



BOROUGH OF POOLE

NEEDS ASSESSMENT

**RESIDENTIAL AND NURSING
CARE FOR PEOPLE WITH
DEMENTIA
TO 2025**

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COMMISSIONING STRATEGY FOR RESIDENTIAL AND NURSING CARE FOR PEOPLE WITH DEMENTIA TO 2025

1. Introduction

- 1.1. The purpose of this report is to focus on the residential and nursing care placements provided for clients with dementia within the Borough of Poole.
- 1.2. This will then provide the framework for the development of a commissioning strategy for the Borough of Poole which will be found in Part 2.
- 1.3. In August 2007, the Care Services Minister Ivan Lewis announced that “the Government is to produce the first ever national dementia strategy in response to one of the great challenges now facing society”. This strategy would take 12 months to develop and is being supported by the Care Services Improvement Partnership (CSIP).
- 1.4. The National Service Framework (NSF) of Older People in England produced in 2001 provided eight standards to improve the experiences of older people. With the publication of the White Paper; Our Health, Our Care, Our Say the government relaunched the NSF for Older People. The next steps for the Framework were included in a report titled A New Ambition for Old Age, which announced new aims and targets. This report has a further ten programmes, three of which are Dignity and Care, Joined Up Care and Healthy Aging. The Borough of Poole has a Dignity and Respect Working Party specifically focusing on dignity in care and will use tools to see how local services are performing.
- 1.5. Striving for Excellence is the Borough of Poole’s mission and the ethos of keeping people in their own home has been paramount in the development of services within Adult Social Services. Notwithstanding this ethos, some people will require residential care (whether general or nursing) due to their individual care needs or progression of their disease. The Borough of Poole’s Corporate Strategy for 2006 identifies specific improvement priorities and include:
 - Promote the independence and choice of older people
 - Improve the health and wellbeing of older people
- 1.6. The key actions that support these priorities include:
 - Developing a comprehensive strategy for older people with Poole Partnership by March 2007
- 1.7. The progress with these targets include:
 - Increase the number of older people (aged over 65) helped to live at home from 43 per 1,000 population in 2003 to 80 in 2005/6 and to 100 in 2007/8. (Source: PAF C32)

- 1.8. The aim of the needs assessment is to provide guidance on what level of residential placements the Borough of Poole needs to commission and how many units (beds) will be required to meet the demand to 2025.

SECTION 1 – PREVALENCE AND INCIDENCE

2. Diagnosis

- 2.1. Formal diagnosis of dementia can be made by a professionally qualified Doctor eg General Practitioner, any Hospital Doctor, Consultant Psychiatrist or suitably trained Community Mental Health Nurse - therefore, potentially a diagnosis can be made at any point of contact in the patient journey.
- 2.2. However, symptoms of memory loss and confusion are often recognized informally as signs of dementia and not treated in specialist teams.
- 2.3. Consultant Psychiatrists and specialist Integrated Community Mental Health Team (ICMHT) services are usually involved when a patient has a major behavioural psychiatric problem which cannot be managed by other professional groups and where treatment for Alzheimer's dementia is needed.
- 2.4. A further point of note is that it is not necessary for every older person with a diagnosis of dementia to be referred to a Community Mental Health Team and also that patients are referred back to Primary Care when a diagnosis is confirmed or intervention complete.
- 2.5. A range of assessments are used to assist in diagnosis - some can be seen as screening tools leading to further investigation.
- 2.6. There are a number of different types of dementia, the most common of which is Alzheimer's affecting 55% of sufferers with the remainder being divided between vascular dementia (20%), Lewy Body (15%), frontal lobe dementia (5%) and other types (5%).

3. Definition of Dementia

- 3.1 Within social services the definition of dementia is:
...Dementia is defined as a set of symptoms in which there is evidence of a decline in memory and thinking which is of a degree sufficient to impair functioning in daily living, present for six months or more. Dementia is not a disease in itself but a term used to describe symptoms that occur when the brain is affected by one of many specific diseases, the most common being Alzheimer's and stroke. It is characterised by a progressive decline of mental abilities accompanied by changes in personality and behaviour. Dementia is more common in older people but may occur earlier. For a client to be recorded in the subset "dementia" they do not have to be clinically diagnosed with dementia."

(Source: The Information Centre for health and social care, The RAP Project Dec 2006)

- 3.2 General Practitioner definition of dementia is:
“...diagnosis will largely be recorded from correspondence when patients are referred to secondary care with suspected dementia or as an additional diagnosis... However, it is also important to include patients where it is inappropriate or not possible to refer to a secondary care provider for a diagnosis and where the GP has made a diagnosis based on their clinical judgement and knowledge of the patient.”
(Source: Quality and Outcomes Framework guidance 2006/7).

Whilst each definition is explaining the term dementia both are indicating that a clinical diagnosis is not essential for a patient or client to be considered as having dementia to enable services to be provided by the General Practitioner or Social Services.

4. National and local priorities and targets

- 4.1. A recent report from Commission for Social Care Inspection (CSCI) has highlighted the need for an increase in home care services for older people.
- 4.2. The Borough of Poole Adult Social Service – Commissioning Unit aims are:
- To promote independence and enable people to live as independently as possible in their own homes
 - To support carers
 - To protect the most vulnerable people, who often need to be looked after in residential or nursing homes and
 - To enable people to be discharged from hospital as speedily and safely as possible.
- 4.3. In July 2006 the Department of Health produced a report titled: “Our Health, Our Care, Our Say”.
- 4.4. This report sets out a vision to provide people with good quality social care and NHS services in the communities where they live. NHS services are half way through a 10 year plan to become more responsive to patient needs and prevent ill health by the promotion of healthy lifestyles. Social care services are also changing to give service users more independence, choice and control.
- 4.5. Care Service Improvement Partnership produced a report titled “Everybody’s Business” in 2005. This stated:

“A move to residential care should enable an improved quality of life for the person with the mental health problems... The move should maintain dignity and the rights and ability of residents to make decisions about how they live their lives and the care they receive.”

4.6. Supporting People Programme

4.6.1. The Borough of Poole is a member of the Supporting People Programme and states within their five year strategy:

“Whilst continuing to address the needs of older people in sheltered housing accommodation, radical change into the ‘enabling’ role of the Borough is required, so that the Borough also addresses the needs of owner-occupiers. It is therefore clear that the development of floating support services to meet this need is required. In response to this new service, development should be on a locality basis rather than for the Borough as a whole. The service should be developed in such a way that it also meets the needs of frail older people and people with dementia.”

4.6.2. In stating that services will be on a locality basis, this means that the Borough of Poole is mirroring the four General Practitioner areas as decided by Bournemouth and Poole Primary Care Trust. These localities are on an operational basis that span the whole of the Borough.

5. National Care Homes and Dementia

5.1. In 2003, there were an estimated 501,900 places in residential setting for long stay care of elderly and physically disabled people across all sectors (private, public and voluntary) in the UK.

5.2. People with cognitive impairment are much more likely to be in institutional care than those with a physical frailty.

5.3. Care homes for older people are largely therefore homes for people with dementia.

6. National Statistics - Dementia

6.1. A literature search has found various published statistics:

6.2. Dementia affects 5% of those aged over 65 years, and 20% of those aged over 80 years .

6.3. The direct costs of Alzheimer’s disease alone exceed the total cost of stroke, cancer and heart disease .

6.4. The Alzheimer’s Society estimate that there are currently over 700,000 people in the UK with dementia. With a 1/3 of people living in their own home alone, 1/3 of people within in their own home with a spouse, 1/3 of people in a care setting.

6.5. People with dementia make up some two thirds of all people currently in residential and nursing homes.

6.6. Prevalence of dementia:

- age 40-65 1 in 1000
- age 65-70 1 in 50
- age 70-80 1 in 20
- age 80 + 1 in 5

6.7. Statistics From Alzheimer's Society

- There are currently 700,000 people with dementia in the UK
- There are currently 15,000 younger people with dementia in the UK.
- There are over 11,500 people with dementia from black and minority ethnic groups in the UK
- Two thirds of people with dementia are women
- One third of people over 95 have dementia
- 60,000 deaths a year are directly attributable to dementia
- Delaying the onset of dementia by 5 years would reduce deaths directly attributable to dementia by 30,000 a year
- The financial cost of dementia to the UK is over £17 billion a year
- Family carers of people with dementia save the UK over £6 billion a year
- 64% of people living in care homes have a form of dementia
- Two thirds of people with dementia live in the community while one third live in a care home

7. National Projected Growth - Dementia

7.1. A literature search has provided some statistical information on the predicted growth of the population for people with dementia:

- It is estimated that by 2025 there will be over 1 million people with dementia in the UK
- This is expected to rise to 1.7m million people with dementia by 2050
- The proportion of people with dementia doubles for every 5 year age group

8. People with a Learning Disability and Dementia

8.1. People with learning disabilities may experience a higher risk of dementia because of premature ageing. Also, people with Down's Syndrome have an increased genetic risk of developing dementia. Additional specialist support and services need to be provided to meet their increasing needs.

8.2. However, there is no statistical data available to quantify the impact on people with learning disabilities who may develop dementia at national level.

9. Mortality rates

- 9.1. There are many pieces of research to show that between 50-60% of people admitted to care homes pass away within the first two years. Mortality rates are highest in the first 6 months tend to settle thereafter. One research paper found that mortality rates settled to around 2.5% per month rising slowly to about 3.5% by 30 months.
- 9.2. One study looking at people with Alzheimer's disease showed mortality rate of 50% in the first year after admission to care facilities and nursing homes. It also found that certain conditions and diseases increased the incident of death.
- 9.3. Locally the average length of stay is 1.7 years.
- 9.4. One explanation for this difference between the national rate and local rate is the Borough's policy of promoting independence, to enable people to live as independently as possible for as long as possible in their own homes prior to admission to a residential setting.

10. Age of Social Services Clients

- 10.1. The average age of older clients receiving social services from the Borough of Poole is currently 79.6 years. In previous years this has been 78.2 years.
- 10.2. This means that the largest population are the over 80's who are in contact with social services. This follows the demographic information on that the Borough of Poole has a high elderly population compared to other areas within the country.

11. The Impact of Demographic Changes

- 11.1. A key factor influencing the demand for care home places is demography. In an ageing society, it is reasonable to expect that demand for care home places will increase. In Poole, it is anticipated that the number of people aged 60+ in Poole will increase some 37% from 36,500 to 50,100.¹ The most significant increase within an age band is the over-85s – this sector will grow by some 73%, from 4,000 (2004) to 6,900.²

12. Local Statistics of Population Growth

- 12.1. The Borough of Poole has undertaken a number of population profiling projects to help and inform service and policy planning, by summarising available research and statistical evidence.
- 12.2. Healthier Communities and Older People report found that by 2025 the 85+ population of Poole will have grown by 74%. Table 1 outlines the ages and % growth from 2004 to 2025.

¹ Office for National Statistics (ONS) 2003 based sub-regional population projections.

² Ibid.

Source: ONS 2003 based sub-regional population projections

Table 1: Percentage growth of people aged 50+, Poole 2004 to 2025

Age	2004	2025	% growth
50-54	8600	8200	-5
55-59	9800	9400	-4
60-64	7800	10000	28
65-69	7100	9400	32
70-74	6700	8500	28
75-79	5900	9000	54
80-84	5000	6300	27
85+	4000	6900	74

(Source ONS:2003 base sub-regional population projections)

12.3. This table shows the population for 2004 compared to 2025, and the percentage growth over this period. Two age bands are likely to have particularly high rates of growth, over 50% growth for people aged 75-79 and over 70% growth for those aged 80+. People who in 2025 will be 75-79, were born between 1945-1949 and form part of the post war baby boomers. This inflated figure may have a profound effect on the proportion of 85+ year olds by 2031.

13. Prevalence Projections of People with Dementia

13.1. The Office for National Statistics provide national and local population projections.

13.2. The local population projections for people with dementia have been calculated using the local population projections from 2003 with ratio projections to 2028 of 1 in 50 who are under 65, 1 in 20 who are over 65 and 1 in 5 who will be over 80 years old (shown in Graph 1 & table 2).

Graph 1: Dementia - National Figures 1:20 aged over 65, 1in 5 aged over 80
2003-based local population projections

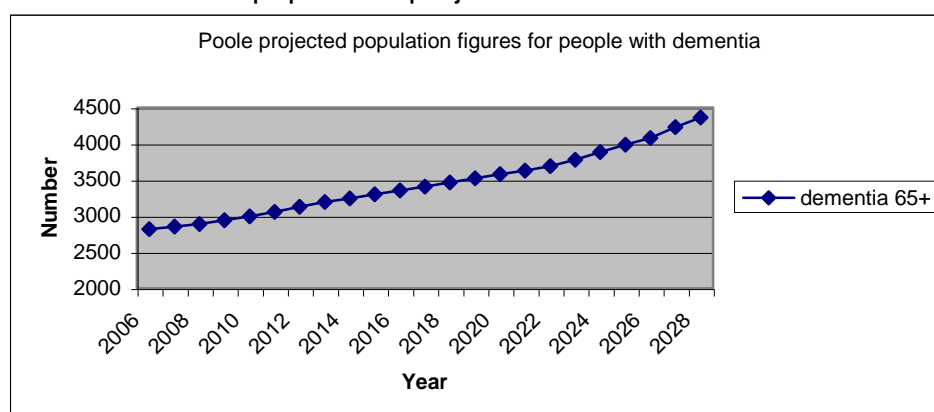


Table: 2 shows the incremental rise by number from 2006 to 2028.

Dementia 65 +						
Year	2006	2010	2015	2020	2025	2028
Prevalence	2820	2996	3300	3579	3985	4363

13.3. We therefore predict by 2028 there will be 360 more people with dementia than 2006 who are between 60 – 80 years and 1183 more people who are over 80, totalling 1543 more people.

14. Incidence Data for local population known to Social Services

14.1. In section 3.1 of this report, under the social services definition of dementia, data extracted from the Referral, Assessment and Package (RAP) system from 2006/7 and taken as the incidence population of people with dementia who received social services support totalled 829 clients.

14.2. Table 3 show the data extracted from the Referrals, Assessment and Package data from financial years 2005/6 and 2006/7 . The data is for the number of clients receiving services during this period.

Table 3: Local Statistics comparing 2005/2006 to 2006/2007

	1.4.2005 to 31.3.2006		1.4.2006 to 31.3.2007	
	Total number of carefirst clients	% of dementia clients	Total number of carefirst clients	% of dementia clients
Number of clients who received services aged 18 and over	5996		6542	
People with dementia aged 18-64				
Number who are receiving community based services in own home	6	0.96%	7	0.84%
Number who are receiving residential care	2	0.32%	2	0.24%
Total number of clients receiving services who have dementia aged 18-64	8	1.28%	9	1.09%
People with dementia aged 65+				
Number who are receiving community based services in own home	391	62.36%	544	65.62%
Number who are receiving residential care	172	27.43%	214	25.81%
Number in nursing care	56	8.93%	62	7.48%
Total number of clients receiving services who have dementia aged 65 +	619	98.72%	820	98.91%

Total number of adult clients with dementia (18+)

627

829

- 14.3. There has been an overall increase of over 8% increase in the number of clients receiving services between 2005/2006 and 2006/2007.
- 14.4. Within this increase nearly 25% are for adults with dementia and this increase is directly from adults aged 65 and over.
- 14.5. Using the local data projections and deducting the RAP data this calculates to 2077 of the population who are in the community who may have dementia who are not known to social services.
- 14.6. We can infer therefore that there may be some three quarters of the dementia population who are being cared for either within their family or are privately funding their care and are not supported by funding from the Borough of Poole.

15. Incidence of dementia known to Bournemouth & Poole Primary Care Trust

- 15.1. Bournemouth and Poole Primary Care Trust serves a population in Poole of 176,000. This population is all ages including children.
- 15.2. In Poole there are 1,230 patients who are registered with a general practitioner who have a diagnosis of dementia (this is not age specific). This equates to 0.7% of the population.

16. Summary of Prevalence and Incidence Data

- 16.1. The local data indicates that within the Borough of Poole population there are an estimated number of 2820 people who have dementia aged over 65 as at 2006.
- 16.2. The Bournemouth & Poole PCT data however indicates that there are only 1230 people of any age within Poole who are affected by dementia as at 2007.
- 16.3. There are 829 adults with dementia who receive Borough of Poole social services as at 2007 (this includes permanent residential and nursing home funded care).
- 16.4. However, there is a danger of double counting of individual people if we were to add the PCT data with social services data.
- 16.5. If therefore we were to assume that all those known to the PCT as having dementia are known to social services then we are able to assume that the social and health care economy are aware of 43% of the population who have dementia.
- 16.6. Therefore there is 57% of the population of whom neither health or social care are aware. This may be due to family supporting the client at home without any support or that the person may not be severe enough for the general practitioner to be aware of their increase in memory problems.

SECTION 2 - RESIDENTIAL AND NURSING HOME PROVISION IN POOLE

17. Commission for Social Care Inspection (CSCI) -Annual Performance of Borough of Poole

- 17.1. A summary report of 2006/7 Annual Performance Assessment from CSCI was provided to the Borough of Poole in October 2007.
- 17.2. Key strengths highlighted in the report includes services for Older People.
- 17.3. “Services for older people with mental health needs, including dementia, have improved.
- 17.4. Continued very strong performance on helping individuals, particularly older people, to live at home. “
- 17.5. Also the report highlights:

Improved quality of life

“The contribution that the council makes to this outcome is excellent.”

Key strengths

- Continued very strong performance on helping individuals, particularly older people, to live at home. This includes listening to older people and providing services in a manner which they prefer.
- More carers are receiving services and are able to take short breaks from caring. A revised carers strategy is in place and the POPPs scheme is actively seeking to identify carers in the community.
- There is a good level of support, including financial, to the voluntary and faith sectors.
- It is commendable that the council has maintained a Community Access Team to assist people to remain independent by encouraging and supporting them to access mainstream community activities and to prevent the necessity for more intensive social services support.
- Waiting times for major house adaptations are low.

Key areas for improvement

- Telecare services have not been developed as quickly as originally planned and more attention needs to be paid to this area of work.
- Whilst better than last year, people still have to wait longer than in comparable authorities for minor house adaptations to be completed and equipment needs to be delivered more speedily.

18. Commission for Social Care Inspection – Local Area Market Analyser

- 18.1. The Commission for Social Care Inspection (CSCI) provided a Local Area Market Analyser for all authorities in the UK with national minimum standards for care homes to achieve. There are 38 standards which inspectors use to determine whether a care home is meeting the physical, social emotional and spiritual needs of all its residents.
- 18.2. There are no specific standards for the care of people with dementia.
- 18.3. Outcomes are harder to set and monitor for a client group for whom communication is often not in the usual ways.
- 18.4. Appendix 1 shows the findings for Poole compared to the England average with the plus or minus variance.
- 18.5. Table 4 below provides summary information on the areas for which the standard is **not met** greater than 10% variance for the care groups.

Table 4: Standards not met greater than minus 10% variance for care groups

Standards for Nursing Care	Poole	England	Variance
Qualifications	41.7%	69.2%	-27.5%
Social contact & activities	38.5%	75.8%	-37.3%
Hygiene & infections control	61.5%	73.2%	-11.7%

Standards for Residential Care Home Poole	England	Variance
Quality Assurance	66.4%	-12.2%
Recruitment	65%	-19.2%

- 18.6. Table 5 below provides summary information on the areas for which the standard **is met** greater than 10% variance for the care groups.

Table 5: Standards met greater than 10% variance for care groups

Standards for Nursing Care	Poole	England	Variance
Day to Day Operations	84.6%	73.9%	10.7%
Healthcare	84.6%	72.5%	12.1%
Staff complement	92.3%	78.7%	13.6%
Premises	76.9%	65.9%	11%
Safe Working Practices	69.2%	54.1%	15.1%

Standards for Residential Care Home Poole	England	Variance
Intermediate Care	88%	12.%
Day to Day operations	74.2%	17.5%

19. Quality – Service Improvement

- 19.1. The White Paper 'Our Health, Our Care , Our Say' made clear that local authorities were responsible for setting quality standards for all people within their areas residing in residential and nursing care homes, self funding clients as well as their own funded service users.
- 19.2. This, together with the change in the Commission for Social Care Inspection procedures, will change the way homes are monitored in the future.
- 19.3. Adult Social Services monitor and inspect providers of care including residential and home care agencies and have put in place new procedures to address this change in focus.
- 19.4. Results from the new monitoring format will have a positive effect when the planned Commission for Social Care Inspection Star Rating for Care Services comes into force in 2008.

20. Residential care home provision for people with dementia

20.1. Explanation of Terms:

Throughout this report terms such as EMI or L2 will be used. The following descriptions are provided to explain these terms.

EMI – Elderly Mentally Ill. Residential care homes are accredited by CSCI to accommodate older people with mental disorders i.e dementia.

Level 2 (L2) – Care provided for residents who are physically very frail, require night care from a waking member of staff, require regular assistance with personal tasks, are incontinent, require regular supervision throughout the waking day, are mentally confused or diagnosed as having a mental illness.

Level 3 (L3) – Care provided for residents who are physically highly dependent, require regular night care, require high level of supervision with personal tasks, are incontinent, are severely confused or mentally disordered and require supervision throughout the waking day.

Level 4 (L4) – Care provided for residents who are beyond that which can be reasonably provided within a residential home with support of the Community Health Services. This is generally termed as nursing care.

21. Requests for Residential & Nursing home care placements

- 21.1. The Brokerage team within the Adult Social Services Unit have been sourcing care for clients who need home support as well as residential placements since August 2005.
- 21.2. The table below shows the number of requests to Brokerage for residential and nursing care including EMI/dementia care since February 2006.

Table 6 Residential requests received to the Brokerage team since February 2006 to January 2008

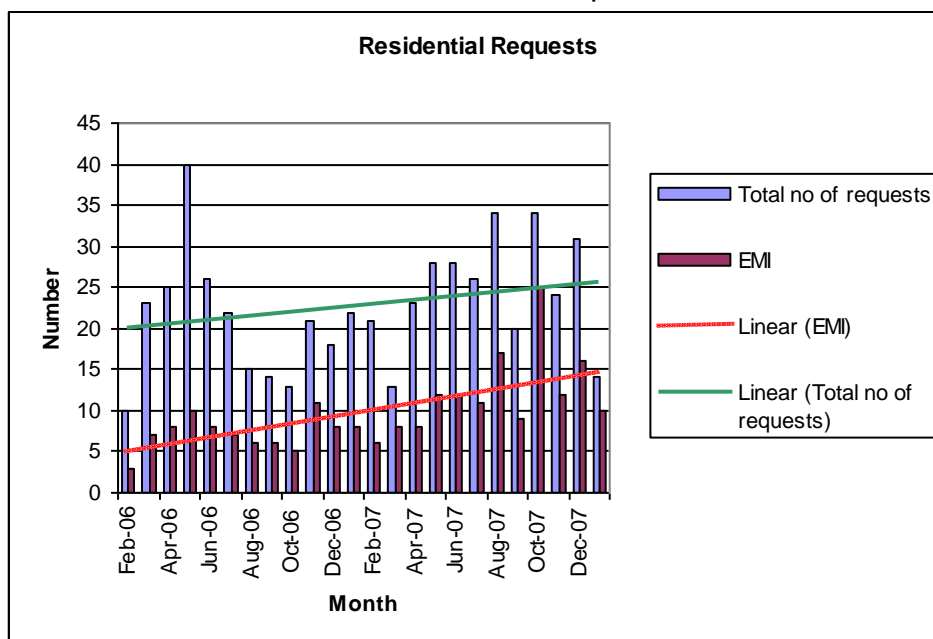
Residential Requests with Level of Care

	L1	L2	L3	EMI	L4	total no of requests
Feb-06				3	7	10
Mar-06		4	6	7	6	23
Apr-06		9	1	8	7	25
May-06		5	9	10	16	40
Jun-06		6	9	8	3	26
Jul-06		4	7	7	4	22
Aug-06		2	5	6	2	15
Sep-06		2	0	6	6	14
Oct-06		1	5	5	2	13
Nov-06	1		3	11	6	21
Dec-06		2	4	8	4	18
Jan-07	2	1	6	8	5	22
Feb-07		4	3	6	8	21
Mar-07			2	8	3	13
Apr-07		4	2	8	7	21
May-07		1	7	12	8	28
Jun-07		2	7	12	7	28
Jul-07		4	4	11	7	26
Aug-07		4	1	17	12	34
Sep-07		3	4	9	4	20
Oct-07		4	1	25	4	34
Nov-07		1	6	12	5	24
Dec-07		2	7	16	6	31
Jan-08		1	2	10	1	14
TOTAL	3	66	101	233	140	283

as at 21.1.08

Graph 2 shows the total number of residential requests together with requests for EMI placements.

The “Linear” lines show the data trends. The data trends are showing an increase of residential requests for people with dementia/EMI needs is more than that of the trend for the total number of requests.



22. Summary of Current Provision of Residential & Nursing Home Care

- Requests for permanent residential care is increasing for people with dementia compared to the total numbers of requests.
- CSCI have identified 3 standards of improvement for nursing homes and 2 standards of improvement for residential homes within Poole.

SECTION 3 – MARKET ANALYSIS

23. Current Care Home Market Provision In Poole

- 23.1. There are currently 36 care homes in the Borough of Poole, which supply in total is 1,148 bed spaces. The vast majority of homes in Poole are privately run, although there is a handful operated by specialist voluntary organisations. There are no local authority run care homes in the Borough. Both private and voluntary-run homes are able to accept self-funded and financially assisted residents.
- 23.2. 24 care homes in Poole offer personal care only – these types of care home are often referred to as ‘residential homes’. This accounts for 662 bed spaces. 11 care homes in the ‘personal care’ category currently operating in the Borough are registered to care for a specific care need in addition to older age care, for example, dementia and mental disorder. There are currently 222 beds in this category of care home reserved for specific dementia or mental disorder care.³
- 23.3. 12 (or 1/3rd) homes offer care with nursing care (often known as ‘nursing homes’) – this provision represents a capacity of 486 bed spaces.

Table 7 Poole residential and nursing home care market

TYPE OF CARE HOME	NO. OF HOMES	CAPACITY (Bed Spaces)
Personal Care	24	662 (58%)
<i>Of which Registered for Specific Care Need</i>	11	222
Nursing Care	12	486 (42%)
Total	36	1,148

- 23.4. The proportion of places offering nursing care (42%) and personal residential care (58%) in Poole is very much in line with the current national trend.⁴ In total, 62% of *all* capacity in Poole is available to older people requiring more specialised care services.

24. Loss and Creation of Care Home Capacity

- 24.1. Planning records show that 307 care home bed spaces have been lost since 1999. Losses have occurred through the conversion or demolition of residential and nursing home buildings to flats or houses. Analysis shows that the majority of care homes lost through the

³ Care Home capacity in the Borough has been determined by reference to a number of publicly available sources, chiefly the database held by the Commission for Social Care Inspection (CSCI) which registers, inspects and reports on social care services in England; and the database maintained by the Elderly Accommodation Council (EAC).

⁴ In 2004, 39% of places in the UK offered nursing care, whilst 61% offered residential personal care. *Care Homes for Older People in the UK*, OFT, 2005.

planning system have been older facilities within converted buildings, usually large residential properties.

- 24.2. There are interrelated economic and social 'push' and 'pull' factors prevalent in recent years that have contributed to the loss of residential and nursing homes. Many of the residential and nursing homes lost in Poole have been located in buildings which have become outmoded, less attractive to the client base, and less able to meet statutory accommodation standards. Together these factors have placed into question the economic viability of such homes. As a result such facilities have come under pressure for further conversion or demolition for the development of flats and houses in an economic climate where land values have significantly increased.
- 24.3. Current local plan policy CF5 – Retention of Community Facilities – defines nursing homes and rest homes as community facilities. CF5 states that development will not be permitted which would lead to the loss of sites currently or last used for community facilities through change of use or redevelopment, unless:
- The premises or their location are unsuitable for such uses;
 - Adequate alternative accommodation is locally available;
 - Replacement facilities are proposed; or
 - There is no need for the use.
- 24.4. Analysis reveals that applications submitted since 1999 for the loss of a nursing home or rest home have not been sufficiently assessed against Policy CF5. Indeed, where Policy CF5 has been cited (1 application), the assessment has focused on the streetscape argument that the proposed standard residential use will be more in keeping with the area.
- 24.5. Since 1999, there have been nine applications for the development of new care homes, or extensions to existing care homes, resulting in the creation of 247 bed spaces. Four of these applications have been for the creation of entirely new facilities. Appendix 2 provides details of the losses and creation of these homes and beds.
- 24.6. Based on planning records, there has been a loss of 60 care home bed spaces between 1999-2007.
- 24.7. There is an planning application for a residential care home with 33 beds that is still to be decided upon. This additional capacity has not been included within these calculations. See point 38.14 for more information.

25. Older People's Housing and Housing Related Support Strategy

- 25.1. During 2006/7 the above strategy was developed within the Borough of Poole and provided the following conclusions:
- Poole already has an older peoples population above the national average
 - This will progressively increase over the next 20 years

- There are significant variations in need between wards and this should be reflected in the strategic plan in order to respond to people's wish to, in the main, to remain in their own locality.

26. Summary of Market Analysis

- 26.1. Based on planning records, there has been a loss of 60 care home bed spaces between 1999-2006.
- 26.2. There are currently 36 care homes in Poole, with a bed capacity of a 1,148.
- 26.3. Of this, 222 beds in Poole that are available to people with dementia or mental health problems.

27. Analysis of Sections 1, 2 & 3

- 27.1. By analysing all the information in sections 1 , 2 and 3 of this report we can predict that by 2025, taking into account the rising population of the over 65's and the predicted increase in the incidence of dementia; the town of Poole will need to increase by **720** residential and nursing beds with **500** of these specifically for people suffering from dementia available.
- 27.2. This is a 63% increase from the current market provision in Poole.

SECTION 4 - BOROUGH OF POOLE FUNDED CLIENTS

28. Borough of Poole funded clients

- 28.1. As at 4th January 2008 the Borough of Poole support 397 older (aged 65 and over) people in residential or nursing home accommodation.
- 28.2. Of these 397, there were 293 clients in residential or nursing home placements individually/spot contracted for by the Borough of Poole:
- 43 Nursing care for people with dementia
 - 67 Residential care for people with dementia
 - 56 General Nursing care
 - 127 General Residential care

29. Block contracts for older people with dementia

- 29.1. Currently the Borough of Poole block contract with the following care establishments:

21 EMI beds across four Care South homes:

- * 5 at Alexandra House
- * 3 at Heathlands House
- * 5 at Elizabeth House
- * 8 at Dorset House

10 EMI beds St Cecilia

11 EMI beds Genesis

12 EMI beds Pinewood Tower

- 29.2. All of the above contracts cease on 31 March 2009.
- 29.3. 50 EMI beds bought at Mitchell House, through Care UK, 7 of these are for respite. This particular contract ends March 2021.
- 29.4. Total EMI block contract stock for 2006/7 is 104 beds.

Flexibility of Accommodation

- 29.5. Notwithstanding the above contracted accommodation for clients with dementia, here is a lack of flexible accommodation for these clients.
- 29.6. In one home, the five rooms currently contracted for, all require the client to be mobile. Not all older people, especially those with dementia, are totally mobile.
- 29.7. In another home, two rooms are registered for clients with mental health problems. These rooms are not suitable for people with dementia. Therefore only clients who are suffering from depression or anxiety as well as being quite physically mobile are suitable for these rooms.

29.8. Discussions with Brokerage and Contracting officers have provided the following points:

- There has been seen an increase in clients who experience mobility problems. i.e. requiring hoisting to transfer from their bed to wheelchair.
- Over time it has been seen that homes are declining to accept these more immobile clients
- Increase in clients who are requiring level 3 EMI from previous years
- Increase in clients who are requiring level 4/nursing EMI from previous years

30. Severity of Disease – Challenging Behaviour

30.1. Over the last twelve months there has been an increase in delayed discharges from hospital for some particular clients who express very challenging behaviour needs. However, the numbers are very small (approx 1 or 2 per month).

30.2. These clients have been assessed by local residential homes but have been declined accommodation due to their behaviour and the perceived risk to other residents.

31. Joint Commissioning

31.1. Options have been explored with Bournemouth Borough to evaluate the specific need for the above clients with the potential of jointly commissioning services to this very small but very specific need.

32. Assistive Technology

32.1. New advances in assistive technology and the ability for the Borough of Poole to provide equipment and on call services have increased in the last year. Further developments in sensor detectors or visual links into clients home can only add to the ability of clients remaining in their own homes for as long as possible. The evidence is not available as yet to provide statistics that inputting assistive technology has prolonged the ability of the client to remain for longer in their own home rather than being placed into residential care. However, it is believed that this will enable community based services to be enhanced.

33. Carers Support

33.1. The Borough of Poole has developed a Carers Strategy which was produced in February 2007. Below are relevant extracts from this strategy.

33.2. “Carers are a diverse group of people with a wide range of experiences and aspirations.

- 33.3. The caring role often leads to significant exclusion from participation in wider society and therefore it is crucial that carers are part of the social inclusion agenda.
- 33.4. Social Services Authorities hold the lead role for the implementation of the Carers [Equal Opportunities] Act 2004 and have significant responsibility not only for securing the outcomes intended by the legislation but also for securing the commitment and co-operation of a range of other agencies to this end.
- 33.5. This strategy contains the initial stages of Poole's response to this challenge.
- 33.6. Current Position – Existing Services
A range of services is currently in place to support carers. These include:
- **Recognition and Assessment of Needs**
Clear procedures are in place to ensure that carers are offered an assessment of their needs as a matter of routine
 - **Information**
Regular mailing takes place to carers known to social services. Help and Care provide a telephone information and advice service. Articles are carried regularly in 'Poole News'.
 - **Voice for Carers**
Carers participate in a range of meetings, for example the Learning Disability Partnership Board and a multi-agency carers steering group. Consultation takes place as part of events organised for Carers Rights Day and Carers Week as well as in respect of specific issues.
 - **Time Off**
Short term breaks, in residential settings, are offered on a regular basis subject to individual assessment.
A range of day and evening activities is offered to carers, these provide training, support or simply the opportunity to relax and share free time with others in a similar situation.
 - **Emotional Support / Training and Advice**
Support to carers are core components of the work carried out by social work staff and in some settings by a specialist officer.
Courses are arranged on a regular basis to meet practical needs, for example first aid or moving and handling or emotional needs e.g. stress management.
 - **Financial Security**
The DWP (Department of Work & Pensions) provide regular input to carers courses and events.

33.7. Strategy Development - Process

- 33.8. Policy guidance for the Carers Equal Opportunities Act (2004) stresses the crucial role of partnership working in ensuring that carers receive cohesive and seamless services. As good practice, authorities are encouraged to work with local partners in health, other public authorities and the voluntary and independent sector to develop a multi-agency carers strategy.
- 33.9. Strategies that are developed in partnership and that are signed up to by the key players are regarded as a valuable tool in bringing about joined up working to ensure that the spectrum of carers' needs are met.
- 33.10. It is our plan to develop a strategy for carers that is truly multi-agency and that incorporates the views and aspirations of carers living in Poole. This plan was launched during Carers Week - June 2007.
- 33.11. Developing the strategy will require the participation of a number of key partners, in particular the Bournemouth and Poole PCT and a range of voluntary sector organisations representing carers.
- 33.12. Bournemouth Borough Council proposes to review its current Carers Strategy within the same timeframe and as many of the partners are common across the two authorities' areas it is intended to undertake some of the work jointly with the particular benefit of reducing the consultation load upon smaller organisations.
- 33.13. It is considered likely that the strategies for the two authorities will have similar broad objectives and that the actions assigned to some organisations will be the same for both. There will however be individual variations driven by the differences between the two localities and these will be reflected by the strategies having local flavour."
- 33.14. The publication of the concordat "Putting People First" lends extra weight to urgency to this work.

34. Respite Provision

- 34.1. The Borough of Poole provides a scheme for Carers to have a break whilst the person they care for is looked after in a local care home. People eligible for the scheme are able to book their breaks in advance. Homes are carefully monitored to ensure quality and have been chosen because they understand the needs of carers and those they look after. Carers are able to visit the person during their stay if they wish.
- 34.2. Each cared for person will be allocated a set number of respite weeks per year, based on their individual needs.
- 34.3. Flexibility depends on availability. Wherever possible we will work with the carer and cared for person to book preferred dates and location.
- 34.4. Following on from the development of the Planned Respite Scheme in 2005 which supports three beds, six specialist dementia respite beds

were contracted at Mitchell House in April 2006 and an extra bed contracted for in 2007.

- 34.5. However, the demand for specialist dementia respite care has been on the increase and availability is now only available in approximately 6 – 8 weeks time. This is proving to be unacceptable to the most vulnerable of carers.
- 34.6. Whilst respite dementia care is supported by the above scheme, on researching this needs assessment it has been found that there is a lack of specialist care for people with mental illness who are over 65 years old.
- 34.7. There is anecdotal information that carers request their cared-for person to move to permanent residential care because they are unable to get the level of respite care that would allow them to continue longer at home.

35. Summary of Borough of Poole funded clients

- 35.1. In January 2008 the Borough of Poole contract 397 residential and nursing home care beds, of which:
- 35.2. 104 specialist residential care beds for people with dementia. This includes 7 specialist respite beds within block purchasing arrangements.
- 35.3. 43 are nursing home care for people with dementia
- 35.4. 67 are residential care for people with dementia.
- 35.5. 53.5% of Borough of Poole residential and nursing home care provision is for people with dementia.
- 35.6. There is a lack of flexible accommodation within two contracted homes particularly around clients mobility to enable the homes to meet the clients needs.
- 35.7. If 75% of people with dementia are being cared for by family and friends without social services input then it is possible that improved support services will have a disproportionate beneficial impact in reducing demand for residential and nursing care.
- 35.8. Whilst respite dementia care is supported by the above scheme, on researching this needs assessment it has been found that there is a lack of specialist care for people with mental illness who are over 65 years old.

SECTION 5 – ADDITIONAL ANALYSIS

36. Dorset Healthcare Foundation Trust

36.1. Dorset Healthcare Foundation Trust have undertaken a clinical services review to ensure that the Trust is equipped not only to meet the challenges of being a Foundation Trust but also to ensure that the organisation can meet the demands of the new NHS.

36.2 This initial review included Dementia beds at King's Park and Alderney Hospitals as detailed below.

Wards	Hospital	No of beds	Type
St Brelades	Alderney	30	Assessment
Herm / ITU	Alderney	18 5	Intermediate care / assessment Intensive Therapy Unit
Meyrick / ITU	King's Park	17 8	Intermediate care / assessment Intensive Therapy Unit
Shelley	King's Park	16	Assessment
Springbourne	King's Park	18	Intermediate care / assessment
Total		112	

NOTE: Beds are for Eastern Dorset

36.3 The Trust's aim is to improve the local model of care for older people with mental health problems, so that more care can be provided at home in partnership with carers, rather than hospital admission, wherever possible. This will involve some reshaping of existing services, and transferring some resources from hospital to community care.

36.4 The Clinical Services Review found that there were a number of problems with how these beds are used. For example:

- The appropriate use of assessment beds for behavioural disturbance in dementia is hindered because of the difficulty in discharging service users to appropriate community placements once assessment and treatment has been completed.
- The intensive care beds do not operate satisfactorily on either site because of the over-spill of service users from the intermediate care beds.
- A number of intermediate care beds are used by people who require continuing social care (and are therefore inappropriately placed in hospital beds). Analysis suggests that the need for intermediate care beds will reduce if the Trust and its partners implement the standards and criteria for continuing NHS care.

- 36.5 The Trust has commissioned a further, more detailed review of these services from the independent Health and Social Care Advisory Service (HASCAS). This has been carried out during late 2007, and has included discussions with service users, carers, PCTs and Social Services.
- 36.6 The outcome of the review will be proposals for improvement, in line with strategies being developed by the local Everybody's Business Groups. These proposals would then be available for further discussion or consultation with stakeholders during 2008.

SECTION 6 - GAP ANALYSIS

37 On developing this report there are identified gaps in the current service provision for people with dementia who reside in Poole.

37.1 Under 65's and Respite Care

There is a small number of clients who are under 65 years old who have early onset dementia. There are no provisions under the specialist residential homes for respite care for these particular clients.

37.2 Challenging Behaviour

There is also a small number of clients who display very challenging behaviour who are not easily placed within the current specialist residential homes.

37.3 Respite support for carers

Suggested flexible and personalised service developments such as a "pop in", or over night care, or evening sitting service to support the carer, rather than the client being placed in a specialist respite accommodation for a number of weeks thorough out the year.

37.4 Mental Illness

There is a lack of specialist residential care for people with mental illness (not dementia) who are over 65 years old including respite care. It is recommended a specific needs assessment is conducted to investigate this further and it is not proposed that this needs assessment provides information on this.

37.5 Current demand for residential or nursing care for people with dementia

In December 2006 there were 8 requests for permanent residential/nursing care for people with dementia. In December 2007 there were 16. This is an increase of 100% in just one year.

The average length of wait for someone with dementia in December 2006 was 11 days and in December 2007 was 13 days. This is a 20% increase in one year.

37.6 Current capacity

Whilst the residential/nursing care bed capacity has decreased by 307 since 1999 and have been 247 beds granted planning permission, there are 156 bed spaces still to be built. Also we are unable to ascertain the proposed CSCI registration type these 156 beds will be (i.e old age, EMI/dementia).

It takes approximately 2 years from permission being granted to residents moving in, therefore as at the end of 2007 we are able to calculate that there was a total loss of 216 of actual residential/nursing home bed spaces.

37.7 Does the current capacity meet the demand?

The current capacity of residential accommodation has decreased, demand for residential care for people dementia has doubled.

Clients who are Borough of Poole funded are now waiting longer for either a contracted block bed or a suitable home on a spot purchase basis. A spot purchase usually incurs extra funding either by the family or by social services.

There are 110 people with dementia not in a block contracted bed.

The current demand for residential or nursing accommodation funded by the Borough of Poole is greater than the current local capacity.

37.8 Future capacity

The proposed Heathlands redevelopment will increase from 51 beds to 80. All of these beds are for people with dementia (both residential and nursing).

Mitchell House proposed redevelopment will provide an increase of 66 beds (currently 50). All of these beds are planned to be registered with CSCI for older people with dementia.

37.9 Future demand

The local population is predicted to increase together with the rise in incidence of people with dementia will

37.10 Will the future capacity meet the future demand?

37.11 Short Term - 2008 - 2010

As of early 2008 the availability of residential/nursing homes for people with dementia is limited within Poole.

If the 156 extra residential/nursing home bed spaces are realized within the next two years, and the majority of these are specifically for people with dementia, it is anticipated that demand and capacity will be in alignment. However these might not be available until the end of year 2010.

If the majority of these beds spaces are NOT for people with dementia then capacity and demand is NOT in alignment and there will be an increased demand that will not be achieved.

37.12 Medium Term - 2010-2015

If the redevelopment of Heathlands (currently 51 beds) and Mitchell House (currently 50 beds) provides an extra 95 beds specifically for people with dementia, it is anticipated that capacity will meet with demand.

In 2014/2015 a full review of this needs assessment will need to be conducted. This review will then provide the guidance on when the next review stages should be.

38 Summary of Gap Analysis

- 38.1 Current demand outweighs current capacity.
- 38.2 Older people with dementia, who are funded by the Borough of Poole, are waiting longer for residential placement.
- 38.3 Short term capacity does not meet demand as the majority of the newly created residential bed spaces are not for people with dementia.
- 38.4 Medium term capacity may meet demand due to the potential redevelopment of residential homes for people with dementia and therefore the increase in capacity.
- 38.5 A review of this needs assessment will be needed in 2014/2015.

SECTION 7 - CONCLUSION

- 39 By analysing all the above information we can conclude that by 2025, taking into account the rising population of the over 65's and the predicted increase in the incidence of dementia, the town of Poole will need to have 720 residential and nursing beds with 500 of these specifically for people suffering from dementia available.
- 39.1 One can expect that developments in health care will lead to most physically frail people being cared for at home. Residential care will therefore predominately be an option for people with dementia.
- 39.2 As at 4th January 2008 the Borough of Poole support 397 people in residential or nursing home accommodation. Of these 214 are in residential or nursing home accommodation specifically for people with dementia.
- 39.3 By 2025 the number of residents in residential or nursing accommodation for people with dementia, matching population increase and disease incidence, financially supported by the Borough of Poole will be 450.
- 39.4 This number may be alleviated as a result of mitigation by new pharmaceutical developments and further as a result of Assistive Technology delaying admission to residential care, plus Extra Care developments in peoples own homes. Supporting People floating support will commence locally in 2008. It is estimated that these developments together will decrease the impact by some 20%.
- 39.5 This leads to an estimated requirement of 360 (190 Nursing, 170 Residential) places for people with dementia.
- 39.6 Increase in respite provision will be required. Currently each respite bed supports on average 30 people, leading to an estimated requirement in 2025 of 18 (split between nursing and residential).
- 39.7 Overall requirement is therefore in the region of $190 + 170 + 18 = 378$.
- 39.8 The numbers supporting Borough of Poole's planned service expansion by means of contract with Care UK - Mitchell House redevelopment (additional 66 beds) and Care South – Heathlands redevelopment (additional 80 beds) .

40 Next Steps

- 40.1 Part 2 of this strategy will set out commissioning plans on addressing the gaps identified in this needs assessment.
- 40.2 The Borough of Poole will need to consult further with Bournemouth and Poole Primary Care Trust, Bournemouth Borough Council, and other interested parties including service users and carers.

References

Alzheimer's Society: www.alzheimers.org.uk

The Commission for Social Care Inspection (CSCI) : Time to Care? October 2006

Department of Health: Our Health, Our Care, Our Say. July 2006

Borough of Poole: The Impact of Demography

Borough of Poole: Healthier Communities and Older People reports

- Proposed outsourcing of dementia services, January 2006
- Corporate Research Team profiling report

Borough of Poole: Older Persons Housing, Background paper – Care Homes. October 2006

Referrals, Assessment & Package data (RAP) 31.3.06

RAP Project newsletter. December 2006

National Institute for Health and Clinical Excellence (NICE): Dementia. Supporting People with dementia and their carers in health and social care. November 2006

The Commission for Social Care Inspection (CSCI) – Performance Assessment in November 2006

Borough of Poole: The Older Peoples Housing Strategy

Everybody's Business, Integrated Older Peoples Services for Older Adults, Care Service Improvement Partnership, 2005

Borough of Poole: Interim Carers Strategy

Borough of Poole: Support People 5 year Strategy, March 2007

Laing & Buisson

CSCI Local Authority Market Analyser 2006

Findings for Nursing Homes Standards

<u>Standard</u>	<u>Poole</u>	<u>England</u>	<u>Variance</u>
Staff training	66.70%	71.60%	-4.90%
Qualifications	41.70%	69.20%	-27.50%
Day to day operations	84.60%	73.90%	10.70%
Intermediate care	N/A	81.00%	
Service user plan	46.20%	55.20%	-9.00%
Community contact	100%	97.50%	2.50%
Healthcare	84.60%	72.50%	12.10%
Recruitment	61.50%	65.50%	-4.00%
Quality assurance	66.70%	69.20%	-2.50%
Protection	69.20%	74.70%	-5.50%
Needs assessment	76.90%	85.20%	-8.30%
Safe Working Practices	69.20%	54.10%	15.10%
Autonomy & choice	91.70%	88.50%	3.20%
Social contact & activities	38.50%	75.80%	-37.30%
Privacy & dignity	92.30%	86.20%	6.10%
Complaints	91.70%	86.00%	5.70%
Medication	61.50%	55.80%	5.70%
Staff complement	92.30%	78.70%	13.60%
Meals & mealtimes	76.90%	80.40%	-3.50%
Service User Money	83.30%	86.80%	-3.50%
Hygiene & Infection control	61.50%	73.20%	-11.70%
Premises	76.90%	65.90%	11.00%

Findings for Care Home Standards

<u>Standard</u>	<u>Poole</u>	<u>England</u>	<u>Variance</u>
Intermediate care	100.00%	88.00%	12.00%
Qualifications	68.80%	70.30%	-1.50%
Staff training	75.00%	72%	3.00%
Protection	75.00%	75.50%	-0.50%
Needs assessment	79.20%	83.80%	-4.60%
Quality assurance	54.20%	66.40%	-12.20%
Day to day operations	91.70%	74.20%	17.50%
Service user plan	66.70%	57.40%	9.30%
Recruitment	45.80%	65.00%	-19.20%
Medication	54.20%	60.60%	-6.40%
Safe Working Practices	58.30%	53.70%	4.60%
Social contact & activities	87.50%	80.50%	7.00%
Complaints	91.70%	87.20%	4.50%
Meals & mealtimes	87.50%	87.60%	-0.10%
Community contact	100.00%	97.60%	2.40%
Privacy & dignity	91.70%	91.00%	0.70%
Autonomy & choice	91.70%	92.20%	-0.50%
Service User Money	95.80%	88.40%	7.40%
Healthcare	83.30%	81.30%	2.00%
Staff complement	87.50%	81.50%	6.00%
Premises	75.00%	67.10%	7.90%
Hygiene & infection control	87.50%	78.50%	9.00%

Appendix 2 Older Persons Housing Application Analysis 1999 - 2007

Applications Number	Date of Decision	Decision	Location	Development Proposals	Capacity +/-
Applications Leading to Loss of Care Home Facility					
99/10070/015/F	30-Nov-99	Grant With Conditions	8 Pinewood Road, Branksome Park, Poole, Dorset, BH13 6JS	Internal alterations to convert existing care home into seven self-contained flats. Extend roof at rear of the property. Fenestration alterations and new external fire escape as amended by plans received 5.10.99, 8.11.99 and 26.11.99.	14
98/15776/009/F	12-Nov-98	GRANT SECTION 106	32 Tower Road, Poole, Dorset, BH136HZ	Change of use from residential care home to 7 self-contained flats including extensions and formation of additional parking as amended by drawings dated 22.7.98.	12
99/14359/007/F		Grant With Conditions	61-63 Penn Hill Avenue	Demolish Nursing Home, erect flats	18
04/18990/006/C	29-Sep-04	Grant With Conditions	38 Nelson Road, Poole, Dorset, BH12 1ES	Change of use from C2 (Residential Institution-Nursing Home) to C3 (Dwelling house)	8
99/05602/028/F		Grant With Conditions	11 Canford Crescent	Demolish Nursing Home, erect houses	15
02/08735/019/F		Grant With Conditions	3 MacAndrew Road	Change of use from Nursing Home to Dwelling House	14
02/16779/013/F	14-Aug-02	Grant With Conditions	84 Anthonys Avenue, Poole, Dorset, BH14 8JJ	Demolish existing nursing home and erect two four bedroom detached houses with attached double garages with access from Anthonys Avenue, as amended by plans received 18 July and 12 July 2002.	16
02/18989/010/F		Grant With Conditions	Branksome Nursing Home, 35 Nelson Road	Convert Nursing Home to flats	20
01/20267/012/F		Grant With Conditions	20-22 Tower Road	Demolish Nursing Home, erect flats	13
01/06083/010/C		Grant With Conditions	St Jeans Nursing Home, 19 Leicester Road	Change of use from Nursing Home to Dwelling House	15
01/08796/016/F	23-May-02	Grant With Conditions	3 De Mauley Road, Poole, Dorset, BH13 7HD	Demolish existing nursing home and erect a 3 storey block of 8 flats with associated parking (revised scheme) as amended by plans received 14.6.01.	18
00/17540/007/C		Grant With Conditions	74-76 Parkstone Road	Change of use from Nursing Home to Dwelling House	10
00/05765/026/F		Grant With Conditions	2 Wyndham Road	Demolish Nursing Home and erect 10 Flats	7
00/09166/013/P		Grant With Conditions	9 Durrant Road	Demolish Nursing Home, erect flats	26
99/11277/008/F		Grant With Conditions	2 Westminster Road	Change of use from Nursing Home to Flats	12

99/13391/014/C		Grant With Conditions	179 Bournemouth Road	Change of use from Nursing Home to 10 Bedsits	12
98/05781/016/C	16-Mar-99	Grant With Conditions	14 Tower Road	Change of use from Nursing Home to Flats	18
05/09381/017/F	06-Feb-06	Grant With Conditions	4 Flaghead Road, Canford Cliffs, Poole, Dorset, BH13 7JL	Erect 2 detached houses with integral garages.	22
03/01546/017/F	11-Sep-03	Grant With Conditions	8 Canford Crescent, Poole, Dorset, BH13 7NB	Demolish existing rest home (Red Gables) and erect 2 x 5-bed detached houses, Plot 1 with detached double garage to be accessed from Inverness Road and Plot 2 with integral double garage to be accessed from Canford Crescent.	10
05/20976/004/F	24-Jan-06	Grant With Conditions	2 Windsor Road, Poole, Dorset, BH14 8SE	Demolish existing dwelling and erect a part 4 / part 5 storey block of 8 flats with basement and associated parking. (Revised Scheme) (As amended by plans received 29.09.05).	12
05/16942/015/F	30-Mar-05	Grant With Conditions	75 Surrey Road, Poole, Dorset, BH12 1HG	Demolish existing rest home and erect a 3 to 4 storey block of 9 flats with associated new access and parking. (Revised Scheme).	15
Lost Capacity					307

Applications Leading to the Creation of Care Home Facility/Additional Bed Spaces

Applications Number	Date of Decision	Decision	Location	Development Proposals	Capacity +/-
05/37909/002/C	19-Sep-05	Grant With Conditions	Kingland House, 26-30 Kingland Road, Poole, Dorset, BH15 1TP	Change of Use of No 26 from Residential (C3) to Care Home (C2). Alterations and extension to Nos 26, 28 & 30 to create additional living accommodation (Revised Scheme). Former home provided 22 bed spaces. 32 beds proposed. Registered as an Older Peoples establishment.	10
05/03479/023/F	15-Sep-05	Grant With Conditions	Branksome Park Nursing Home, 17 Mornish Road, Branksome Park, Poole, Dorset, BH13 7BY	Demolish existing and erect a two storey care home with accommodation in the roof space and basement area with associated parking. (Revised Scheme) Amended by plans received 26.06.05, 30.06.05, 25.07.05, 08.08.05, 19.08.05 & 08.09.05. Former home provided 34 bed spaces. 50 proposed. Registered an Older Peoples establishment.	16
04/09137/020/F	09-Dec-04	Grant With Conditions	Aranlaw House Care Home, 26 Tower Road, Branksome Park, Poole, Dorset, BH13 6HZ	Demolish existing building and erect a 3 storey residential care home as amended by plans received on 7.12.04. Former home provided 23 bed spaces. 47 proposed. Registered as an Older Peoples establishment.	24
01/11555/007/F	07-Jan-02	Grant With Conditions	Aldbury Nursing Home, 672-674 Ringwood Road, Poole, Dorset, BH12 4NA	Demolish existing dwellings and erect a two- storey Nursing Care Home with 55 bedrooms (Amended by plans dated 28.9.01, 12.10.01 and 19.11.01) W1 - 3 DEC 2001. Registered as age over 65 with dementia establishment.	55

05/23912/006/F	31-Jan-06	Grant With Conditions	Lilliput House, 297-299 Sandbanks Road, Poole, Dorset, BH14 8LH	Alterations and extensions to provide 11 bedrooms in the roof space (Revised Scheme). Originally 26 beds. Registered as an Older Peoples establishment. Currently under construction.	11
06/38967/000/P	04-Apr-07	Grant With Conditions	250 - 260 Herbert Avenue, Poole, Dorset, BH12 4HY	Outline Application to demolish existing dwellings and erect a 80 bed Nursing Home. As amended by plans received 01.12.06. NOT BUILT AS YET.	80
04/04365/024/F	17-Jun-04	Grant With Conditions	Hillsdon Nursing Home, 37 Springfield Road, Poole, Dorset, BH14 0LG	Internal alterations and two storey extension to the side to create additional 2 bedrooms for the residents. As amended plans received 26-Apr-04. From 18-20. Registered as an Older Peoples establishment.	2
07/05300/004/f	15-Oct-07	Grant With Conditions	6-10 St Peters Road, Poole, Dorset, BH14 0PA	Demolish existing and erect Residential Care Accommodation (49 bed), with associated parking provision. (Revised Scheme). As amended by letter dated 30/8/07 and plans dated 04/07/07. NOT BUILT AS YET.	49
Number of Additional Capacity Created:					247

Net Additional Capacity -60

Applications still to be decided upon

06/08777/009/F	TBD	To be decided	Pinewood Tower Rest Home, 30 Tower Road, Poole, Dorset, BH13 6HZ	Demolish existing and erect a 45 bed care home with associated parking and bin store to be accessed from Tower Road. Formerly a 12-bed care home.	33
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