **or disability** requiring continuing personal care; and*
   (ii) being incapable of living in the community without support; and

   *(b) for **a person who is not an aged person**—there are no other care facilities or care services more appropriate to meet the person's needs.*

6. Restricting intake of residents to only "high care" seniors would interfere with the Federal and State Government system that allocates 'residential care', 'respite care' and 'special needs care' places according to an annual assessment of community needs.

7. In relation to the above-mentioned 'special needs care' **Section 5.3.1 Explanation of the Allocation Process** in the Department of Social Services **Guide to the Aged Care Act** advises:

   The Aged Care Act 1997 recognises that there are groups of people with special needs that may find it difficult to access aged-care information and services and receive appropriate care.

   *For this reason, the Act contains a definition of 'people with special needs' in Section 11-3. **Section 11-3, Aged Care Act** provides that the following people are people with special needs:*

   - *people from Aboriginal and Torres Strait Islander communities,*

- *people from culturally and linguistically diverse backgrounds,*
- *people who live in rural or remote areas,*
- *people who are financially or socially disadvantaged,*
- *veterans,*
- *people who are homeless or at risk of becoming homeless,*
- *care-leavers,*
- *parents separated from their children by forced adoption or removal,*
- *lesbian, gay, bisexual, transgender and intersex people, and*
- *people of a kind (if any) specified in the Allocation Principles.*

The provision of care for people with special needs is considered in planning for and the allocation of new aged-care places under the Act.

The above 7 points show that the information provided by the Applicant is not correct and was misleading to the JRPP.

4.0 Commentary on the legal brief by the JRPP.

The legal brief from the JRPP quoted the assertions by the Applicant and assumed the information was correct.

The scope of the legal enquiry was restricted to the issue of whether Clause 26 could be satisfied if all the residents were classified as "high care" and that all the required services and facilities were brought to the site.

The narrow terms of reference meant that broader implications were not addressed. This includes whether non-compliance with the access provisions in Clause 26.2 may have impact on other requirements such as the accessibility requirements in Clause 38 and whether approving a facility that restricted intake to only frail residents would be compatible with the objective of the SEPP.

5.0 Commentary on the Memorandum of Advice submitted to the JRPP (the Advice)**.**

The Advice is not clear in its response to the question it was asked. It separates the two-part question by JRPP into two separate questions. It answers the first part of the question by stating that:

> *23. **The JRPP is not empowered** to reach the relevant state of satisfaction required by clause 26(1) of SEPP on the basis that residents of the residential care facility are (or will) require high care and are therefore unable to access services independently outside the site.*
>
> *24. Consideration of the anticipated frailty of residents, however logical, is a matter outside of the scope of clause 26 of SEPP SL.*

In response to the second part of the question, the Advice states that as there is no definition in the SEPP of the required services and facilities and therefore the ordinary meanings of these words apply. **This is not correct** as the default reference where definitions are not provided in a planning policy is the Standard Instrument Act.

Further, the Advice overlooked a note at the beginning of **Part 2 of the SEPP** which states:

> *"Information and assessment guidelines may be issued by the Department of Planning from time to time to provide assistance to Councils in assessing locations and the provision of services."*

A guide titled ***"A Guide for Councils and Applicants. Housing for Seniors and People with a Disability May 2004 – SEPP (Seniors Living) 2004"*** (guide) is provided on the Department of Planning's website page for this SEPP. Appendix 3 in this guide provides the clearest indication as to the type of service and facilities envisaged by the SEPP. In this guide, only Recreational Facilities are listed as being potentially located on-site.

The Advice also incorrectly states that all of the required type of facilities noted in Clause 26.1 (a) are subject to the proviso of "as reasonably required". As a matter of grammar this proviso only applies to "*other retail and commercial services*". That is, the requirement for access to '*shops*' and '*bank service providers*' should be considered mandatory.

> ***SEPP Clause 26 Location and access to facilities.***
>
> *(1) A consent authority must not consent to a development application made pursuant to this Chapter unless the consent authority is satisfied, by written evidence, that residents of the proposed development will have access that complies with subclause (2) to:*
>
> *(a) shops, bank service providers and other retail and commercial services that residents may reasonably require, and*
>
> *(b) community services and recreation facilities, and*
>
> *(c) the practice of a general medical practitioner.*

The Advice correctly points out that 26.1 (b) and (c) are mandatory requirements.

The Advice appears inconsistent on whether the JRPP can consider the frailty of residents as a measure of satisfying the requirements of Clause 26.

Whilst its closing statements reads initially as accepting the proposition that Clause 26 could be satisfied if all the required service and facilities are located on-site, the Advice provides the following qualifications:

- *That the facilities and services are to be physically available and not via internet shopping or banking (refer point 16 in the Advice).*
- *The consent authority may exercise discretion as to the type of retail and commercial facilities referred to in Clause 26.1(a) but there is no such discretion in relation to 26.1 (b) & (c) (Refer point 34 in the Advice).*
- *That the consent authority should ensure that a condition reflecting the frail state of the intended of occupants was imposed. (Refer point 33 in the Advice).*
- *That 'Recreational Facilities' refer to a building or complex. (Refer point 35 in the Advice).*

6.0 Commentary on problems with imposing a condition of consent that restricts intake of residents to only "high care" seniors.

The recommendation of imposing a condition of consent that restricts the intake of residents to only "high care" seniors **is problematic for the following reasons**:

1. The consent authority would be requiring compliance with a now repealed classification as the category of "high care" for Residential Aged-Care no longer exists in the Aged Care Act.

2. This requirement would interfere with Government subsidies for aged-care that are linked to a persons' assessment under the current Government funding model.

3. The condition would contradict the mandatory restriction required by **Clause 18 of the SEPP**:

   SEPP Clause 18.
   Restrictions on occupation of seniors housing allowed under this Chapter

   (1) Development allowed by this Chapter may be carried out for the accommodation of the following only:

   (a) seniors or people who have a disability,

   (b) people who live within the same household with seniors or people who have a disability,

   (c) staff employed to assist in the administration of and provision of services to housing provided under this Policy.

   *(2) A consent authority **must not consent** to a development application made pursuant to this Chapter unless:*

   (a) a condition is imposed by the consent authority to the effect that only the kinds of people referred to in subclause (1) may occupy any accommodation to which the application relates, and

   (b) the consent authority is satisfied that a restriction as to user will be registered against the title of the property on which development is to be carried out, in accordance with section 88E of the Conveyancing Act 1919, limiting the use of any accommodation to which the application relates to the kinds of people referred to in subclause (1).

4. When read together, Clauses 14 and 18 define the following groups of people who can live in accommodation approved under the SEPP:

   (1) seniors who are independent, mobile and active,
   (2) seniors who are frail,
   (3) people with a disability regardless of their age,
   (4) people who live within the same household with seniors or people who have a disability,
   (5) staff employed to assist in the administration of and provision of services.

   It would not be consistent with the objective of the SEPP to approve a facility that restricted admission to only one of these five groups (being the above category (2)).

5. It would contradict provisions in the Aged Care Act that enable people other than frail seniors to reside in aged-care facilities.

6. Restricting residents to only "high care" or frail seniors will exclude other groups that would normally have access to an aged care facility under the provisions in the SEPP and the Aged Care Act.

   This exclusion is potentially in conflict with provisions in the **Disability Discrimination Act 1992** which prohibits discrimination on the basis of disability or illness in provision of services and accommodation and administration of Commonwealth laws and programs, and the **New South Wales: Anti-Discrimination Act 1977 (NSW)** which prohibits discrimination on the basis

of race, disability, age and carer responsibilities in the provision of provision of services and accommodation.

7.0 Commentary on services and facilities being brought to or located on the site.

Due to the above noted problems in restricting intake of residents to only frail seniors, the selection of services and facilities to be provided on-site under these circumstances should cater to all the groups of potential residents as envisaged in the SEPP and the Aged Care Act.

The Department of Planning's Guide is the most appropriate guide for the type of services and facilities envisaged in the SEPP.

In **Appendix 3 of the Guide** the following list is provided:

> ***1. Facilities & Services:***
>
> *Corner shop / local convenience store, Public telephone, Newsagent, Bank, Chemist, Post Office, Major shopping centre.*
>
> ***2. Community services facilities:***
>
> *Community information services, Libraries (home and branches), Council staff.*
>
> ***3. Recreational Facilities:***
>
> *Cinema, Theatre, Public Parks, Swimming pools, Senior citizens centre, Bowling clubs, Neighbourhood centres running social activities.*
>
> ***4. General Practitioner.***

Of the above list, a *"Major shopping centre", "Libraries (home and branches)"* and *"Public Parks"* cannot be physically brought to, or located on the site yet it is reasonable for residents capable of independence to have access to these facilities.

It is also reasonable for residents to have access to a *"Senior citizens centre", "Bowling clubs"* and *"Neighbourhood centres running social activities"* to enable them to interact with the surrounding community.

Also, access to a *"swimming pool", "cinema"* and *"theatre"* are also reasonable requirements.

It is clear that a reasonable range of services and facilities for residents envisaged under the SEPP cannot be entirely located or brought to the site.

The **Department of Planning Guide** only refers to Recreational Facilities being potentially located on-site. In relation to the other services and facilities the guide provides a note to the consent authority to:

> *"remember to check pedestrian access to these facilities, especially standard of footpaths, gradients (see 'Quality of Access in this Guideline), resting places, safety, directness and/or that they are accessible by direct public transport. Check also suitability of route to public transport."*

As the official guide to the SEPP it is clear that it was never the intent of the Department of Planning for the shops and community facilities referred to in Clause 26.1 to be located on the site.

8.0 Commentary on submission of "written evidence" by the Applicant re: Clause 26.

The "written evidence" submitted to the JRPP in support of satisfying the requirements of Clause 26 in the SEPP is misleading when it states that its residents

> *"will all be assessed as "high care" under the Commonwealth Aged Care Act and Aged-care Funding Instrument (ACFI), as administered by the Commonwealth Department of Social Services".*

As outlined above, both the Commonwealth Aged Care Act and Aged-care Funding Instrument no longer distinguish between "high care" and "low care" residents as these definitions were repealed in 2014.

The 'written evidence' includes provision of services and facilities in a way that is not acceptable under the SEPP including accessing bank and retail services via the internet (refer to Advice point 16) and accessing shops and services via a mini bus.

When the SEPP was re-written in 2004, the reference to "transport" to services and facilities was specifically changed to "public transport". Under Clause 26, private transport as a means of access is not an acceptable means of access to shops and services being available on-site.

The only items in the 'written evidence' approximating a shop on-site is the proposed café and hairdresser, however under the definition of shops in the **Standard Instrument Act**, these do not qualify as shops.

> ***shop*** *means premises that sell merchandise such as groceries, personal care products, clothing, music, homewares, stationery, electrical goods or the like or that hire any such merchandise, and includes a neighbourhood shop, but does not include food and drink premises or restricted premises.*

There is no "*bank service provider*" listed as being located on-site.

Community Services, as defined in the Department of Planning's Guide are not properly addressed.

There is mention of recreational activities, but the only "Recreational Facility" mentioned is a "dedicated multi-purpose room ". This does not compare favourably to the list of Recreational Facilities in the Guide.

9.0 Commentary on social benefit as justification to approve the DA.

The JRPP noted that their initial decisions were heavily weighted by consideration of the social benefit of approving a new aged-care facility in West Ryde.

A Residential Aged-Care facility of the type proposed by the Applicant (for frail seniors only with no requirement to access services and facilities outside the site), could be assessed under the Ryde LEP and not have to comply with the access requirements in the SEPP or have conditions of consent that are at odds with the Aged Care Act. This could address the social benefit of a new aged care facility however a new DA would be required as there are different development guidelines.

The social benefit addressed by the SEPP is written into its objective which is to:

> "create opportunities for the development of housing that is **located** and designed in a manner particularly suited to **both** those seniors who are independent, mobile

and active **as well as** those who are frail, **and** other people with a disability regardless of their age."

To approve a facility that does not even come close to meeting the SEPP objectives would undermine the social benefit being targeted by the SEPP and would create a precedent for others to circumnavigate the requirements of the SEPP.

10.0 Consent Authorities should make consistent decisions.

An objective in the Environment Planning and Assessment Act is to encourage "the promotion and co-ordination of the orderly and economic use and development of land". A co-ordinated and orderly approach should include consistent decisions on planning matters.

In 2013, the Sydney East JRPP ruled not to approve an aged-care facility on the basis that it did not comply with the access requirements of Clause 26. (Refer to Appendix D). The minutes of the meeting also refer to an advice received that advised that Clause 26 was a prohibition.

Similarly, earlier this year, Commissioner Pearson ruled in ***Symon v Hornsby Shire Council*** **[2015] NSWLEC 1028** to not approve an aged-care facility that did not comply with the access provisions of Clause 26 noting that:

> *… the grounds stated for non-compliance are general in nature, and not particular to this parcel of land… to uphold a SEPP 1 objection on grounds that are general in nature and that would be applicable to many sites in the locality, and that are not particular to the circumstances of this land, would create an adverse planning precedent for similar action in relation to other such land, and thus affect the integrity of the planning policy …. That would not assist in the attainment of the object specified in section 5(a)(ii) of the Act which is to encourage "the promotion and co-ordination of the orderly and economic use and development of land".*

11.0 Conclusion

Whilst primarily built for frail seniors the Aged Care Act and SEPP do allow for other classifications of residents in a Residential Aged-Care facility.

The SEPP was specifically written to encourage development of accommodation that is suitable for **both** independent and frail seniors **as well as** disabled persons. For this reason it requires development sites have level and close proximity to community facilities including public transport.

A development on a site that is too far from external services, on the side of a hill and has restricted intake of only frail seniors with limited services and facilities on-site is the opposite of the type of accommodation the SEPP was written to encourage.

Even if providing limited services on-site to a restricted type of resident is accepted as a way around the sites' non-compliance with external access grades and distances, Clause 38 on accessibility can still not be satisfied.

Imposing a condition of consent that restricts intake to only "high care" residents will interfere with the Government funding model and annual allocation of the Residential Aged-Care, Respite and Special Needs Care.

The legal and planning implications in accepting the Applicants' assertions are far-reaching.

The clear intent of the SEPP is to allow housing for seniors and disabled people to be built in areas and of a scale that might not be permitted under local planning policies. Whilst the SEPP allows this, it provides clear criteria and restrictions as to the location of sites the SEPP can be to applied to. If this DA is approved it would circumvent those restrictions and the same approach could be adopted elsewhere by other developers and would undermine the integrity of the SEPP.

This report outlines numerous reasons for the JRPP to accept the Council's recommendation for refusal of consent.

APPENDIX A

Removal of low care – high care distinction in permanent residential aged care from 1 July 2014

Information for approved providers

The Australian Government has worked with governments, providers, consumers and stakeholders to reform the aged care system. This means some changes to your business strategies, to your prices, to your services, and to your workforce so that there is a sustainable, affordable and equitable system for our future.

What has changed?

From 1 July 2014, the distinction between low care and high care will be removed in permanent residential aged care. This has resulted in flexible, simple and more transparent arrangements in permanent residential aged care, reducing red tape for consumers and providers without compromising levels of care provided to residents.

The distinction previously operated in conditions of allocation for residential aged care places, care recipient approvals, care recipient classifications, and other arrangements.

Conditions of allocation on residential places

The Secretary of the Department of Social Services amended conditions of allocation on existing permanent residential aged care places to remove any low care or high care conditions of allocation with effect from 1 July 2014. You did not need to do anything for this change to occur.

Future allocations of permanent residential aged care places will not have low care or high care conditions of allocation.

Approval of care recipients

From 1 July 2014, new permanent residential aged care approvals are no restricted to a care level. Low care and high care permanent residential aged care approvals valid on 1 July 2014 became permanent residential aged care approvals without any restriction to a particular level of care. Any person with a permanent residential aged care approval may now be admitted to any residential aged care place, subject to availability and the provider's agreement.

All residential aged care approvals valid on or from 1 July 2014 are indefinitely valid, unless approval is for a specific period.

Providing ‘ageing in place’

With removal of the distinction between low care and high care in permanent residential aged care, all permanent residential aged care is provided on an ‘ageing in place’ basis from 1 July 2014. All permanent residents will have the right to indefinite residence, unless the conditions are met for asking a resident to leave residential aged care as set out in the User Rights Principles.

You may wish to review how your resident agreement specifies your capacity to provide care and services if you have previously relied on references to providing ‘low level’ or ‘high level’ permanent residential aged care.

Classification of residents

From 1 July 2014, new and continuing permanent residents ceased to be classified as low care or high care recipients. Permanent residents continue to receive an Aged Care Funding Instrument (ACFI) classification, except that the ‘interim low’ ACFI classification has ceased.

Until you submit a new permanent resident’s initial ACFI classification, an interim daily subsidy is paid. Once you submit the initial ACFI classification it will apply, backdated to the date of entry. Any difference between the interim subsidy and the ACFI subsidy over the period before you submitted the ACFI classification is balanced through the payment system.

Maintaining resident eligibility for other programs

From 1 July 2014, references to relevant ACFI classification ranges replaced any references to ‘low care’ and ‘high care’ in eligibility criteria determining permanent resident access to other Commonwealth programs. Permanent residents do not have reduced access to care and services as a result.

High dependency leave

High dependency leave ceased from 1 July 2014. High dependency leave arrangements previously allowed both a low care provider and a high care provider to be paid care subsidies for the same resident at the same time in certain circumstances.

Residential respite low care – high care distinction

Respite care recipients continue to receive low level and high level care approvals and resident classifications after 1 July 2014, as this distinction continues to determine residential respite care subsidies.

Further information

Information on aged care reforms is available at the Department’s website.

APPENDIX B

Opal Fernleigh

+610298093217

http://www.opalagedcare.com.au

- Commonwealth Government subsidised
- Availability
- Accredited

There are no notices of sanctions or non-compliance for this home.

Description | Services | Costs

Types of care

Type of care	Residential Permanent/Residential Respite High Care/Residential Respite Low Care

Status of home

Services meeting particular needs

APPENDIX C

Respite Care

Whilst our dedicated and experienced staff are always focused on the care and needs of our residents, we also understand what you and your family are going through. Being carers ourselves, we know the dedication and commitment required to provide the best for those in our care. We also understand that every now and then, it's necessary to take time out. It's important you feel confident you can transfer quality care to experienced people who deliver the level of dedication you would expect.

Talk to us about taking a well earnt rest – if an aged care assessment is in place, you are entitled to up to 63 days a year or maybe you only need a day.

Our Day Respite program ensures you have the opportunity to enjoy those special days out confident in the knowledge that your loved one gets to enjoy a range of services on their day out too;

- Pain management clinic
- Podiatry
- Physiotherapy
- Dietician
- Bus trips
- Yoga / Pilates
- Hairdressing
- Hydrotherapy (offered at Domain Paynesville)
- Lifestyle activities such as cards, craft, art, cinema days, bingo, gardening, men's shed

If you would like to find out more about respite care near you please call us on **1300 362 481**

APPENDIX D

MINUTES OF THE SYDNEY EAST JOINT REGIONAL PLANNING PANEL MEETING HELD AT CANADA BAY COUNCIL ON THURSDAY 17 OCTOBER 2013 AT 2.00PM

PRESENT:

David Furlong	Chair
Sue Francis	Panel Member
Stuart McDonald	Panel Member
Michael Megna	Panel Member
Helen McCaffrey	Panel Member

IN ATTENDANCE

Samuel Lettice	Canada Bay Council
Shannon Anderson	Canada Bay Council

APOLOGY: NIL

1. The meeting commenced at 2.00pm

2. Declarations of Interest -

Nil

3. Business Items

ITEM 1 - 2013SYE044 – Canada Bay - 197/13 - Aged Care Facility - 65-71 St Albans Street, Abbotsford

4. Public Submission -

Angelo Tsirekas (Mayor)	Addressed the panel raising two questions
Marian Higgins	Addressed the panel on behalf of the applicant
Mark Relf	Addressed the panel on behalf of the applicant
Tim Rogers	Addressed the panel on behalf of the applicant

5. Business Item Recommendations

ITEM 1 - 2013SYE044 – Canada Bay - 197/13 - Aged Care Facility - 65-71 St Albans Street, Abbotsford

1. The panel resolved unanimously to refuse the application for the reasons outlined in the planning assessment report.

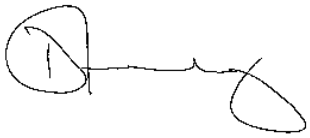
2. In arriving at its decision the panel is mindful that in order to meet the standards for access contained within SEPP – Seniors living, it is necessary to undertake physical works in the public domain. These works require the separate approval of Council under the Roads Act and that approval has not yet been granted.

3. The panel also notes that the Council has received formal legal advice that the requirements within Clause 26 of the SEPP are a prohibition and not a development standard.

4. The Panel further notes that the Council's Planning Assessment staff have not had sufficient time to assess the Clause 4.6 variation standard contained in clause 40 (4)(b) of the SEPP in relation to the number of storeys within a building. In the absence of such an assessment the Panel is not empowered to agree to such a variation.

The meeting concluded at 2.45pm.

Endorsed by



David Furlong
Acting Chair, Sydney East
Joint Regional Planning Panel
17 October 2013