

# **Integrated Planning Amendment Bill 2009**

**EXPLANATORY NOTES BY  
MEMBER FOR NICKLIN PETER WELLINGTON**

## **GENERAL OUTLINE**

### **Objectives of the legislation**

**The Bill proposes to amend the *Integrated Planning Act 1997* (IPA) to provide for an easier method of gaining approval for the provision of community hospice guest house, or cottage hospice, facilities.**

### **Reasons for the Bill, and how achieved**

The Bill is a direct response to the problems currently being experienced by the Sunshine Coast Community Hospice Association (SCCHA), but if enacted it will benefit other similar groups and the people they are trying to assist throughout Queensland. The SCCHA wishes to change the current use of a property on Sunshine Coast to that of a community hospice guest house, similar to the model known in the United Kingdom as a cottage hospice. These are places where terminally ill people can live out their last days in as home-like an environment as possible. At present hospice care for the terminally ill is only available in Queensland on a more ‘medicalised’ model, in premises with a full-time Director of Nursing, visiting specialist doctors, and specialist palliative care nurses. This may be appropriate in some cases but it is not the only workable model. The SCCHA wishes to establish a smaller centre where a small number of guests (maximum 3) could live in a rural or rural residential environment under the care of a trained palliative care nurse/coordinator, specially trained palliative care volunteers and their families and be visited by their own general practitioners and nurses from local community nursing services. This facility is for dying people no longer able to cope at home and who do not require medical treatment in an acute facility...

The problem is that under the current provisions of the IPA there is no simple classification of such a use of property, nor guidelines for the assessment of such a proposal. If the proposal was to provide a larger and more ‘medicalised’ centre it would be quite appropriate for the local Council to treat it as a medical facility. In the particular case of the SCCHA’s proposal it has been suggested by some planners that the best fit is either the ‘bed-and-breakfast’ or home-based business categories, neither of which is appropriate.

This proposed amendment adds a new classification of proposed change of use to Schedule 8, Part 1 of the Act. The new classification is ‘community hospice guest house’ which is defined in Schedule 10 as – somewhat simplified – premises at which short-term care is provided for no more than three people who are dying, in a rural or rural-residential area. The effect of specifying this proposed use in Schedule 8, Part 1 will be to make it ‘code assessable’. The relevant local Council will then simply have to assess it against the general codes that apply in rural or rural-residential areas such as those limiting disturbance to the use of agricultural land or reduction of Rural Residential amenity.

### **Administrative cost to government of implementation**

No cost to the state government, and possibly a reduction of costs to local governments who have to assess applications made for the new class of premises.

### **Consistency with fundamental legislative principles**

The Bill makes no impact on the fundamental legislative principles referred to in s 4 of the *Legislative Standards Act 1992*.

## **NOTES ON PROVISIONS**

*Clauses 1-2* are the usual short title and “principal Act” provisions.

As there is no commencement provision, the proposed Act will commence on the day it is given assent.

*Clause 3* inserts another entry (the 12<sup>th</sup>) into Part 1, Table 2 of Schedule 8. Schedule 8 lists several specific types of development that are assessable or self-assessable, Part 1 of that Schedule is the list of “Assessable Developments”, and Table 2 of that Part lists a range of material changes of use that are “Assessable Development”. The new 12<sup>th</sup> entry refers to community hospice guest houses. It will then be possible for the ‘assessment manager’ (the local Council) to assess applications for change of use of premises according to the relevant Codes. There is provision in the Act for the Integrated Planning Regulation to provide for specific codes to apply to specific proposed uses listed in the Table. It is not envisaged that any specific code will need to be prescribed for applications for one of the new guest house hospices, apart from those that already apply by virtue of the area’s zoning as rural or rural residential.

*Clause 4* inserts the new definition of “community hospice guest house” into Schedule 10.