

## **Examination of the Kings Lynn and West Norfolk Local Plan: Site Allocations and Development Management Policies**

**Issue 25:** Heacham (G.47).

Representation prepared by Nicole La Ronde BSc MSc MA MRTPI, La Ronde Wright Limited on behalf of Broadland Housing Group (1277)

### RESPONSE TO THE INSPECTOR'S QUESTION 25.1

The purpose of this statement is to respond to the Inspector's question 25.1 which is:

“Is there evidence that any elements of the proposed development off Cheney Hill (G47.1) are not justified, sustainable, viable, available or deliverable? If such evidence exists what alternatives are available and have they been satisfactorily considered by the Council? Is there evidence that would support the provision of a Care Home at Heacham?”

#### Response

Whilst the development of allocation G47.1 could be said to be viable, available and deliverable, it does not address the identified chronic need for specialist accommodation for the elderly identified by Norfolk County Council in 2008. This need predates the adoption of the Core Strategy in 2011, the Strategic Housing Land Availability Assessment, 2011 and the recent Housing and Economic Land Availability Assessment. However, despite the County Council's announcement of the urgent need to address this ever increasing lack of provision, there has been little action by the Borough Council to address it.

According to an announcement made by the Department for Communities and Local Government on 21<sup>st</sup> March 2015, 'with around 1 in 6 people aged over 65', there is

an urgent call for councils to take 'better account of the needs of their older residents when planning new homes in their area'. Housing and Planning Minister, Brandon Lewis said: 'I want to see councils doing more, and thinking about building more bungalows and other types of homes to meet the needs of their older residents, so if someone does choose to move the properties are there for them to choose from'.

Following this Government announcement, paragraph 21 of the Planning Practice Guidance (PPG) on Housing and Economic Development Needs Assessment was updated to stress the important role of planning in providing a choice of housing to help older people to move to more suitable accommodation if they wish.

On the methodology of assessing housing needs for all types of housing, the PPG at paragraph 021 Reference ID:2a-021-20150326, states that ' the need to provide housing for older people is critical given the projected increase in the number of households aged 65 and over accounts for over half of the new households. ... Plan makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently in their own home for as long as possible, or to move to more suitable accommodation if they wish.' The guidance recognises the benefit of plan makers engaging with partners to better understand their housing requirements.

The PPG recognises that the needs of the elderly population are diverse and states that where appropriate, this should involve identifying specific sites. In March 2015, the Housing and Planning Minister said 'I want to see councils doing more, and thinking about building more bungalows and other types of homes to meet the needs of their older residents.

The SADMP is unsound as currently drafted as it fails to take account of the full needs of the population as required by the National Planning Policy Framework (NPPF), the Care Act 2014 and the recent announcement by the Housing and Planning Minister.

The SADMP fails to fulfil the requirements of paragraph 50 of the NPPF, in failing to plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community. The plan fails to adequately address the need identified in 2008 by the Norfolk County Council Strategic Model of Care for specialist accommodation for older people in the Heacham and Hunstanton area and the increasing local demand.

Paragraph 9.18 of the Councils own Strategic Housing Market Assessment published in August 2014 states that the number of older people in the Borough is projected to grow quite notably, with the number of people aged 90 or over expected to increase by almost 80% by 2028. Paragraph 9.42 of this document anticipates that 'This demographic change is likely to have an impact on the housing market' and that this group is disproportionately likely to require specialist accommodation including housing with care, sheltered accommodation and supported accommodation. Paragraph 9.44 states that there is likely to be a deficit of 192 specialist homes for older people in the Borough between 2013 and 2028.

The 2009 update paper on the 2008 Strategic Model of Care (please see Appendix A) published by Norfolk County Council shows the shortfall in places by 2020 in the King's Lynn and West Norfolk Borough Council Area would be as follows:

<b>Type of Care Setting</b>	<b>Shortage of places by 2020</b>
Housing with Care	300
Specialist short stay care home	100
Specialist dementia care home	250
Care home with nursing	190
Care home with nursing for people with dementia	140
	Surplus of places by 2020
Care home for older people without specialist needs	174

Extract from the Strategic Model of Care – Progress and Implementation, Report by the Director of Adult Social Services, Report to Cabinet, 14 September 2009, Item 11.

The challenge of achieving viable specialist care accommodation schemes has been recognised by the Government in numerous recent publications. Please see Appendix B - The importance of providing Specialist Housing for Old People (SHOP) and Local evidence relating to need, Background Paper prepared by La Ronde Wright Limited, January 2015 and Appendix C - Need Case: High Dependency Dementia Care Home and Housing with Care Scheme at School Road, Heacham. These Need Case presents a clear response to the second part of the Inspector's question – **“Is there evidence that would support the provision of a Care Home at Heacham?”**

This evidence is also provided in the Official Journal of the European Union notice and pre-qualification questionnaire published by Norfolk County Council in 2011 and submitted in previous representations to the Council on the SADMP. Please see Appendix D.

Concluding section requested in paragraph 33 of the Inspector's guidance note

The need for specialist housing for the elderly in the Heacham and Hunstanton area is acknowledged by the Council. However, it is not adequately provided for in the SADMP. It would not be viable to include a care home and housing with care scheme on proposed allocation G47.1 Heacham – Land of Cheney Hill.

Additionally, the plan makes inadequate provision to fully address this critical and growing need in Hunstanton. The Council claims that the proposed allocations for employment and housing could potentially address part of this need. However, the viability of these proposed developments have not been tested. Moreover, even if part of the identified need could be met in Hunstanton there would still be a deficit to be addressed which could be addressed in the catchment at Heacham on sites 883, 185, 206 and 482 as proposed. The viability of this delivery has been tested by Broadland Housing Association who would have extensive local experience in delivering and managing such facilities.

As drafted, the SADMP is not positively prepared. It is not justified.

Omitting the site proposed to provide a care home and housing with care scheme in Heacham would make the plan unsound.

19<sup>th</sup> June, 2015

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## APPENDICES

**Appendix A** - the Strategic Model of Care – Progress and Implementation, Report by the Director of Adult Social Services, Report to Cabinet, 14 September 2009, Item 11.

**Appendix B** - The importance of providing Specialist Housing for Old People (SHOP) and Local evidence relating to need, Background Paper prepared by La Ronde Wright Limited, January 2015

**Appendix C** - Need Case: High Dependency Dementia Care Home and Housing with Care Scheme at School Road, Heacham

**Appendix D-** Official Journal of the European Union Notice and Pre-qualification Questionnaire published by Norfolk County Council in 2011

# **Appendix A**

The Strategic Model of Care – Progress and Implementation, Report  
by the Director of Adult Social Services, Report to Cabinet, 14  
September 2009, Item 11.



## **Strategic Model of Care – Care Homes; Strategic commissioning proposals for the future services**

Report by the Director of Adult Social Services

### **Summary**

This report proposes the production of a long term plan to meet the care needs of older people in Norfolk in 2020 and beyond, taking account of the projected growth in the population of older people in the county and rising expectations about acceptable physical standards of accommodation.

The report sets out a process to make detailed plans for each of the County Council's 26 residential homes for older people, taking account of a feasibility study undertaken by Norfolk Property Services and the recent consultation, 'More Choices, Better Choices'.

In order to ensure the availability of services to meet future need and expectations, detailed commissioning and decommissioning plans will be required for each area. This will require working with potential partners including those in the third and private sectors to identify how best to meet the shortfall in services and address the overall surplus of care home places.

### **1 Background**

- 1.1 The Norfolk Joint Strategic Needs Assessment produced by the Director of Public Health has projected that between 2006 and 2021 there will be an increase of 40% in the population aged 65 – 84 years and an increase of 57% in the population aged 85+. It also estimates that there will be an increase of 46.7% in the number of people diagnosed with dementia. Even with developments in preventive and community services, this increase in the older population will require additional care places to be provided if the needs of older people in Norfolk are to be met.
- 1.2 In March 2008, Cabinet considered draft proposals including proposed accommodation standards to meet the increased need and aspirations by 2020. They agreed that these should be consulted upon and that a feasibility study should be carried out to look at how best the County Council's homes could contribute to the proposed future provision.
- 1.3 In August 2008, Cabinet received a report on the outcome of the consultation exercise 'More Choices, Better Choices' carried out in April and May 2008. This indicated that people would prefer to move into housing with care if they needed to move into a care setting. People also thought it important that they have their own toilet and bathroom rather than sharing. A report on the findings from the consultation is available in the Members Room.
- 1.4 At this meeting, Cabinet considered and agreed the proposed strategy to develop:
  - a mixed economy of care home and housing with care to give older people choice and to reflect their preferences in how they live if they can no longer be supported at home

- housing with care that will include options for rental, shared ownership or full ownership of flats and also provide for couples remaining together
- specialist care home provision for those requiring short term care
- specialist care home provision for people whose dementia is advanced when entering care

1.5 It was also agreed that a further report detailing the Director's proposals for the levels of the different types of care settings to be commissioned in each of the 16 previously identified areas would be produced. This was to indicate if or how the Council's care homes for older people could contribute to the future provision.

1.6 Although the County Council's strategy is to support people to remain in their own homes as far as possible, and significant progress has been made in improving preventative services and other services to support this, there will always be a requirement for specialist residential and nursing home provision, as well as housing with care.

1.7 The quality of care provided in the County Council care homes is not in question, with every service rated good or excellent by the Commission for Social Care Inspection (CSCI), and the standard of provision by independent sector care providers and housing providers is also high.

1.8 Many councils have already addressed the issue of the accommodation standards in their care homes and have implemented changes which include a range of solutions including the development of housing with care. Norfolk County Council has successfully created a number of housing with care schemes in partnership with registered social landlords but still retains 26 residential care homes. Given Norfolk's particular demographic profile, there is an imperative to resolve the long-term future of all these units.

## **2 The need to change**

2.1 It is essential that the County Council has long term plans to ensure appropriate services of the right standard in 2020. This is driven by the need to meet demographic needs and the increasing aspirations of older people and has been informed by good practice and feedback from 1000 older people and organisations in Norfolk. It is not driven by the need to reduce or benchmark the unit costs of Council provision with that of the independent sector, or to drive down costs in the independent sector.

2.2 The increase in numbers of older people will require an increase in the number of care places. The proposals in this strategy will require the best use to be made of resources, both capital and revenue.

2.3 Living Longer, Living Well: The Norfolk Older People's Strategy identified as one of its principles and visions, "Older people should be enabled to lead the lifestyle of their choice whenever possible." This will require a range of different types of services to be provided to give people the choice such as choosing to live in a stand alone development or one that is part of a range of services on one site, choosing to live in a care home or housing with care scheme.

- 2.4 Once people have moved into a care setting, as far as possible their care should change to meet their changing needs rather than the person have to move to another care setting.
- 2.5 In More Choices Better Choices older people have said that if they needed to move into a care setting they would prefer to move into housing with care, with some saying that it would be important to them to have the opportunity to move in with their partner and some saying that it would be important to them to have the opportunity to buy their accommodation.
- 2.6 Currently in Norfolk there are about 575 housing with care places, all for rent and about 7,400 care home or care home with nursing places. This imbalance does not give older people the realistic option of moving into housing with care or having the opportunity to remain in the property market.
- 2.7 People also stated how important it is to them to have a private toilet and bathroom rather than having to share. Of the 839 care home places for older people provided by the Council and a further home owned by the Council but managed by Age Concern Norfolk, only 34 rooms are provided with ensuite toilet and bathroom facilities.

### **3 The Feasibility Study**

- 3.1 Norfolk Property Services have carried out a feasibility study relating to the Council homes which indicates that although most homes could be refurbished to give ensuite facilities, this will lead to either a reduction in the numbers of care places or will result in rooms and ensuite bathrooms that will not be accessible by older people who use a wheelchair, especially where they need staff assistance. In addition, the refurbished rooms would still be provided in buildings that will increasingly compromise the carbon footprint and sustainability standards anticipated from the government. The provision of new facilities will enable significant 'future proofing' against changes in care requirements by incorporating flexible design that would be virtually impossible within the constraints of existing buildings.
- 3.2 The feasibility study indicates that the physical position of the homes results in many of the sites not being used to their full potential. In some instances it may seem that an extension could be added and linked to the original building. However, this would be difficult to justify as the new and old elements would have different life spans and the new extensions would not be able to stand-alone should the original structures need demolishing.

### **4 The identified need**

- 4.1 For each of the 16 local areas the following were identified:
- the numbers of housing with care, care home and care home with nursing places required based on guidance from the Care Services Improvement Partnership. This guidance is based on the numbers of people aged 75 and over. Minor changes have been made to reflect local differences across the county such as health status and level of home ownership
  - the current provision of housing with care, care home and care home with nursing places provided across all sectors including the in-house

provision

This information is given by area in different formats in Annex 1.

4.2 The provision and need across the county is summarised below showing a shortfall of 2480 care places.

<b>Norfolk</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	<b>10427</b>	1653	590	2790	2338	1130	1926
Current number provided	<b>7947</b>	3358	91	1729	1681	513	575
Difference	<b>+2480</b>	-1705	+499	+1061	+657	+617	+1351

## 5 Proposed action

5.1 At this stage we are clear on the requirements but need to carry out further work to identify options which will show how the shortfalls and surpluses will be addressed in each area.

5.2 Before the details can be presented clearly, further work needs to be done to address:

- how the range of housing and care providers in Norfolk can best contribute to the provision of accommodation and care at best cost
- the phasing of the development and implementation over the next 5 - 10 years
- the capital and revenue costs of future services
- how the NCC staff can be best supported through and after the changes to contribute to the need for a trained and skilled workforce
- how to ensure that the interests of residents at the time of implementing the changes are considered.

5.3 It is proposed that the above are addressed and that strategic plans, including commissioning, decommissioning and investment plans, are produced that detail solutions as to how, when and at what cost the surpluses and shortfalls will be addressed.

- 5.4 Although a considerable amount of work is required to produce these plans – it is considered that the proposed means of meeting the differences (surpluses and shortfalls) in care places could include, but are not limited to the following:
- where access and distance are not issues, commission the surplus services in one area to meet the shortfall in another
  - work with the independent sector (the Third and private sectors) to develop care home/with nursing services where there are shortfalls. This could include the development of new services and the refocusing of others to meet shortfalls in that area
  - work with Housing Authorities and housing providers including Registered Social Landlords on the development of housing with care schemes, including examining the possibility of incorporating some current sheltered housing into housing with care
  - the Council will lead on the market management response to meeting any remaining shortfall in service

5.5 If this approach is agreed, it is proposed to develop and implement the plan through the formation of arrangements or partnerships with organisations across all sectors to provide accommodation, support and care services. Because of this it is not possible to give a date for the implementation of services in each area, as this will be dependent upon the production of the sourcing plans and the formation of these partnerships. It is expected that the overall programme for the implementation of the plan will take up to 10 years to complete.

5.6 In working with partners, consideration will be given as to whether it is better if new services are built on the site of current homes or if it would be more appropriate and better to use the proceeds from the sale of the site to contribute to developments overall.

5.7 A partnership approach will take account of developments already planned by partner organisations.

5.8 Residents, relatives and staff will be informed and involved as necessary, as the proposals develop. In particular it will be necessary to ensure that residents feel well supported, are provided with independent advocacy and understand early what, if anything, will be involved for them personally in any changes to the way services are provided. It is an important aspect of maintaining health and well-being for there to be as little uncertainty as possible, and for local staff to help reduce anxiety and uncertainty.

## 6 Resource Implications

6.1 **Finance:** In 2006 the outstanding maintenance and improvement programme for the homes in order to meet CSCI requirements was assessed at £15M and a 5-year expenditure plan was established. With approximately £2.8M spent to date the current liability exceeds £12M. With the 'do nothing' option, 'defensive spending' will be ongoing because of the ever-increasing obsolescence of the existing buildings.

6.2 Although some spend will still be required to maintain minimum standards whilst homes are open, it is anticipated that the projected spend could be reduced if this strategy is approved.

- 6.3 Proposals developed will take account of the ability of housing providers to raise capital for housing with care from other sources such as the Housing Corporation. They will also take account of the potential capital that could be released by the decommissioning of surplus council provision. At this stage it is anticipated that the new proposals will be developed within existing County Council resources.
- 6.4 The cost of refurbishing the homes is estimated at £60,281,000 excluding VAT and various fees such as for programme and project management. Refurbishment would reduce the provision of places and would still not provide accommodation to the proposed standard. It is also likely that unit costs would increase.
- 6.5 If the proposal for the production of commissioning plans is approved, it is intended to appoint a specialist Procurement team estimated at a cost of about £300,000 in the first year that will be sourced from the Transformation grant. It will include:  
Property advice from Norfolk Property Services  
Training costs for staff  
Procurement advice including a Gateway Review  
Legal services  
Finance advice
- 6.6 **Staff:** At this stage it is likely that there will be no impact on the Council staff although there will inevitably be anxiety about the future use of Council Care Staff.
- 6.7 It is proposed that the Council gives a firm commitment to train and develop staff during the period of planning and implementing the future service in order to meet the projected increased demand for well-trained and highly skilled carers.
- 6.8 As proposals are developed, staff will be informed, consulted and involved, as necessary. We will also seek to work with the unions' representatives to ensure that staff are provided with the right level of support and that they are helped to reassure residents.
- 6.9 **Property:** The main implications currently identified have been covered in 3.1 above. The outcome of the further work highlighted in paragraph 5.4 will produce the long-term implications for the Council's care homes. The plan is likely to include proposals that capital should be released from some of the Council's care home sites to contribute to the new service. Notwithstanding, the growing obsolescence of the existing Council care homes cannot be overstated.
- 6.10 **IT:** There are no implications for IT

## 7 Other Implications

- 7.1 **Legal:** The Council has a responsibility to ensure that there is adequate care provision for those who need it including those whose care the Council funds and those who fund themselves.
- 7.2 If the plans include proposals for closure of care homes or any other major change to a service that will impact on the residents, the Council is required to

consult with the residents on the plans for its closure or major change.

7.3 **Residents:** There are no implications for the residents of the Council's care homes at this stage but the proposed plans may over time have significant implications for care homes. Any proposals that significantly affect a particular home or homes will be the subject of consultation with the residents and their families at the appropriate time and the implications for their human rights will also be taken into consideration.

7.4 **Communications:** The importance of keeping residents, relatives and staff informed and involved in how the proposals are developing and the impact on them cannot be overestimated. To meet this, if the recommendations in this report are approved, a communications action plan relating to the implementation of the proposed plan will be drawn up.

## **8 Equality Impact Assessment (EqIA)**

8.1 Every proposed change will undergo an Equality Impact Assessment as part of that proposal. The commissioning of the proposed services (housing with care schemes, specialist short stay care homes and dementia services) will improve the range of services available to older people across Norfolk, thus providing more people with the option of living in a way that they have expressed a preference for in the recent consultation. EqIAs will be carried out on any home for which it is proposed to change its function and on any new development to be commissioned.

## **9 Section 17 - Crime and Disorder Act**

9.1 All new developments will be designed to reduce the risk of crime and disorder and to reduce the fear of this for the people living there. All staff employed in any service within all sectors that are inspected by CSCI will be expected to have rigorous employment vetting procedures.

## **10 Risk Implications**

10.1 A risk register has been compiled and action identified to reduce the risks. Those over which we have least control relate to the potential difficulties there may be across all sectors in accessing capital.

10.2 The main risks of not accepting the proposals in this report are:

- failure to meet the future needs and aspirations of older people
- the potential lack of provision of appropriate care places in future years
- the continuing requirement for capital spend on maintaining the homes and meeting the recommendations and statutory requirements of CSCI

## **11 Review Panel Comments**

- 11.1 Adult Social Services Review Panel noted the report and supported the proposal to carry out work to determine the process for commissioning the new services.
- 11.2 The committee stressed the need for communicating progress with all stakeholders.

## **12 Alternative Options**

### **12.1 Do Nothing**

This is not a viable option because:

- the Council's existing care homes are generally failing to provide acceptable environments in which to support the projected increase in the numbers of people who will need care because of their dementia or high physical dependency
- the use of shared toilets and bathroom and lack of private facilities reduces the dignity of the residents
- the current provision, especially specialist care home services and housing with care, is not consistent with our stated intention of providing the highest quality service nor does it fit modern practices of allowing people to retain as much control of their lives as possible

This option is not sustainable as increasingly CSCI are placing demands to upgrade obsolete elements within homes.

### **12.2 Continuation of NCC service provision in refurbished care homes**

Upgrading the current homes to meet the needs of older people in the future to enable them to live in dignity and with as much control of their lives as they wish is not viable as;

- in many areas there is a surplus of long stay care home places and the NCC care homes are contributing to this. There is a need to decommission some of the long stay care places and recommission services that are required
- homes are old and obsolete in their layout
- the provision of ensuite facilities will reduce the capacity of the homes and is likely to lead to higher unit costs.
- the cost of refurbishing the homes is estimated at about £60,281,000m excluding VAT and various fees such as programme and project management fees and will not lead to accommodation considered acceptable in the long term
- on its own this would not address the imbalance in types of care needed to meet the projected needs of 2020



### **12.3 Out-sourcing of NCC provision**

Selling all of the care homes to one or more care providers:

- in many areas there is a surplus of long stay care home places and the County Council care homes are contributing to this. This makes it less likely for a sale to be successful and more likely that a partnership approach will be needed
- although this would remove the direct responsibility of upgrading the homes from the Council to the new owner, it would not change the model of care to that of housing with care, which is the preferred option, and the Council would still have to pay for the cost of the upgrade through the fees for the residents
- the outcomes for older people would not be improved in the short term
- this option is likely to be least favoured by members, staff, residents and their families and the general public
- on its own this would not address the imbalance in types of care needed to meet the projected needs of 2020

### **12.4 Closing all the NCC care homes and disposing of the sites**

It is likely that plans will include the closure of some homes, to be replaced by Housing with Care or in some circumstances specialist care home provision. It is unlikely, however that a comprehensive programme to close all care homes would meet the Council's objectives. This would create a significant reduction of care in the county and an imbalance in provision at a time when it is crucial to increase the overall provision of care places. The Council will need to retain the ability to manage the market by using its own resource flexibly to meet particular shortfalls in care.

## **13 Conclusion**

13.1 The status quo is not acceptable in that it will neither meet future demand nor aspirations. In accepting the proposals given in paragraph 5.2 the Council will be addressing its role as 'place shaper' within the Norfolk community.

## **14 Recommendation**

14.1 It is recommended that:

- the approach identified in paragraph 5.2 leading to the production of commissioning plans is approved
- further investigatory work on an approach to determine the process to commission the new services. The first step in this would be to hold an event to which all interested partners would be invited in order to understand the proposed service so that they can consider how they could contribute once the procurement process has been identified and approved

## **Background Papers**

Report to Review Panel, 14 January 2008, Strategic Model of Care – Care Homes

Report to Cabinet, 10 March 2008, Strategic Model of Care – Care Homes

Report on the findings from the consultation, 'More Choices, Better Choices'

Report to Cabinet, 11 August 2008, Strategic Model of Care – Care Homes; outcome from More Choices, Better Choices consultation

## **Officer Contact**

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## Annex 1a – High Level Strategic Commissioning of Residential, Nursing and Housing with Care in Norfolk

### **Acle**

It has been identified that in the Acle area there is a need for 359 care places in total. Currently there are 310 provided with a surplus of 72 long stay and 13 short stay care home places but shortfalls of 2 dementia care home, 56 care home with nursing, 21 dementia care home with nursing and 55 housing with care places.

### **Aylsham**

It has been identified that in the Aylsham area there is a need for 535 care places in total. Currently there are 467 provided with a surplus of 92 long stay, 8 dementia care home and 3 dementia care home with nursing places but shortfalls of 31 short stay care home, 55 care home with nursing, 85 housing with care places.

### **Dereham**

It has been identified that in the Dereham area there is a need for 686 care places in total. Currently there are 682 provided with a surplus of 189 long stay and 6 dementia care home places but shortfalls of 40 short stay care home, 42 care home with nursing, 12 dementia care home with nursing and 105 housing with care places.

### **Diss**

It has been identified that in the Diss area there is a need for 541 care places in total. Currently there are 304 provided with a surplus of 22 long stay places but shortfalls of 31 short stay care home, 81 dementia care home, 44 care home with nursing, 59 dementia care home with nursing and 44 housing with care places.

### **Downham Market**

It has been identified that in the Downham Market area there is a need for 512 care places in total. Currently there are 339 provided with a surplus of 112 long stay care home places but shortfalls of 30 short stay care home, 78 dementia care home, 98 care home with nursing, 24 dementia care home with nursing and 55 housing with care places.

### **Fakenham**

It has been identified that in the Fakenham area there is a need for 402 care places in total. Currently there are 251 provided with a surplus of 53 long stay care home places but shortfalls of 2 short stay care home, 41 dementia care home, 38 care home with nursing, 43 dementia care home with nursing and 80 housing with care places.

**Great Yarmouth**

It has been identified that in the Great Yarmouth area there is a need for 1096 care places in total. Currently there are 788 provided with a surplus of 159 long stay care home places but shortfalls of 60 short stay care home, 85 dementia care home, 87 care home with nursing, 74 dementia care home with nursing and 161 housing with care places.

**Holt**

It has been identified that in the Holt area there is a need for 490 care places in total. Currently there are 276 provided with a surplus of 17 long stay care home places but shortfalls of 28 short stay care, 129 dementia care home, 15 care home with nursing, 11 dementia care home with nursing and 48 housing with care places.

**Hunstanton**

It has been identified that in the Hunstanton area there is a need for 521 care places in total. Currently there are 369 provided with a surplus of 166 long stay care home places but shortfalls of 29 short stay care, 70 dementia care home, 65 care home with nursing, 56 dementia care home with nursing and 98 housing with care places.

**King's Lynn**

It has been identified that in the King's Lynn area there is a need for 773 care places in total. Currently there are 569 provided with a surplus of 39 long stay care home places but shortfalls of 44 short stay care, 18 dementia care home, 24 care home with nursing, 47 dementia care home with nursing and 110 housing with care places.

**Loddon**

It has been identified that in the Loddon area there is a need for 369 care places in total. Currently there are 223 provided with a surplus of 22 long stay care home places but shortfalls of 22 short stay care, 63 dementia care home, 17 care home with nursing, 43 dementia care home with nursing and 23 housing with care places.

**North Walsham**

It has been identified that in the North Walsham area there is a need for 813 care places in total. Currently there are 768 provided with a surplus of 128 long stay care home and 67 care home with nursing places but shortfalls of 47 short stay care, 13 dementia care home, 75 dementia care home with nursing and 105 housing with care places.

**Greater Norwich**

It has been identified that in the Greater Norwich area there is a need for 2126 care places in total. Currently there are 1677 provided with a surplus of 439 long stay care home places but shortfalls of 86 short stay care, 398 dementia care home, 100 care home with nursing, 60 dementia care home with nursing and 244 housing with care places.

**Swaffham**

It has been identified that in the Swaffham area there is a need for 347 care places in total. Currently there are 266 provided with a surplus of 68 long stay care home places but shortfalls of 14 short stay care, 27 dementia care home, 35 care home with nursing, 37 dementia care home with nursing and 36 housing with care places.

**Thetford**

It has been identified that in the Thetford area there is a need for 287 care places in total. Currently there are 201 provided with a surplus of 10 long stay care home places but shortfalls of 16 short stay care, 6 dementia care home, 12 care home with nursing, 32 dementia care home with nursing and 30 housing with care places.

**Wymondham**

It has been identified that in the Wymondham area there is a need for 570 care places in total. Currently there are 457 provided with a surplus of 117 long stay care home places but shortfalls of 32 short stay care, 64 dementia care home, 36 care home with nursing, 26 dementia care home with nursing and 72 housing with care places.

Annex 1b – High Level Strategic Commissioning of Residential, Nursing and Housing with Care in Norfolk

<b>Acle</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	359	58	21	100	84	41	55
Current number provided	310	130	34	98*	28	20	0

\* Including all the joint registered places for older people and dementia care

<b>Aylsham</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	535	88	31	146	125	60	85
Current number provided	467	180	0	154*	70	63	0

\* Including all the joint registered places for older people and dementia care

<b>Dereham</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	686	117	40	187	161	76	105
Current number provided	682	306	0	193*	119*	64	0

\* Including all the joint registered places for older people and dementia care

<b>Diss</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	541	85	31	147	122	60	96
Current number provided	304	107	0	66*	78	1	52

\*Including all the joint registered places for older people and dementia care

<b>Downham Market</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	512	73	30	144	112	58	95
Current number provided	339	185	0	66*	14	34	40

\*Including all the joint registered places for older people and dementia care

<b>Fakenham</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	402	62	22	106	89	43	80
Current number provided	251	115	20	65*	51*	0	0

\*Including all the joint registered places for older people and dementia care

<b>Great Yarmouth</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	1096	180	60	285	236	110	225
Current number provided	788	339	0	200*	149*	36	64

\*Including all the joint registered places for older people and dementia care

<b>Holt</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	490	80	28	129	112	53	88
Current number provided	276	97	0	0	97*	42	40

\*Including all the joint registered places for older people and dementia care

<b>Hunstanton</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	521	84	29	137	117	56	98
Current number provided	369	250	0	67*	52*	0	0

\*Including all the joint registered places for older people and dementia care



<b>Kings Lynn</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	773	119	44	211	173	86	140
Current number provided	569	158	0	193*	149	39	30

\*Including all the joint registered places for older people and dementia care

<b>Loddon</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	369	55	22	105	84	43	60
Current number provided	223	77	0	42*	67	0	37

\*Including all the joint registered places for older people and dementia care

<b>North Walsham</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	813	137	47	217	189	88	135
Current number provided	768	265	0	204*	256	13*	30

\*Including all the joint registered places for older people and dementia care

<b>Greater Norwich</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	2126	337	117	548	469	223	432
Current number provided	1677	776	31	150	369*	163*	188

\*Including half of the joint registered places for older people and dementia care

<b>Swaffham</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	347	54	20	96	78	39	60
Current number provided	266	122	6	69*	43	2*	24

\*Including all the joint registered places for older people and dementia care

<b>Thetford</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	287	39	16	79	61	32	60
Current number provided	201	49	0	73	49*	0	30

\*Including all the joint registered places for older people and dementia care

<b>Wymondham</b>	All types of care	Long stay care home	Short stay care home	Dementia care home	Care home with nursing	Dementia care home with nursing	Housing with care
Total places to be commissioned	570	85	32	153	126	62	112
Current number provided	457	202	0	89*	90**	36**	40

\*Including all the joint registered places for older people and dementia care

\*\*Including half of the joint registered places for older people and dementia care

## **Appendix B**

The importance of providing Specialist Housing for Old People  
(SHOP) and Local evidence relating to need, Background Paper  
prepared by La Ronde Wright Limited, January 2015



## **HEACHAM GREEN**

# **THE IMPORTANCE OF PROVIDING SPECIALIST HOUSING FOR OLD PEOPLE (SHOP) AND LOCAL EVIDENCE RELATING TO NEED.**

Application ref 13/01541/OM  
Appeal ref APP/V2635/A/14/2221650

January 2015

<b>1.0 THE IMPORTANCE OF PROVIDING SPECIALIST HOUSING FOR OLD PEOPLE (SHOP) AND LOCAL EVIDENCE RELATING TO NEED</b>	<b>Error! Bookmark not defined.</b>
<b>2.0 LIVING WELL AT HOME INQUIRY</b>	<b>Error! Bookmark not defined.</b>
<b>3.0 HOUSING IN LATER LIFE</b>	<b>Error! Bookmark not defined.</b>
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## Executive Summary

- Housing with care is a predominantly affordable housing product. Historically these were 100% affordable schemes that were only possible with significant amounts of public funding. However, the Government now requires affordable housing providers to generate alternative sources of funding to ensure that these schemes remain viable.
- Affordable housing providers are increasingly including elements of open market development to generate surplus to cross-subsidise the delivery of affordable homes.
- 
- Norfolk Joint Strategic Needs Assessment/Norfolk Insight (2011) (JSNA/NI) estimates that about 1 in 4 people aged over 85 years develop dementia.
- West Norfolk has one of the highest proportions of older residents in the East of England with almost 1 in 3 residents over the age of 65. Of that number it is estimated that 25% are aged over 80 years with the figure currently exceeding 8,000 people.
- The number of people expected to be living with dementia in Norfolk is expected to rise by 85% over the next twenty years.
- There is a significant under-supply of specialist homes for the elderly generally and in particular specialist high dependency dementia places in the area.
- Given the increased need arising from the demographic pressures, this situation can only become worse with more and more older people with dementia competing for increasingly scarce places.
- The proposed high dependency dementia unit will assist Norfolk Adult Social Services and the NHS West Norfolk Clinical Commissioning Group to respond more effectively to the increasing need for dementia services and thereby help to deliver the objectives of the National Dementia Strategy.
- The scheme will provide a choice of locally based, flexible and essential services for those people with dementia, their relatives and carers.
- The proposal also would afford the opportunity for the unblocking of existing valuable housing stock for non elderly people and their families.

## I. INTRODUCTION

The weight to be attached to the provision of a care home and housing with care facility is plainly a key issue in the forthcoming appeal against the refusal of planning permission. The planning officer's report to committee of 30<sup>th</sup> January 2014 conceded that:

"The proposed scheme does include the development of housing with care, for which there is an identified need. However the benefits of this type of accommodation are not considered to outweigh the harm caused to the Development Plan policies identified above or to other interests identified in the reasons for refusal below"

Elsewhere evidence has been submitted which shows that the "harm" referred to by the local planning authority has not been demonstrated. However, regardless of that, this report presents evidence that the need for provision of specialist housing for the elderly is overwhelming as well as being very urgent. It is a factor to which significant weight must be given in accordance amongst other things with national policy documents. It is to be noted that notwithstanding the concession that there is a need for the proposed development the local authority made no proper assessment of the weight which should be attributed to that need. Since the decision was made the appellant's have commissioned a review of that need and relevant policy statement in respect of that need to update the position for the benefit of the inspector.



**PART 1:****NATIONAL CONTEXT****1.0 THE NATIONAL PLANNING POLICY FRAMEWORK (NPPF)**

Paragraph 47 states that;

“To boost significantly the supply of housing, local planning authorities should, among other things:

- use their evidence base to ensure that their Local Plan meets the full objectively assessed needs for market and affordable housing in the housing market area, as far as is consistent with the policies set out in the Framework, including identifying key sites which are critical to the delivery of the housing strategy over the plan period.”

Paragraph 48 provides that housing applications should be considered in the context of the presumption in favour of sustainable development.

Paragraph 50 states:

“To deliver a wide choice of high quality homes, widen opportunities for home ownership and create inclusive and mixed communities, local authorities should:

- plan for a mix of housing need based on current and future demographic trends, market trends and the needs of different groups in the community (such as but not limited to), families with children, older people, .....

In this context the phrase older people is defined in the Glossary to the NPPF as “People over retirement age, including the active, newly retired through to the very frail elderly, whose housing needs can encompass accessible, adaptable general needs housing for those looking to downsize from family housing and the full range of retirement and specialised housing for those with support or care needs”

It is not a case that “one size should fit all” when it comes to elderly housing anymore than it does for other types of housing. The choice of housing provision for the elderly is varied (see e.g. paragraph 5.4 below and see also the appeal decision letter in Brendoncare.

Paragraph 52 envisages that the provision of housing including elderly housing can be provided by quite substantial development;

“The supply of new homes can sometimes be best achieved through planning for larger scale development, such as new settlements or extensions to existing villages and towns that follow the principles of Garden Cities.

It is important to assess the need for introducing new green infrastructure around such developments.”

Paragraph 159 emphasises the point that the particular mix and scale of housing should reflect the need which should be identified:

The Strategic Housing Market Assessment should identify the scale and mix of housing and the range of tenures that the local population is likely to need over the plan period which meets housing and population projections, taking account of migration and demographic change.”

## 2. LIVING WELL AT HOME INQUIRY – ALL PARTY PARLIAMENTARY GROUP ON HOUSING AND CARE FOR OLDER PEOPLE.

2.1. The HAPPI (Housing our Aging Population: Panel for Innovation) found that:

“the scarcity of supply of desirable ‘care ready’ properties in later life can contribute to older people moving to residential care in the absence of any other form of accommodation that meets their low level care and support needs. Indeed...as many as 31% of placements could have been avoided if alternative housing choices had been available locally.” (Source Kerlake and Stilwell (2004) *What makes older people choose residential care and are there alternatives?*)

2.2. Evidence from the Housing Forum’s Affordability Later in Life Working Group

“Most of us will opt to stay in our own homes for as long as possible or until a move is forced upon us through ill-health, bereavement or other factors. ...Around 30% of our family housing stock is under-occupied by couples or single older people and this trend is set to escalate sharply unless attractive alternatives can be offered.

Appropriate housing for older people is therefore not a peripheral issue. It is fast becoming one of our major challenges in terms of mainstream housing supply. When people choose to downsize it is generally on the basis of attractive, good quality and more practical accommodation offering a lifestyle alternative in the right locations. Evidence suggests, however, that this is in very short supply.”

2.3. Amongst other things it made the following recommendations: a new “Living Well at Home” strategy for older people

- That Government should help to promote a new overarching vision of housing for older people to provide the catalyst for statutory, voluntary and commercial organisations, older people, family and carers to identify and maximise the housing solutions across all tenures for older people;
- That local authorities should be at the heart of implementing “Living Well at Home” strategies and that the new Health and Wellbeing Boards should give equal attention to housing, health and social care;
- That the Homes and Communities Agency should give greater priority to taking forward recommendations from the Housing Our Ageing Population: Panel for Innovation (HAPPI) to stimulate social and private sector developers to build more high quality housing that meets the lifestyle choices of older people.

2.4. Key data

- By 2036, there will probably be 2.3million people aged 85 and over, an increase of 184%. This will mean greater demand for accessible housing and

neighbourhoods designed to maximise the quality of life of all residents, including those with physical disabilities, sensory need or dementia;

- There is significant variation between areas in the size of their 65plus populations. The 2001 census identified 31 largely rural or coastal councils with a population in which 30% or more of its households were older person households;
- By 2029, most rural areas will see an increase of 36 per cent in their 65 plus populations (compared to 23% in urban areas) with the over 75s being a higher proportion of the increase.

### 3. HOUSING IN LATER LIFE – PLANNING AHEAD FOR SPECIALIST HOUSING FOR OLDER PEOPLE PUBLISHED BY THE HOUSING LIN (LEARNING AND IMPROVEMENT NETWORK) IN ASSOCIATION WITH THE NATIONAL HOUSING FEDERATION, MCCARTHY AND STONE IN 2012, TETLOW KING AND CONTACT CONSULTING.

3.1. In the forward the Chairman of the All Party Parliamentary Group on Housing and Care for Older People states:

“Our town planners are key to the shifting emphasis demanded by the huge demographic changes in our society. They can support health and social care goals by prioritising specialist housing for older people. In doing so, they are also recognising the economic, environmental and sustainability benefits of higher densities, less car use, and reduced demand for the release of green field land for new housing.”

3.2. The document is a toolkit for local planners and commissioners to use in planning for the elderly and it refers to several steps that can be taken including:

- **Incorporating specialist housing for older people into local plans**  
the inclusion of policies supporting specialist housing for older people can provide an opportunity to demonstrate the wider public benefits of providing this type of accommodation;
- **Connecting health and social care strategies with housing an planning the findings of the SHMA can link with the Joint Strategic Needs Assessment (JSNA) and Joint Health and Well-being Strategy (JHWS) to give a fuller and clearer picture of the need for specialist housing for older people. This can help officers to link planning with development and commissioning of local care and housing services, working to integrate housing, health and social care at a local level**

3.3. The objective evidence gathered demonstrates (see further paragraphs 6.3-6.4 below) that one of the problems is that local planning authorities are not properly addressing the needs of the elderly in their housing policies. That is very much true in the present case. The Local plan recognises the need for SHOP in the Hunstanton area. Norfolk County Council has sought proposals to deliver such housing, but to date there are no formal proposals. In the Pre-submission site specific proposals document there is a proposal in Hunstanton on site F2.3 for the development of a site of 5ha for the development of 50 units with a mix of market housing, affordable housing and housing with care. The scale of this proposal means that it will fall well short of the identified need and there is as yet no firm indication that it will be delivered. The appeal proposal actually meets the identified need in a suitable location. Not only is there a lack of provision for the future but there is a chronic immediate need which is simply not being addressed by the local planning authority.

3.4. Some telling statistics from the document paint the picture all too clearly:

60% of all new household growth up to 2033 will be by those aged over 65 and 21% will be by those aged over 85. (DCLG)

Specialist housing can provide a wide range of benefits including:

- Improved quality of life
- Sustainable communities
- Reducing fuel poverty
- Stimulating the housing market by releasing under-occupied property
- Reducing or delaying the need for care

#### 4. THE HOUSE OF LORDS SELECT COMMITTEE ON PUBLIC SERVICE AND DEMOGRAPHIC CHANGE 2012-2013

4.1. The report refers to a predicted increase in the number of people with moderate or severe need for social care of 90% between 2010 and 2030 (Source: Professor Carol Jagger Newcastle University).

4.2. Para 18 notes that:

“Older people are diverse; most enjoy life and want to live independently, in their own home for as long as possible. But eventually almost all of us will need healthcare, and two thirds of men and 84% of women currently aged 65 will need some social care before they die.”

4.3. Paragraphs 19-25 present a range of data highlighting the increasing demands on the Health Service of the rapidly ageing population and the need for radical change in the way health and social care is delivered.

4.4. Paragraph 19 in particular states that:

“The NHS is facing a major increase in demand and cost consequent on ageing and will have to transform to deal with this. Because of this rising demand, without radical changes in the way that health and social care serve the population, needs will remain unmet and cost pressures will rise inexorably.”

4.5. Paragraph 20 highlights major increases over the period 2010-2030 in illnesses including, dementia, diabetes, arthritis, heart disease and stroke. Most notably the number of people with a moderate or severe need for social care will increase by 90%.

4.6. And Paragraph 21 points out that: “The treatment and care of people with long-term conditions accounted for 70% of total health and social care expenditure in 2010.”

4.7. Paragraphs 22 refers to the Nuffield Trust findings on the effects of this increased demand on the NHS and predicts a funding shortfall of £54bn by 2021/2022 if present trends continue, but highlights the potential to reduce this through productivity savings.

“The Committee has concluded that the current healthcare system is not delivering good enough healthcare for older people and is inefficient; there is an urgent need to change the current system to provide better healthcare more efficiently and this should help with the predicted funding shortfall.”

4.8. Paragraph 23 highlights the financial challenge posed by the increase in the elderly population:

“At the same time, public expenditure on social care and continuing healthcare for older people may have to rise to £12.7 billion in real terms by 2022 (an increase of 37% from £9.3 billion in 2010), just to keep pace with expected demographic and unit cost pressures.”

4.9. The report is more concerned with the management of health and social care services than housing but the implication of this cross party report is that housing with care can provide a vital role in meeting these priorities. But it is clear that an asserted inability of local GP's and health care services to accommodate new specialist homes for the elderly is not an acceptable reason for refusing to allow them to be built. Those elderly people and their needs already exist and by not allowing such specialist provision the local planning authority is in fact increasing the pressure on local health care services since the elderly are not enjoying the benefits of their specialist accommodation (see also paragraph 5.3 below).

4.10. The report does address housing specifically and it states that:

The housing market is delivering much less specialist housing for older people than is needed. Central and local government, housing associations and house builders need urgently to plan how to ensure that the housing needs of the older population are better addressed and to give as much priority to promoting an adequate market and social housing for older people as is given to housing for younger people.

4.11. Appendix 16 of the report focuses specifically on housing provision.

“...investment in housing can reduce hospital admissions”

4.12. Para 267 states that “Some local authorities and private housing developers provide staffed ‘extra care housing’, which offers more assistance than traditional sheltered housing. While cost effective, this type of housing usually requires support or funding from other agencies. ....Housing associations potentially have a major role to play in providing access to extra care housing”.

4.13. Para 269 the 2006 Wanless Social Care Review reported that 27% of older people would consider specialist housing if it were available. In 2012 a YouGov poll concluded that 33% of people over 55 were interested in specialist housing.

4.14. Para 270 states that

“...There are just 106,000 units of specialist housing for home ownership and 400,000 units for rent in the UK as a whole. Just 1% of the over 60s in the UK are estimated to live in retirement homes compared to 17% in the US and 13% in Australia. (Source McCarthy and Stone). Shelter note that if demand for retirement housing remained constant supply would have to increase by more than 70% in the next 20 years.

4.15. Para 273



“Local Government should signal their intention to ensure better housing provision for older people by insisting that local planning agents both encourage the private market in housing provision for older people and by making specific mention of older people’s needs when drawing up their planning strategies.”

4.16. Para 274 makes the very telling points that:

“Sites for older people’s housing are best located either in urban centres, or at least in non-remote areas that have easy access to town or city centre amenities and activities...The Committee heard that the NPPF’s mention of older people’s housing needs was too vague to address the demand for suitable housing provision. (evidence from WISE Women in Science and Engineering)and recommended that “Central and Local Government should jointly review how the National Planning Policy Framework’s suggestions might be clarified and tightened to do more to ensure sufficient housing provision for older people.”

4.17. Para 275 makes clear that;

“Health and Wellbeing Boards, on which local planners should be represented, should draw up plans for how communities can prepare themselves for older populations and involve housing associations and private developers to ensure that there is enough specialist housing, adequate transport and other easily accessible facilities for older people. Health and Wellbeing Boards should consider housing in tandem with health and social care provision because well-designed housing, as well as older people’s capacity to avoid social isolation, are strongly linked to better health outcomes.”

4.18. That requirement has not been achieved in the local authority area of the appeal site.

4.19. Para 278 explains that:

“Urban planning is also important in ensuring that older people have access to the services that they need, and do not feel isolated. Housing developments suited to older people, with gardens, entertainment, and medical or fitness facilities are much needed.”

## 5. THE TOP OF THE LADDER – A REPORT ON HOUSING FOR THE ELDERLY PUBLISHED BY DEMOS

5.1. The Executive Summary of the Demos report highlights a number of key points:-

- “...we lack a coherent strategy at national level on retirement housing and this shows in everyday planning decisions and the attitude of those dealing with developers. Retirement housing remains in an uneasy space between general housing and residential care and suffers from association with both”
- “25% of over 60’s would be interested in buying a retirement property”.
- “More than half of people over so were interested in moving”
- “More than half of those interested in moving wanted to downsize by at least one bedroom.
- “If those wanting to buy a retirement property were able to do so, this would release £307bn worth of housing.”
- “The housing needs of our rapidly aging population (the number of over 85s will double by 2030) is the next big challenge this government faces.”

5.2. The Demos report refers to Homes and Communities Agency’s document entitled “Housing our ageing population: Panel for innovation (HAPPI) set up in 2009. Aimed to examine what further reform would be needed “to ensure that new build specialised housing meets the needs and aspirations of the older people of the future”

5.3. The report urged the government to act stating that:

“...improving housing options for older people could lead to reduced health and social care costs and create new housing options for younger people and families if older people could be moved from large, under-occupied family homes into retirement accommodation. It recommended that 100,000 retirement, supported housing and extra care homes should be built every year.

5.4. In 2011 the Government published “Lifetime Neighbourhoods”, it noted that “a range of choices – from standard housing through to sheltered or extra care housing would help to maximise the value of neighbourhoods and the range of choices available to older people”

5.5. P41 “a review in 2011 of 19 extra care schemes by the personal Social Services Research Unit found that the occupants had considerable lower rates of mortality than a matched sample in care homes. Over 40% were also at an improved level of physical functioning after moving in, and had improved levels of social interaction.”

5.6. P44 of The HAPPI 2 Report (2012) pointed out very clearly part of the answer to the problem. It concluded that

“Solutions to health and social care problems so often lie in provision of specially designed, high quality homes: these reduce risks of falls; provide safety and security; protect against the effects of cold homes and fuel poverty; enable earlier discharge from, and fewer readmissions to, hospital; prevent the need (both temporary and permanent) for institutional care. And the companionship that comes with retirement housing can combat the depression and poor health that so often results from isolation and loneliness.”

## **6. HOUSING FOR AN AGEING POPULATION: DEVELOPMENT PLANNING, CONTROL AND MANAGEMENT FOR HOUSING WITH CARE REPORT ON CONSULTATION RTPI SEPT 2007**

- 6.1. This report sets out responses to a consultation document which addresses the need to plan for housing for the elderly and for Housing with Care in particular.
- 6.2. Section 2 of the report addresses the question “How can planning help to provide more unit of high quality housing with different levels of care support?”
- 6.3. One key issue is whether extra care developments should be dealt with within normal housing allocations or merit consideration in their own right :

“A common theme raised by both private and public sector representatives, is that the ability to deliver is being frustrated by a lack of suitable, affordable and hence, deliverable sites” (page 5)

- 6.4. The evidence is that planners are resisting edge of town facilities but developers find it difficult to find sites within built up areas that are large enough to meet the specialist requirements of a substantial Housing with Care development.
- 6.5. Recommendations from consultees included :
  - “planning policies should include clear statements encouraging the development of extra care developments” and
  - “in areas where the overall scale of residential development needs to be limited, separate targets should be set for extra care housing and allocations for suitable sites for this use should be included in plans.”
  - “Local Development Frameworks should include supplementary planning documents covering extra care schemes and give them priority on ”greenfield” sites. (p6) Schemes of over 100 units with a nursing home element need special treatment and should be included within LDF proposals as a specific element.” (all p6)
- 6.6. While the Core Strategy recognises the need for housing for the elderly including Housing with Care no specific provision has been made for this until the reference to in in relation to Site F2.3 for a development of 50 residential units comprising a mixture of market housing, affordable housing and housing with care. The scale of this development suggests that the housing with care element would be relatively

small and it is strongly questioned (**need for expert input**) whether this could be viable with regard to the provision of care. The allocation appears to be an afterthought which has not involved sufficient consideration of how it would work.

- 6.7. Section 3 of the report asks “How should the need for housing with care be incorporated into strategic housing market assessments?”
- 6.8. The consultation indicated that more research is needed to better understand the impact of an ageing population on housing markets.
- 6.9. One of the recommendations to emerge was

“There is a need to look at the need, demand and supply issues in relation to older people’s housing in a locality by Borough or District Council Area to ensure that over provision does not arise. Ideally this should be across all provision ie private sector, RSL and LA areas and across tenure particularly as an increasing amount of mixed tenure is being developed in the RSL sector. Housing, Planning and Social Care/Social Services should be encouraged to look at this issue as a “whole system” so that different parts of the whole are not developed in isolation. Therefore there will need to mechanisms to ensure that this happens e.g. Strategic Housing Groups need to have planning representation included..” [Underling added]

- 6.10. The Strategic Housing Market Assessment is considered at the end of this report. While it begins to address the issue of housing for the elderly, there is no evidence that any inter agency co-operation has occurred to develop a detailed understanding of the need for different types of housing for the elderly. Indeed, the SMA acknowledges that the work it does is only a start and that more research is necessary.
- 6.11. Following the Consultation the RTPi published a Good Practice note “Extra Care Housing, Development Planning, Control and Management”, to be used in association with an Extra Care Housing Toolkit. It highlights the importance of extra care housing in meeting a wide range of needs:

“Local Authorities are interested in the development of extra care housing because it:

- meets community development and land use objectives
- comprises an aspect of planning for the ‘health and older people’ theme of Local Area Agreements,
- meets strategic housing policy objectives,
- meets social care policy objectives and promotes independence for frail older people,
- widens accommodation choice for frail older people whose assessed level of need may otherwise require entering a residential or nursing home,
- makes better use of residential care and nursing care
- enhances local communities, and offers wider choice in accommodation and care,
- meets community safety objectives by providing a safe environment,

- frees up other sectors of the housing market e.g. release of family accommodation into local housing markets.

6.12. In relation to Housing Market Assessments it suggests:

“In developing a housing market assessment planners will need to consider the following:

- Is there a strategy for the development of extra care housing in the local area?
- Who has developed the strategy, and with what involvement of older people?
- Does a strategic plan recognise the need for extra care housing for rent, leasehold and shared ownership?

6.13. The Good Practice Note also highlights the importance of partnership in the provision of extra care housing:

“The development of extra care housing involves partnership working. Extra care housing schemes can only be developed and maintained through a partnership of stakeholders, including planners, commissioners, providers and developers.”

6.14. The Good Practice Note also highlight a wide range of factors to be taken into account in the consideration of individual schemes. These are contained in the attached Appendix. While many of these are clearly related to the reserved matters stage, there is no evidence from the Council's considerations that it has looked in any detail at any of these considerations. **It has therefore failed properly to weigh the potential benefits of the scheme against the alleged harm**

## 7. RETIREMENT HOUSING 2014 KNIGHT FRANK

- 7.1. Emma Cleugh Head Institutional Consultancy Knight Frank. Echoes what is an obvious problem with the actual implementation of the planning process that retirement housing needs to be moved from the “niche” to the “mainstream”, not soon but now.
- 7.2. The report quotes from interview with Dr Ros Altmann CBE the government’s new champion for older workers.

### “How big an issue is housing for older generations?”

Housing offers both a challenge and an opportunity. We have not built homes suitable for people to aspire to downsize to, yet many older people will find themselves unable to live comfortably in their large family homes. They would like to move somewhere smaller, more modern, more suitable for their lifestyle, but do not want small flats with no garden, or to live in old age homes. There is an opportunity to free up some of the housing market by building more new homes specifically for older generations, which can boost the economy and improve housing affordability.”

- 7.3. The report indicates that a quarter of people over 55 would consider moving into a retirement village at some stage in the future but also shows, by looking at planning permissions, undetermined applications and developments under construction that housing for the elderly makes up less than 3% of the development pipeline.
- 7.4. Figures 6 of the report shows the factors that are important considerations in the selection of where to live. Figure 7 lists the requirements of an ideal retirement village as shown in a survey:
- 86% would like a garden or outside space
  - 67% a self contained house or flat
  - 65% allocated parking
  - 61% access to extra care
  - 60% a café bar
  - 56% communal areas
  - 37% a restaurant
  - 37% a gym
  - 31% a hairdresser
  - 21% a gym

- 7.5. Fig 8 shows of the report the preferred type and location of retirement home. There is roughly an even split between rural and urban locations. (but these preferences relate to all forms of housing not just housing with care or sheltered housing)

**Need to relate these to the facilities at Heacham. There is a need for care with terminology as clearly housing with care is a more specialised form of development than the generic term retirement village.**

## 8. Steve Quartermain CBE, the DCLG's Chief Planner

8.1. In a presentation on "Planning on the front foot 21 April 2010" he included a slide showing Local factors contributing to a good quality of life, within these are 11 "quality of place" factors – one of these is "Homes and neighbourhoods designed with older, disabled and younger people in mind".

8.2. The Planning Portal 18 September 2014 more recently reported him as having stated that

"Measures to tackle local authorities' failure to plan for an ageing population are next on the Department of Communities and Local Government's planning reform agenda..."

- In *the Planner* October 2014 (centenary edition) Steve Quartermain is one of several giving their views on the future of planning. He said;

"First is the need to recognise the need to build more homes and address the cultural negative attitude to development. Too often development is seen as a bad thing. But in 50 years' time we can look forward to a matrix of neighbourhood plans that have embraced the need for change and acknowledged the benefits of new development.

## 9. APPEAL DECISIONS

9.1. It is evident that appeal decisions have given substantial weight to the role and requirement for housing with care schemes in meeting an identified need or contributing to a wider need.

9.2. *Appeal Ref APP/G2245/A/2162801* In relation to this proposal for Housing with Care the Inspector stated:

“The need for this accommodation at the wider District level was, however, acknowledged by the Council, who confirmed that its emerging DPD had made no specific provision for meeting such need. Taken with the substantial professional evidence from the Appellant, I have concluded that even if need local to Edenbridge has been met there remains a District and wider need to be provided for. The type of accommodation proposed by Brendoncare includes the opportunity to offer end of life care to residents in their own homes, an outcome evidently preferred by many but not generally available. I conclude that substantial weight can be given to the contribution which the appeal development would make to providing specialised housing/care for the elderly.” [Underlining added].

9.3. *Appeal Ref APP/Z3825/A/08/2090104* This appeal related to a Continuing Care Retirement Community in a rural location which (unlike in the present case) conflicted with a key part of the adopted development plan. However, in his conclusions the Inspector stated:

“Bringing the above together, it is common ground that the proposal would conflict with a fundamental plank of the development plan insofar as it proposes housing on a site that is, in policy terms, in the countryside adjacent to a Category 2 settlement. I conclude also that the proposal would conflict with those development plan policies that seek to prevent development in the strategic gap between Horsham and Crawley, albeit that I find that the actual harm that the proposal would cause to the strategic gap would, as a matter of fact, be only very small.” ... “I find (i) that there currently is a significant need for Extra Care or other similar housing for the elderly and infirm in the District and (ii) that, in the absence of the appeal scheme, this need is not likely to be met elsewhere in the District for several years. I further conclude that the scheme would not be unsustainable to the extent that would be the case were the site to be redeveloped for normal market housing, given the nature of the proposed development and the various measures proposed to enhance its sustainability in the S106 Undertaking. These two matters are considerations which, to my mind, should attract significant weight in the overall planning balance.

9.4. Whilst the planning balance to be considered is different in every case, but it is very difficult to see how similarly substantial weight (at the very least) does not apply to the present development proposal. In the appeal decision the need for



accommodation of this sort was accorded significant weight in relation to the conflict with development plan policy.

## 10. SUMMARY OF EVIDENCE AT THE NATIONAL LEVEL

- 10.1. The evidence above summarises the findings of a large number of studies which have considered the need for housing for the elderly. There is very little difference of opinion in the findings of these reports. It is evident that the demand for specialist housing for the elderly will increase rapidly over the next 20 years and that at present the supply is extremely limited. Specialist housing, and in particular housing with care has the potential to significantly improve the quality of life for many elderly people, by allowing them to retain their independence while having access to the services they need to support their health and wellbeing. At the same time it is also evident that housing with care schemes can have many additional public, including reducing the need for medical services, in particular the number and length of hospital admissions, and freeing up larger houses to improve housing supply.
- 10.2. The reports referenced above have been prepared over the last 7 years. In the intervening years the importance of making proper housing provision for the elderly has only been further emphasised. The capacity of hospitals to meet the demands placed on them has become an issue of increasing significance and the financial pressures on the NHS are almost a daily story on national news. A major factor in the difficulty of releasing hospital beds to cope with admissions from Accident and Emergency cases is the difficulty of discharging elderly patients who no longer need hospital care but require care at home. Housing with care can address this problem.
- 10.3. It follows that the Local planning Authority should carefully assess the public interest benefits of the housing with care element of this proposal in the light of this weight of expert opinion on the significance of such schemes. There is no evidence of any careful consideration of this sort in this case.

## PART 2: LOCAL CONTEXT

### LOCAL EVIDENCE

10.4. The initial evidence for the need for specialist housing was contained in Norfolk County Council's Strategic Model of Care 2008.

#### Housing Needs for the Elderly in West Norfolk

Hunstanton	Type of accommodation						
	All care	Long stay	Short stay	Dementia	Care with nursing	Dementia with nursing	Housing with care
Existing	369	250	0	67	52	0	0
Need	521	84	29	137	117	56	98
Surplus/Deficit	-152	+166	-29	-70	-65	-56	-98
<b>Downham</b>							
Existing	339	185	0	66	14	34	40
need	512	73	30	144	112	58	95
Surplus/deficit	-173	+112	-30	-78	-98	-24	-55
<b>King's Lynn</b>							
Existing	569	158	0	193	149	39	30
need	773	119	44	211	173	86	140
Surplus/deficit	-204	+39	-44	-18	-24	-47	-90

Source: Strategic model of Care report to NCC Cabinet 2008

10.5. The demographic issues which are driving the need for specialist housing for the elderly at a national level apply with even more force locally. Heacham and Hunstanton have an exceptionally high proportion of people in the higher age groups even compared with Norfolk where the proportion of the population is much higher than in England as a whole. Over two thirds of the population is 45 or over and 38% are 65 or over.

#### Population by age structure

Location	% 0-15	% 16-29	% 30-44	% 45-64	% 65+
Heacham	11.98	9.02	12.57	28.18	38.25
Hunstanton	11.05	9.99	11.87	28.64	38.45
King's Lynn and West Norfolk	17.59	13.99	17.11	28.01	23.40
Norfolk	16.63	16.94	18.07	26.96	21.41
England	18.70	18.85	20.63	25.35	16.48

Source: Norfolk County Council: parish population estimates 2010 (these figures are from work I did in 2012 and could be updated).

## 11. STRATEGIC HOUSING MARKET ASSESSMENT UPDATE JUNE 2014

- 11.1. The Borough Council has referred to this document in its case, primarily to demonstrate the continued validity of the housing target in the Core Strategy. However, it also contains useful evidence relating to the need for specialist housing for the elderly.
- 11.2. Figure 9.1 of the document shows forecast population change by age group between 2013 and 2028. Whereas the total population increase over this period is expected to be 13.1%, all of the age groups aged over 75 are expected to increase at over twice this rate:
- |           |        |
|-----------|--------|
| Age 75-79 | +34.4% |
| Age 80-84 | +47.6% |
| Age 85-89 | +34.7% |
| Age 90+   | +79.1% |
- 11.3. It is not possible to quantify the scale of this increase without information on the existing size of these cohorts, and the 90+ cohort no doubt starts from a low base, however, these figures point to the great significance of the needs of these groups in assessing the housing needs of the elderly.
- 11.4. The SHMA update goes on to consider the need for specialist housing for the elderly. Para 9.43 notes that in 2028 2,974 households will require specialist accommodation, this amounts to 4% of the housing stock. As the older age groups make up a much larger proportion of the population in Heacham and Hunstanton this share would be significantly higher there.
- 11.5. The analysis of the implications of this assessment for the need for specialist housing is, however cursory and incomplete. Para 9.44 suggests that 64.4% could secure accommodation in the private sector (the implication is that they could afford accommodation, but there is no analysis of whether the supply for particular types of accommodation matches the demand). It then goes on to look at the existing supply of affordable specialist units against the need for 1059 units in 2028. It concludes that there is a deficit of 192 specialist homes. However it does not look at the need for particular types of homes within the total. Almost 75% of the supply is sheltered housing and there are only 70 housing with care unit across the whole borough. It does not address the mismatch of demand and supply set out in the Strategic Model of Care. The SMA suggests that improved health is likely to mean that the demand for specialist housing is not likely to rise in line with the increase in the numbers of elderly, but this ignores the changing pattern of need and the benefits of the provision of specialist housing in terms of the need for medical services and freeing up larger houses. The study does however conclude that:
- “..it is important to note that this analysis is demonstrative of the potential future demand for particular types of older persons accommodation, focusing on the more acute end of the scale, and the wider demand will be larger than this. It may be necessary for the Council to undertake further specific research to

gather more detailed evidence of the impact of the aging population on the requirement for specialist accommodation.”

11.6. The conclusion from this assessment of demographic data and the SMA update is that the Borough Council does not have clear up to date evidence on the need for specialist housing for the elderly. Norfolk County Council identified a high priority for housing with care in the Hunstanton and Heacham area in 2008 and has restated this need repeatedly since then. This evidence coupled with the strong national consensus that specialist housing for the elderly is a major issue suggest that substantial weight should be attached to the provision of specialist housing in the appeal proposal. The Borough Council in its evidence has not assessed what weight should be given, it merely states that it is outweighed by the harm it has identified. If it had done it is very difficult to see how planning permission could properly have been refused.

## 12. THE WEST NORFOLK ALLIANCE

12.1. The West Norfolk Alliance comprises:

- NHS West Norfolk Clinical Commissioning Group (WNCCG)
- Norfolk Community Health and Care Trust NHS Trust (NCH & C)
- The Queen Elizabeth Hospital NHS Foundation Trust
- Norfolk County Council (Community Services)
- Borough Council of King's Lynn & West Norfolk
- West Norfolk Voluntary and Community Action (WNVCA)
- Norfolk & Suffolk NHA Foundation Trust (NSFT)

12.2. The Alliance is committed to working together to develop a new way of providing health and care service that is better for people and financially sustainable in the long term. It does not have a limited focus on housing for the elderly many of its priorities would be assisted by the provision of housing with care. The Alliance was launched on 25 April 2014 amid recognition that the increasing demand for NHS Services, the ageing population, the increase in long term illness and financial pressures mean that there will be a major funding gap unless services are provided differently. The aim of the Alliance is to achieve improved integration of services for the benefit of the patient and service providers.

12.3. Supporting the Alliance is the West Norfolk Better Care Fund which aims to provide integrated services to reduce hospital admissions and enable timely discharges and to support, well-being and self-care. Both these aims would be furthered through the provision of housing with care.

### 13. CONCLUSION;

- (a) There is substantial evidence of undersupply of specialist housing for the elderly at a national level and locally.
- (b) The factors that are driving this apply even more strongly at a local level where there is a pressing need not only in the borough but elsewhere locally.
- (c) There has been a clearly identified pressing current need for provision of housing with care and a care home with nursing in the Heacham and Hunstanton area since 2008, which has not been met and will not be met if the currently emerging plan policies were ever to be adopted. .
- (d) The appeal proposal would meet that need and is the only such proposal that has been made. There is no evidence of any “windfall “alternative sites which are coming forward still less deliverable.
- (e) The Borough Council does not seriously weigh the benefits of the provision of housing with care in that it does not acknowledge the emerging national importance of this issue; it does not address how important it is that the identified need is met locally; it does not consider the likelihood of the need being met elsewhere, other than to refer to possible provision within an allocation for 50 residential units. It simply says that the development would meet the need. Without considering how important that is it cannot weigh the benefits against the harm. It is as if the Council does not really regard this need as a planning consideration in the same way as other conventional planning considerations. In approaching the issue in this way it perpetuates the inattention given to the need for housing for the elderly that is identified in the various national reports referred to.
- (f) The Borough Council concedes that there is a need for this development but failed to assess properly the extent of that need both in terms of quantity and urgency. It will be a matter for legal submission but the failure of the borough council to address properly the needs of the elderly in terms of the discharge of its planning functions is a breach of the Equalities Act 2010

## APPENDIX

Factors to be taken into account in the consideration of Extra Care Housing Schemes (extract from RTP1 Good Practice Note “Extra Care Housing, Development Planning, Control and Management”)

### Assessing individual proposals

In assessing development proposals, planners should be prepared to have to consider the following areas:

Assessment of the benefit to local housing and care provision of individual schemes:

- Will some frail older people be able to avoid admission into residential care?
- Will the scheme help more older people stay independent and remain active in old age?
- Does the scheme offer an opportunity for elderly owner-occupiers to purchase their own property in a scheme where an increasing level of care can be provided?

Involvement of local stakeholder organisations in the scheme:

- Do Social Services intend to purchase personal social care from the scheme? If so, what will the mix of dependencies be?
- Does the local Primary Care Trust intend to purchase/rent any units for the delivery of Intermediate Care, or to use the scheme as a base for well-being, physiotherapy, chiropody, or other community health services?
- Is there an allocations panel to determine the letting of properties? If so, which stakeholder organisations are involved?
- Is the scheme receiving any capital funding from statutory sources such as the Housing Corporation or Department of Health Extra Care Housing Grant?
- Is the application supported by a partnership of local stakeholders?
- Have stakeholders confirmed their commitment to the scheme?
- Are partners involved in other extra care housing schemes in the area?

Tenure:

- Will the scheme be entirely for rent?
- Will there be a proportion of units for leasehold or shared ownership? If so, what proportion?
- How does this relate to the tenure pattern of over 65's in the local area?
- If the scheme is solely or predominantly leasehold, is it an extra care scheme or retirement housing?
- Does the scheme have facilities not normally associated with retirement or sheltered housing such as bar/lounge, kitchen/dining room, laundry, crafts room, IT suite, shop, gym etc.?
- Are 24 hour care services available to all residents according to their need?
- Can residents receive/purchase care from the on-site team?
- Has the developer opened similar schemes in other parts of the country? If so, what is the average age on entry, and how much care per week was purchased during the first year of operation?

- What efforts have been made to link the scheme into the local community?
- Will daily hot meals be available? 19

Unlike residential care homes, extra care housing is not registered by the Commission of Social Care Inspection (CSCI). However, it should be noted that the delivery of the domiciliary care component to individual residents is registered by CSCI. Further information on registration is available from CSCI at [www.csci.org.uk](http://www.csci.org.uk). For planning purposes, this should clarify whether the development is regarded as a residential institution or a group of 'ordinary' dwellings. This is a key distinction for planners as it relates to C2 or C3 categorisation under Town and Country Planning (Use Classes) Order and may determine whether an affordable housing contribution is sought by the planning authority, especially where the developer is a private sector provider of extra care housing for rent or sale.

- Does the scheme meet affordability requirements?
- How will rents, service charge and housing support costs be calculated?
- Are meals and/or personal support included within an overall weekly charge?
- If units are leasehold, where will prices be pitched against average market values?
- How will the opening of the scheme affect the local housing market?

What other impacts will there be on the local area?

- Is it a large 'village'-type development? If so, are there links to the local community? Will other older people in the area be able to use the facilities of the scheme, or activities arranged there?
- If the scheme incorporates a shop, how will other retail establishments in the area be affected?
- What levels and types of employment in care and other services will be generated or supported by the development?
- Is the scheme on the same site as another health/social care establishment such as a hospital, nursing/residential home, day centre or sheltered housing scheme? If so, are the units integrated or stand-alone?
- Is the design appropriate to the local area?
- Is the design and layout of the scheme appropriate for frail residents?
- Are the units designed to 'disability standards'?
- Are the units self-contained with a lockable front door?
- Are there any 'wings' or 'pods' within the scheme, specially adapted for very frail individuals (eg. dementia sufferers)?
- Are local community facilities – shops, leisure, G.P., pharmacy etc. – nearby?
- Are there areas of garden available exclusively for residents' use?
- Is the scheme amenable for use of assistive technology?



## **Appendix C**

Need Case: High Dependency Dementia Care Home and Housing  
with Care Scheme at School Road, Heacham

Need Case:

High Dependency Dementia Care Home

and

Housing with Care Scheme

at

School Road, Heacham

Prepared by:-

Sustainable Communities Partnership Ltd

January 2015

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***'No life blighted by Alzheimer's will ever be just a statistic. But the facts and figures about the impact of this disease and other dementia, as well as the current costs of care and research, make for sobering reading.'***

*Alzheimer's Research Trust*

## 1. Introduction

This report is an initial review of the needs of older people with dementia in West Norfolk in general and Heacham in particular. It has been commissioned by Broadland Housing Association Ltd, Townsfolk Ltd and Castlemeadow Care in order to inform their proposal to develop a specialist high dependency dementia unit and housing with care scheme in Heacham.

This report, therefore, forms the basis of the need case in respect of the proposed high dependency dementia unit and housing with care scheme which is intended to play a crucial part in meeting the needs of older people with dementia in Heacham and the surrounding area.

It includes a review of the predicted known needs based on demographic information and projections. It examines how far existing service provision and future plans for service development will meet the needs of this rapidly increasing and extremely vulnerable group of older people.

It also examines some of the key issues and pressures facing the statutory joint service commissioners including Norfolk County Council Adult Social Services and West Norfolk Clinical Commissioning Group (CCG) as well as key voluntary organisations. It also seeks the views and examines the pressures and challenges faced by health care and social care professionals.

Most important, it identifies some of the pressures faced by relatives and carers and the impact that caring for a person with dementia can have on their lives. During the review we discovered evidence of a significant amount of unmet need which is predicted to increase still further over the next 10 years.

This report also reviews the Department of Health National Dementia Strategy. The relevance of the proposed high dependency dementia unit to addressing the objectives listed in the strategy document is highlighted throughout this need case.

As the review progressed, we were able to incorporate changing policies and thinking at a local and National level. We have therefore, included significant references to the views of stakeholders and the strategies that have been developed in initially by Norfolk Adult Social Services and West Norfolk CCG. The most influential of these at a local level has been the Joint Strategic Needs Assessment for Norfolk produced by a partnership of the statutory agencies and the NHS Norfolk Joint Commissioning Strategy for Dementia Services. This strategy has been adopted by the Norfolk Clinical Commissioning Groups which are the successor organisations to NHS Norfolk.

The most significant at a National level has been the Department of Health National Dementia Strategy. This document lists 17 strategic objectives, 12 of which the Government requires to be available to local people. We have therefore included reference within this need case to these objectives as they relate to the proposed high dependency dementia unit and housing with care scheme at Heacham.

## 2 The Proposal

This proposal will involve the development of a new purpose built 60 bed high dependency dementia care home and adjoining 60 housing with care apartments. The care home design will incorporate a 2 storey building with 30 bedrooms on the 1<sup>st</sup> floor and 30 bedrooms on the ground floor. Both floors will be divided into wings around central circulation areas, with the ground floor incorporating enclosed safe garden areas. The wings, which will be divided into smaller living groups, with their own sitting rooms, will incorporate the latest 'state of the art' design features and environmental standards to reflect best practice in the sector for dementia care. **(Objectives 10, 11)**

The wings will be designed to enable the principles of person centred care to promote independence and maintaining function as recommended in the National Institute for Health and Clinical Excellence and Social Care Institute for Excellence joint guidelines for dementia care.

Each wing will have its own dedicated team of care staff **(Objectives 11, 13)** and the building design will focus on making a major contribution to positive high quality care. Throughout each wing, considerable attention will be paid to the appropriate use of lighting, floor covering, décor and signage to assist orientation. The smaller domestic scale sitting rooms will create a more homely atmosphere and enable smaller living groups which will have positive outcomes for residents. The small group and homely atmosphere concept will be reinforced by the smaller dining areas.

Close attention has been paid to designing the enclosed safe garden areas, with specific areas for activity and 'retreat', but with all areas easily overseen by staff. The external garden will be landscaped with lawns and semi-mature trees to enhance the overall appearance of the surrounding area.

In addition to long-term care, the unit will also provide planned respite care. It is also intended to provide emergency assessment beds for use by the local general practitioners. **(Objectives 6, 7 & 9)** An additional important feature of the proposed unit will be the provision of 60 housing with care apartments as an integral part of the overall range of services offered. This will enable frail and vulnerable people in the surrounding area to enjoy well designed, affordable accommodation which offers them the independence of their own home but with the added security of 24/7 care being available. **(Objective 10)**

Castlemeadow Care is a Norfolk based care provider with a proven track record in providing a range of high quality services that are as flexible as possible and will meet the widest range of individual needs. This will ensure that services continue to focus on the individual needs of service users and provide much needed respite for the families and support for carers when required. Castlemeadow Care also has a proven successful track record of providing 'step up' and 'step down' flexible care services which are designed to avoid inappropriate admissions to acute hospital care. **(Objectives 5, 6, 7, 9, 10, 11, 12, 13,)**

The unit will also provide facilities for a local carers support group. In this way, the proposed high dependency unit and adjoining housing with care scheme will provide an important, flexible and essential service which will fit with the latest joint commissioning strategy of Norfolk Adult Social Services and West Norfolk Clinical Commissioning Groups. This will ensure that older people with dementia receive a far more effective and responsive range of services than exist at present. **(Objectives 5, 6, & 7)**

### **3. Terms of Reference**

As described above, the initial driving force for this proposal came from Directors of Broadland Housing Association, Townsfolk Ltd and Castlemeadow Care's concerns for older people with dementia and their families and a desire to provide a wider range of more flexible services to meet these increasing needs more effectively.

As the first stage of addressing these concerns, Sustainable Communities Partnership Ltd were appointed to undertake a review of the current and projected demand for dementia services in West Norfolk in general and Heacham in particular to establish how far existing services will meet the projected increased demand.

The information gained from this review would then clarify and identify issues that would then assist in forming the need case and inform Castlemeadow Care's decision to build a specialist high dependency dementia unit as an extension to the existing operations.

At the initial briefing meeting, it was agreed that the review should include the following issues:-

- An examination of Norfolk County Council Adult Social Services and the NHS Joint Commissioning Strategy for Dementia Services
- An examination of the key factors which will influence the need for dementia services including current demographic pressures and future projections
- How far existing provision will meet the projected increased need
- An indication of the issues and challenges faced by joint service commissioners in Norfolk Adult Social Services and West Norfolk Clinical Commissioning Group
- A conclusion summarising how the key factors arising from the issues above create the need case for the proposed development

#### **4 The Process of the Review**

The process of the review involved seeking the views of a number of key personnel including:-

Harold Bodmer, Executive Director of Adult Social Services, Norfolk County Council  
Roger Hadingham, Head of Locality (West). Integrated Commissioning Team  
Robert Jones, Dementia Services Commissioner, West Norfolk CCG  
William Cruckshank Executive Director Norfolk & Suffolk Dementia Alliance  
Heacham Group Practice  
Andrew Chidgey, Head of Policy, The Alzheimer's Society (National Office)

In the early stages of this work we studied available information, documents and reports relevant to the provision of dementia services in West Norfolk. We also interviewed key personnel to hear their views on how far the plans included in these documents will meet the increasing need. At the final stage of the process we were able to draw on the NHS Norfolk and Norfolk Adult Social Services report-Living Well with Dementia: A Joint Commissioning Strategy. (This strategy was subsequently adopted by the Norfolk Clinical Commissioning Groups which were the successor organisations to NHS Norfolk.)

We also reviewed the Department of Health National Dementia Strategy published in February 2009. This strategy document is a significant source of information for this need case.

The relevance of the proposed high dependency dementia unit and adjoining housing with care apartments in addressing the recommendations made in the National Dementia Strategy Document is highlighted throughout this need case.

In order to clarify the policy context, we also studied a wide range of other reports and government policies which are listed in Appendix 1.

We used a range of other sources to gain fieldwork intelligence about the needs of older people with dementia in West Norfolk. During the course of this review, we sought the views of a range of healthcare and social care professionals including general practitioners, service commissioners and staff involved in research projects for older people's dementia services

During the review process, we received excellent co-operation from all involved who, in spite of operational pressures and other demands, made time to be actively involved in the process. We would like to place on record our appreciation for the commitment and enthusiastic support shown by all concerned. Their commitment in working with us to achieve improved services in West Norfolk in general and Heacham in particular for older people with dementia and their families was exceptional.

## 5 Dementia Services

### What is Dementia?

*'The term dementia is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions, including Alzheimer's disease, stroke and many other conditions. Symptoms of dementia include loss of memory, confusion and problems with speech and understanding.'*

*Source: Alzheimer's Society*

The Department of Health National Dementia Strategy states that people with dementia, their families and carers all want – and have the right to expect – services that have dignity and respect at their heart. The vast majority of people with dementia want to live in their own homes for as long as possible, and when it is no longer possible, there need to be care homes with well-trained staff, offering good-quality care.

The aim of this strategy is to ensure significant improvements across three key areas in relation to dementia services:-

- **Improved awareness.**
- **Earlier diagnosis and intervention.**
- **A higher quality of care.**

This need case outlines how the proposed Heacham high dependency dementia unit would achieve these three aims.

The National Strategy document states that important advances in understanding of dementia and its impact in the last two years means that we are now able to take a strategic approach to service development for people with dementia and their family carers.

The Alzheimer's Society's *Dementia UK* report has given us clear estimates of the number of people with dementia now, as well as projections of future growth. The National Institute for Health and Clinical Excellence (NICE)/Social Care Institute for Excellence (SCIE) clinical guidelines on dementia provides a clear summary of the immense amount that can be done to enhance the quality of life of people with dementia at all stages of the illness through the provision of good-quality care. Finally, analyses completed by the National Audit Office identified shortcomings in our current systems but they also highlight the likelihood that investing in improving the quality of services for people with dementia to address current shortcomings would lead not only to substantial improvements in the quality of life of people with dementia, but also to savings in terms of acute hospital use and admission to care homes.

**The proposed high dependency dementia unit at Heacham will assist in achievement of these savings in the longer term.**



Good quality services for older people with dementia are in increasing demand across the UK. A desk top survey of existing provision in the Heacham area conducted in the autumn 2014 indicates this to be the case.

New services for older people with dementia must positively address the interface between health and social care to ensure an integrated service to those in most need. The proposal to develop a high dependency unit and adjoining housing with care apartments at Heacham seeks to address the difficult issue of 'moving on' as the needs of the individual increase due to the progress of their dementia and to bring support and comfort to families at that distressing time. **(Objectives 2, 7, 9, 10, 11)**

The proposed high dependency care home would espouse the 'social model' of care for people who have dementia. The condition is regarded as impairment but the extent to which this does or does not constitute a 'disability' is largely determined by the conditions surrounding the individual and the way in which their lives are managed.

Leaders in this field agree that the single most important aspect of delivering quality care to this service user group is to involve the resident in their care as much as possible and to preserve their sense of 'self'. The journey into dementia can be a frightening experience for resident and family supporters alike and professional care interventions need to focus on ensuring that the links are made between the person as they have existed in the earlier part of their lives and the person now. They and their family need to see that this is the same person, with the impairment of dementia rather than some new and unfathomable person.

Care planning and review, involving the resident and their family members or supporters are the key to good service delivery. Good care plans can make sense of a person's history and incorporate this into planning for their future, ensuring that their sense of self is preserved. Statutory requirements under the Care Standards Act 2000 address this, but we believe we should go further and that the skill of good quality care planning is at the professional heart of running a care home. **(Objectives 3, 5, 7, 11, 12)**

Good building design is an essential part of planning care packages for this group. Small units, with personal space and room for the agitated to move about without becoming 'lost' and further disorientated are essential to maintaining a sense of security and worth in the individual.

Nursing services need to be developed on a strongly person-centred model of care. Staff need to be specialist and highly trained. Staffing levels must be generous and allow for plenty of time to interact with residents and their families. Understanding will often be intermittent and staff will need to be able to use the periods of good cognition, when they occur and to good effect. **(Objectives 9, 11, 12)**

Staff support and supervision is a high priority, for the same reason. Staff will have to work with residents who often do not comprehend what is happening and this requires for considerable patience and gentle persistence. Residents may exhibit indifference, opposition and even challenging behaviour. All staff, not just nurses and carers, will be trained to an appropriate level of understanding of dementia, using Skills for Care 'knowledge set' materials. Staff will need to have access to good peer support at all times to support them in difficult situations and to ensure that practice is always of the highest quality. **(Objectives 5, 11, 13)**

Considerable emphasis needs to be placed upon the organization of activity, both on an individual and group basis according to assessed needs. Specialist staff who are trained in this area should work alongside other nursing and care staff to achieve the best package of care tailored to individual needs. It is highly desirable that family members can and should be involved in this work, often based upon family history work. It can be a powerful means of assisting them in preserving their loved one, as well as understanding the impact of the dementia and coming to terms with the 'loss' that is involved.

The care home should maintain links with centres of excellence to monitor current trends and developments in both the understanding of and treatment models for dementia, as this is a fast developing field.

## **6 Design Issues : Dementia Units**

As has been stated, building design can make a very powerful contribution to positive care in such a unit. Throughout the dementia care home considerable attention will be paid to the appropriate use of lighting, floor covering, décor and signage to assist orientation. Poor design can exacerbate residents' sense of isolation and confusion which may also impact upon behaviour.

Evidence suggests that the size of the unit is a major contribution and it is now commonly held that smaller living groups within care homes and use of less 'institutional' architecture are a major contribution to positive outcomes for residents. There is evidence that residents experience less anxiety and depression have greater mobility and better quality interaction with both staff and other residents. This has knock-on effects for families who have much more positive experiences on visiting family members and for staff who report higher levels of job satisfaction. There may also be less reliance upon medication interventions.

Two particular aspects of the built environment which will be focussed upon are dining areas and garden space.

As well as sustaining us, eating and drinking are very significant experiences for all human interaction. Evidence has found that residents sitting together in small dining areas, rather than being fed individually from a lap tray or in separate rooms, can improve the amounts of food eaten and hydration. This has obvious implications for both physical health and the individual's sense of well being. In addition, the social aspects of maintaining a homely atmosphere at mealtimes can encourage family members to become more involved, preserving relationships.

Gardens have been found to also have a significant contribution to make to positive care for people with dementia. For many it preserves a last vestige of a sense of being connected with 'the outside world'.

Residents with dementia who are mobile, often 'wander' ceaselessly and need access to outside areas which are safe, well designed and well supervised can give much more purpose to this activity as well as minimising the impact of the behaviour upon other, less mobile residents. Access to a garden has been seen to contribute to better sleep patterns and less incidents of 'disruptive' behaviour, both of which have benefit for individuals, other residents and staff.

Close attention will be paid to designing an enclosed garden which has specific areas for activity and 'retreat'. Pathways need to be wide, level and safe surfaces. All parts of the garden will be easily overseen by staff, with well placed windows to facilitate this. The proposed facility will be designed to promote independence and maintaining function as recommended in the joint guidelines for dementia care.

## 7 Demographic Pressures

One of the key drivers of planning and developing services for older people, with or without dementia, in West Norfolk District is the need to plan for their growing numbers.

Older people with dementia include some of the most vulnerable groups in society and can present significant challenges and pressures for their families and carers. Moreover, as a result of increasing demographic pressures, meeting the needs of older people with dementia is predicted to become even more challenging in the future.

The massive increase in the demographic pressures is the result of many factors but reflects better life expectancy across all groups with the result that more individuals will survive long enough for dementia to develop, with a number of people surviving well into their eighties. For this reason more women than men are currently affected, due to their life expectancy remaining longer than that of men. Current estimates suggest that overall prevalence of dementia is approximately 5% in the over 65's and 20% in the over 80's. These levels are set to double in the next 30 years plus.

In addition, enhanced survival and life expectancy amongst people born with physical impairment and learning difficulties also contribute. Some specific conditions, such as Downs Syndrome, are now known to carry increased likelihood of the development of dementia.

Norfolk Joint Strategic Needs Assessment/Norfolk Insight (2011) (JSNA/NI) confirms that the population aged over 65 years across Norfolk is projected to increase by 57% over the next 20 years, well above the projected increase for England (45%). It also estimates that about 1 in 4 people aged over 85 years develop dementia and this group of people is forecast to increase by over 20,000 in the next 20 years, an increase of 87%. Therefore the total number of people with dementia in Norfolk is projected to rise from over 13,600 to over 25,000 over the same period, an increase of 85%.

The report also states that Norfolk has the largest percentage of people over the age of 65 in the East of England. In King's Lynn & West Norfolk, people aged 60-74 form the largest age group, with the projected numbers in older age bands following similar patterns of growth. This is mainly due to a range of demographic reasons including the inclusion of ageing baby boomers and the fact that people are generally living longer.

The projected increases in the numbers of older people will therefore have a significant impact in Kings Lynn and West Norfolk District, which has a higher population of older people (**27.5%**) than the national average for England (**19.5%**), and the Ward of Heacham has an even greater proportion of older people (**43.8%**) as a percentage of its local population. (Office for National Statistics June 2010)

The projection of the population of older people in King's Lynn & West Norfolk is given below as outlined in the Kings Lynn and West Norfolk Borough District Health Picture (2011).

**Table 10.1: King's Lynn & West Norfolk population projections to 2030**

	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
Total population	145,000	151,200	157,800	164,400	170,600
Population aged 65+	33,800	39,200	43,400	47,800	53,300
Population aged 85+	4,400	5,200	6,300	7,800	9,700
Population aged 65+ as a proportion of the total population	23.3%	25.9%	27.5%	29%	31.2%
Population aged 85+ as a proportion of the total population	3%	3.4%	4%	4.7%	5.7%

Source: POPPI; 2010

The Norfolk Joint Dementia Commissioning Strategy (November 2009) set out how major coordinated improvements across the joint working of health and social care would lead to positive changes, over a five year period, in the way people with dementia were perceived, treated and cared for locally. It stated:

“In 2008 the number of people aged 65 and over in Norfolk predicted to have dementia stood at 12,714. By 2025 this figure is predicted to rise to 20,312 – a 62% increase. This compares with a predicted national increase over the same period of 51%.” The strategy also estimates that over 50% of older people as inpatients in a general hospital will have dementia.”

In September 2010, the Department of Health published the National Dementia Strategy, a set of nine outcome statements that captured what people with dementia said they aspired to in terms of their expectations of health and social care systems.

The JSNA/NI in its report on Dementia for Kings Lynn and West Norfolk District, clearly outlines the key challenges ahead:

“Dementia is most common in older people and can include a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities, becoming worse over time. People with dementia require substantial amounts of care, particularly social care.”

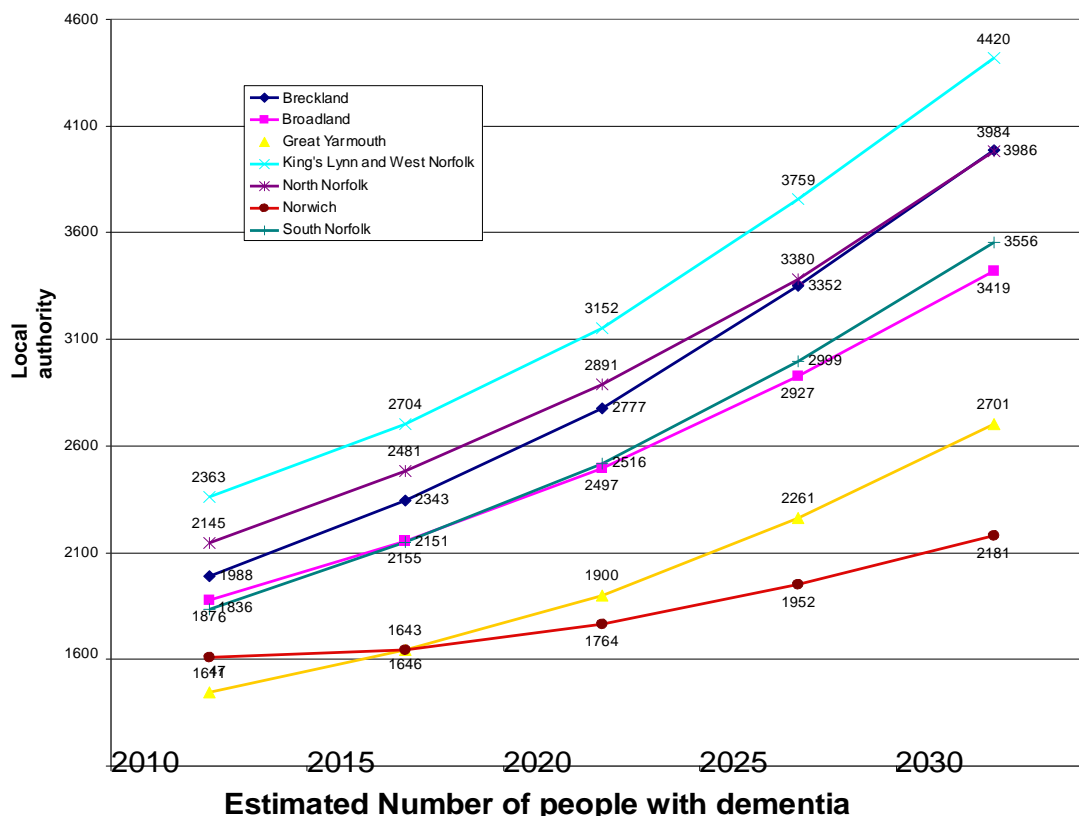
One in five people aged over 80 and one in 20 people over 65 has a form of dementia. Approximately 2.1% of all people aged 65 years or over will develop dementia.

Estimates show that in King's Lynn & West Norfolk, **897 men had dementia in 2010** which is the highest estimate across Norfolk. The figure is expected to rise to over 1,287 in 2015 and increase to more than 1,800 in 2030.

In 2010 the estimated number of women in King's Lynn & West Norfolk **with dementia was around 1,466** again the highest in the county and, it is projected to increase to around 2,600 by 2030.

It is estimated that 63.5% of people with late onset dementia live in their own home and 36.5% live in a care home.

**Figure 10.4: Estimated number of people with dementia, 2010 to 2030**



Source: POPPI 2009; and captured in Norfolk Dementia needs assessment

Norfolk County Council therefore, in common with local authorities with an above average population of older people, already demonstrates similar pressures and consistently high demand for services for older people with dementia. This frequently means that increasing need from this frail, extremely vulnerable group cannot be met from existing statutory provision.

As mentioned above, one of the key drivers of planning and developing services for older people, with or without dementia, in West Norfolk is the need to plan for their growing numbers.

The number of people aged over 65 in West Norfolk will continue to increase in future, leading to a further increase in the number of people with dementia. This will have important implications for carers and for social care and health care services. Hence, it is essential and a high priority that plans are developed for sufficient specialist high dependency provision for people with dementia.

Based on the latest figures available, with a local population estimated at 4,567, the number of people in the Ward of Heacham and the surrounding area who may be living with dementia, is therefore estimated to be between **140** and **200**.

The number of people over 65 in Kings Lynn and West Norfolk District will continue to increase in future, leading to a further increase in the number of people with dementia. This will have important implications for carers and for social care and health care services. Hence, it is essential and a high priority that plans are developed for sufficient specialist high dependency provision for people with dementia.

## **8 How Far Will Existing Provision Meet the Increased Need?**

Contemporary desk top research in November 2014 of the Care Quality Commission (CQC) registered nursing and social care provision in Heacham reveals that there are 5 registered care homes specialising in older people within a 3 mile radius of the proposed development site. Of this 5, 1 is a nursing home and the other 4, residential care homes. All 5 of the care homes offer dementia care services, with the total number of beds available being **170**.

If the search is widened to a 5 mile radius of the proposed high dependency dementia care home, the number of overall registered beds for older people increases to **331** across a total of 12 care homes. The additional beds are all provided in residential care homes. The number of care home beds for people with dementia, increases to **216**, spread across a total of 7 different establishments.

**Therefore within a 5 mile radius of the proposed development there are currently a maximum 331 care home places providing services for older people, of which 216 cater for people with dementia.**

It is worth noting that many of the places for people with dementia are not located within a specialist dementia care home but form part of a larger mainstream older persons service.

Having established the potential number of beds that are available in the above homes to meet the present need for specialist dementia care and support, the key question is: - Why does it prove so difficult to find suitable vacancies when needed?

The answer to this question is that the catchment area of each home usually extends far beyond the boundaries of the local area. The fact that the homes are situated in the wider Heacham area does not mean that the places are available exclusively for the older residents of the local area. Good quality dementia care places are at a premium and are much sought after.

In practice this means that when a vacancy arises, it is more than likely that the place could be filled by an older person from outside the locality.

When the shortage of planned respite care places is included in the equation, it is not surprising that serious difficulties are encountered by all those seeking suitable long-term places at short notice.

By any criteria of measurement, it is clear from an examination of the present position that the existing provision will not meet the future needs of older people in this area.

There is, therefore, a significant under-supply of specialist high dependency dementia places in the area. Given the increased need arising from the demographic pressures, this situation can only become worse with more and more older people with dementia competing for increasingly scarce places.

## **9 Views of Service Commissioners and Stakeholders**

It is encouraging to record that we received excellent co-operation from all concerned who made time to be actively involved in the process and shared with us their plans for the future development of dementia services.

### Meeting with Harold Bodmer, Executive Director of Norfolk Adult Social Services

At the initial meeting, Harold indicated that there were features about the proposed high dependency dementia unit and the proposed housing with care scheme which were of interest to Norfolk Adult Social Services and would be supported by his Department.

He summarised that the main attractions to his Department were:-

- Dementia services are becoming an increasing priority
- West Norfolk is a high need area with significant under provision
- This project does not rely on a block contract
- The project is a privately funded proposal with no expectation of a local authority capital contribution
- The care provider is willing to develop the project to reflect Norfolk Adult Social Services agreed priorities and strategy
- There is a significant need for additional housing with care for older people in the Heacham area
- The high dependency dementia care home will offer much needed services including respite care, day care and other community based support services for carers. These will assist in avoiding unnecessary admissions to acute hospitals.

Harold summarised the challenge aptly by stating that Norfolk Adult Social Services, in common with other local authorities with an above average population of older people, is experiencing an increasingly high demand for dementia services at a time when finance available for any developments is severely restricted.

Moreover, as older people with dementia often have complex health needs, this can pose considerable challenges for the families and carers as well as the social care and healthcare services. This frequently means that given the financial pressure facing local authorities, the increasing need from this frail, vulnerable group cannot be met with existing provision.

He added that the proposal to offer emergency assessment beds would be particularly welcomed as this would be crucial in helping to avoid inappropriate admissions to acute hospital care. This is a very high priority for his Department.

### Discussions with Roger Hadingham, Head of Locality (West) Integrated Commissioning Team, West Norfolk Commissioning Group

In our discussions with Roger he confirmed that Kings Lynn and West Norfolk is already recognised as a high need area for older people services, and in particular those with dementia. There is significant unmet need and the current dementia population is over 2360. This is projected to increase to over 4400 by 2030. The resulting significant 87% increase will create added pressures on existing services. This means that unless a wider range of additional services is provided, including specialist care home places, respite care, day care and support for carers, there will be a large number of people with dementia and their families who will not receive services which meet their needs. Roger



stressed that it is crucial that more cost effective services are developed that will avoid admissions to very costly acute hospital care.

Given that important challenge, Roger said that he would also be particularly interested in the part the high dependency dementia unit could play in avoiding admissions to acute hospital care. The opportunity of developing flexible, supporting services for carers, including respite care and home care would also be a significant benefit to frail and vulnerable people in the Heacham area.

Roger explained that the strategic partnerships developed by The Integrated Commissioning Teams in the CCG's and Norfolk Adult Social Services with housing associations, the voluntary sector and independent providers had produced some very positive outcomes resulting in a range of successful projects. He felt that the proposed dementia care home and housing with care provision at Heacham could be a similar example.

#### Meeting with Robert Jones, Dementia Lead, West Norfolk Clinical Commissioning Group

In our meeting with Robert he gave a summary of the challenges faced by Clinical Commissioning Groups arising from the increasing need for dementia care services at a time of significant financial pressures on healthcare budgets. This has driven the need to explore a wider range of choice of service interventions for the integrated commissioning teams. He confirmed the important points made by others that older people with dementia often have complex health needs. He stressed that it is clear, therefore, that given the financial pressures facing healthcare services, the increasing need from this very vulnerable group cannot be met with existing provision.

He added that it is even more essential that innovative preventive services are developed which will assist in avoiding inappropriate admissions to costly acute hospital care. He was, therefore, interested in the proposal to provide housing with care as he feels this type of provision will play an important part in enabling older people with dementia receive appropriate levels of support whilst remaining in the community. Robert stated that his experience of working with the Aylsham Care Complex gave him the opportunity of seeing the success of housing with care in action.

He particularly welcomed the proposal to provide emergency assessments beds and respite care which he felt would provide much needed breaks for families and carers. He also confirmed there is a pressing need for services for people with early onset dementia for whom very few services are available.

He therefore confirmed his full support for the proposal.

#### Meeting with Willie Cruickshank, Director, Norfolk and Suffolk Dementia Alliance.

In our meeting with Willie he confirmed the increasing need for dementia services in the Kings Lynn and West Norfolk Area in general and the Heacham area in particular. He explained that dementia has been called 'the greatest health and social crisis facing the World this century' and Norfolk and Suffolk Dementia Alliance are determined to improve services for people with dementia.

He therefore welcomes the proposed project for the part it could play in improving services for older people with dementia in Heacham and the surrounding area.

Willie is aware of the Aylsham Care Complex and the part that housing with care can play in supporting people with dementia remain in the community with more appropriate levels of care that maintains their independence and choice. He particularly supports the concept of developing services for people with early onset dementia for whom very few services exist.

He also particularly likes the proposal to offer respite care and emergency assessment beds as he considers carer support is extremely important and a very high priority. He therefore confirmed his full support for the proposal which he feels will be of great benefit to people with dementia, their families and carers.

#### Heacham Group Practice

At our meeting with the Heacham Group Practice, the GPs confirmed they already serve a population of older people which is double the National average. It was explained to them that it is precisely for this reason there is an overwhelming case for the proposal to provide a wider range of healthcare services that will enable the increasing needs of older people in the Heacham area to be addressed more effectively. The GPs also confirmed that there is an increasing need for high quality dementia services which results in additional pressures for the Practice. As a result of these pressures, at the meeting they asked Robert Jones, representing West Norfolk CCG, if the CCG would be prepared to give them an increased NHS contract to cover the cost of providing the additional medical cover for the proposed facility.

When Robert explained that he could not guarantee this, Andrew Savage, representing Broadland Housing Association, explained that he thought it might be possible for the partner care provider to arrange a service level agreement with the Practice that would cover these additional costs. He undertook to have discussions with the partner care provider to facilitate this matter.

It is encouraging to confirm that Castle Meadow Care is willing to begin immediate discussions with the Heacham Group Practice regarding the details of any necessary contractual arrangements for the provision of medical cover. These will address the proposal of a service level agreement which will cover additional costs to the Practice.

At the meeting, the point was made by the GPs that many patients with dementia also have other chronic long term conditions which need to be treated. It was explained that the partner care provider is willing to work with them to ensure an integrated approach to dementia care which will enable the GPs to achieve a more flexible and effective range of services for these patients. It was explained that this will be an improvement over the situation which currently exists and is another benefit of the proposed development.

## **10 The Alzheimer's Society Report (Dementia UK) : Impact for West Norfolk**

The Alzheimer's Society commissioned a detailed and extensive research report (Dementia UK) into the prevalence of dementia. This report was prepared by the Personal Social Services Research Unit at the London School of Economics and the Institute of Psychiatry at Kings College London.

Since receiving this report, we have been engaged in regular discussions with the Head of Policy at the Alzheimer's Society to establish the prevalence data for dementia. The research which underpins this report has used a methodology known as the Expert Delphi Consensus to produce the best possible estimates using currently available research data. Ten leading UK & European experts systematically reviewed the evidence base and reached a consensus on the prevalence (the proportion of people affected) of both young onset and late onset of dementia.

The expert consensus group comprised ten senior academics. Six of them had previously been involved in population-based dementia research in the UK, two were international (European) experts, and two were UK based clinical & health services researchers.

The figures for people with dementia in West Norfolk and the rate that they will increase in the next 15 years make sobering reading and further strengthens the case for the additional high dependency dementia beds which are proposed at Heacham. The graph (Fig 2) clearly demonstrates the rate of increase which will have a significant impact of the future need for services.

Based on the data provided by the Dementia UK researchers, there may be over 2360 people currently living with dementia in the West Norfolk area.

Contemporary desk top research of registered (CQC) nursing and social care provision reveals there are only 218 dementia care beds in Heacham and surrounding area.

Even taking into account other dementia care beds outside the 3 mile radius of this research, there is still a very likely significant shortfall in the number of specialist dementia care beds in West Norfolk and in particular the Heacham area.

## 11 Summary and Conclusion: Transforming Dementia Care in West Norfolk

***'Dementia can be a devastating disorder for both those who develop the illness and the families who care for them' Given our ageing population, this is a challenge that will only grow in size, with the number of people with dementia projected to double in the next 30 years'.***

Transforming the Quality of Dementia Care. DOH (2007)

Because of the increasing number of older people in West Norfolk, meeting the social care and health care needs of older people is becoming a major challenge. Norfolk Adult Social Services and NHS Norfolk's Joint Strategic Needs Assessment confirms that the over-65 population across West Norfolk is projected to increase by 57% over the next 20 years, well above the England (45%) projected increases. Current estimates suggest that around 29% of all people over 65 years old in Norfolk have some level of social care need and 6% of people over 65 years old have a high level of social care need.

It is also stated that the over-85 population is projected to grow significantly with an 87% increase over the next 20 years. The over-85 group is the most likely to require social care, so increases in the size of this older group are likely to have a large impact on the demand for social care services.

**West Norfolk has one of the highest proportions of older residents in the East of England with almost 1 in 3 residents over the age of 65. Of that number it is estimated that 25% are aged over 80 years with the figure currently exceeding 8,000 people.**

'The last statistic is particularly significant given in general terms this age group is more affected by chronic ill-health, frailty, physical and sensory disabilities and dementia'.

Older people with dementia include some of the most vulnerable groups in society and can present significant challenges and pressures for their families and carers.

Furthermore, as a result of increasing demographic pressures, meeting the needs of older people with dementia in West Norfolk and Heacham in particular, is predicted to become even more challenging in the future.

West Norfolk District, in common with local authorities with an above average population of older people, demonstrates similar pressures and increasingly high demand for services of older people with dementia. Moreover, older people with dementia often have complex health needs and can pose considerable challenges for their families and carers as well as the social care and healthcare services. This frequently means that given the financial pressures, the increasing need from this frail, vulnerable group cannot be met with existing provision.

Prevalence of dementia varies from 1% at the age of 65 and 5% of those over 65, up to 20% of those over 80. It is clear fact that as West Norfolk District already has a much higher proportion of older people, there will be a significant extra demand for services for older people with dementia.

Norfolk Adult Social Services and West Norfolk Clinical Commissioning Group identified mental health provision to older people as a major initiative and a priority within the Joint Commissioning Strategy, Living Well with Dementia. They are to be commended for their commitment to joint working and for producing a comprehensive service

development plan which states priority will be given to developing a wider range of dementia services. Two key priorities of this strategy are:

- Providing support and breaks for carers,
- Improving the quality of care for the third of people with dementia who live in care homes,

The proposed high dependency dementia care home and housing with care scheme at Heacham will contribute to meeting these priorities through the specialised services it will offer. **(Objective 1)**

However, notwithstanding this future joint dementia strategy and plans for developing future services, it is clear that the need for flexible high dependency services for people with dementia will still considerably exceed supply, given the increasing number of people aged over 85. **(Objectives 2, 3, 4 and 5)**

Norfolk Adult Social Services and West Norfolk Clinical Commissioning Group have already recognised that it is this group which makes the faster growing demand on services and confirms that the challenge of providing services for older people with dementia will become even greater.

The proposed high dependency dementia unit and the adjoining housing with care apartments fit precisely with Norfolk Adult Social Services and West Norfolk CCG's plans for improving services for older people with dementia. The high dependency dementia unit will provide a wide range of flexible support services to older people with dementia and their families and carers. Services will also be available for people with younger onset dementia, a group for whom very few services are currently provided. **(Objective 11)**

It is also intended to provide planned respite care and emergency assessment beds to prevent admissions to acute hospitals and to provide a rapid response service to urgent referrals from the community. **(Objective 8, 10, 11, 15)**

**It is an undisputed fact that Norfolk Adult Social Services and the West Norfolk Clinical Commissioning Group will be faced with a significant extra demand for services for older people with dementia in Heacham and the surrounding area.**

**From the demographic projections available, it is clear that the proposed high dependency dementia unit will assist Norfolk Adult Social Services and the NHS West Norfolk Clinical Commissioning Group to respond more effectively to the increasing need for dementia services and thereby help to deliver the objectives of the National Dementia Strategy**

**More importantly, it will provide a choice of locally based, flexible and essential services for those people with dementia, their relatives and carers. This will enable them to receive high quality services without the loss of dignity and independence.**

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## High Dependency Dementia Care Home - Demographic Pressures and Needs Analysis

### Heacham – PE31 7DH

#### Demographic Pressures

One of the key drivers of planning and developing services for older people, with or without dementia, in West Norfolk District is the need to plan for their growing numbers.

Older people with dementia include some of the most vulnerable groups in society and can present significant challenges and pressures for their families and carers. Moreover, as a result of increasing demographic pressures, meeting the needs of older people with dementia is predicted to become even more challenging in the future.

The massive increase in the demographic pressures is the result of many factors but reflects better life expectancy across all groups with the result that more individuals will survive long enough for dementia to develop, with a number of people surviving well into their eighties. For this reason more women than men are currently affected, due to their life expectancy remaining longer than that of men. Current estimates suggest that overall prevalence of dementia is approximately 5% in the over 65's and 20% in the over 80's. These levels are set to double in the next 30 years plus.

In addition, enhanced survival and life expectancy amongst people born with physical impairment and learning difficulties also contribute. Some specific conditions, such as Downs Syndrome, are now known to carry increased likelihood of the development of dementia.

Norfolk Joint Strategic Needs Assessment/Norfolk Insight (2011) (JSNA/NI) confirms that the population aged over 65 years across Norfolk is projected to increase by 57% over the next 20 years, well above the projected increase for England (45%). It also estimates that about 1 in 4 people aged over 85 years develop dementia and this group of people is forecast to increase by over 20,000 in the next 20 years, an increase of 87%. Therefore the total number of people with dementia in Norfolk is projected to rise from 12,000 to 20,000 over the same period, an increase of 71%.

The report also states that Norfolk has the largest percentage of people over the age of 65 in the East of England. In King's Lynn & West Norfolk, people aged 60-74 form the largest age group, with the projected numbers in older age bands following similar patterns of growth. This is mainly due to a range of demographic reasons including the inclusion of ageing baby boomers and the fact that people are generally living longer.

The projected increases in the numbers of older people will therefore have a significant impact in Kings Lynn and West Norfolk District, which has a higher population of older people (**27.5%**) than the national average for England (**19.5%**), and the Ward of Heacham has an even greater proportion of older people (**43.8%**) as a percentage of its local population. (Office for National Statistics June 2010)

The projection of the population of older people in King's Lynn & West Norfolk is given below as outlined in the Kings Lynn and West Norfolk Borough District Health Picture (2011).

**Table 10.1: King’s Lynn & West Norfolk population projections to 2030**

	2010	2015	2020	2025	2030
Total population	145,000	151,200	157,800	164,400	170,600
Population aged 65+	33,800	39,200	43,400	47,800	53,300
Population aged 85+	4,400	5,200	6,300	7,800	9,700
Population aged 65+ as a proportion of the total population	23.3%	25.9%	27.5%	29%	31.2%
Population aged 85+ as a proportion of the total population	3%	3.4%	4%	4.7%	5.7%

Source: POPPI; 2010

The Norfolk Joint Dementia Commissioning Strategy (November 2009) set out how major coordinated improvements across the joint working of health and social care would lead to positive changes, over a five year period, in the way people with dementia were perceived, treated and cared for locally. It stated:

“In 2008 the number of people aged 65 and over in Norfolk predicted to have dementia stood at 12,714. By 2025 this figure is predicted to rise to 20,312 – a 62% increase. This compares with a predicted national increase over the same period of 51%.” The strategy also estimates that over 50% of older people as inpatients in a general hospital will have dementia.”

In September 2010, the Department of Health published the National Dementia Strategy, a set of nine outcome statements that captured what people with dementia said they aspired to in terms of their expectations of health and social care systems.

The JSNA/NI in its report on Dementia for Kings Lynn and West Norfolk District, clearly outlines the key challenges ahead:

“Dementia is most common in older people and can include a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities, becoming worse over time. People with dementia require substantial amounts of care, particularly social care.”

One in five people aged over 80 and one in 20 people over 65 has a form of dementia. Approximately 2.1% of all people aged 65 years or over will develop dementia.

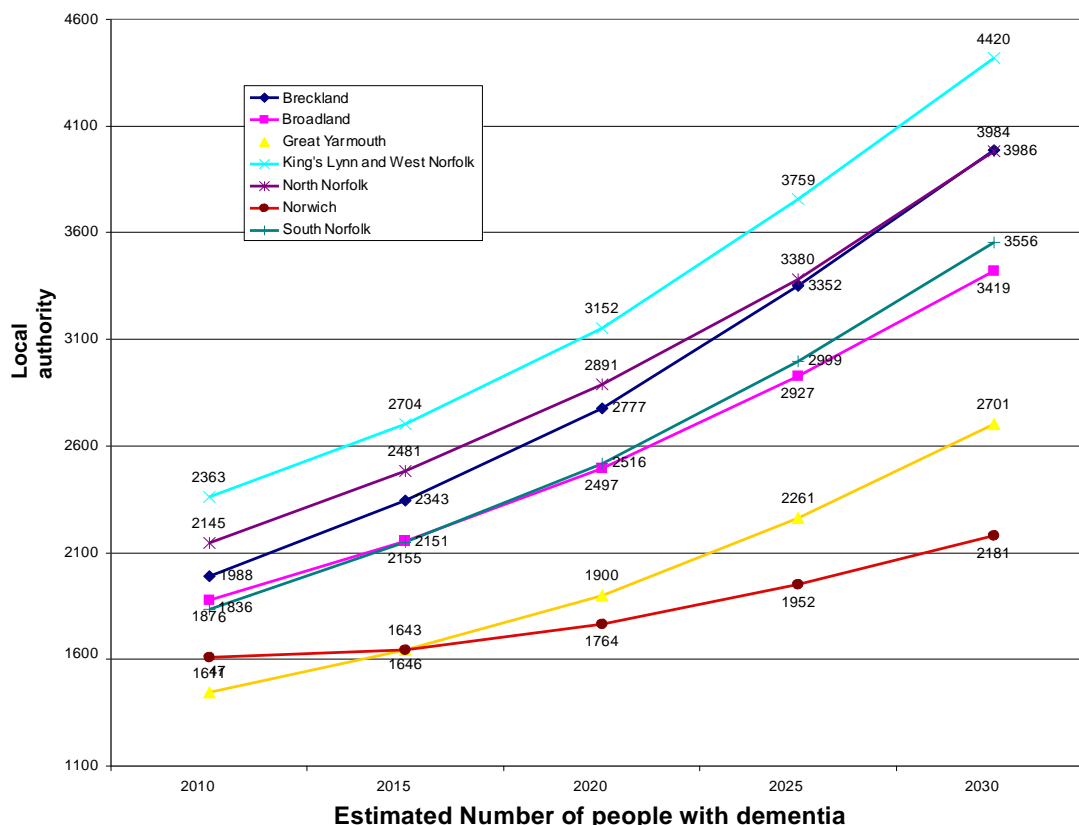
Estimates show that in King’s Lynn & West Norfolk, **897 men had dementia in 2010** which is the highest estimate across Norfolk. The figure is expected to rise to over 1,287 in 2015 and increase to more than 1,800 in 2030.

In 2010 the estimated number of women in King’s Lynn & West Norfolk **with dementia was around 1,466** again the highest in the county and, it is projected to increase to around 2,600 by 2030.

It is estimated that 63.5% of people with late onset dementia live in their own home and 36.5% live in a care home.



**Figure 10.4: Estimated number of people with dementia, 2010 to 2030**



Source: POPPI 2009; and captured in Norfolk Dementia needs assessment

Norfolk County Council therefore, in common with local authorities with an above average population of older people, already demonstrates similar pressures and consistently high demand for services for older people with dementia. This frequently means that increasing need from this frail, extremely vulnerable group cannot be met from existing statutory provision.

As mentioned above, one of the key drivers of planning and developing services for older people, with or without dementia, in West Norfolk is the need to plan for their growing numbers.

The number of people aged over 65 in West Norfolk will continue to increase in future, leading to a further increase in the number of people with dementia. This will have important implications for carers and for social care and health care services. Hence, it is essential and a high priority that plans are developed for sufficient specialist high dependency provision for people with dementia.

Based on the latest figures available, with a local population estimated at 4,567, the number of people in the Ward of Heacham, who may be living with dementia, is therefore estimated to be between **40** and **50**.

The number of people over 65 in Kings Lynn and West Norfolk District will continue to increase in future, leading to a further increase in the number of people with dementia. This will have important implications for carers and for social care and health care services. Hence, it is essential and a high priority that plans are developed for sufficient specialist high dependency provision for people with dementia.

### **How Far Will Existing Provision Meet the Increased Need?**

Contemporary desk top research in November 2013 of the Care Quality Commission (CQC) registered nursing and social care provision in Heacham reveals that there are 5 registered care homes specialising in older people within a 3 mile radius of the proposed development site. Of this 5, 1 is a nursing home and the other 4, residential care homes. All 5 of the care homes offer dementia care services, with the total number of beds available being **170**.

If the search is widened to a 5 mile radius of the proposed high dependency dementia care home, the number of overall registered beds for older people increases to **331** across a total of 12 care homes. The additional beds are all provided in residential care homes. The number of care home beds for people with dementia, increases to **216**, spread across a total of 7 different establishments.

**Therefore within a 5 mile radius of the proposed development there are currently a maximum 331 care home places providing services for older people, of which 216 cater for people with dementia.**

It is worth noting that many of the places for people with dementia are not located within a specialist dementia care home but form part of a larger mainstream older persons service.

Having established the potential number of beds that are available in the above homes to meet the present need for specialist dementia care and support, the key question is: - Why does it prove so difficult to find suitable vacancies when needed?

The answer to this question is that the catchment area of each home usually extends far beyond the boundaries of the local area. The fact that the homes are situated in the wider Heacham area does not mean that the places are available exclusively for the older residents of the local area. Good quality dementia care places are at a premium and are much sought after.

In practice this means that when a vacancy arises, it is more than likely that the place could be filled by an older person from outside the locality.

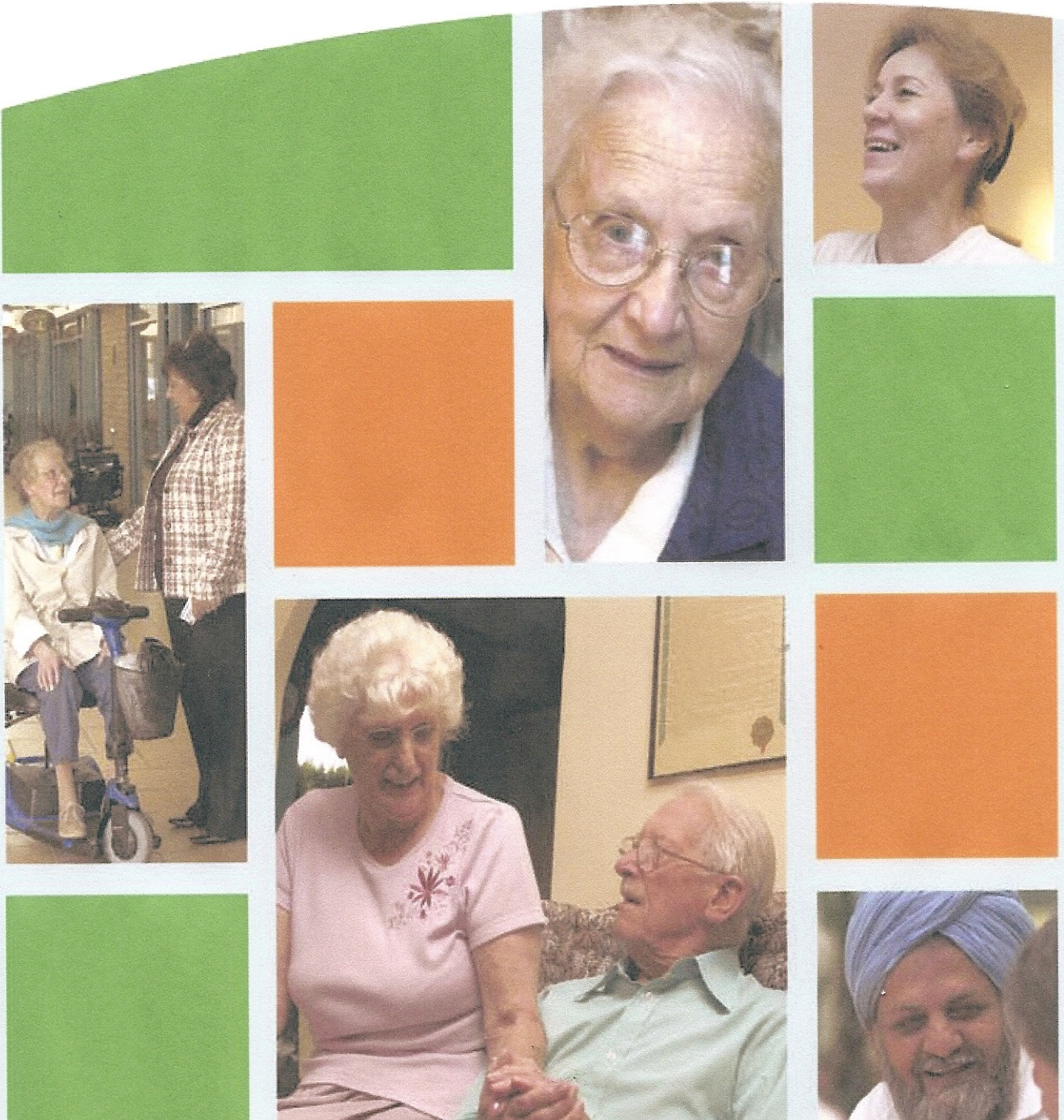
When the shortage of planned respite care places is included in the equation, it is not surprising that serious difficulties are encountered by all those seeking suitable long-term places at short notice.

By any criteria of measurement, it is clear from an examination of the present position that the existing provision will not meet the future needs of older people in this area.

There is, therefore, a significant under-supply of specialist high dependency dementia places in the area. Given the increased need arising from the demographic pressures, this situation can only become worse with more and more older people with dementia competing for increasingly scarce places.

# Transforming the Quality of Dementia Care

*Consultation on a National Dementia Strategy*



# Executive summary

## Our aim

Our aim is to ensure significant improvements across three key areas in relation to dementia services: improved awareness, earlier diagnosis and intervention, and a higher quality of care. This document is intended to help people contribute to our consultation by summarising, using best evidence, outlining the priorities for change that we have identified and setting out what kinds of interventions and models of care might help to bring this about.

## The opportunity

Important advances in our understanding of dementia and its impact in the last two years mean that we are now able to take a strategic approach to service development for people with dementia and their family carers. The Alzheimer's Society's *Dementia UK* report has given us clear estimates of the number of people with dementia now, as well as projections of future growth. The National Institute for Health and Clinical Excellence (NICE)/Social Care Institute for Excellence (SCIE) clinical guideline on dementia provides a clear summary of the immense amount that can be done to enhance the quality of life of people with dementia at all stages of the illness through the provision of good-quality care. Finally, analyses completed by the National Audit Office identified shortcomings in our current systems but they also highlight the likelihood that investing in improving the quality of services for people with dementia to address current shortcomings would lead not only to substantial improvements in the quality of life of people with dementia, but also to savings in terms of acute hospital use and admission to care homes.

## The issue

There can be no doubt about the current and future challenge posed by dementia. There are an estimated 24.3 million people with dementia worldwide, while in the UK, best estimates suggest that the number is currently 700,000, of whom approximately 570,000 live in England. Dementia costs the UK economy £17 billion a year, and in the next 30 years the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year.

While the numbers and the costs are daunting, the impact on those with the illness and on their families is also profound. Dementia results in a progressive decline in multiple areas of function, including memory, reasoning, communication skills and skills needed to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which complicate care and can occur at any stage of the illness. Family carers of people with dementia are often old and

frail themselves, with high levels of depression and physical illness, and a diminished quality of life. Dementia is a terminal condition, but people can live with it for 7–12 years after diagnosis.

## The context

The size of the population affected by dementia and the pervasiveness of the condition mean that the development of policy and services for people with dementia and their families is also affected by the wider policy context. This currently includes initiatives, guidance and policy statements such as 'Our NHS, Our Future', *Putting People First: A shared vision and commitment to the transformation of adult social care*, the current public debate on the future of the care and support system, the NICE commissioning guide on memory assessment services, the Carers' Strategy and the National End of Life Care Strategy. Getting services right for people with dementia would make a positive contribution to all of these.

## Work to date

We have a unique opportunity to review our current services and generate a system that can work for people with dementia for the next generation – one that empowers people with dementia and their carers, putting them at the centre so that they are in control, and one that delivers the outcomes they need. This consultation is part of a one-year programme, launched in August 2007, to generate a National Dementia Strategy and implementation plan.

We have identified three main aims:

- improved public and professional awareness of dementia;
- early diagnosis and intervention; and
- high-quality care and support.

The work has been jointly led by health and social care professionals (Professor Sube Banerjee and Jenny Owen) working with an External Reference Group of stakeholders (including people with dementia and their carers) and chaired by the Chief Executive of the Alzheimer's Society, Neil Hunt.

## The consultation

We have framed the proposals for consultation around the outcomes – and therefore the service models – that, based on best evidence, we think will enable us to reach our five-year goal of significant improvements in the care and support available for people with dementia. This document contains suggestions on which we are seeking comments from the public, from those affected by dementia, and from those commissioning and providing services of all kinds. This document is not intended as a prescription for local commissioners – on the contrary, it presents a digest of possible priorities and actions that might improve the quality of life of and the quality of care for people with dementia and their family carers. Commissioning decisions

will depend on local analyses and prioritisation, including a consideration of how best to use existing resources. The system supporting implementation would include the world-class commissioning programme, joint commissioning by local authorities, primary care trusts (PCTs) and voluntary bodies, the Department of Health providing support for system change, and the regulator measuring success. We invite your views on whether the outcomes we have identified are the correct ones, and how they might be achieved.

## **Outcomes we want to achieve**

### ***Improved awareness***

#### **Recommendation 1: Increased public and professional awareness of dementia**

Outcome: Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. Individuals should be informed of the benefits of timely diagnosis and care, the prevention of dementia should be promoted, and social exclusion and discrimination should be minimised.

#### **Recommendation 2: An informed and effective workforce for people with dementia**

Outcome: All health and social care staff involved in the care of people with dementia to have the skills needed to provide the best-quality care in the roles and in the settings where they work. To be achieved through effective basic training, and continuous professional and vocational development in dementia.

### ***Early diagnosis and intervention***

#### **Recommendation 3: Good-quality early diagnosis and intervention for all**

Outcome: All people with dementia to have access to a pathway of care that delivers:

- a rapid and competent specialist assessment;
- an accurate diagnosis that is sensitively communicated to the person with dementia and their carers; and
- immediate treatment, care and support following diagnosis.

The system needs to have the capacity to see all those with dementia.

#### **Recommendation 4: Good-quality information for those with dementia and their carers**

Outcome: People with dementia and their carers to be provided with good-quality information on the illness and on the services available – both at diagnosis and throughout the course of their care.

#### **Recommendation 5: Continuity of support and advice**

Outcome: Continuous support and advice to be provided for those diagnosed with dementia and their carers.

### ***High-quality care and support***

#### **Recommendation 6: Improved quality of care in general hospitals**

Outcome: An improved quality of care to be provided in general hospitals for people with dementia.

#### **Recommendation 7: Improved home care for people with dementia**

Outcome: Home care services to better meet the needs of people with dementia and their carers.

#### **Recommendation 8: Improved short breaks for people with dementia and their family carers**

Outcome: Short break services to better meet the needs of people with dementia and their family carers.

#### **Recommendation 9: A joint commissioning strategy for dementia**

Outcome: Commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet their needs.

#### **Recommendation 10: Intermediate care for people with dementia**

Outcome: Intermediate care to be made accessible to people with dementia and to meet their needs.

#### **Recommendation 11: Improved dementia care in care homes**

Outcome: Quality of care in care homes to be improved for people with dementia.

#### **Recommendation 12: Improved registration and inspection of care homes**

Outcome: Inspection regimes for care homes to better assure the quality of the dementia care provided.

### ***Delivering the National Dementia Strategy***

#### **Recommendation 13: Clear information on the delivery of the National Dementia Strategy**

Outcome: Good-quality information to be available on the development of dementia services as the strategy is delivered.

#### **Recommendation 14: A clear picture of research evidence and needs**

Outcome: Evidence to be available on the existing UK research base on dementia, and on the gaps that need to be filled.

#### **Recommendation 15: Effective support for implementation**

Outcome: Appropriate national support to be available in support of local implementation of the strategy.

# **Appendix D**

Official Journal of the European Union Notice and Pre-qualification Questionnaire  
published by Norfolk County Council in 2011



**Provision of Housing with Care Scheme**

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EUROPEAN UNION

Publication of Supplement to the Official Journal of the European Union

2, rue Mercier, L-2985 Luxembourg Fax (352) 29 29-42670

E-mail: ojs@publications.europa.eu Info & on-line forms: <http://simap.europa.eu>**CONTRACT NOTICE****SECTION I: CONTRACTING AUTHORITY****I.1) NAME, ADDRESSES AND CONTACT POINT(S)****Official name:** [Norfolk County Council](#)**Postal address:** [County Hall Martineau Lane](#)Town: [Norwich](#)Postal code: [NR1 2DH](#)Country: [United Kingdom](#)**Contact point(s):**

Telephone:

For the attention of:

Email:

Fax:

**Internet address(es) (if applicable)**General address of the contracting authority (URL): <http://www.norfolk.gov.uk>

Address of the buyer profile (URL):

**Further information can be obtained at:**

- As in above-mentioned contact point(s)  
 Other: please complete Annex A.I

**Specifications and additional documents (including documents for competitive dialogue and a dynamic purchasing system) can be obtained at:**

- As in above-mentioned contact point(s)  
 Other: please complete Annex A.II

**Tenders or requests to participate must be sent to:**

- As in above-mentioned contact point(s)  
 Other: please complete Annex A.III

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**Provision of Housing with Care Scheme**

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**I.2) TYPE OF THE CONTRACTING AUTHORITY AND MAIN ACTIVITY OR ACTIVITIES**

- |  |  |
|--|--|
| <input type="radio"/> Ministry or any other national or federal authority, including their regional or local sub-divisions | <input checked="" type="radio"/> General public services |
| <input type="radio"/> National or federal agency/office  | <input type="radio"/> Defence                            |
| <input checked="" type="radio"/> Regional or local authority   | <input type="radio"/> Public order and safety            |
| <input type="radio"/> Regional or local agency/office  | <input type="radio"/> Environment                        |
| <input type="radio"/> Body governed by public law  | <input type="radio"/> Economic and financial affairs     |
| <input type="radio"/> European institution/agency or international organisation  | <input type="radio"/> Health                             |
| <input type="radio"/> Other ( <i>please specify</i> ):   | <input type="radio"/> Housing and community amenities    |
|  | <input type="radio"/> Social protection                  |
|  | <input type="radio"/> Recreation, culture and religion   |
|  | <input type="radio"/> Education                          |
|  | <input type="radio"/> Other ( <i>please specify</i> ):   |

The contracting authority is purchasing on behalf of other contracting authorities:

- yes  no

## Provision of Housing with Care Scheme

### SECTION II: OBJECT OF THE CONTRACT

#### II.1) DESCRIPTION

##### II.1.1) Title attributed to the contract by the contracting authority

Provision of Housing with Care Scheme

##### II.1.2) Type of contract and location of works, place of delivery or of performance

(Choose one category only - works, supplies or services - which corresponds most to the specific object of your contract or purchase(s))

<input checked="" type="radio"/> <b>(a) Works</b> <input type="radio"/> Execution <input type="radio"/> Design and execution <input checked="" type="radio"/> Realisation, by whatever means of work, corresponding to the requirements specified by the contracting authorities	<input type="radio"/> <b>(b) Supplies</b> <input type="radio"/> Purchase <input type="radio"/> Lease <input type="radio"/> Rental <input type="radio"/> Hire purchase <input type="radio"/> A combination of these	<input type="radio"/> <b>(c) Services</b> Service category No (For service categories 1-27, please see Annex II of Directive 2004/18/EC)
Main site or location of works Heacham and Hunstanton area Norfolk NUTS code UKH13	Main place of delivery	Main place of performance

##### II.1.3) The notice involves

- A public contract
- The establishment of a framework agreement
- The setting up of a dynamic purchasing system (DPS)

##### II.1.4) Information on framework agreement (if applicable)

<input type="radio"/> Framework agreement with several operators Number OR, if applicable, maximum number of participants to the framework agreement envisaged	<input type="radio"/> Framework agreement with a single operator
--	--

##### Duration of the framework agreement:

Duration in year(s):

or month(s):

Justification for a framework agreement, the duration of which exceeds four years:

<b>Estimated total value of purchases for the entire duration of the framework agreement (if applicable; give figures only):</b>	
Estimated value excluding VAT:	Currency:
OR Range: between                      and	Currency:
Frequency and value of the contracts to be awarded: (if known):	

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## Provision of Housing with Care Scheme

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### II.1.5) Short description of the contract or purchase(s)

Norfolk County Council ("the Council") is seeking to appoint a development partner/ landlord to build and maintain fully serviced accommodation for a housing with care scheme for elderly persons in the Heacham and Hunstanton area of Norfolk. Accommodation for care staff (which will be leased back to the Council) will also need to be included.

The Council will specify its detailed requirements including number of places, profile of residents and any contribution the Council may make to support the scheme including capital or equivalent contribution and void guarantees at ITT stage.

The care provider to tenants of the housing with care scheme will be Norse Care Limited.

NPS Property Consultants Limited (NPS) are providing procurement advice.

It is anticipated that NPS will provide property design services, but the precise details of the design novation and scope of work are to be confirmed with the successful tenderer.

The scheme will need to meet the requirements for affordable housing of the District Planning Authority.

The land/site for the scheme will be provided by the successful tenderer

The provision of care, cleaning and catering services is not included in this procurement.

Communal areas (for example, the residents' lounge), shared areas (for example, the laundry room) and service areas (for example, the kitchen) are required to be fitted and furnished by the successful tenderer. Furnishings for the residents' individual rooms are not included in this procurement.

In addition the Council wishes the scheme to include a facility for use by the wider community as a "community hub". Community hubs are locations which are fully accessible with specialist facilities for people with a range of complex needs including older people with dementia, people with learning disabilities and people with physical disabilities enabling people to socialise and take part in a range of activities based on shared interests.

## Provision of Housing with Care Scheme

### II.1.6) Common procurement vocabulary (CPV)

	Main vocabulary	Supplementary vocabulary (if applicable)
<b>Main object</b>	<b>45210000</b>	
<b>Additional object(s)</b>	<b>45211340</b>	
	<b>45211350</b>	
	<b>45212100</b>	
	<b>45215220</b>	
	<b>45215200</b>	
	<b>45215210</b>	
	<b>50700000</b>	
	<b>50710000</b>	
	<b>50800000</b>	
	<b>50850000</b>	
	<b>50883000</b>	
	<b>70200000</b>	
	<b>70331000</b>	
	<b>98341000</b>	
	<b>98341100</b>	
	<b>39000000</b>	

### II.1.7) Contract covered by the Government Procurement Agreement (GPA)

yes  no

### II.1.8) Division into lots (for information about lots, use Annex B as many times as there are lots)

yes  no

If **yes**, tenders should be submitted for (tick one box only)

- one lot only  
 one or more lots  
 all lots

### II.1.9) Variants will be accepted

yes  no

## II.2) QUANTITY OR SCOPE OF THE CONTRACT

### II.2.1) Total quantity or scope (including all lots and options, if applicable)

<i>If applicable, estimated value excluding VAT (give figures only):</i>	Currency:
OR Range: between <b>5 000 000,00</b> and <b>8 000 000,00</b>	Currency: <b>GBP</b>

### II.2.2) Options (if applicable)

yes  no

If **yes**, description of these options:



## Provision of Housing with Care Scheme

### SECTION III: LEGAL, ECONOMIC, FINANCIAL AND TECHNICAL INFORMATION

#### III.1) CONDITIONS RELATING TO THE CONTRACT

##### III.1.1) Deposits and guarantees required (if applicable)

As set out in tender documentation

##### III.1.2) Main financing conditions and payment arrangements and/or reference to the relevant provisions regulating them

As set out in the tender documentation

##### III.1.3) Legal form to be taken by the group of economic operators to whom the contract is to be awarded (if applicable)

Single legal entity

##### III.1.4) Other particular conditions to which the performance of the contract is subject (if applicable)

yes  no

If yes, description of particular conditions

All documentation is to be compiled in the English language and the contract will be governed by English law

#### III.2) CONDITIONS FOR PARTICIPATION

##### III.2.1) Personal situation of economic operators, including requirements relating to enrolment on professional or trade registers

Information and formalities necessary for evaluating if requirements are met:

As set out in the pre-qualification questionnaire and/ or the tender documents

##### III.2.2) Economic and financial capacity

Information and formalities necessary for evaluating if requirements are met:

As set out in the pre-qualification questionnaire and/ or the tender documents

Minimum level(s) of standards possibly required (if applicable):

##### III.2.3) Technical capacity

Information and formalities necessary for evaluating if requirements are met:

As set out in the pre-qualification questionnaire and/ or the tender documents

Minimum level(s) of standards possibly required (if applicable):

##### III.2.4) Reserved contracts (if applicable)

yes  no

The contract is restricted to sheltered workshops

The execution of the contract is restricted to the framework of sheltered employment programmes

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**Provision of Housing with Care Scheme**

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**III.3) CONDITIONS SPECIFIC TO SERVICES CONTRACTS****III.3.1) Execution of the service is reserved to a particular profession**

yes  no

**If yes**,reference to the relevant law, regulation or administrative provision:

**III.3.2) Legal entities should indicate the names and professional qualifications of the staff responsible for the execution of the service**

yes  no



## Provision of Housing with Care Scheme

### SECTION IV: PROCEDURE

#### IV.1) TYPE OF PROCEDURE

##### IV.1.1) Type of procedure

<input type="radio"/> Open	
<input checked="" type="radio"/> Restricted	
<input type="radio"/> Accelerated restricted	Justification for the choice of accelerated procedure:
<input type="radio"/> Negotiated	Candidates have already been selected <input type="radio"/> yes <input type="radio"/> no <b>If yes, provide names and addresses of economic operators already selected under Section VI.3)</b> <i>Additional information</i>
<input type="radio"/> Accelerated negotiated	Justification for the choice of accelerated procedure:
<input type="radio"/> Competitive dialogue	

##### IV.1.2) Limitations on the number of operators who will be invited to tender or to participate (restricted and negotiated procedures, competitive dialogue)

Envisaged number of operators
OR Envisaged minimum number 5 and , if applicable, maximum number 10
Objective criteria for choosing the limited number of candidates: A shortlisting process will be conducted following a formal evaluation to ascertain which applicants will be invited to progress through to the full invitation to tender stage. This will include pass/fail criteria followed by the application of a qualitative process from which the highest scoring applicants will be progressed. Further information will be contained within the pre-qualification questionnaire.

##### IV.1.3) Reduction of the number of operators during the negotiation or dialogue (negotiated procedure, competitive dialogue)

Recourse to staged procedure to gradually reduce the number of solutions to be discussed or tenders to be negotiated

yes  no

## Provision of Housing with Care Scheme

### IV.2) AWARD CRITERIA

#### IV.2.1) Award criteria (please tick the relevant box(es))

Lowest price

OR

The most economically advantageous tender in terms of

the criteria stated below (the award criteria should be given with their weighting or in descending order of importance where weighting is not possible for demonstrable reasons)

the criteria stated in the specifications, in the invitation to tender or to negotiate or in the descriptive document

Criteria	Weighting	Criteria	Weighting
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

#### IV.2.2) An electronic auction will be used

yes  no

If yes, additional information about electronic auction (if appropriate)

### IV.3) ADMINISTRATIVE INFORMATION

#### IV.3.1) File reference number attributed by the contracting authority (if applicable)

Housing with Care Scheme Heacham and Hunstanton

#### IV.3.2) Previous publication(s) concerning the same contract

yes  no

If yes,

<input type="radio"/> Prior information notice	<input type="radio"/> Notice on a buyer profile
Notice number in OJ:	of (dd/mm/yyyy)
<input type="radio"/> Other previous publications (if applicable)	

#### IV.3.3) Conditions for obtaining specifications and additional documents (except for a DPS) or descriptive document (in the case of a competitive dialogue)

Time limit for receipt of requests for documents or for accessing documents	
Date: (dd/mm/yyyy)	Time:
Payable documents	
<input type="radio"/> yes <input checked="" type="radio"/> no	
If yes, price (give figures only):	Currency:
Terms and method of payment:	

## Provision of Housing with Care Scheme

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### IV.3.4) Time-limit for receipt of tenders or requests to participate

Date: 11/07/2011 (dd/mm/yyyy) Time: 13:00

### IV.3.5) Date of dispatch of invitations to tender or to participate to selected candidates (if known) (in the case of restricted and negotiated procedures, and competitive dialogue)

Date: 22/08/2011 (dd/mm/yyyy)

### IV.3.6) Language(s) in which tenders or requests to participate may be drawn up

ES CS DA DE ET EL EN FR IT LV LT HU MT NL PL PT SK SL FI SV BG GA RO

Other:

### IV.3.7) Minimum time frame during which the tenderer must maintain the tender (open procedure)

Until: (dd/mm/yyyy)

OR Duration in month(s):

OR days: (from the date stated for receipt of tender)

### IV.3.8) Conditions for opening tenders

Date: (dd/mm/yyyy) Time:

Place (if applicable):

Persons authorised to be present at the opening of tenders (if applicable)

yes  no

---

**Provision of Housing with Care Scheme**

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**SECTION VI: COMPLEMENTARY INFORMATION****VI.1) THIS IS A RECURRENT PROCUREMENT** *(if applicable)*

yes  no

**If yes**, estimated timing for further notices to be published:

**VI.2) CONTRACT RELATED TO A PROJECT AND/OR PROGRAMME FINANCED BY EU FUNDS**

yes  no

**If yes**, reference to project(s) and/or programme(s):

**VI.3) ADDITIONAL INFORMATION** *(if applicable)***VI.4) PROCEDURES FOR APPEAL****VI.4.1) Body responsible for appeal procedures**

Official name:

Postal address:

Town:

Postal code:

Country:

Telephone:

Email:

Fax:

Internet address (URL):

**Body responsible for mediation procedures** *(if applicable)*

Official name:

Postal address:

Town:

Postal code:

Country:

Telephone:

Email:

Fax:

Internet address (URL):

**VI.4.2) Lodging of appeals** *(please fill heading VI.4.2 OR if need be, heading VI.4.3)*

Precise information on deadline(s) for lodging appeals:

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**Provision of Housing with Care Scheme**

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**VI.4.3) Service from which information about the lodging of appeals may be obtained**

Official name:

Postal address:

Town:

Postal code:

Country:

Telephone:

Email:

Fax:

Internet address (URL):

**VI.5) DATE OF DISPATCH OF THIS NOTICE:***03/06/2011 (dd/mm/yyyy)*

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**Provision of Housing with Care Scheme**

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**ANNEX A****ADDITIONAL ADDRESSES AND CONTACT POINTS****I) ADDRESSES AND CONTACT POINTS FROM WHICH FURTHER INFORMATION CAN BE OBTAINED**

Official name: [NPS Property Consultants Limited](#)  
Postal address: [Nautilus House 10 Central Avenue St Andrews Business Park](#)  
Town: [Norwich](#) Postal code: [NR7 0HR](#)  
Country: [United Kingdom](#)  
**Contact point(s):** Telephone: [+44 01603706618](#)  
For the attention of: [Kimberly Gaffer](#)  
Email: [kimberly.gaffer@nps.co.uk](mailto:kimberly.gaffer@nps.co.uk) Fax: [+44 01603706001](#)  
Internet address (URL): <http://www.nps.co.uk>

**II) ADDRESSES AND CONTACT POINTS FROM WHICH SPECIFICATIONS AND ADDITIONAL DOCUMENTS (INCLUDING DOCUMENTS FOR COMPETITIVE DIALOGUE AS WELL AS A DYNAMIC PURCHASING SYSTEM) CAN BE OBTAINED**

Official name: [NPS Property Consultants Limited](#)  
Postal address: [Nautilus House 10 Central Avenue St Andrews Business Park](#)  
Town: [Norwich](#) Postal code: [NR7 0HR](#)  
Country: [United Kingdom](#)  
**Contact point(s):** Telephone: [+44 01603706618](#)  
For the attention of: [Kimberly Gaffer](#)  
Email: [kimberly.gaffer@nps.co.uk](mailto:kimberly.gaffer@nps.co.uk) Fax: [+44 01603706001](#)  
Internet address (URL): <http://nps.co.uk>

**III) ADDRESSES AND CONTACT POINTS TO WHICH TENDERS/REQUESTS TO PARTICIPATE MUST BE SENT**

Official name: [NPS Property Consultants Limited](#)  
Postal address: [Nautilus House 10 Central Avenue St Andrews Business Park](#)  
Town: [Norwich](#) Postal code: [NR70HR](#)  
Country: [United Kingdom](#)  
**Contact point(s):** Telephone: [+44 01603706618](#)  
For the attention of: [Kimberly Gaffer](#)  
Email: [kimberly.gaffer@nps.co.uk](mailto:kimberly.gaffer@nps.co.uk) Fax: [+44 01603706001](#)  
Internet address (URL): <http://nps.co.uk>

## Provision of Housing with Care Scheme

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### ANNEX B (1)

#### INFORMATION ABOUT LOTS

#### LOT NO TITLE

#### 1) SHORT DESCRIPTION

#### 2) COMMON PROCUREMENT VOCABULARY (CPV)

#### 3) QUANTITY OR SCOPE

<i>If applicable, estimated value excluding VAT (give figures only):</i>	Currency:
OR Range: between                      and	Currency:

#### 4) INDICATION ABOUT DIFFERENT DATE FOR DURATION OF CONTRACT OR STARTING/COMPLETION

*(if applicable)*

Duration in months:	or days:	(from the award of the contract)
OR Starting	(dd/mm/yyyy)	
Completion	(dd/mm/yyyy)	

#### 5) ADDITIONAL INFORMATION ABOUT LOTS

# **Pre Qualification Questionnaire**

## **Procurement of**

## **Housing with Care Provisions**

**for**

**Norfolk County Council**





## OVERVIEW OF REQUIREMENTS

Norfolk County Council (NCC) has embarked on a challenging and exciting programme of transforming care for older people in the county. Its "Building a Better Future" strategy is aimed at ensuring that by 2020 there is a sufficient number of high quality care places of the right type, in the right place to meet the needs of the projected increase in the number of older people who can no longer be supported at home. This will involve the development of an additional 2480 places by 2020 and also the replacement of the 850 care home places formerly provided by NCC.

A new trading arm of NCC (Norse Care Ltd) has been established to help assist with the transformation of the estate.

All new services related to the transformation of the Council's care estate will be subject to consultation with existing residents. This means that no decision will be made about whether or not to commission such services until after such consultation has been undertaken.

This exciting procurement opportunity forms part of the Housing with Care programme. It is envisaged that the programme will be phased over a number of years.

NCC are seeking to appoint development partners / landlords to build and maintain Housing with Care Schemes (HWC). NCC would consider providing support that may include a combination of capital input (most likely in the form of land) and rental income / void guarantees. In return, development partners / landlords will be invited provide finance to design, build and maintain HWC schemes.

NCC will provide its minimum requirements in terms of specification and tenure. Beyond that, the scale and tenure will be down to the developer / landlord, although a number of dwellings would need to be affordable and above local planning requirements which will be specified in due course.

The care provider to tenants of HWC schemes will be Norse Care Ltd. NPS Property Consultants Ltd are providing procurement advice. It is anticipated that NPS will provide property design services, but the precise details of the design novation and scope of work are to be confirmed with the successful tenderer.

Both Norse Care Ltd and NPS are wholly owned subsidiaries of Norse Group Ltd which is an NCC wholly owned company.

The successful developer / landlord would be required to enter into a Development Agreement, Nomination Rights Agreement with NCC and possibly, the local District Housing Authority, and also a Management Agreement with Norse Care Ltd.

This first project in the programme is for a development in the Heacham or Hunstanton area of West Norfolk. NCC requires a facility providing about 60 units to which NCC can make nominations. With this project, the developer / landlord will be required to provide land for the development. Precise details of NCC requirements and any contribution from the council will be identified in the Invitation to Tender. This could include ancillary requirements such as a community hub. The current percentage of affordable dwellings required under Kings Lynn and West Norfolk planning requirements is 20%.

The County Council intends to shortlist up to a maximum of 10 applicants to proceed to the Invitation to Tender stage following this initial assessment.

## **PRE QUALIFICATION QUESTIONNAIRE GUIDANCE**

This questionnaire is designed to provide the information required to assess your organisation`s suitability to become a prospective provider of accommodation and delivery of facilities management.

It is important to fully answer all the questions within this questionnaire and provide supporting documentation where applicable. Please do not send originals of any document because they cannot be returned.

The questionnaire must not be altered in any way except by expansion of the boxes provided for responses. Where insufficient space has been provided in the questionnaire the applicant may append additional pages. All supporting documentation and/or additional pages must clearly state the applicants name.

Failure to complete the questionnaire in full or to provide the documentation requested may result in the application being rejected. Questionnaires that have been altered except as permitted may also be rejected.

All responses and submissions provided may form part of the contract should the applicant subsequently be successful.

Any information and/or documents submitted in response to this questionnaire must relate to the applicant only. The applicant is the organisation, which it is proposed will enter into a formal contract with Norfolk County Council.

If you have any queries regarding this procedure or the information required, please do not hesitate to contact NPS Property Consultants Ltd. Telephone, Fax numbers and an email address for NPS Property Consultants Ltd can be found on the covering letter.

**All completed questionnaires and accompanying information must be returned to**

**Kim Gaffer  
NPS Property Consultants Limited  
Nautilus House  
10 Central Avenue  
St Andrews Business Park  
Norfolk  
Norwich NR7 0HR**

**No later than 13:00 on 11 July 2011**

**Applications received after this deadline will be rejected.**

## Determination process for the selection of bidders for the Invitation to Tender stage

### Stage 1 Evaluation

Each bidders PQQ response will firstly be evaluated on a pass/fail criteria relating to

PQQ reference	Heading	Pass/Fail
Section 1	Company Information All information provided	
Section 2	Financial Information	
Section 9	Declaration Signed by Authorised Company representative	

### Stage 2 Evaluation

Those bidders who have passed stage 1 above will then be evaluated on a pass/fail criteria relating to

PQQ reference	Heading	Pass/Fail
Section 3	Health & Safety	
Section 4	Quality Assurance	
Section 5	Environmental Issues	
Section 8	Equal Opportunities	
Within Section 2	Financial Information Insurances tick box yes required	check

### Stage 3 Evaluation

Those bidders who have passed stages 1 & 2 above will then be evaluated using the following scoring model

Section 6	References & Experience	30 total
	Q1	10
	Q2	10
	Q3	10
Section 7	Technical Information	30 total
	Q1	3
	Q2	7
	Q3	7
	Q4	6
	Q5, 5a	7
	Total Marks Available	60

## SECTION 1 – INFORMATION ON THE APPLICANT

1	Trading name & address	
2	Address for correspondence relating to this application:	
3	Contact name:	
	Position in organisation:	
	Telephone number:	
	Fax number:	
	Email address:	
	Mobile phone number:	
4	Applicants Status:	<b><u>Please delete as necessary</u></b>
	Sole trader	Yes/No
	Partnership	Yes/No
	Limited company	Yes/No
	Public limited company	Yes/No
	Consortium (give details of lead member & the relationships with all other parties involved)	Yes/No
	Other (please specify)	
5	Date of formation or registration (if applicable):	
6	Registration number:	
	Registered address:	
7	Do <u>any</u> of the grounds which may make your organisation ineligible as a contractor, as listed in Regulation 23 of the Public Contracts Regulations 2006 (SI 2006 No:5) apply to your organisation. NB these regulations are reproduced in the appendix to this questionnaire.	Yes/No
7a	If YES to question 7, please state which of the grounds applies to your organisation and provide full details of the matter.	

8	Does your organisation have any association (either directly or indirectly) with any member or employee of Norfolk County Council or any director or employee Norse Group or NPS	Yes/No
8a	If YES to question 8, please give full details:	
9	VAT number:	

10	Is your organisation a subsidiary of another company as defined by section 1159 of the Companies Act 2006?	Yes/No
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10 a	If YES to question 10, please give the following details in respect of the ultimate holding company:  Name: Registered office address: Registration number:	

**Note:** Norfolk County Council may require the holding company to enter into a deed of guarantee, where a contract is proposed with a subsidiary, to indemnify Norfolk County Council against all losses, damages or costs which may be incurred by the Norfolk County Council by reason of default on the part of the applicant.

11	Have any of your organisations directors, partners or associates been involved in any firm which has been liquidated or gone into receivership	Yes/No
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	If YES please give full details

12	Has any Director, Partner or Associate been employed by NCC, Norse Group or NPS ?	Yes/No
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	If YES please give full details

13	State if any Director, Partner or Associate has a relative(s) who is employed by NCC, Norse Group or NPS at a senior level

14	Please list membership of professional or trade associations

## SECTION 2 - FINANCIAL INFORMATION

The financial information completed below and submitted in support of your organisations application MUST relate solely to the applicant.

1	Please provide audited accounts for the last three financial years	Enclosed  Yes/No
2	Please provide below details of the published figures for the last three financial years for -  <ul style="list-style-type: none"> <li>• Turnover</li> <li>• Pre &amp; Post Tax Profit</li> <li>• Net Current assets</li> <li>• Net assets</li> </ul>	£
3	Please state where you will obtain funds from to deliver this project. (eg bank or holding company - <b>please provide a letter of comfort</b> , cash reserves or possible share issue or similar)	

**If your organisation has been trading for less than three years please provide the information that is applicable.**

### Insurances

The following minimum levels of insurance will be a requirement relating to Construction works & as relevant FM services.

For a Project			
Employers Liability Insurance	Public Liability (Third Party) Insurance	Professional Indemnity Insurance	Product Liability Insurance
Minimum Level £5,000,000.00	Minimum Level £5,000,000.00	Minimum Level £10,000,000.00	May be requested on a project specific basis.

Please confirm that you have policies in place covering the above at the required level stated or that you (or your potential construction Contractor & FM provider) are prepared to obtain the relevant insurance should you be selected.	Yes/No
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### Please Note:

Prior to confirmation of any final appointment, copies of all current insurance documents will be required to be forwarded to NPS

**SECTION 3 – HEALTH & SAFETY**

1	Please provide a copy of your Health and Safety Policy <b>Statement</b> and your <b>Organisation</b> for Health and Safety Management.	Enclosed  Yes/No
2	Please state who provides your competent Health and safety advice. Please include details of experience and qualifications as appropriate	
3	Please describe your process for ensuring your workforce are provided with the information they need to carry out their tasks safely. (please provide evidence continuous training records).	
4	Please describe your procedures to consult with your workforce when reviewing existing or implementing new health and safety measures	
5	Please describe your process for conducting accident, incident, near miss and dangerous observation reporting. Please go on to describe how you undertake follow up investigations and implement controls to prevent a reoccurrence. (please provide any examples you may have together with your RIDDOR statistics for the previous 5 years).	
6	Please give details of any Health and Safety enforcing authority action taken against your company in the previous 3 years.	
7	Please describe your process for evaluating hazards, carrying out risk assessments and producing safe systems of work appropriate to this type of work. Please provide no more than 3 examples of RA.s and SSOW.	

8	Please describe how your organisation ensures health and safety competence of subcontractors and how sub-contractors health and safety performance is monitored
9	Please describe how you ensure that your Health and Safety Management System is appropriately implemented by all of your employees.



**SECTION 4 – QUALITY ASSURANCE**

1.	Do you have a current UKAS accredited quality management system (e.g. ISO 9001:2008 )	Yes/No
	If YES , please supply current certificate	Enclosed? Yes/No
2.	Do you have a designated quality manager?	Yes/No
	If YES, please provide name and contact details	
3	Please provide a list of contents of your quality manual	Enclosed? Yes/No
4	Do you carry out internal audits?	Yes/No
	If YES, please provide documents for 1 audit undertaken within the last 12 months	Enclosed? Yes/No

## SECTION 5 – ENVIRONMENTAL ISSUES

Norfolk County Council has adopted a positive stance with regard to the protection of the environment and regarding environmentally sound approaches to service delivery

1	Does your organisation have a documented environmental policy and any associated objectives?	Yes/No
	If YES please provide full details of your policy and objectives, together with the name of the director, partner or other person responsible for its implementation.	Enclosed? Yes/No
2	Does your organisation have a documented environmental management system / procedures meeting the requirements of BS EN ISO 14001, EMAS, BS 8555 (staged approach) or equivalent?	Yes/No
	If YES please provide full details, including copies of relevant certificates where appropriate.	Enclosed? Yes/No
3	Does your organisation have any arrangements for the training and communication of relevant environmental issues to its staff and suppliers?	Yes/No
	If YES please provide full details including training programmes	Enclosed? Yes/No
4	Does your organisation regularly, check, monitor, review and report on its environmental performance?	Yes/No
	If YES please provide full details including any associated reports carried out within the last 12 months	Enclosed? Yes/No
5	Do you have any procedures for ensuring good environmental performance of your suppliers?	Yes/No
	If YES please provide full details	Enclosed? Yes/No

6	Do you have a strategy or plan in place for the reduction of carbon emissions from your operations?	Yes/No
	If YES please provide full details	Enclosed? Yes/No

7	Has the organisation had any notice, enforcement action or prosecution from an environmental regulator in the last three years?	Yes/No
	If Yes please provide full details, including the date, type of notice or enforcement action and outcome.	Enclosed? Yes/No

## SECTION 6 – REFERENCES AND EXPERIENCE

1	<p>Please provide the details required below of <b>three</b> contracts or similar arrangements that your organisation has been awarded or self developed within the last 3 years:</p> <p>For each contract or arrangement please detail-</p> <ul style="list-style-type: none"> <li>• Customer name &amp; address</li> <li>• Contact name, telephone number &amp; email</li> <li>• Brief description works provided</li> <li>• Contract value</li> </ul> <p>Norfolk County Council may seek references from any or all of the customers named above. The organisation's permission to do so will be assumed unless you state otherwise.</p>	
2	<p>Please list the following including the client name and contract value:</p> <ul style="list-style-type: none"> <li>• Contracts currently being undertaken your organisation.</li> <li>• Contracts that have been undertaken over the last five years by your organisation.</li> <li>• Contracts that have been terminated during the last five years due to poor performance or have had liquidated damages applied with reasons why.</li> <li>• Please provide a statement of any material non-employment related litigation (pending, threatened or determined) or other legal proceedings against the applicant within the last 3 years that might be relevant to your ability to deliver the requirement.</li> </ul> <p>Please give the percentage of this type of work as it relates to your overall total business operations. Please list out the other significant areas of your business.</p>	
3	<p>Please briefly outline your experience in the following areas.</p> <p>Provision of Landlord services for Housing with Care or other similar provision</p> <p>Provision of FM services for Housing with Care or other similar provision</p> <p>Partnership working with other care providers</p>	

**SECTION 7 TECHNICAL INFORMATION**

1	<p>Please provide a description of your organisation’s business structure and include a “family tree” to illustrate the structure.</p>		
2	<p>Please provide details of the key management and operational staff allocated to comparable contracts over the last three years. These details must include details for the contracts or other arrangements given in answer to question 1 in section 6 of this questionnaire.</p> <p>Please provide a chart which gives full details of how a project (relevant to this PQQ) is delivered by your organisation and those who participate</p> <p>If a consortium arrangement is proposed, who will be involved, what will their respective roles be ?. Please provide a chart and narrative which makes this arrangement transparent and easily understood.</p>		
3	<p>Please enter the number of persons your organisation employed during the last year in the table below.</p> <p>Office &amp; Supervisory Management</p>		
		Full time	Part time
Managerial			
Operational			
<p>Sub-contractors List out services and providers</p>			



## SECTION 8 – EQUAL OPPORTUNITIES

<b><u>Equality and Diversity</u></b>				
<b>Policy and Legislative Compliance</b>				
<b>Question No</b>	<b>Question</b>	<b>Description of information in support of response, which will be taken into account in assessment</b>	<b>Yes ✓</b>	<b>No ✓</b>
1	Is it your policy as an employer to comply with Anti-Discrimination Legislation and to treat all people fairly and equally so that no one group of people is treated less favourably than others?	No supporting evidence required.		
2	Do you have an Equality/Diversity Policy that covers Race, Sexual Discrimination and Harassment etc?	If yes, please enclose evidence.		
3	Does your Equality/Diversity Policy comply with all employment equality and non discrimination laws?	If yes, please enclose evidence.		
4	Does the policy demonstrate Senior Management responsibility for Equality/Diversity?	If yes, please state the name of the Manager and their area of responsibility.		
5	Do you ensure equality and diversity is embedded within your organisation – is it available to employees/sub-contractors, recognised trade unions or other representative groups of employees?	Please provide copies of any relevant policies or written statement/evidence of relevant actions.  Demonstrate how your Policy is communicated to staff.		
6	Is your Equality/Diversity Policy implemented with regards to Recruitment and Selection Practices (e.g. open recruitment practices)?	Please provide details.		
7	Do you follow the Commission for Racial Equality's Employment Code of Practice for (as approved by Parliament 1983) or subsequent update?	Please provide copies of any relevant policies or written statement/evidence of relevant actions.		
8	In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal or equivalent body (sex, sexual orientation, race, disability or equality of pay)?	Please provide details of any findings.		

9	In the last three years has your organisation been the subject to a compliance action by the Equality and Human Rights Commission or an equivalent body on grounds of alleged unlawful discrimination?	Please provide details of any findings.		
10	If the answer to question 8 and / or 9 is "Yes", what steps did your organisation take as a result of that finding or investigation to address it?	Please provide details/evidence of remedial action.		
11	Do you currently comply with the Human Rights Act 1998, if so how far?	Please provide details.		
12	Do you ensure that sub-contractors have Equality/Diversity Policies and approaches that are compatible with yours and those of your clients?	Please provide details.		
<b>Monitoring</b>				
13	Is your policy reviewed and if so at what intervals?	Please provide details.		
14	Do you monitor the equality profile of job applications?	Please provide details or any relevant statistics.		
15	Do you monitor the equality profile of staff in post, applying for posts, training, promotion, discipline and leavers?	Please provide details.		
16	Where monitoring details in 15 reveal under representation do you put mechanisms in place to address any imbalances.	If yes, please provide details.		
17	Do you report or consult on equality issues with your workforce?	If yes, please provide details.		
18	Do you monitor to ensure that your services meet diverse customer access and communication requirements?	If yes, what monitoring measures did you instigate – please give details?		
<b>Training</b>				
19	Do you provide written instructions to Managers and Supervisors on equality in recruitment selection, training, promotion, discipline and dismissal?	If yes, please provide details or a copy of the literature.		
20	Does your Equality/Diversity Policy provide instructions to staff and suppliers doing Recruitment and Selection/Training Promotion?	If yes, please provide details or a copy of the literature.		
21	Does your Equality/Diversity Policy provide instructions to staff in recruitment advertising?	If yes, please provide details or a copy of the literature.		



## SECTION 9 – DECLARATION

I declare that the information submitted by my organisation within and appended to this questionnaire are complete and accurate.

I understand that the information disclosed in this questionnaire will be used in the evaluation process to assess my organisation's suitability and competence to undertake works for Norfolk County Council

I acknowledge that it is an offence to give or offer any gift or consideration to an employee of a public body as a reward or inducement in relation to the awarding of a public contract and that such action will give Norfolk County Council or NPS the right to exclude the applicant from the procurement process.

I further acknowledge that any price fixing or collusion with other bidders in relation to this procurement exercise shall give Norfolk County Council or NPS the right to exclude the applicant from the process and may constitute an offence.

SIGNED .....

NAME (in full) .....

POSITION .....

ORGANISATION NAME  
.....

DATE .....

**Note: This form must be signed by a director of a company or a partner of a partnership.**

## APPENDIX

### PROVISIONS OF REGULATIONS 23 (1) AND (4) OF THE PUBLIC CONTRACT REGULATIONS 2006

**23.** —(1) Subject to paragraph (2), a contracting authority shall treat as ineligible and shall not select an economic operator in accordance with these Regulations if the contracting authority has actual knowledge that the economic operator or its directors or any other person who has powers of representation, decision or control of the economic operator has been convicted of any of the following offences—

(a) conspiracy within the meaning of section 1 of the Criminal Law Act 1977 where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of Council Joint Action 98/733/JHA;

(b) corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906;

(c) the offence of bribery;

(d) fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of—

(i) the offence of cheating the Revenue;

(ii) the offence of conspiracy to defraud;

(iii) fraud or theft within the meaning of the Theft Act 1968<sup>[30]</sup> and the Theft Act 1978<sup>[31]</sup>;

(iv) fraudulent trading within the meaning of section 458 of the Companies Act 1985 or section 993 of the Companies Act 2006 <sup>[32]</sup>;

(v) defrauding the Customs within the meaning of the Customs and Excise Management Act 1979<sup>[33]</sup> and the Value Added Tax Act 1994<sup>[34]</sup>;

(vi) an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993<sup>[35]</sup>; or

(vii) destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968;

(e) money laundering within the meaning of the Money Laundering Regulations 2003<sup>[36]</sup>; or

(f) any other offence within the meaning of Article 45(1) of the Public Sector Directive as defined by the national law of any relevant State.

23 (4) A contracting authority may treat an economic operator as ineligible or decide not to select an economic operator in accordance with these Regulations on one or more of the following grounds, namely that the economic operator—

(a) being an individual is bankrupt or has had a receiving order or administration order or bankruptcy restrictions order made against him or has made any composition or arrangement with or for the benefit of his creditors or has made any conveyance or assignment for the benefit of his creditors or appears unable to pay, or to have no reasonable prospect of being able to pay, a debt within the meaning of section 268 of the Insolvency Act 1986<sup>[37]</sup>, or article 242 of the Insolvency (Northern Ireland) Order 1989<sup>[38]</sup>, or in Scotland has granted a trust deed for creditors or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of his estate, or is the subject of any similar procedure under the law of any other state;

(b) being a partnership constituted under Scots law has granted a trust deed or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of its estate;

(c) being a company or any other entity within the meaning of section 255 of the Enterprise Act 2002<sup>[39]</sup> has passed a resolution or is the subject of an order by the court for the company's winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, or has had a receiver, manager or administrator on behalf of a creditor appointed in respect of the company's business or any part thereof or is the subject of the above procedures or is the subject of similar procedures under the law of any other state;

(d) has been convicted of a criminal offence relating to the conduct of his business or profession;

(e) has committed an act of grave misconduct in the course of his business or profession;

(f) has not fulfilled obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which the economic operator is established;

(g) has not fulfilled obligations relating to the payment of taxes under the law of any part of the United Kingdom or of the relevant State in which the economic operator is established;

(h) is guilty of serious misrepresentation in providing any information required of him under this regulation;

(i) in relation to procedures for the award of a public services contract, is not licensed in the relevant State in which he is established or is not a member of an organisation in that relevant State when the law of that relevant State prohibits the provision of the services to be provided under the contract by a person who is not so licensed or who is not such a member; or

(j) subject to paragraphs (7), (8) and (9), is not registered on the professional or trade register of the relevant State specified in Schedule 6 in which he is established under conditions laid down by that State.