

# Coversheet for a submission on the Planning and Environment Act Review

Name: Miss Sophia Cull

Organisation (if applicable): The Health Exchange

Position title (if applicable): Practice Manager

Postal address: 69 Dianne Avenue, Craigieburn, VIC, 3064

Email: [sophia@thehealthexchange.com.au](mailto:sophia@thehealthexchange.com.au)

Which of the following best describes you? (please tick)

General public

Community-based organisation

Local government

Planning or development industry organisation

Individual or company involved in the development industry

Planning or development consultant

Other, (please specify) Small Business owner applied for Medical Centre Permit 2005

Thank you for the opportunity to contribute to the Town Planning Act. I have set out my information to address some of your questions as well as give my case as an example of where the Town Planning Act 1987 and the Hume City Council administration of the Act conflicts with the growth of our community and lack of health services.

*Ref 3.5 What's in a name? Page 8*

*Question on page 9 "How should planning for land use and development interact with other aspects of planning – for example, planning for development of education and health facilities, provision of roads and transport?"*

My understanding is that Town Planning is a Social Science. How can you build a community without taking into account the people within it? For instance take my community of Craigieburn and Roxburgh Park. Over the last 10-15 years our population has grown extraordinarily and is still growing. The Hume Council web site notes our population statistics as follows:

	1996	2006	increase
of			
Craigieburn	13,319	20,931	7,612
Roxburgh Park	3,386	16,812	13,426

Growth since 2006 has been rapid, more so in Craigieburn with Stockland and Delfin Developments; Hume Council estimates an average of 2.3% increase overall in Hume for just 2006-07. It could be said that just these 2 areas may house a population of 47,490 by the end of 2009. So my question is, have the health services kept up with this growth in population?

In 2005 I applied to my local council for a Medical Centre Permit. Two points of argument nearly cost me my business (including the \$230,000 house I had to buy *before* I could apply for a permit) and the business of the 4 other health professionals inside my incubator business – 38 cm on a driveway (it needs to be 3 meters wide not 2.62m) and “orderly planning” that does not allow Medical Centres in Residential zones only Road zone 1’s.

Fortunately God gave me a brain and a tongue and the average of 300 clients per month who access the services of 10 health professional from my business now are very grateful that I used it to succeed in gaining my permit.

My point of contribution to this question inside your review is that, YES, Town Planning must interact with other aspects of planning and having blanket rules without taking into account the growth and needs of a community is short sightedness. Having gained my permit you might think it all worked out for the best but the Town Planners at the time had their hands tied with red tape and it took a vote by the Councillors who agreed that our community was at least 2 to 4 years away from an appropriate site and the services are desperately needed now (2009 being that time frame away I can say we still do not have a more appropriate site and housing is moving up to Mt Ridley).

*Ref 4 Are the Objectives of Planning in Victoria still relevant page 9  
Question on page 10 “Would including specific reference to issues such as housing affordability, climate change and health & well-being assist in achieving the policy objectives for these matters? What are the matters that should be included?”*

#### **HEALTH PROFESSIONALS & ZONING**

Definitely health services need to be considered. I was told in the days of my application that “Medical Centres belong in Commercial zones”. Just because GP’s who get paid \$60 every 10 minutes by Medicare, group together in 5’s and 10’s and have waiting lists 2 hours long does not mean that all health professionals must follow their lead. Sure put them in Commercial zones with big car parks and a noisy shopping centre. Have you ever relaxed with a massage in a shopping centre? This zoning does not fit all medical centres, considering that complementary medicine and veterinarians also come under the one heading.

I was also told that just because medical centres used to be in residential zones, near the people they were serving, does not mean that we can still place them here! Why not? Wouldn’t it make sense to put the services where the people are rather than make them travel by car to the outskirts of housing? What happen in town planning to move the objective of ‘serving the community’?

#### **ECONOMIC DEVELOPMENT & HOUSING AFFORDABILITY**

Residential zones can be considered as more affordable than Commercial zones. If we want our community to create jobs for themselves and for others while also keeping private health care costs affordable, shouldn't we consider reasonable expenses for these professions?

Then the question is, what is more efficient: a massage therapist in home occupation here, an osteopath there, a naturopath over there **or** put them together in the one location with a shared car park and shared expenses? This issue affects both the health care industry and the economic development of our community.

Consider the Australian Bureau of Statistics *4102.0 – Australian Social Trends, 2008* (last ISSUE Released at 11:30 AM (CANBERRA TIME) 23/07/2008. *“Complementary health therapists – such as chiropractors, naturopaths and acupuncturists – are relatively small occupation groups but have been growing fast, according to census data. Likewise, the number of people who reported having consulted such a therapist in a two-week period increased from around 500,000 in 1995 to almost 750,000 in 2004-05. ...According to the census, 8,600 people were employed as complementary therapists in 2006. This was 80% higher than the number in 1996... The leading occupations were naturopaths (2,980) and chiropractors (2,4990) up 56% and 45% respectively from 1996. The fastest growing group was osteopaths, tripling in number between 1996 and 2006. Over the same period, the Australian population increased by 12% and the total number of health professionals rose by 31%.”(Page 1)*

Good research but what about other occupations like massage therapists, reflexologists, acupuncturists, psychologists, herbal medicine practitioners, kinesiologists, reiki masters, Bowen therapists and many more. We are all a growing industry – Town Planning would be well positioned to take account of these professions rather than think we are all doctors with 10 minute appointments legally pushing drugs!

#### **DEFINE MEDICAL CENTRE**

Your clarification of Medical Centre in the Town Planning Act (as far as I can gauge talking to my City Development Manager) leaves a lot to be desired. She says she is just following the Act. All medical centres fall under the same criteria – the one I am particularly concerned about is the 5 cars to 1 room criteria. She said Veterinarians, Doctors and Massage Therapists all come under the same criteria. I say we do not.

I understand it fully for the health professionals with 10 minute booking slots – especially the ones that go on for 20 minutes and the snow ball reaction is in their waiting room and car park. However, health professionals with a 30, 60 or 90 minute appointment rarely run into the next one and you, thus, have a requirement for 3 cars – the therapist, the first patient and then the second patient who arrives 5 minutes early. Come sit in my waiting room and you will find that most of the time you will be alone. So why should I have the same car parking criteria? Forcing me to subscribe to such a requirement restricts the growth of my business and thus the services to my community. Where is the social science in that?

I can provide 10 car parking spaces in my 1968 property. I am allowed 2 consultation rooms. Without dobbing anyone in, there are medical centres (in both my municipality and in others *who have their own interpretation of the Act*) who can have less car parks with more rooms. Of course we cannot say no to GP Medical Centres opening in the

area as the AMA will be on top of you like a tonne of bricks. The Massage Therapy Associations would not be as heavy!

In my municipality planning scheme there is a permissible exemption to the car parking rule but my City Development Manager tells me they do not use it! Where is the consistency across Victoria?

This is how I see it: if my clinic was on a road zone<sup>1</sup> where trams ran down, I could have 2 car parks in my small front yard (we are talking an old area) and use the side street for my clients to park in. I could have at least 3 (if not more rooms as in old areas, old houses have more rooms) and that is OK. However, put me in a clinic with an avenue almost as wide but without trams and 10 car park spaces in the back yard and I am still limited to 2 rooms. Even if 6 are used at most when both rooms are full, I still cannot open a third room!

What the Town Planning Act needs is a clarification of “Medical Centre”. Easy really. My suggestion is as follows:

Medical Centre

Category A      Appointments less than 24 minutes requires 5 car parks to 1 room

Category B      Appointments more than 25 minutes requires 3 car parks to 1 room

Category C      Appointments mixed. Majority are less than 24 minutes fits category A; majority are more than 25 minutes requires 4 car parks to 1 room.

This is my suggestion – if you don’t like it then create one that works because the current one doesn’t! If you are wondering how we *manage* this “category condition” (that is check that the centres have not changed appointment booking times after gaining a category B permit) I say how we currently manage that we do not exceed our permit requirements plus, ask Council staff to go under cover and make an appointment! Either that or put in an amendment to the Act that says ‘medical centres will be inspected’ just as Real Estate Agents inspect rental properties. Great way for local Council staff to stay in touch with their community – even delegate the job to the Economic Development Manager!! That way we might feel supported too.

*Ref 6.2 Lodging an application page 13*

*Questions on page 13*

- *“Do the information requirements for making an application need to be changed to improve the quality of applications?”*
- *“Is a more comprehensive application form needed?”*
- *“Would a system of pre-lodgement certification by private practitioners be an effective way to improve the standard of permit applications?”*

From a community member’s perspective & from a prospective applicant for a permit, **you have no information pre-lodgement!** A system of pre-lodgement where I could sit down and talk with someone who knows all the requirements for Medical Centre permits and could tell me what I do not know without waiting for me to ask the questions, would have so reduced my stress levels and the quality of my application.

After I purchased my \$230,000 property (that is took out a loan for) and submitted my \$880 with my application for a medical centre permit (and paying over \$1000 for a student draftsman to draw up my plans); after several months of “process” with sign out the front and letters to neighbours; after the “negotiation” with the objecting neighbour; and after 5pm on the Friday night before my application goes to Council on the Monday night ... I then find out there are two criteria for a Medical Centre Permit that includes a driveway of 3 meters wide and being in a road zone 1. What pre-information that is given to applicants, I ask??

Now, to be fair to Hume Council, I knew about the road zone 1. After about 12 months of looking for a house in Craigieburn that suited my Medical Centre needs (including 3 consultation rooms and space for a car park for 15 cars since I need 5 cars per consultation room) and annoying ALL the real estate agents who showed me through their houses but I did not buy them, I finally found this house. It had been empty for some months so they were in a bit of a hurry to put the pressure on me and play their games of “we have another buyer”.

I consulted Town Planning at Hume over the counter and found that they only answered questions that I asked – fair enough, but I didn’t know all the questions I had to ask having never done this before. It was frustrating for both of us that I would come in several times a week with a new question and not progress at a rate that beat the real estate agents selling spiel. In the end I asked the Hume Economic Development Manager to help me out and he organised a meeting for me with a senior town planner to discuss my issues. It was then I was told about Road Zone 1’s which in Craigieburn left me Craigieburn Road West (nothing for sale there for the 12 months I was looking), Craigieburn Road East (at the time farm land & far away from the community), Walter Street (few houses along the Hume Hwy so not appropriate for a Massage Centre) and Potter Street (the other side of the railway track where there might be 1 or 2 houses and mostly businesses not easily accessible to the rest of Craigieburn (why would I set up a business that needed the people so far away from them??)).

Restricted in choice by the size of the back yard and the layout of the house that must also house myself and 2 cats as I had nowhere else to live (nor a financial position to support additional accommodation – the business grew from a house I was renting in Craigieburn!) adding the restriction of location was only making it harder. The property I purchased is a 1968 house where the backyard was a good size. The blocks on Craigieburn road are 1980’s with smaller back yards! The rules of road zone 1 did not take into account this difference. Nor did the 3 meter wide driveway – didn’t we tell the builders in 1968 that in 2004 this house would be purchased for a medical centre and so need an extra 38 cm on the driveway side?

So anything you can put in place would be better than what exists. Ensuring that it is not too costly would be valuable if you want little businesses to grow; if you want to only look after the big businesses sitting on thousands of dollars to throw into their next level of expansion and thus permit requirements, then go ahead and put it out of reach of the little person. A revolution always comes from the suppressed people!

Ref 6.4 Objections page 14

Questions on page 14

- *“Should the term Objectors be changed to Submissions?”*
- *“Should an Objector be required to provide more specific information about how they might be affected by a proposal in their objection?”*

Oh YES, YES, YES!

You are correct in saying that if you ask for submissions you will get some agreements along with disagreements. By asking for objections you will only get negative responses. People think “I don’t object therefore I will not say anything”. Like silence is consent.

The objector I had on my permit I doubt even looked at the details of my permit. In our meeting with him he had the impression that ‘Medical Centre’ meant GP’s and therefore medical waste! Once he was informed that there were no GP’s as it is a complementary medical centre I could see his wife sit back and relax and his testosterone of “I started the war so I have to finish it” explode. He argued over my clients cars parking in the street, thus parking in front of his investment house and his tenants not able to get a parking place and would not renew their lease. My Town Planner explained the 10 car park to the rear of the house is where clients will park. Then he said I would open a 3<sup>rd</sup> room to which both Town Planner and I argued that my permit would be removed if I did do that! The conversation went around in circles until the Town Planner called it an ‘agree to disagree’ and nothing was resolved. As you know, his concern for it devaluing his property was not taken into account. Nor the fact that our street has speed humps, a football oval, a church and an Op shop!

Where were my neighbours in this who liked cars parked in front of their house as it made it look like their empty house was not empty? What about my clients who wanted & needed the services?

“Submissions” would give a more balanced view to the permit.

Ref 6.7 Conditions page 15

Questions on page 16

- *“Does the ongoing life of conditions on a development permit need to be clarified?”*

Ref 10.1 Section 173 Agreements page 27/28

I am responding to these two sections together as I see them similar!

One of the concerns of my Councillors in the long drawn out debate over 2 meetings with regards to my permit was that once we issue a permit – the end. Council have no control over withdrawing the permit if neighbours complain in future. I seriously doubt that but that was his point of argument. He cited an example of a business in Sunbury that was given a permit and all the neighbours were fine; then he sold it and the neighbours were not happy with the new owners and complained. As they fitted within the permit conditions, Council could go nothing.

Part of the winning vote for my permit was a Section 173 Agreement. My condition is that when I sell my house it loses its Medical Centre Permit and new owners need to re-apply. With a 30 year mortgage and the salary of an aging massage therapist, I am not going anywhere in a hurry!

If conditions on permits and section 173's help small businesses get off the ground then 'may the force be with you'!

I am even happy for the Council to come around every 5 years and inspect if I am still meeting the criteria. Whilst here they can see if there is anything they can do to support my business in their municipality!! After all, I am making their workplace a better place to live in (more people, more rates, more salaries for council staff – win win really).

If you have any questions on the points I have raised I am more than willing to talk further. The Town Planning Act is a passionate issue of mine and having one that works 'for most of the people most of the time' is better than my belief of it currently working for some of the people when it works for Council!!