

Improved healthcare has led to an ageing population and a further decrease in the number of old age homes threatens to severely burden Britain's current meagre provisions for the elderly. It will be no guerrilla attack however; several institutions have warned us of this possibility including writers for the BMC Geriatrics Journal, the RCN and independent market researcher. There are simply not enough spaces. However, leaving this till the crippling need actually arises will only lead to a hasty construction of grim and cramped cubicle-like living spaces that will agitate the elderly who will then have no choice but to live out their dreary but certainly avoidable fates. Their dreams, of a serene life in the classic English countryside where they can relax, will be quashed, as they look out of their assigned broom cupboard-like living quarters, by the view of concrete, the ceaseless honking of cars and the cacophony only a bustling town centre offers. It does not look promising.

The elderly require care, attention and a quiet place to live the next phase of their lives; they do not deserve a scenario as outlined above especially if it is a scenario that is avoidable. To realise this vision, we presented a viable and achievable proposal to build residential homes amidst the serenity provided by the 15 acre site at Little Warley Farm in Brentwood, three years ago to the Brentwood Borough Council Planning Department as part of SHLAA. The plan envisioned a 150 bed nursing home with state-of-the-art facilities along with roughly 70 full time and 60 part-time staff to medically assist the residents around the clock. The primary criticism we received was the 'isolated nature of the location'. Surely, a location that isn't restricted in space and isn't due to its huddled up location in the middle of a town would serve as a more tranquil and spacious place where relaxation, recreation and recovery can all merge together to provide a home instead of a boxed space to habituate in.

The lack of community facilities is another criticism that emerged. Therefore, it is necessary to reiterate that the considerable dimensions of this site due to its location will allow the nursing home to be a compact community centre on its own with a wide range of amenities available including shops, GP surgeries, a chemist, post office and even a place of worship. The nursing home aims to increase the residents' worth by elevating them from simply passive recipients of care to independent individuals who retain control over their lives by having both immediate access to most amenities and providing a shuttle bus service to the town centre in less than 15 minutes in case they require something that isn't available in the unit itself. We'd like to provide a unique, inclusive, non-institutional environment for the residents that are self-contained, with a scope for stimulating friendships with other residents and recreational activities in the large space

available and a possibility to exercise freedom to access a different environment for a short period of time.

However, as a nursing home, it is undeniable that it requires easy access ways for ambulances, other emergency services and delivery lorries. Our plan addresses this and allows for three separate access routes to and from junction 29 of M25, A127 and B186. We plan to improve one of the existing routes to the highest standards at our expense to allow for smooth access; undeniably this will both benefit the purpose of access to the nursing home while simultaneously benefiting the local neighbourhood greatly. Another access route can be gained by extending a minor extension of the existing slip road on the A127 for which any land required will be granted to the highway agency free of charge. Furthermore, provisions for 50 parking spaces are planned for staff and visitors, including two for disabled drivers and a separate parking area for bicycles. All facilities therefore are indisputably accessible and the nature of the proposed usage will generate significantly less traffic than the battery of cars say an office, sport centre or light industry might attract. This will most surely be appreciated by the local community who are currently enjoying the peaceful nature of the area.

Statistics show that there is a desperate need for such establishments in the near future. However, a small, cramped building in the middle of a busy metropolitan area will only regress the quality of geriatric care to neglect and impasse and does not take into consideration that the residents want a home with that provides independence and an ability to maintain friendships and family contacts while resting adequately in tranquillity: not simply a box to live in which provides health or social care. Moreover, with the enormous amount of staffing required for this building due to its labour intensive nature, this project would increase employment opportunities greatly for occupations ranging from highly professional staff, skilled social workers to manual workers and drivers. It seems counterproductive therefore for the council to disagree with this proposal when all their criticisms have been countered and the unequivocal community benefits that this nursing home would provide Brentwood.

There are currently 80,000 people in the UK suffering from dementia. This is predicted to rise to 1000,000 in 2021 and 1700,000 by 2051. The following pages provide research and statistics that should address your concerns about our proposal and plans.

The causes of dementia

62%

Alzheimer's disease

A physical disease caused by changes in the structure of the brain and a shortage of important chemicals that help with transmission of messages.

17%

Vascular dementia

Caused by problems in the supply of blood to the brain, commonly caused by a stroke or series of small strokes.

10%

Mixed dementia

A type of dementia where a person has a diagnosis of both Alzheimer's disease and vascular dementia.

4%

Dementia with Lewy bodies

One of the less common forms of dementia, it is caused by irregularities in brain cells, leading to symptoms similar to Alzheimer's disease and Parkinson's disease.

3%

Rarer causes of dementia

There are many rarer diseases and syndromes that can lead to dementia or dementia-like symptoms, including Corticobasal degeneration and Creutzfeldt-Jakob disease.

2%

Fronto-temporal dementia

Rare when all ages are taken into account but relatively common in people under 65, it is a physical disease that affects the brain.

Source: Alzheimer's Society, 2012

alzheimers.org.uk

Leading the fight
against dementia

**Alzheimer's
Society**

Future projections

The number of people in the UK with dementia will double in the next 40 years.

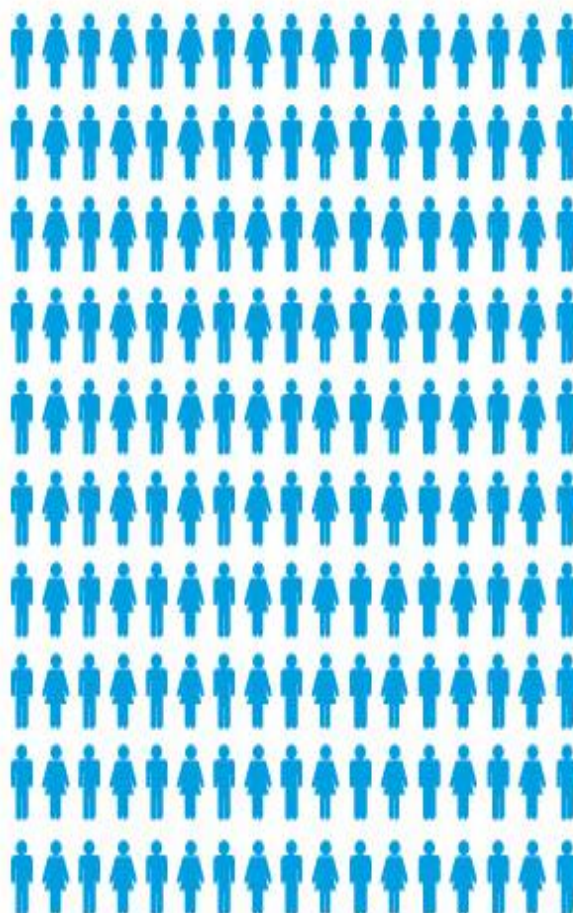
 = 10,000 people



800,000 people
with dementia in
2012



1,000,000 people
with dementia in
2021



1,700,000 people
with dementia in
2051

Source: Alzheimer's Society, 2012
alzheimers.org.uk

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The ageing population

Richard Cracknell

The UK's ageing population has considerable consequences for public services ..Much of today's public spending on benefits is focused on elderly people. 10 million people in the UK are over 65 years old. The latest projections are for 5½ million more elderly people in 20 years' time and the number will have nearly doubled to around 19 million by 2050. Within this total, the number of very old people grows even faster. There are currently three million people aged more than 80 years and this is projected to almost double, by 2030, and reach eight million by 2050. While one-in-six of the UK population is currently aged 65 and over, by 2050 one in-four will be.

PUBLIC SPENDING AND OLDER PEOPLE

Much of today's public spending on benefits is focussed on elderly people. 65% of Department for Work and Pensions benefit expenditure goes to those over working age, equivalent to £100 billion in 2010/11 or one-seventh of public expenditure. Continuing to provide state benefits and pensions at today's average would mean additional spending of £10 billion a year for every additional one million people over working age.

Growing numbers of elderly people also have an impact on the NHS, where average spending for retired households is nearly double that for non-retired households: in 2007/08 the average value of NHS services for retired households was £5,200 compared with £2,800 for non-retired.State benefits and the NHS accounted for just under half of government expenditure in 2009/10. With much of this spending directed at elderly people, their growing number will present challenges for providers of these particular services as well as for the public finances as a whole.

ORIGINS OF THE AGEING POPULATION

The ageing population of the UK mirrors that in many other European countries. It is partly a consequence of the age structure of the population alive today, in particular the ageing of the large number of people born during the 1960s baby boom.

It also stems from increased longevity – a man born in the UK in 1981 had a cohort life expectancy at birth of 84 years. For a boy born today, the figure is 89 years, and by 2030 it is projected to be 91. The trend for women is similar. A girl born in 1981 was expected to live for 89 years and one born today might expect to live to 92. Cohort projections suggest a girl born in 2030 might live to 95. *Healthy* life expectancy has not, however, increased as fast, resulting in proportionally greater demands on public services such as the NHS.

UNCERTAINTY IN PROJECTIONS

There is a range of uncertainty about projecting population, as it rests on assumptions about future demographic behaviour. The recent rise in UK fertility could be maintained, perhaps because of the influence of high levels of net migration; life expectancy might stagnate because of increasing obesity levels; net migration may fall back to levels more typical of the UK's history if economic conditions change or more restrictive policies are introduced. Population projections have a mixed record. They do, however, provide a common basis of framework for planning the future across the range of public policy areas.

http://www.parliament.uk/documents/commons/lib/research/key_issues/Key%20Issues%20The%20ageing%20population2007.pdf

Why an ageing population is the greatest threat to society

Changing demographics: By 2050, for the first time in human history, old people will outnumber children on the planet

By Jeremy Laurance Health Editor Independent

Wednesday 10 April 2002

Of all the threats to human society, including war, disease and natural disaster, one outranks all others. It is the ageing of the human population.

No invading army, volcanic eruption or yet undreamt of plague can rival ageing in the breadth or depth of its impact on society. Over the next half century the proportion of people aged 60-plus around the world is expected to more than double. By 2050, for the first time in human history, old people will outnumber children on the planet.

In some developed countries the number of older people will be twice the number of children. The impact of this transformation will be felt in every area of life, including economic growth, labour markets, taxation, the transfer of property, health, family composition, housing and migration. And the "demographic age quake" is already under way.

Yesterday, as Britain buried its most famous grandmother, United Nations delegates were meeting in Madrid to consider the extraordinary pace at which the world is greying. The proportion of people over 60 throughout the world is due to rise from 10 to 22 per cent between 2000 and 2050. The fastest-growing age group is the over-80s, where women outnumber men by two to one.

The problem is older people depend on younger ones, not only for care and support but also for the economic productivity that ensures pensions can be paid and health and social costs met.

The "potential support ratio" – the number of people of working age per older person of 65-plus – has fallen from 12 to nine in 50 years and is projected to fall to four over the next 50 years. The burden on the young, economically and socially, will rise accordingly.

In Britain, the trend is less severe but the implications no less alarming. Between 2000 and 2025, the number of over-60s is due to rise by 44 per cent from 12.2 million to 17.6 million, according to the Office of National Statistics (ONS). Over the same period the population of working age is predicted to rise by only 9.8 per cent, from 36.8 million to 40.5 million.

Therefore, while today there are three workers for every older Briton, by 2025 there will be little more than two.

But some countries, such as Japan, with the longest life expectancy in the world, and those of southern Europe, face a sharper rise in elderly populations. By 2020, more than one in four Japanese will be over 65.

Not all is gloom, however. Kofi Annan, secretary general of the UN, pointed out that the "grey cloud" on the horizon had a silver lining. "Trees grow stronger over the years, rivers wider. Likewise, with age, human beings gain immeasurable depth and breadth of experience and

wisdom," he said. "That is why older people should be not only respected and revered; they should be utilised as the rich resource to society that they are."

Nor is it clear that the growing ranks of the elderly will necessarily increase costs in all spheres. The Wanless Report on financing the NHS, commissioned by the Government and published in November 2001, pointed out that although healthcare costs rise with age – more than a third of spending on hospital and community health services is for people over 65 – the ageing of the population has "less of an impact on health spending than many people tend to think".

The reason for this is that about a quarter of all the healthcare someone consumes in their lifetime is spent in the last year of their life – whenever that should be – and the cost of this last year tends to fall with increasing age. A 1999 study in Scotland showed a person who died at 50 had an average £7,000 of health care in his or her final year of life compared with just more than £3,000 in the last year for a person dying at 90.

If this is true, the impact of an ageing population will be to postpone rather than increase health service costs. But there are several uncertainties. People's expectations are changing and those who are old in 20 years will be more affluent and are likely to be more demanding of treatments including new drugs, hip replacements and cataract operations.

Figures show that although the maximum lifespan of about 100 years has hardly changed in the past century, the proportion of people approaching the maximum has sharply increased. One of the great unanswered questions is whether increasing life expectancy will mean longer, healthy life expectancy or more years spent in declining health and increasing disability.

Research in America and Britain suggests the number of old people with severe disability is declining. But other evidence indicates those with minor problems may increase.

The 2000 Health Survey for England found 70 per cent of those aged 65-plus reported at least one longstanding illness and at all ages the numbers reporting chronic illness are higher than in the past. We are a less stoic nation than we were.

In fact, the Wanless Report concluded that over the next 20 years the ageing of the population was likely to have less impact on health and social care costs than technological change or workforce issues.

Nevertheless, the elderly will require care. As the retired population grows, the demand for residential and nursing home places is likely to rise- particularly as, in recent years, the number of places has fallen as home owners have quit the business to cash in on rising property values.

In the past, the elderly relied on their families for care but family ties have been weakened by increased mobility and rising divorce. In future, the elderly will be less likely to be married or cohabiting, according to the ONS, and more will live alone. Among those aged 85 and over living independently, one third need help climbing the stairs and one quarter with bathing.

The 1999 Royal Commission on Long Term Care estimated that the costs of caring for the elderly would quadruple in real terms between 1995 and 2051, from £11.1bn to £45.3bn. Future costs are uncertain, however, and could be anywhere between £28bn and £75bn. Only a small fall in levels of disability in the population would greatly reduce the costs.

The Royal Commission called on the Government to make all personal care, including washing and dressing, free, which would cost between £800m and £1.2bn a year now and rise to £6bn in 2051

The Government balked at this bill and compromised by offering free nursing care in England from last October and budgeted at a cost of £100m for the first six months. But the Scottish Parliament rejected the compromise and agreed to pay for all nursing and personal care, to be introduced from July, providing elderly people with an incentive to move.

The quality of our lives in our final years will depend to a degree on our incomes. Pensioners are better off than they were and, overall, will continue to become better off. But while some will be well off a large number, denied the benefit of an occupational pension, will find themselves close to the poverty line.

Last year the Chancellor, Gordon Brown, announced a pensioners' credit to tackle poverty in old age, which will ultimately add 1 per cent of GDP to the cost of financial support for the elderly.

The greying of the population poses a challenge to policy makers everywhere but it need not mean disaster. And in any case, for any country such as Britain where the growth in the elderly is outstripping the working population there is a possible answer: immigration. Germany passed a law earlier this year opening up the country to the limited immigration of skilled workers for the first time since the 1970s.

Younger people in work are a force for innovation, entrepreneurship and change. If Britain is to remain young in spirit, it may be time to look to labour markets overseas.

[Why an ageing population is the greatest threat to society - Home News - UK - The Independent](#)

'This proposal will create employment and training opportunities for local area: 70 full time and 60 part time staff.'

A high level of people commutes to Chelmsford or Central London each day for work. If local employment opportunities increased, some people may prefer to work nearer to home.

2.5 Key elements of the local economy are:

- A high level of both in and out-commuting, with a net deficit of 8,000 jobs. The net out-flow represents 55% of the Borough's resident workforce. Greater London is the main draw, accounting for almost two-fifths of resident workers. The other most frequent destinations are Basildon and Chelmsford.
- No district in Essex is self-sufficient in employment so that Brentwood's job deficit is not untypical.
- Commuting flows are, of course, two-way and there are large movements of workers into Brentwood, particularly from the neighbouring districts of Havering, Basildon and Chelmsford.

Taken from http://www.brentwood.gov.uk/pdf/pdf_1344.pdf

'This plan includes pharmacy, doctor's surgery, dentist, hairdresser, post office, local shop to cater for the needs of residents.'

Many local business people would probably be happy to invest in providing some of the services that the new development will need.

'To relax on a working farm surroundings and all the benefits that this brings as opposed to a home in a busy metropolitan area.'

People live longer in rural countryside areas according to this report. The site has massive potential to develop outdoor opportunities for the residents in a safe and secluded environment. The site is however also very close to the A127 which makes access for staff and family visitors easier.

Country dwellers live longer, report on 'rural idyll' shows

Greener life delivers up to two years longer life for rural men and women and closes life-expectancy gap between rich and poor, says ONS study

Randeep Ramesh, social affairs editor

The Guardian, Tuesday 25 May 2010 19.57 BST

An ONS report says living in the countryside will make you live longer, by up to two years for men, than their city counterparts. Its official: move to the countryside and you live longer. Men in rural areas on average can expect to celebrate their 78th birthday – two years longer than those in the city – while women will pass 82, almost a year and a half more than their urban peers, new figures show. | UK news | The Guardian

An article by the Royal College of Nursing demonstrates the benefits of pet therapy for people with dementia.

This article considers the effectiveness of dog visitation therapy in dementia care and considers implications for practice. The literature indicates that visits by animals to care settings can bring various benefits to patients and residents, including relaxation, less apathy, agitation and aggression, and lower blood pressure.

<http://nursingolderpeople.rcnpublishing.co.uk/archive/article-dog-visitation-therapy-in-dementia-care-a-literature-review>

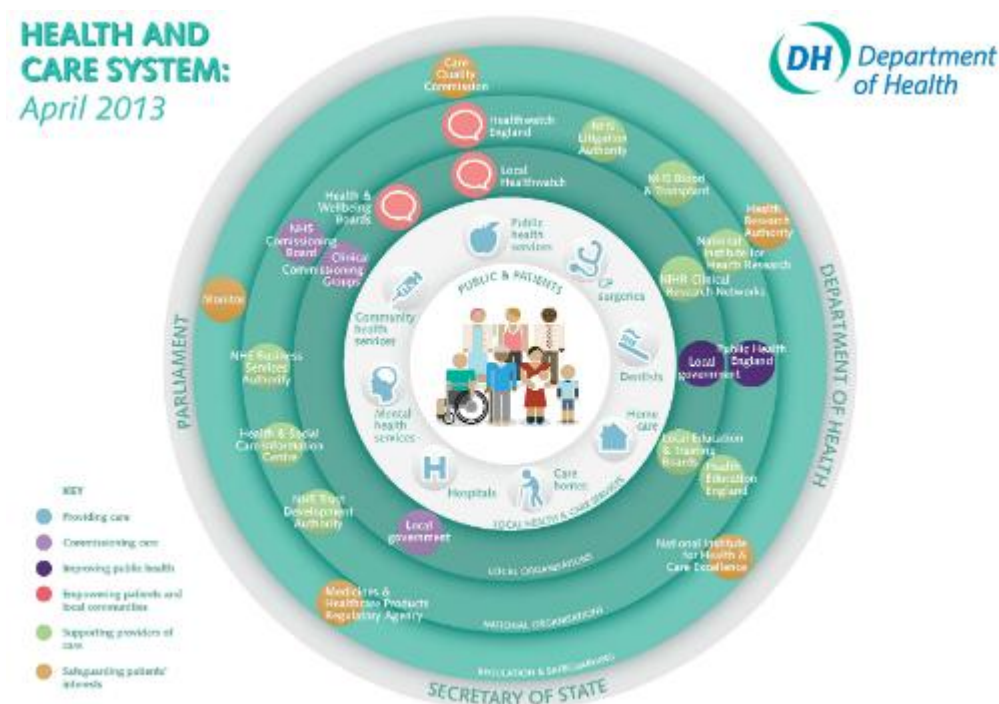
‘Clear access to the proposed site has been submitted as part of the plan, which allows vehicles, ambulances, emergency services access to the site.’

‘Small number of vehicles would pass through with minimum impact to the surroundings, no more than currently in place.’

The proposal includes plans to improve access to the site and to provide adequate parking for the facility. Little Warley lane is not particularly busy at this point and should therefore be able to cope with any additional number of vehicles without any problems.

Social services, PCT have been involved.

Both Social care and health care services have been consulted about this proposal and we are aware that we need to take into account proposed changes to NHS and the new Health and care system due to start April 2013. With the advent of new and bigger commissioning teams it may be necessary to consult with different people and / or departments.



The health and care system in April 2013 [infographic] | Modernisation of health and care

The new health and care system

The health and care system helps people lead healthier lives, recover well from illness and live better for longer into old age. The way the system works is changing but there will be no change to the core values of the NHS – health care will remain free at the point of use, funded from taxation, and based on need and not the ability to pay. People using care and support services will have more control over the services they use. All professionals working in health and care share a commitment to working together to provide fair and equal access to high quality services, in response to patients’ individual needs and choices.

The need for change

The health and care system is facing the biggest set of challenges in its history. Scientific and

technological advances mean that we can treat illness more effectively than ever before, but new drugs and treatments are expensive. With better health care, people are living longer than their parents and grandparents. This is an achievement to celebrate, but this trend also means greater pressure on health and care services to maintain people's wellbeing and quality of life for longer. Despite these advances, good health is not shared by all – inequalities persist between communities and regions, with preventable ill health creating significant challenges. We need to get better value from public spending, to invest more in preventing ill health, to enable people to stay in their own homes and to continue to drive improvements in care.

Empowering patients and local communities

The new system is designed to deliver better health, better care and better value for money. Changes will be led by doctors, nurses and other health and care professionals, working with local authorities and local service providers, in response to the needs of patients, people using care services, carers and communities. The new system will focus more on preventing ill health and empower local communities to plan services according to their local priorities. People will have more say in the care they receive and doctors and nurses will have more freedom to shape services to meet people's needs. A wider range of health care providers will provide more choice for patients and greater value.

Good health begins in our communities. At the heart of the new system are the local health and care services people use on a daily basis – GP surgeries, home care, hospitals and care homes. Family doctors, nurses, pharmacists and online/telephone services will continue to be the first port of call for most people needing health care. As well as providing patient care, in the new system, doctors, nurses and other professionals will use their knowledge of local health needs to commission the best available services to meet them. They will do this by joining together to form Clinical Commissioning Groups (CCGs). CCGs will have the freedom to commission services for their local community from any service provider which meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations or private sector providers. This means better care for patients, designed with knowledge of local services and commissioned in response to their needs.

Health and Wellbeing Boards in every area will ensure that services work together and are responsive to communities' needs and priorities. Local Healthwatch will give patients and

communities a voice in decisions which affect them, reporting into Healthwatch England, a new national body to represent the views of the public at the highest level.

Local authorities will commission care and support services and have a new responsibility to protect and improve health and wellbeing and will use their knowledge of their communities to tackle challenges such as smoking, alcohol and drug misuse and obesity. Working together with health and care providers, community groups and other agencies, they will prevent ill health by encouraging people to live healthier lives. A new organisation, Public Health England, will provide national leadership and expert services, to support public health and work with local government and the NHS to respond to emergencies.

Most people will need care and support at some point in their lives, because they are getting older, have developed an illness or have lived with a disability since birth. Alongside their health care, people need the right combination of care and support – financial, practical and emotional – to manage day-to-day living. Care and health services will be organised to work together to provide seamless services that respond to people’s individual needs and choices, including personal budgets to choose the care that is best for them.

Supporting providers of care

NHS services nationally will be supported by the new NHS Commissioning Board (NHS CB). It will fund local CCGs to commission services for their communities and ensure that they do this effectively. Some specialist services will continue to be commissioned by the NHS CB centrally where this is most efficient. Working with leading health specialists, the NHS CB will bring together expertise to ensure national standards are consistently in place across the country, maintaining the ‘N’ in the NHS. Throughout its work it will promote the NHS Constitution.

Health trusts will continue to manage hospital care and community and mental health services, with all trusts becoming Foundation Trusts to benefit from greater independence to manage their own services. They will be able to innovate, introducing new approaches to provide the services local CCGs want to commission and they will be able to generate private income to bolster their budgets to the benefit of NHS patients. A new NHS Trust Development Authority will support NHS Trusts to improve so they can take advantage of the benefits of foundation trust status when they are ready.

High quality patient care demands first class education and training of health professionals. A new organisation, Health Education England will make sure the healthcare workforce has the right skills and training to improve the care patients receive. It will support a network of Local Education and Training Boards (LETBs) that will plan education and training of the workforce to meet local and national needs.

The National Institute for Health and Care Excellence (NICE) will provide guidance to help health and social care professionals deliver the best possible care based on the best available evidence.

Safeguarding the interests of people using health and care services

As the new system brings more freedom for those who plan, commission and provide services, new and existing health and care regulators will safeguard the interests of patients and the wider public. The Care Quality Commission (CQC) will assess the quality and safety of services against government standards through its registration, regulation and monitoring of services, ensuring that people are treated with dignity and respect. Healthwatch will give patients and communities a voice in decisions which affect them, reporting their views, experiences and concerns to Healthwatch England. Healthwatch England will work as part of the CQC.

As the sector regulator, Monitor's main duty will be to protect and promote patients' interests by creating incentives, providing information and enforcing rules where necessary. Licensing providers of health care will be one of the main tools Monitor will use to do this.

Health and care professionals are registered with the relevant health and social care regulator, which ensures that professional standards are met. The Secretary of State for Health has ultimate responsibility for ensuring the whole system works together to respond to the priorities of communities and meet the needs of patients. The Department of Health will empower health and social care bodies to deliver according to national priorities and will work with other parts of government to achieve this. It will set objectives and budgets and hold the system to account on behalf of the Secretary of State.

Managing a smooth transition

The new health and care system will be up and running by April 2013. The vital services people

value will continue as usual during the period of transition. New organisations, and changes to existing roles, are being developed in parallel over the course of this year to ensure there is no disruption or drop in standards of care. The Government is working with local government and the health and care sector to make improvements to services and implement the reforms. As the new system takes shape, the needs of the patients and communities we serve will be at the heart of all we do.

[Health and Social Care Act 2012 - Socialist Health Association](#)

'Statistics show that there is an increased need for such establishments.'

“With better health care, people are living longer than their parents and grandparents. This is an achievement to celebrate, but this trend also means greater pressure on health and care services to maintain people’s wellbeing and quality of life for longer.” [Health and Social Care Act 2012 - Socialist Health Association](#)

The following extracts are taken from an Alzheimer’s Society report.

http://www.alzheimers.org.uk/site/scripts/document_pdf.php?documentID=412

The number of people with dementia is steadily increasing. Alzheimer's Society believes that careful planning for the future is needed now to ensure that the right care and support is available.

- There are **800,000 people in the UK** with a form of dementia in 2012
- There are over **17,000 people under 65** with dementia in the UK in 2012
- One in 14 people over 65 years of age and one in six people over 80 years of age has a form of dementia

Projected growth

- It is estimated that by **2021 there will be one million people with dementia in the UK**
- This is expected to rise to over 1.7 million people with dementia by 2051.

People from black and minority ethnic groups and dementia

It is estimated that there are at least 11,000 people from black and minority ethnic (BME) groups with dementia. It is noteworthy that 6.1% of all people with dementia among BME groups are young onset, compared with only 2.2% for the UK population as a whole, reflecting the younger age profile of BME communities. The proportion of older people from ethnic minority groups in the UK is small, but increasing steadily as this section of the population ages. It is therefore predicted that the number of people with dementia from BME groups will rise quickly. However,

many services for people with dementia from these communities remain inappropriate and inaccessible.

The Society campaigns for:

- Health bodies authorities to research and record both the numbers and projected needs of all people with dementia in order to plan long term care services for them appropriately.
- All dementia services to be culturally sensitive. The needs of all people with dementia need to be met and person-centred care delivered.
- Full implementation of the UK National Dementia Strategies.
- Further collaboration with international partners to promote the exchange of information and practice. The Alzheimer's Society is a member of Alzheimer's International and Alzheimer Europe. http://www.alzheimers.org.uk/site/scripts/document_pdf.php?documentID=412

Future projections

The number of people in the UK with dementia will double in the next 40 years.

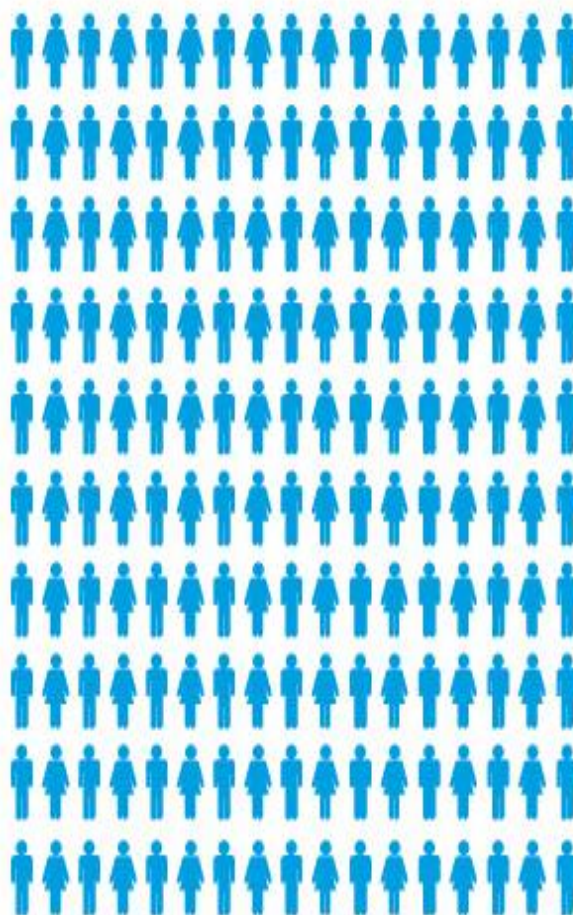
 = 10,000 people



800,000 people
with dementia in
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1,000,000 people
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1,700,000 people
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2051

Source: Alzheimer's Society, 2012
alzheimers.org.uk

Leading the fight
against dementia
**Alzheimer's
Society**

‘Construction and planning and training should be done now to avoid serious shortages later on.’

- It is estimated that by 2021 there will be one million people with dementia in the UK
- This is expected to rise to over 1.7 million people with dementia by 2051.

http://www.alzheimers.org.uk/site/scripts/document_pdf.php?documentID=412

‘This is a labour intensive activity requiring highly professional staff, skilled social workers, manual workers, drivers etc.’

Many people travel quite far up to Chelmsford or into London for work. They may enjoy the opportunity to work closer to home

‘Bus service will be provided to take the residents to town when required.’

There are no suitable national or local bus services in this area, and the nearest station is over a mile away. There are many private taxi and bus/coach companies available in the area who may welcome the additional revenue that providing a regular service could bring to them.

‘Caring for old people with Alzheimer’s/dementia creating employment opportunities are the main objectives of this proposal, which has been held back for the past three years.’

‘The Builders’ Conference CEO calls for Government to “put up or shut up” on landmark projects that could lead UK out of recession. ‘

<http://www.bclive.co.uk/mags/InsideConstructionIssue14/InsideConstructionIssue14.pdf>

Any proposal that increases the level of local employment opportunities for such a wide range of professionals and skilled workers can only be of benefit to the local economy. Many self-employed building contractors/ electricians/ plumbers etc. have been badly affected by the recent economic recession and this proposal would provide work for the full range of trades people or even provide partnership opportunities with a local Housing Association, including plans to provide some on site staff accommodation in the development.

Please reconsider our application for planning permission to help us provide this care facility.