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FAP	

Overdale Hospital

History

or

Future

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A/ Well documented fact states that the number of elderly dependant on residential and nursing care could well increase by 85% by the year 2031.

(See attached) Chapter 7: Population projections
Jersey Census 2001

Conclusion: At present 50- 60 places are required within private sector nursing homes – therefore this will rise to 112 according to the census over the next 20-25 years.

Therefore the cost to island tax payers would be approximately seven and a half million (£7,280,00.00) per annum (excluding any inflationary rises)

B/ **Health and Social Care's** own Policy (see attached) clearly states the need to increase the care facilities for the Islands elderly both **“Increasing the number of residential nursing homes”** and **“Providing day care centres and respite beds”**.

Not closing down and reducing existing nursing homes and respite wards!!!

C/ The report from ISAS (see attached) sent to the States clearly supports the Health and social Care Policy!

Chapter 7: Population Projections

- **Migration Scenarios**

 - **Structure of the Population**
 - Zero net migration
 - 200 net immigration per annum
 - 400 net immigration per annum
 - 200 net emigration per annum
 - 400 net emigration per annum
-

The graphs shown in this chapter summarise population projections prepared by the UK Government Actuary's Department on the basis of the 2001 Census data.

The projections start from the Census position in 2001 and estimate the position at March of each year up to 2031.

Fertility rates and mortality rates are based on Jersey experience, projected into the future using the changes projected for the UK, which in the past have been similar to changes in Jersey. The fertility and mortality rates have been estimated using information up to and including the year 2000.

Migration Scenarios

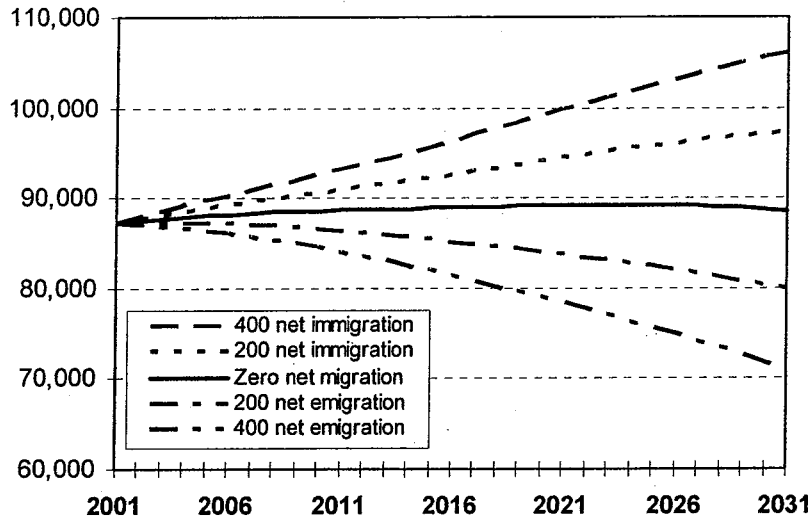
Five migration scenarios have been examined in preparing these projections:

- no net migration;
- net immigration of 200 per year and 400 per year;
- net emigration of 200 per year and 400 per year.

The net immigrants and emigrants are assumed to be in the 16 to 25 age range.

All projections start from the total resident population figure of 87,186 recorded by the 2001 Census.

Figure 7.1 - Migration Scenarios



As indicated in Figure 7.1, under **zero net migration**, the overall population remains relatively constant. The total actually rises to 89,200 in 2023 and falls slowly back to 88,620 by 2031. The variations arise from different birth and death rates and small changes in the numbers of women of child-bearing age. Population growth over the entire 30-year period is +1.6%, or +0.05 % per year on average.

200 net immigration per year leads to fairly steady growth throughout the period, reaching 97,340 by 2031. Over the 30 years considered, population growth is +11.6%, or +0.37% per year on average.

400 net immigration per year results in a population of 106,180 by 2031, an increase of +21.8% over the 30-year period, corresponding to an average growth rate of +0.66% per year.

In contrast, both emigration scenarios lead to a fall in the total population over the 30-year period.

200 net emigration per year results in an essentially steady population of just over 87,200 until 2005, after which there is a long-term decline, leading to a total of 79,850 in 2031. Over the 30-year period, the population decreases by -8.4%, corresponding to an average annual decrease of -0.29%.

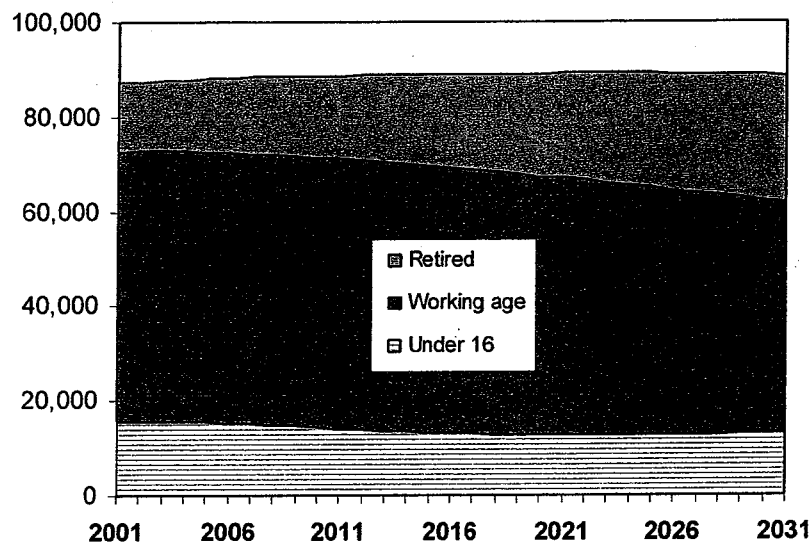
400 net emigration per year leads to a reduction in the total population for every year between 2001 and 2031. The rate of decline increases with time, resulting in a total population of: 84,130 by 2011; 78,400 by 2021; and 70,980 by 2031. The 30-year reduction is -18.6%, an average reduction of -0.68% per year.

Changes in the Structure of the Population

Zero net migration

The structure of the population under this scenario may be more fully appreciated from Figure 7.2.

Figure 7.2 - Zero Net Migration



In this scenario, the number of under-16's rises from 15,670 in 2001 to 15,770 in 2003 before falling quite steeply, reaching a trough of 12,620 in 2022, a drop of 20%. By 2031 the number has increased slightly to 13,000.

In contrast, the retirement age population, currently 14,510, rises increasingly steeply, reaching 26,830 by 2031 - an increase of 85%.

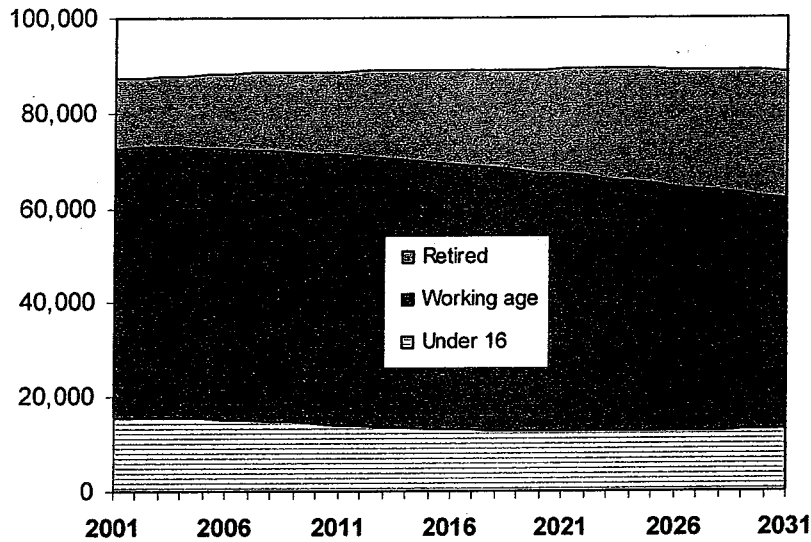
The working age population (16-59/64 for women/men) initially increases from 57,020 to 57,280 by 2007, but then declines, dropping to 48,790 by 2031.

Thus with no net migration, the proportion of the total who are of working age, currently 65% (0.53 dependants per worker), would fall by year 2031 to 55% (0.82 dependants per worker).

Put another way, to maintain the same standard of living for all residents, all other things being equal, the productivity of the workforce would need to increase by +19% over the next 30 years, that is by +0.57% per year on average.

200 Net Immigration per Annum

Figure 7.3 - 200 Net Immigration per Year



In this scenario, the retired population, currently 14,510, rises identically to the zero migration scenario, reaching 26,830 by 2031.

The number of under-16's rises, as in the zero migration scenario, to about 15,780 in 2003 and then declines slowly to about 13,820 in 2016 before rising again to 15,270 by 2031.

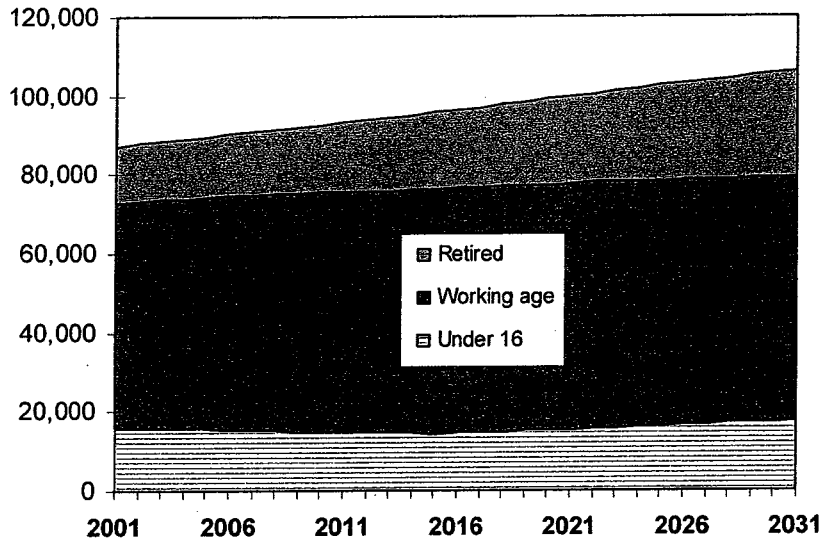
Due to some inward migration of people of working age, the number of all people in this age group, 57,020 in 2001, rises to 59,110 in 2011, stays virtually constant until 2018 and then falls slowly to 55,240 by 2031.

The proportion of the total population that is of working age - currently 65.4% - falls a little more slowly than before. By 2031 it has reached 56.7%, corresponding to 0.76 dependants per worker.

The approximate productivity gain needed to maintain everyone's standard of living, all other things being equal, is +15.3% over the next 30 years, that is +0.47% per year, on average.

400 Net Immigration per Annum

Figure 7.4 - 400 Net Immigration per Year



In this scenario, the number of under-16's rises slightly to about 15,790 in 2003, then falls to 14,500 in 2015, and rises again to 17,560 by 2030.

The retired population, currently 14,510, rises identically to the other scenarios, reaching 26,830 by 2031; this is because the assumed new immigrants do not reach retirement age in the 30-year time frame under consideration.

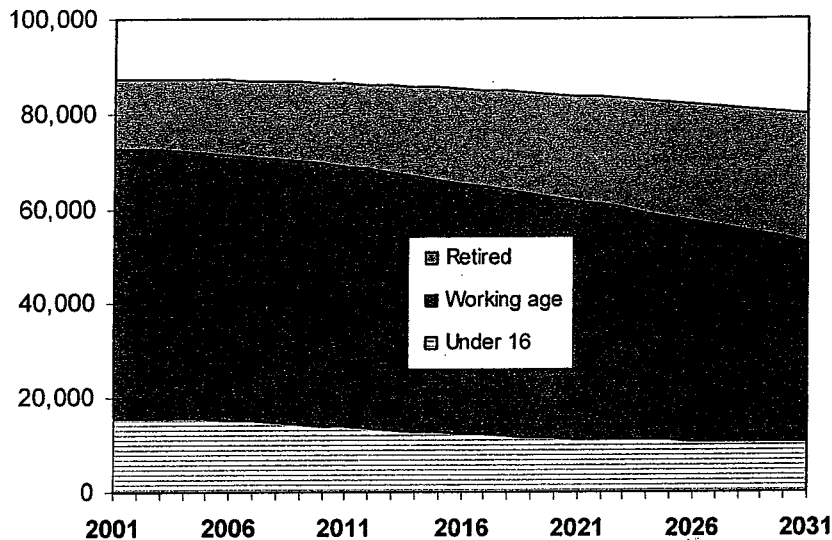
The number of people of working age grows from 57,020 in 2001 to 62,370 in 2022, and then declines slightly to 61,780 by 2031.

The proportion of workers to the total population changes very slowly at first, staying at around 65.5% until 2011 then falling to 58.2% by 2031, corresponding to 0.72 dependants per worker.

The estimated productivity gain needed to maintain everyone's standard of living in this scenario, other things being equal, is +12.4% over 30 years, an average of +0.39% per year.

200 Net Emigration per Annum

Figure 7.5 - 200 Net Emigration per Year



In this emigration scenario, the number of under-16's initially rises very slightly, as in the zero and net immigration scenarios. However, after reaching a maximum of approximately 15,760 in 2003, there is a rapid decline to a total of 11,250 by 2021, after which the rate of decline reduces. The population of under-16's in 2031 is 10,710, representing an overall reduction of 31.6%.

The retired population, currently 14,510, rises identically to the zero and net immigration scenarios, since the net emigrants are assumed to be in the young working age category and would not have reached retirement age in the period up to 2031. The retired population therefore attains 26,830 by 2031, as in the previous scenarios presented.

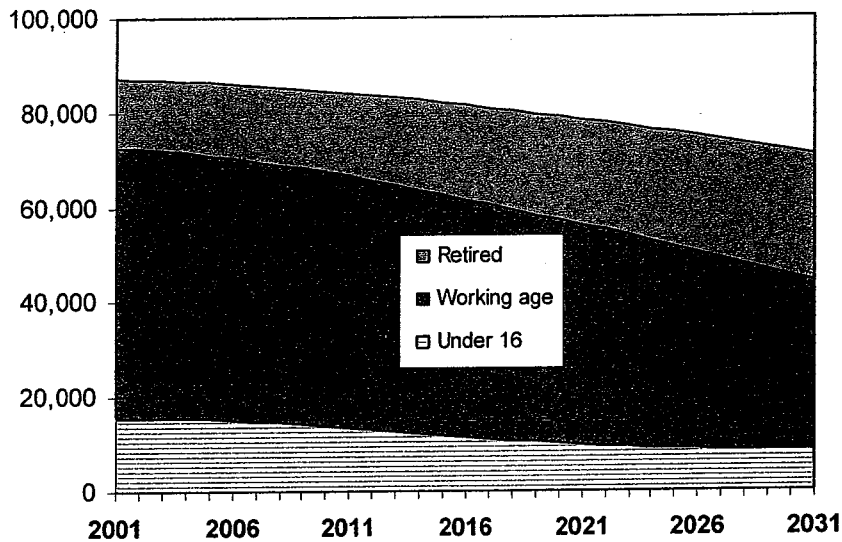
Due to the assumption that the net emigrants are of young working age, the total number of people of working age decreases throughout the 30-year period from the current 57,020. The annual decline is small until 2006, after which the total number decreases at a faster rate up to 2022 (49,870) and at a still faster rate thereafter, falling to 42,310 by 2031.

The proportion of the total population that is of working age (currently 65.4%) falls more rapidly than for the zero and net immigration scenarios. By 2031 this figure has reached 53.0%, with 0.89 dependants per worker.

The approximate productivity gain necessary to maintain the standard of living of all residents, all other things being equal, is +23.4% over 30 years; this represents an average annual increase of +0.70%.

400 Net Emigration per Annum

Figure 7.6 - 400 Net Emigration per Year



The number of under-16's in this scenario initially changes in a similar manner to that of the 200 net emigration scenario: a small increase to a maximum of about 15,750 in 2003. However, there is then a more rapid decrease than in the previous scenario, resulting in a total number of under-16's of 9,870 by 2021. After this date the rate of decrease reduces, leading to 8,440 by 2031.

The retirement age population increases identically to all other scenarios, as previously explained.

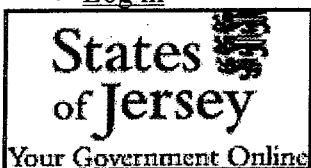
The working age population (currently 57,020) decreases more rapidly at every stage of the 30-year period, falling to 35,710 by 2031. The proportion of workers to the total population falls markedly, from the 65.4% of 2001 to 50.3% by 2031; the latter represents 0.99 dependants per worker.

The estimated productivity gain required to maintain everyone's standard of living in this scenario, all other things being equal, is +30.0% over 30 years, corresponding to an average annual increase in productivity of +0.88%.

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• ... [Health & Social Services](#) Life expectancy has increased fairly steadily since the beginning of the 20th century when it was around 50 years at birth. It rose to 65 years in 1950 and by 1990 had reached nearly 75 years. This means that a child born in 1990 may expect to live almost 10 years longer than one born in 1950 15 .
 ◦ [Hospital Sites](#) Expectation of life at birth is currently rising by about two years every decade for men and one and a half years for women. However, there is debate as to whether the improvement in life expectancy has been accompanied by an increase in the number of healthy years of life.
 ◦ .. [ISAS](#)

• ... [Home Affairs](#)

• ... [Housing](#) Over the coming decades, technology developments are likely to impact broadly on both life expectancy and more critically, the quality of life during later life; for example through the introduction of assistive technologies and aids in the home, development of new treatments and medications, the improvements in technology to provide better health information for patients and carers, and communications systems that will create the opportunity to exercise greater choice (e.g. shopping and tele-banking) from the convenience of the home.
 • ... [Planning & Environment](#)

• ... [Social Security](#)

• ... [Transport & Technical Services](#) The issue of increasing choice is central to this document. All too often, old age is an age of no consent. Decisions affecting ageing citizens are frequently made without the participation of the citizens themselves. This applies particularly to those who are very old, frail or disabled. Such people should be served by flexible systems of care that give them a choice as to the type of amenities and the kind of care they receive.

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- [Assembly](#) **vii) Mental health**
- [Statistics](#) **viii) Information systems**

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15 Age & Attitudes, EC Commission. 1993

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Health and Social Care Strategy Summary

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- [Learning and Leisure - Strategy Summary](#)
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3. Health and Social Care	Click for More Detail
<p>Overall Strategic Principles</p> <p>Strategies should:</p> <ol style="list-style-type: none"> 1. Assist in the creation of policies, environments and services that encourage and improve the health and well-being of older people 2. Maintain and enhance independent living in the community 3. Improve the quality of life of older people in their own home or within a residential or hospital setting 4. Ensure that appropriate preparation is in place for later life via retirement planning and support programmes 	<div style="margin-bottom: 10px;">] *</div> <div style="margin-bottom: 10px;">] *</div> <div style="margin-bottom: 10px;">] *</div> <div style="margin-bottom: 10px;">] *</div>

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		5. Dispel unhelpful stereotypes of older people that impact adversely on the notion of positive ageing		
Strategy:		To improve the health and well-being of older people in Jersey		
Elements	Actions	Timescale	Impact	Resource implication
1. Health information			<ul style="list-style-type: none"> • Provide accessible, accurate and timely information on the prevention, care and treatment of physical and mental ill health through appropriate media for older people • Ensure specific relevant information is available on the different issues facing various sectors of society as they age e.g. men and women, ethnic groups etc. 	
2. Safe use of medication and alternative remedies			<ul style="list-style-type: none"> • Improve information / advice on the use of medication and alternative therapies and equipment. 	<ul style="list-style-type: none"> • for older people in the community • for patients on admission and following discharge from hospital

	<ul style="list-style-type: none"> • Introduce reviews of medication, including multiple medications and safe disposal when appropriate
<p>3. Health protection / risk assessment</p>	<ul style="list-style-type: none"> • Develop improved assessment, education and screening services in primary / community settings for specific conditions - heart disease and stroke, mental health (including dementia), cancers, osteoporosis, arthritis, visual and hearing impairment, falls and accident prevention
<p>4. Health care and social support in the community</p>	<ul style="list-style-type: none"> • Develop a range of appropriate services to enhance the health and well-being of older people in the community, including intensive home support, assistive technology, 'handyperson schemes', day centres and residential provision, <u>respite care and</u>

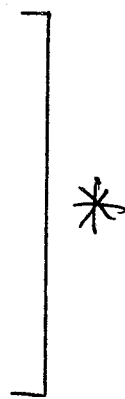
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] *

		support for carers		
5. Maintaining adequate workforce to meet the health needs of older people.		<ul style="list-style-type: none"> • Attract, recruit and retain high quality staff to work with older people. • Increase Senior Medical input into medicine for Older People with a "Community or Hospital Geriatrician". 		
Strategy:		To promote positive attitudes to health and ageing		
Elements	Actions	Timescale	Impact	Resource implication
1.	Adapting to life changes		<ul style="list-style-type: none"> • Include life-long learning information on life changes associated with ageing - e.g. family relationships, employment and retirement, living alone 	
2.	Social inclusion		<ul style="list-style-type: none"> • Develop policies that promote inclusion of older people - involving users and carers in the review of services to provide them in the most acceptable ways for all. 	
3.	Reducing age discrimination		<ul style="list-style-type: none"> • Promote wider public awareness of the positive 	



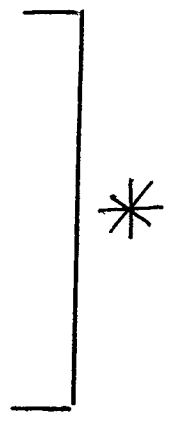
<p>images of ageing</p> <ul style="list-style-type: none"> • Seek views and information on the experiences of older people, and examples of equal opportunities for older people • Promote practices and policies that welcome the involvement of older people wherever they arise and especially in the public sector 				
<p>Strategy: To promote equality and greater choice in health and social care experiences.</p>				
Elements	Actions	Timescale	Impact	Resource implication
1.	Co-ordination and integration of services		<ul style="list-style-type: none"> • Ensure development and co-ordination of health and social care services in the community suitable for older people, through health centres or other locality-based facilities • Promote continuing collaboration with other service providers - housing, transport, leisure, life-long learning, etc. • Promote more integrated care 	



pathways between the community (e.g. GP's and Family Nursing & Home Care) and Health & Social Services - so that older people can receive effective care that meets their needs in the most appropriate manner

- Develop closer working and shared care practices for older people with different health needs, across community and hospital services
- Develop more flexible modes of service provision that are responsive to individuals' different and changing needs - e.g. various home care, day care, community nursing, care support, social care, intermediate care and respite options
- Implement a comprehensive multi-disciplinary single assessment process across all hospital, residential and nursing home

	<p>care to measure impact, cost and quality.</p> <ul style="list-style-type: none"> • Develop integrated health records to enable multi-agency team working and consistent standards for service provision
<p>2. Promote equitable access and provision of services for older people across age cohorts.</p>	<ul style="list-style-type: none"> • Maximise community-based living with a range of levels of accommodation and support together with residential and nursing home care where required by stimulating private sector and charitable/trust involvement in provision • Identify short, medium and long term requirements for the number of residential and nursing home care beds necessary to meet the needs of the Island population • Increase investment in pharmacological treatments that are likely in the next few years to significantly improve outcomes for



older people with mental ill-health

- Introduce, in partnership with all community and hospital care providers, an integrated care pathway for dementia to provide a comprehensive continuum of care to clients and carers, as far as possible in the community
- Develop a range of appropriate care facilities to meet differing requirements of older clients, including additional day centre places (both generic and for those with specific mental health needs), respite beds and 'out of hours' support
- Seek and respond to the views of older people and carers to promote more effective and client focused services and support for carers
- Plan services to reflect the needs, reasonable choices and preferences of older people in line with



	<p>demographic demand and seek views from society as a whole with respect to end of life issues.</p>	
<p>3. Funding individual long-term care</p>	<ul style="list-style-type: none"> • Review, consult and decide on options for States funded health and social care for older people, e.g. user-payments, tax funding, insurance-based systems, etc. • Review the roles of individuals and the Parishes regarding equitable funding of long-term care in hospital, nursing, residential homes and elsewhere 	
<p>4. Technologies</p>	<ul style="list-style-type: none"> • Develop a fully integrated Community & Social Services electronic information system. • Maximise the use of information and communications technology to improve access to health advice for all • Develop the use of appropriate assistive technologies in the home and other community 	



settings to
minimise the
consequences of
disability and to
promote equal
access to
services

- Evaluate the costs / benefits of new medical technologies, medications etc. to improve the health and well-being of older people

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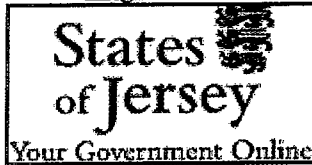
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ISAS Report

PREFACE

Aim of this report

A report ^[1] commissioned by the Social Policy Strategy Group ^[2] in October 2001 provided a snap-shot of views on social policy issues in Jersey. The report commented:

‘The projected ageing of the population attracted considerable comment and calls for a comprehensive assessment. Two aspects of the issue were identified. The first was the fall in revenue that would result from accelerated departures from the labour force due to retirement that was envisaged to occur within a little over a decade. The second was the service needs that would be created by an ageing population. These were thought to include increased demand for sheltered housing, more domiciliary care needs, more acute health care and more nursing and residential home provision. This would have implications not only for the Health and Social Services Committee but also for the Housing and the Environment and Planning Committees, particularly if attempts were to be made to keep people in the communities in which they were living.

Respondents were generally unsure about the nature and scale of the impact of an ageing population on the social and economic fabric of Jersey, but were

Other Sites



- [Data Protection](#) convinced that early analysis and planning was an important priority.'
- [Jersey Legal Information](#)
- [Legal Departments](#) The following consultation report represents the outcome of a collaborative initiative by officers from seven States departments (terms of reference are detailed in Executive Summary section of this site). The work to date has also involved consultation with a public Steering Group. The interdepartmental group's report outlines the key issues identified in relation to an ageing society in Jersey and proposes some strategic policies and actions to address these issues.
- [Non Executive Departments](#)
- [Parishes](#)
- [States Assembly](#)
- [Statistics](#) The aim of this report is to seek views on the proposals from States members, organisations involved in fulfilling the aspirations and meeting the needs of older people, and the wider public.

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[1] 'Aiming for a Fairer Society: Reflections on Jersey Social Policy', Walker R, University of Nottingham and Institute for Fiscal Studies, October 2001

[2] The Social Policy Strategy Group comprises the Presidents and Chief Officers of the Employment & Social Security Committee and the Health & Social Services Committee.

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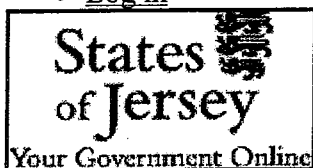
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The purposes of this consultation report and the continuing work of the ISAS group can be divided into five parts:

... [Education](#)

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1. To present the issues arising from an ageing population and assemble what is known about them as they relate to Jersey.

... [Health & Social Services](#)

2. To promote and collect the views of older people and the general public and to incorporate these views into its work. *

o [Hospital Sites](#)

3. To formulate propositions and initiatives which will incorporate ageing society principles into current policy and practice. *

o .. [ISAS](#)

4. To identify those areas where further consideration or ongoing research will be necessary.

... [Home Affairs](#)

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5. To research and examine issues relating to an ageing society, to inform policy makers and the general public as a basis for formulating a dynamic strategy.

... [Planning & Environment](#)

As a result of the work of the Inter-departmental Group and the Public Steering Group, it has been possible to examine the effect of ageing on the major domains of public and personal life on the island. Through the work of the five sub-groups we have been able to present a systematic appraisal of changes, which can be made and need to be made, along with an indication of the magnitude of cost. A good deal of this work can be done within existing frameworks of public policy, by incorporating ageing society principles. For example, in the incorporation of lifetime homes guidelines into plans for new houses and flats. Similarly, extending lifelong learning and occupational retraining opportunities within the offerings of Highlands College would be to further develop policies which are already in place. Such developments would incur additional cost but not of a higher order.

... [Social Security](#)

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On the other hand, restructuring employment opportunities; considering changes to retirement and pension arrangements and delivering public transport for the less able older population, require more detailed consideration and may involve substantial amounts of new funding. One area demanding attention which cannot be ignored is the need to increase health and social care for older people in hospitals, at home and in residential settings. Similarly it will be essential to make the built environment more accessible to people with limited mobility and here, there will be consequences for many capital projects.

Many of the issues highlighted in this report will impact on the lives and relationships of individual citizens. Changing family patterns are beginning to create tensions between the needs of supporting the young and the old. These strains in the 'intergenerational contract' are being observed all around the world. There is some evidence that older people are no longer receiving the levels of family care that they would have received in previous times; but the overwhelming evidence is that family care is still the bedrock of support - and the indications are that this is so in Jersey. Whilst many of the issues that arise will have to be resolved by families themselves, there are important public policy dimensions. It is almost inevitable that as the need for support outstrips supply, The States of Jersey will need to ensure that there are high quality public, and commercial, services to supplement what families can do.

The essential message, is that ageing is everybody's business. More older people there will be; many of them healthy active and able to use their capabilities and talents to enhance the community and commercial life of the island. But once they become less able, there is an obligation to provide well for the later stages of life. Creating an infrastructure, both physical and social, which enables an all-age society to exist, is the platform upon which other positive developments can build.

To accompany these aims are three equally important caveats:

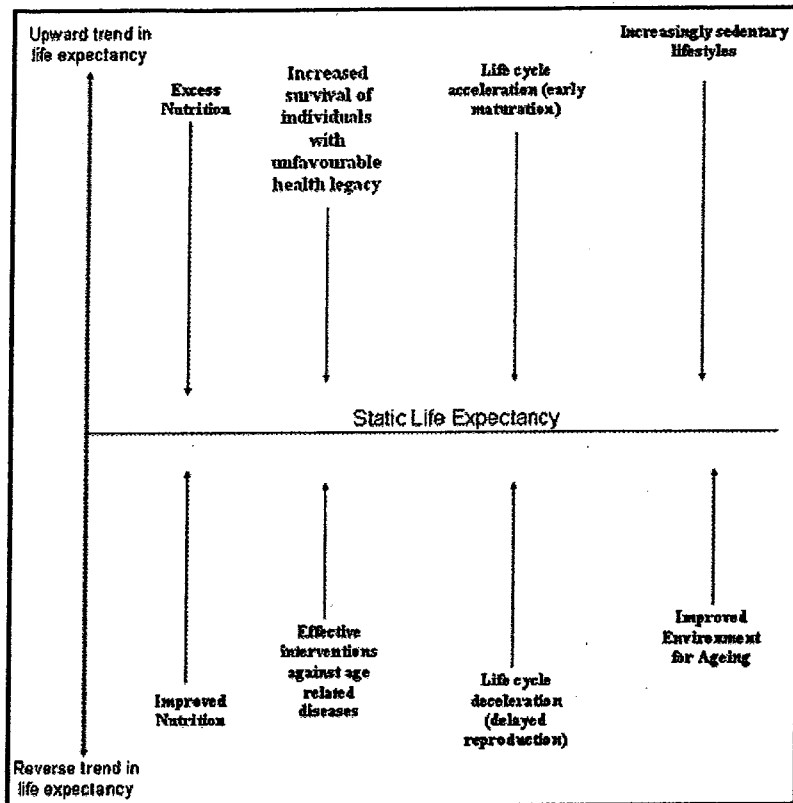
1. The report does not contain within it, all the answers. However, it does allow us to ask some pertinent questions, for example:

"Why do people settle for leisure at an early age instead of working less for much longer?"

"What will be the future demand for long term care?"

There is considerable uncertainty about these issues and many others because of the complex array of interrelated variables that effect future long term outcomes. With respect to long term care, our future need is strongly determined by our ability to provide adequate community care services, advances in technology and treatments for cognitive impairment and so on.

But what of life expectancy itself, surely this cannot be expected to continue to rise ad infinitum? This is not the place to debate such issues, but a consideration of some of the variables involved helps us to see how we may plan for a better future (see diagram below):



Adapted from

the presentations of Tom Kirkwood Institute of Ageing University of Newcastle 2003 & Emily Grundy London School of Medicine 2003.

The factors identified above are not exhaustive but serve to demonstrate that a delicate balance exists between forces in our current environment that promote longevity (upward arrows) and those that could possibly reverse the current trend in life expectancy (downward arrows).

2. With respect to consulting older people, there is always a danger that older people may be viewed as a homogenous group holding certain views and attitudes. This is obviously quite untrue. Older people are as divided by class, gender and ethnicity as younger people. Therefore it is central to the work contained in this report to promote choice and by researching current global practise, to ensure that the choices identified are both informed and diverse yet appropriate to the Jersey context.

Listening to Jersey

Much is said about changing the attitudes towards ageing, but before this can be achieved we must be explicit about exactly what those attitudes are. This report forms part of the process of informing debate about these issues. The feedback to the report will begin to shape our understanding locally of people in Jersey's attitudes towards ageing. Following the release of this report and wider consultation with the general public, a public opinion survey, known as "the ISAS Barometer" will be distributed to provide baseline information on attitudes towards older people and some of the topical policy issues identified in the Consultation Report. We will then be able to benchmark this information against the EuroBarometer Surveys carried out by the Commission of the European Communities.

Going Forward

3. The intention is for this work to be ongoing. As identified earlier, what society faces is not a demographic bulge, but an unprecedented permanent shift in the make up of society. The variables impacting upon our ability to plan well for the future are so numerous and uncertain that to cast a strategic response in stone for thirty years hence would be folly. Instead, it is the intention of the ISAS group to produce a dynamic strategy that will be posted on its internet site www.isas.gov.je for general viewing and comment and that will be regularly updated over time to keep abreast of innovation and changes to our political, economic, social and technological environment. The opportunity exists now to create structures that allow all of the Islands Community to contribute to the development of a cohesive, integrated and dynamic strategy for an ageing society. This should be considered of significance to all of our Island society be it only through self-interest, for unlike other strategic issues, irrespective of age, gender, class or ethnicity, barring premature tragedy, we will all be old one day.

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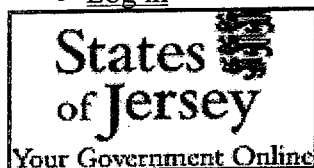
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Summary of Strategies

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The strategies identified under each heading are:

• ...

[Education Sport & Culture](#)

[Environment and Access](#)

• ...

[Health & Social Services](#)

• To support the provision of adequate homes for all Island residents (Island Plan 2002)

○ [Hospital Sites](#)

• To ensure that the existing stock of living accommodation meets the requirements of an ageing society

○ ..

ISAS

• To promote high quality design in materials, layout and landscaping, density, safety and security, environmental context and accessibility (Island Plan 2002)

• ...

[Home Affairs](#)

• ...

[Housing](#)

• To maintain and improve accessibility for all (Sustainable Island Transport Policy)

• ...

[Planning & Environment](#)

[Click Here for Strategy Summary Table](#)

• ...

[Social Security](#)

[Learning and Leisure](#)

• ...

[Transport & Technical Services](#)

• Improve community attitudes towards older people, highlighting the contributions that they make to our society, raising awareness about issues of importance to older people

• ...

[Treasury & Resources](#)

• Ensure access, and encourage participation in leisure and learning related activities and in the processes that lead to the provision of opportunities in these areas

Other Sites

- [Data Protection](#) [Click Here for Strategy Summary Table](#)

- [Jersey Legal Information](#) **Health and Social Care**
- [Legal Departments](#) • Improve the health and well-being of older people in Jersey
- [Non Executive Departments](#) • Promote positive attitudes to health and ageing
- [Parishes](#) • To promote equality and greater choice in health and social care experiences. *
- [States Assembly](#) **Click Here for Strategy Summary Table**
- [Statistics](#)

Employment and Contributing to the Community

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Tel: 00 44 (0) 1534 622000
 Fax: 00 44 (0) 1534 622887

- Ensure that work environments take into account the needs of older employees.

- Improve community attitudes towards older people, highlighting the contributions that they make to our society, raising awareness about issues of importance to older people

Recently Visited

- [Conclusion](#)
- [Ageing Strategy Appendices](#)
- [ISAS Report](#)
- [Register Of Historic Bui...](#)

- Remove barriers to employers wishing to utilise the skills of older people.

- Remove barriers to individuals wishing to work beyond traditional concepts of "retirement age".

- Minimise the loss of man years through sickness or incapacity by promoting successful return to work.

Click Here for Strategy Summary Table

Pensions and Welfare

- Promote the uptake of secondary pension provision amongst the Jersey workforce.

- Promote pension planning in the younger population (16-35yrs)

- Support the development of an income support system utilising a single means test to support those individuals on a lower income.

Click Here for Strategy Summary Table

Details of the sub-groups proposals are summarised in the table links available below each section. These indicate some of the key actions that will be required to achieve the strategy and, where they can be estimated, the time scale, impact and resource implications of each initiative. Further information is included in the report, comprising each sub-group's work. The tables that follow are not intended to confine the approaches proposed. In reality there is much overlap and connection between the elements of the strategy.

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- | Tax & Your Money
- | Tourism

2

Costs and Social implications of sub-contracting care of the Islands elderly to Private nursing homes.

A/ As to date the Health Minister has not released any numbers of patients, care costs or feasibility and economic reports to the public the following figures are based on general information available.

A safe and conservative estimate of the number of elderly in the Overdale care wards and General Hospital would be in the region of 50 to 60.

B/ The cost per resident in Private nursing care would be a minimum of £1,200.00 per week (see attached quotation).
Therefore ---

50 to 60 residents @ £1,250. = £62,500.00 to £75,000.00 p/w.

£62,500.00 to £75,000.00 x 52 weeks -----

£3,250,000.00 to £3,900,000.00 per Annum

A conservative estimate of Tax payers money required would be about three and a half million per year!

C/ As staff have and are being re-located without any loss NO savings can be offset against this.

D/ What provision or contingency will be in place in the event that one or more private homes close?

- What guarantee is there to prevent the closure of Private homes.
- What guarantee is there that the Private homes will not increase their prices in excess of the cost of living rate.

- What guarantee is there that Private homes will ALWAYS offer places and in the required increasing numbers.

How can decisions of this magnitude be made without regard for public views and without full feasibility and economic reports and studies being presented to the States for approval?

FOUR SEASONS FAX HEADER SHEET

TO: Mr Julian Corbet	FAX NO: 01534 875035
FROM: Sindy Gartshore	FAX NO: 01534 742296
RE: Silver Springs Care Home	DATE: 12/09/06 No of pages: 1 (inc. cover sheet)
CONFIDENTIAL	
This fax is intended for the named addressee only. It contains information which may be confidential and which also may be privileged. Unless you are the named addressee you may neither copy nor use it nor disclose it to anyone else. If you have received it in error, please notify us immediately so that we can arrange for its return.	

Good Morning Mr Corbet,
Silver Springs is a Care Home which caters for both clients requiring Residential and Nursing Care all room are en-suite and are occupied by one person.

Silver Springs can and does cater for clients who are no longer mobile and are incontinent. An assessment prior to clients coming in to Silver Springs is carried out by me to assess needs.

The weekly fee for Residential Care starts at £850.00 and for Nursing this starts at £1250.00 Weekly.

IF I COULD BE OF ANY FURTHER ASSISTANCE PLEASE CONTACT ME ON
01534 742640.



SINDY GARTSHORE
HOME MANAGER/MATRON

3

Benefits to the re-development of Overdale Hospital.

A/ Presently part of Overdale hospital is used as elderly care wards and part of the site is unused and vacant.
(see attached map no.1)

B/ The existing building area of the “inuse” nursing wards is approximately 1500 square metres or 16,146 square feet.

C/ Building costs at present to provide a fully finished building, excluding nursing equipment and accessories and external landscaping, are approximately £150 per square foot.
(see attached table and costings from local quantity surveyor)

Therefore ---

To build a NEW hospital unit the same size as the existing “used” wards would cost ---

16,146 square feet x £150.00 per sq.foot = **£2,421,900.00**

Conclusion :

To provide a new purpose made building to replace the old would be less expenditure than one years use of private nursing homes.

D/ A Realistic course of action ---

Phase one --- Build new purpose made building on the vacant part of the site (see map no.1). Contract period would be approximately 10-12 months.

Phase two --- Move residents across site from existing to new wards (very little disruption or upset to the residents)

Phase three --- Build new purpose made building on site of the previously “inuse” building.

Result --- Double the capacity of the present nursing wards with very little disruption and at less cost than 2 years use of Private nursing homes.

E/ All required utility services are currently insitu on the site.

F/ The location of the Overdale hospital site is ideal for Nursing homes, Day centres, Respite wards and Clinics being only 2 minutes away from the general Hospital and the Ambulance station. (see attached map no.2)

G/ The redevelopment of Overdale hospital providing nursing care wards, day centres, respite wards and clinics for the elderly of the Island is essential to provide Jersey with guaranteed services for the future!

It is imperative that this vital site and opportunity is not squandered away!!!

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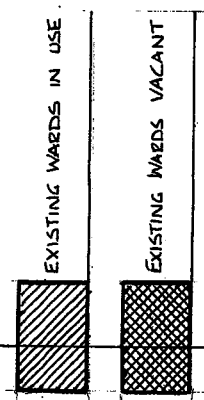
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MAP No 1

1542

e Val Andre

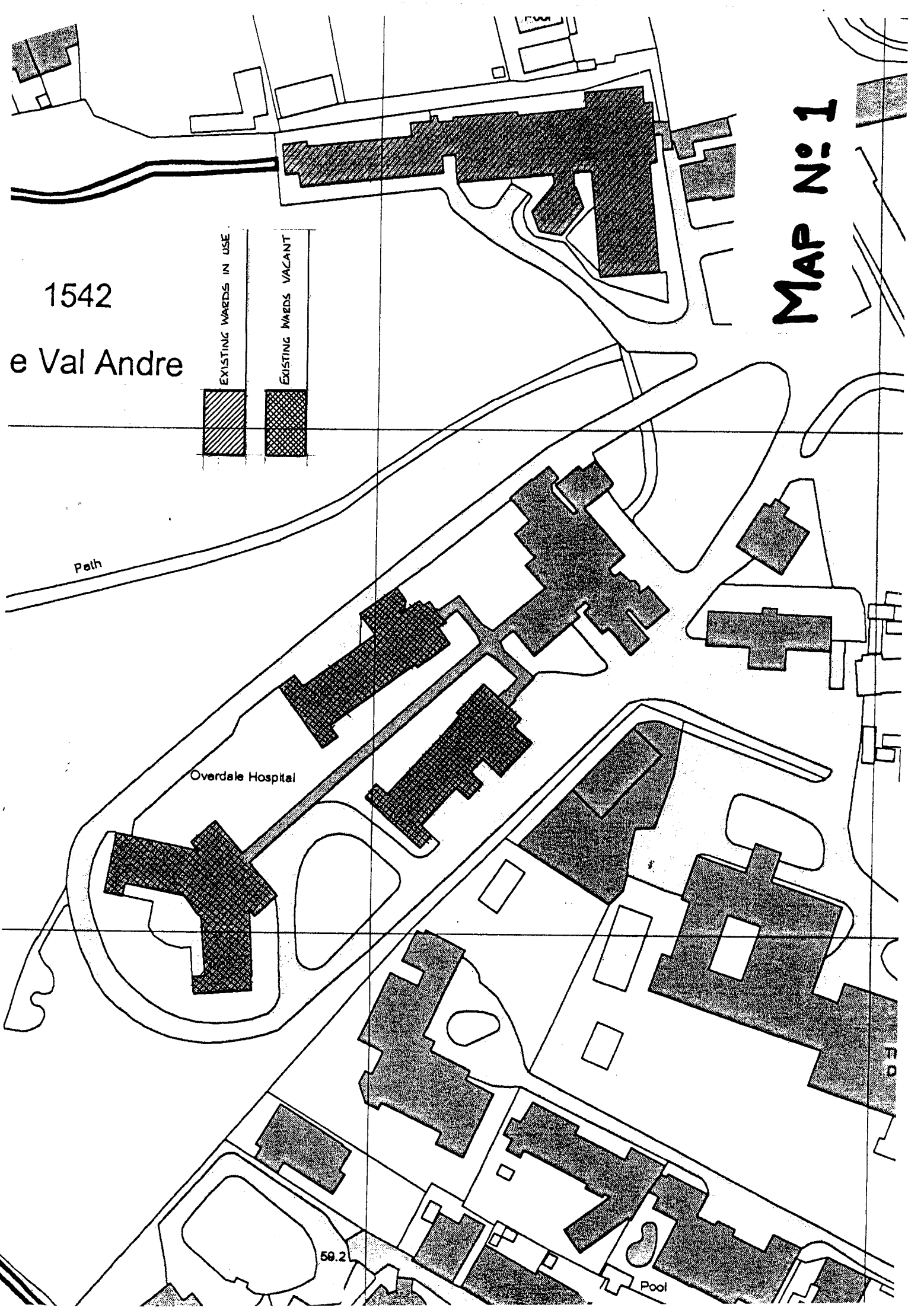


Path

Overdale Hospital

59.2

Pool



£/m² study

Rate per m² gross internal floor area for the building excluding external works and contingencies and with preliminaries apportioned by cost. Last Updated 1-Sep-2006.

At 2Q2006 prices (based on a Tender Price Index of 232) and UK mean location.

Building Function	£/m ² gross internal floor area						Sample
	Mean	Lowest	Lower Quartile	Median	Upper Quartile	Highest	
New build							
442. Nursing homes, convalescent homes, short stay medical homes	<u>1170</u>	<u>593</u>	<u>910</u>	<u>1088</u>	<u>1386</u>	<u>2309</u>	68
444. Homes for mentally handicapped/deficient							
Generally	<u>1116</u>	<u>581</u>	<u>895</u>	<u>1076</u>	<u>1268</u>	<u>2139</u>	97
Up to 500m² GFA	<u>1114</u>	<u>581</u>	<u>831</u>	<u>1078</u>	<u>1191</u>	<u>2139</u>	29
500 to 2000m² GFA	<u>1107</u>	<u>665</u>	<u>895</u>	<u>1070</u>	<u>1268</u>	<u>1867</u>	65
Over 2000m² GFA	<u>1311</u>	<u>1069</u>	-	<u>1214</u>	-	<u>1649</u>	3
Public	<u>1122</u>	<u>581</u>	<u>891</u>	<u>1086</u>	<u>1295</u>	<u>2139</u>	75
Private	<u>1095</u>	<u>688</u>	<u>915</u>	<u>1067</u>	<u>1220</u>	<u>1643</u>	22
445.1 Homes for physically handicapped	<u>1202</u>	<u>684</u>	<u>1046</u>	<u>1184</u>	<u>1367</u>	<u>1816</u>	36
447. Old people's home							
Generally	<u>1041</u>	<u>554</u>	<u>844</u>	<u>1011</u>	<u>1191</u>	<u>1990</u>	160
Up to 500m² GFA	<u>943</u>	<u>636</u>	<u>840</u>	<u>885</u>	<u>1035</u>	<u>1316</u>	13
500 to 2000m² GFA	<u>1024</u>	<u>557</u>	<u>839</u>	<u>978</u>	<u>1155</u>	<u>1990</u>	108
Over 2000m² GFA	<u>1119</u>	<u>554</u>	<u>983</u>	<u>1121</u>	<u>1269</u>	<u>1841</u>	39
Public	<u>1016</u>	<u>554</u>	<u>840</u>	<u>985</u>	<u>1153</u>	<u>1990</u>	113
Private	<u>1108</u>	<u>636</u>	<u>883</u>	<u>1092</u>	<u>1254</u>	<u>1841</u>	46

Julian

These figures are based on a location factor of 1.00, Jersey is 1.35, so you should adjust them accordingly

Hope that this is of help

Downey

WOODWARD BURTON ASSOCIATES

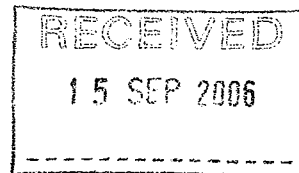
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MPH/SJE

14 September 2006



J Corbett Esq
Hewitt Gallaher Partnership
Suite 2
La Ronde
Devonshire Place
St Helier JE2 3RD

Dear Julian

Re: Care Centre Buildings

Further to our telephone conversation this morning I confirm that if you allow a cost of £125-£130 per square foot as a basic building cost (ie; excluding external works and drainage) this would compare favourably with a similar type of building currently under construction on a project I am involved with.

In addition to this basic building cost you will have to allow for any special requirements peculiar to the specific use of the building ie; electrical requirements, electrically operated doors, wheel chair lifts, structures for bed hoists, special fittings and equipment, kitchen size and fit out etc, special sanitary fittings and plumbing installation right down to the consideration of grab or support rails, etc.

I hope this information is of use to you and is sufficient for your purposes.

Yours sincerely

A handwritten signature in dark ink, appearing to read "M.P. Hollis".

M P HOLLIS



OVERDALE

1542
de Val Andre

ST. HELIER

1551

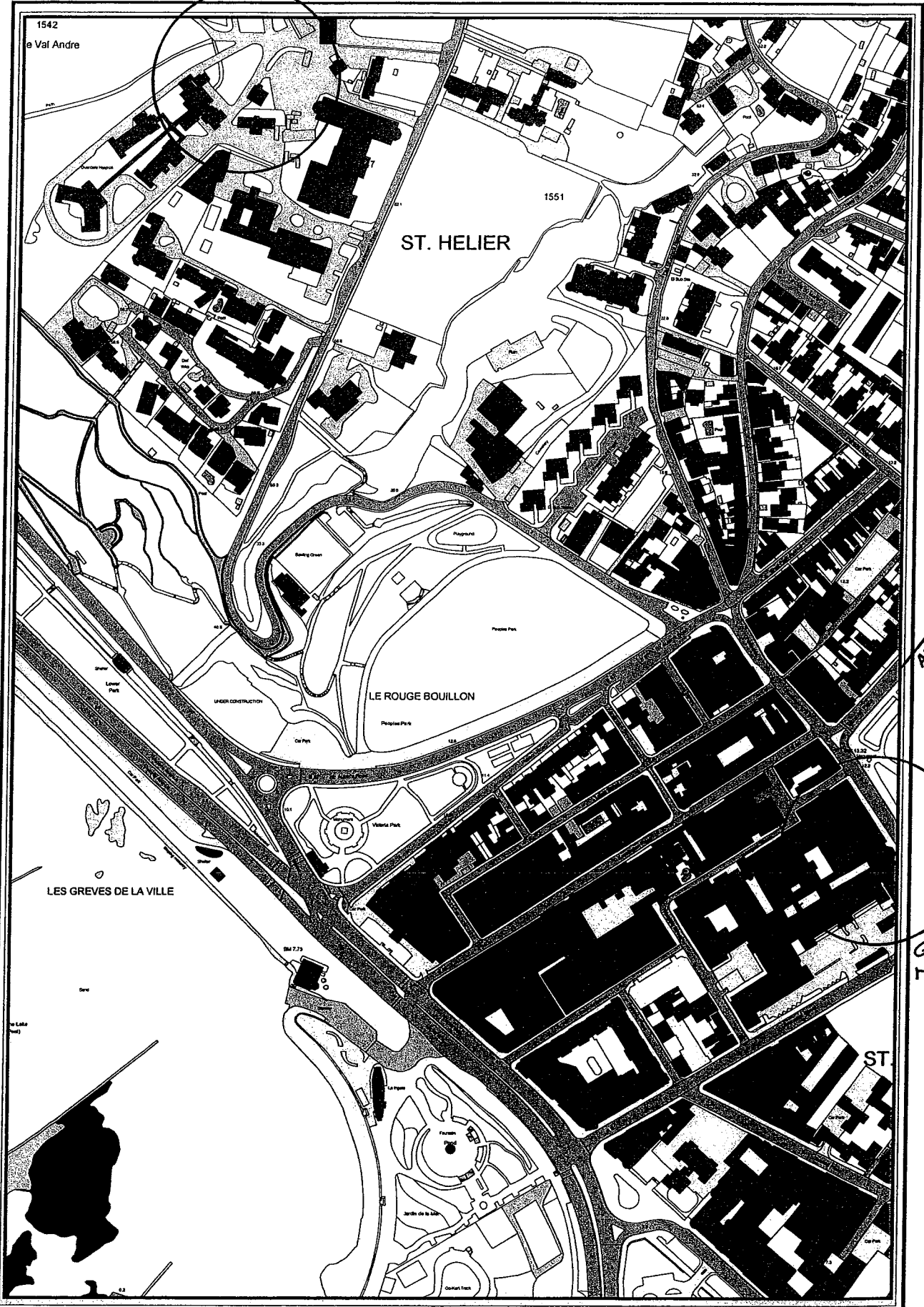
LE ROUGE BOUILLON

LES GREVES DE LA VILLE

AMBULANCE
STATION

GENERAL
HOSPITAL

ST.



4

Respite care services within the Island.

Recently the independent respite unit situated at Overdale hospital was closed and amalgamated with an elderly and specialist care ward resulting in no exclusively respite facility being available in the Island.

Respite is a specialist skill demanding skilled management and staff who balance a wide range of patients of all ages and nursing requirements, quite unsuitable to mix with elderly geriatric wards.

It is an essential service often offering home carers the only help and way of keeping relatives or loved ones in the home environment.

Without this much needed lifeline the responsibility, pressure and full time commitment becomes understandably far too much for most to manage.

As Jersey no longer offers a specialist respite facility many people currently in the home care situation will end up with no option but admittance to a full time care home.

Conclusion:

By the States Health Service withdrawing the previous respite care facility it has and will not only result in an increase in the number of places required in full time residential care, which will also result in far higher cost implications than the running of a respite unit, but also caused untold stress and misery to many families.

































5

Environmental issues and conditions relating to the Overdale hospital site.

- A/** The site sits within beautiful landscaped grounds with mature specimen trees (presumably with tree preservation orders) and enjoys a spectacular view over St. Aubins bay second to none.
- B/** The grounds spread into Le Val Andre a natural valley rich in wildlife, mature trees and parkland.
- C/** Much of the land lies within the designated "Important open space" area of The Island Plan 2002 (see map no.3) and as such a presumption against new development exists. (see excerpts from The Island Plan Policy BE8)
- D/** This area is an essential open space / green lung to the western edge of St. Helier.
The skyline is a very important view when approaching St. Helier by sea.
- E/** The site is wholly unsuitable for Housing or apartments being in this sensitive and restricted zone.
The redevelopment of the hospital would require sensitive planning on the existing built up areas avoiding impact to the surrounding parkland and beautiful gardens.

Drawing No. 1-02/A
Jersey Island Plan 2002
ISLAND PROPOSALS MAP
 as approved by the States of Jersey, 11 July 2002

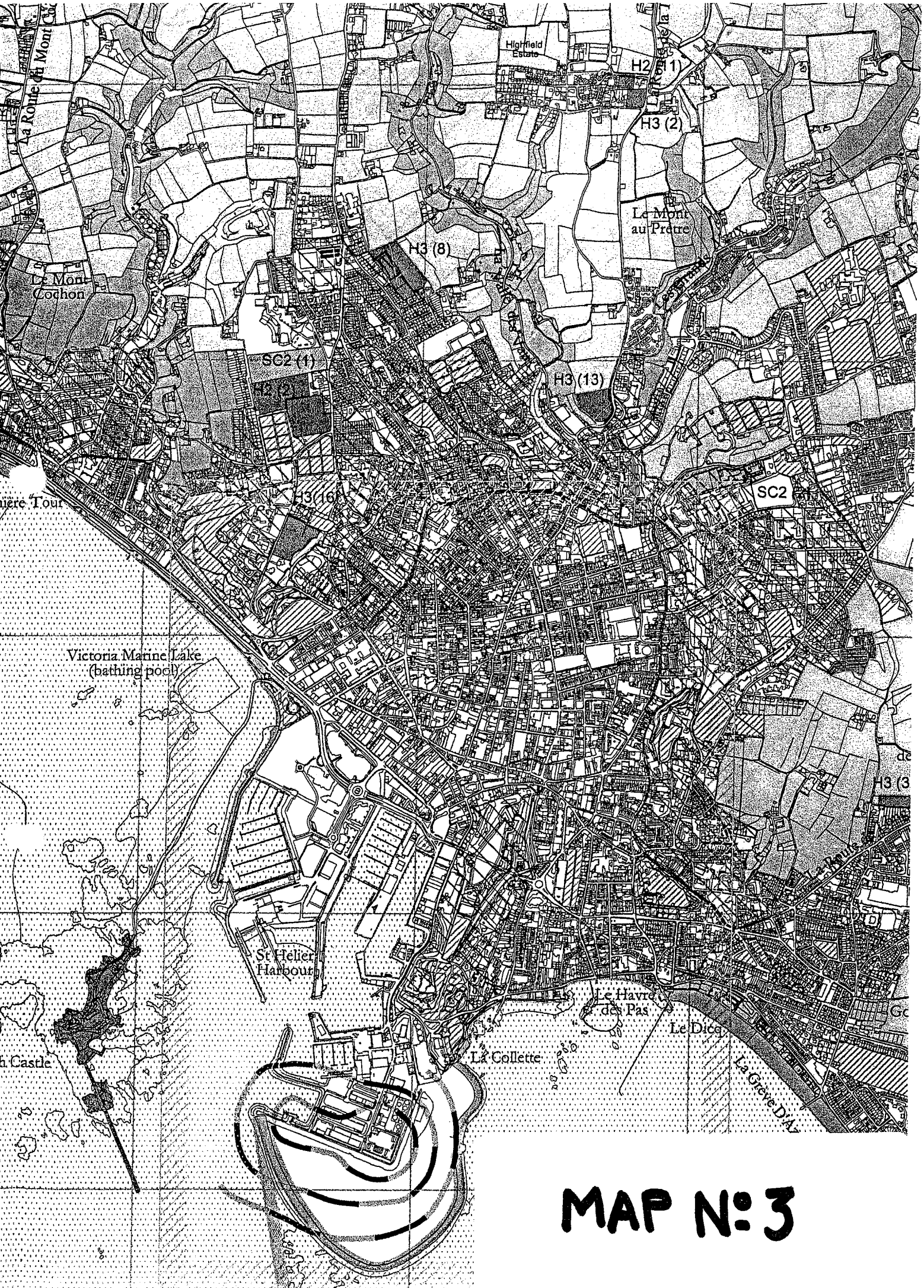
Key

	C4 Zone of Outstanding Character		BE11 Shoreline Zone		TR2 Tourist Destination Area
	C5 Green Zone		M1 Marine Protection Zone		TR6 Land for Recreation
	C6 Countryside Zone		H2 Site to be Zoned for Category A Housing		Mineral / Sand Extraction Site
	C7 St Quentin's Bay Planning Framework		H3 Site for Further Consideration for Category A Housing		WM4 Site Safeguarded for Waste
	NR1 Water Pollution Safeguard Area		H4 Site Safeguarded for Future Category A Housing need		Built up Area Boundary
	BE6 Action Area		SC2 Site Safeguarded for Education Purposes		Town Proposals (See Town Proposals Map)
	BE7 Proposed Settlement Plan		SC11 Land Safeguarded for HM Prison, La Moye		M6 Ramsar Site
	BE8 Important Open Space		IC8 Existing Industrial Site		TT5 Primary Route Traffic Study
	BE9 Potential Conservation Area		TT32 Jersey Airport		NR13 Safety Zone for Hazardous Installation
	BE10 Green Backdrop Zone		TT33 Aircraft Noise Zones		BE11 Land Reclamation Scheme (as agreed by the States on 23rd July 1996)
	BE11 Land Reclamation Scheme (as agreed by the States on 23rd July 1996)		TT34 Airport Public Safety Zone (under review)		



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MAP N°3

Foreword

Land is, for this small Island, a most precious resource, and it is essential that it is used wisely. The importance of the Island Plan cannot be overstated in providing a sound foundation of coherent, easily understood policy for sustainable development. The existing Plan has served us well since it was introduced in 1987. We now need to make amendments to deal with economic, environmental and social changes that have occurred in the last fifteen years. The new Island Plan presents both a vision and a framework which will enable an holistic approach to planning and development, including housing, schools, recreational areas, emerging and existing industries, the motor car and public transport.

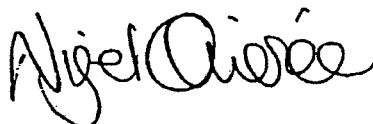
This document, the 2002 Island Plan, sets out not only the changes since 1987 but also the challenges with which the Island is now faced. The policies and the rationale behind those policies are set out very clearly, as are the strategic objectives which the policies are seeking to address.

Producing the new Island Plan has involved many stages, beginning with a comprehensive review of information from a wide range of sources and a series of Review Working Groups made up of officers of States departments, members of the community and Island interest groups. A consultation draft was made widely available in June and July 2001 through a series of public exhibitions and public meetings held in each of the Island's parishes and 1,200 people took the opportunity to view the proposals. Over 300 representations were received for consideration by an independent reviewer during the autumn of 2001.

The Planning and Environment Committee has carefully considered the report of the independent reviewer and the representations made. It has also been necessary to review some aspects of the draft Plan in the light of new information such as the 2001 Census and the final figures on housing requirements. The Committee approved a final draft document to form the basis of debate by the States of Jersey in July 2002. This is the approved document, as amended and adopted by the States.

On behalf of the Committee, I would like to thank everyone who has made a contribution to the creation of this document: officers from all States departments (with particular thanks to our own officers), members of the team from WS Atkins, Patrick McAuslan (the independent reviewer), States Members and those members of the public who took the time to attend meetings and make representations.

We are sure that as a result of thorough consultation this document provides a clear and balanced framework for planning in the Island for the next ten years and beyond.



Senator Nigel Quéré
President
Planning and Environment Committee
July 2002

POLICY BE7- SETTLEMENT PLANS

The Plans will comprise a set of detailed policies for each area with the purpose of protecting and enhancing their character and setting and encouraging a co-ordinated approach to development.

Important Open Space

- 6.53 Across the Island, there are areas of open space of varying size, form and quality that are considered important in terms of their rôle in the character and quality of the built environment.
- 6.54 Within the urban areas, open spaces help to soften and complement the surrounding built form and frame the setting of important buildings. Open spaces also have an important environmental rôle, as 'lungs' within a densely built-up area such as the town centre, as rest places in office areas, play and leisure areas in housing developments and as parks. Policy G2 requires the provision of adequate amenity space as an integral element of new development, as appropriate.
- 6.55 On the edges of the town, green spaces can help to form a barrier between two or more built-up areas, bringing countryside to the urban doorstep. In this context, open space may be agricultural land without public access, but it still performs an important visual and environmental function.
- 6.56 The new Island Plan aims to protect important open spaces from development. Playing pitches and other sports fields, if not designated as important open spaces, are protected under other Plan policies for the protection of recreation resources.
- 6.57 In addition to protecting existing open space, the provision of quality, appropriate and useable open space within the built-up area is extremely important in providing quality living and working environments. The new Town Park will create a substantial public park in the heart of a built-up area as part of wider renewal and environmental enhancements. The Park will be both an important open space and recreational facility. The importance of open space increases as the density of development rises, particularly in residential areas. Large zoned housing sites may present particular opportunities, which need to be identified in their development briefs and incorporated into their planning frameworks. Such sites have been identified on the Island Proposals Map.
- 6.58 A programme of providing open space (including play spaces) within the existing built-up area is being carried out jointly by the Planning and Environment and Housing Committees. This work is targeting those developments in greatest need of open space.

POLICY BE8 - IMPORTANT OPEN SPACE

There will be a presumption against the loss of important open space as designated on the Island and Town Proposals Maps.

In order to better understand the function and rôle of open space, the links between spaces and to identify areas of need or shortfalls in space provision, the Planning and Environment Committee will initiate the preparation of an open space strategy.

Conservation Areas

- 6.59 A Conservation Area is an area of special architectural or historic interest, within which the preservation or enhancement of the special character or appearance of the area is desirable and therefore a high priority.
- 6.60 A Conservation Area's special character can come from a range of features, not simply the buildings, but extends to their setting and grouping, the layout of roads and paths and to the trees, spaces, boundaries and other means of enclosure. Conservation Areas are often a reflection of a locality's historical development and cultural identity.
- 6.61 An initial candidate list of potential Conservation Areas in the Island is presented below and these are noted on the Island and Town Proposals Maps:
1. St Helier Centre;
 2. Gorey Village;
 3. Mont Orgueil and Gorey Pier; and
 4. St Aubin.
- Subsequent candidates for assessment should include Rozel and those areas around the parish churches at St Lawrence and St Saviour.
- 6.62 The designation of a Conservation Area does not mean that new additions/improvements to the built fabric of the areas should be ruled out. In fact improvements should be encouraged where work is identified as making a positive contribution to the character of the area. It is important that policy does not inhibit necessary change, but it is essential that any future development does not destroy or devalue the character and appearance of the area which led to it being designated a Conservation Area in the first instance.
- 6.63 In dealing with the initial Conservation Areas, a fine balance will need to be struck between protecting their special characteristics and appearance and maintaining their vitality and viability.
- 6.64 As part of the process of designation, detailed appraisals of each area to determine what contributes to their character and quality will be required. The next stage will then be the production of a Conservation Area Management Plan, which will set out how features will be enhanced and the assets of the area managed.

POLICY BE9 - CONSERVATION AREAS

Conservation Areas will be designated within the Plan period subject to a detailed appraisal of their conservation merits.

Once designated as a Conservation Area, the Planning and Environment Committee will initiate the preparation of Conservation Management Plans for each area to inform their long term conservation and enhancement.

Development within or affecting the setting of a Conservation Area will only be permitted where it would conserve or enhance the architectural or historic character or appearance of the Conservation Area.

Development proposals will be expected to be in accordance with all other principles and policies of the Plan and in particular should:

- respect the historic context in scale, form and layout;

Previous correspondence relating to the proposed closure of Overdale Hospital.

*Amboise, Le Clos de la Bruyere,
St. Lawrence,
JE3 1FS.
Tel: 860754*

*The Editor,
Jersey Evening Post,
Five Oaks,
St. Saviour,
JE4 8XQ*

Dear Editor,

Does nobody within our States put the care of the Islands elderly or disabled above the making of a quick buck or the size of profit margins?

Not only are the elderly care wards at Overdale hospital closing, in spite of huge amounts of money having been spent on renovations, but also the essential provision of a respite ward for the care of disabled and elderly, presently in a home care situation, is to be lost.

The Island should be ashamed not to offer this vital service.

Whilst everyone can see that the facilities at Overdale are shabby and poor, this in no way reflects the care and staffing teams which are possibly the best the Island has to offer in this field of care!

Does the public realise that these highly skilled teams are to be split and lost with many employees having to work in other areas of employment than they wish or are trained for.

What will happen to the large number of elderly, perhaps fifty, currently homed at this facility when all other similar States facilities are at present bursting at the seams?

If they are all to be placed in private nursing homes paid for by the Islands tax payers this would seem to cost as much as running a facility that the Island currently runs so why sell the site. Profit? For who?

The sale of sites presently under the States of Jersey ownership would seem a short term fix of the worst folly, anyone with an ounce of brain knows that the best investment is property and land, so who is befitting long term from the sale of these valuable Island sites, certainly not the residents of Jersey!

To add insult to injury rumour has it that Dandara speculators have been seen roaming the Overdale hospital grounds. If this valuable site close to the General Hospital is lost to Island ownership it would be ALMOST CRIMINAL.

The number of elderly within the Islands community is very rapidly growing and this site is ideally situated for redevelopment by the States to provide States Elderly and respite care and SHOULD be used for this purpose, not yet more unfilled luxury flats.

There comes a time when care and common decency must come before profit and money!

Where are all those Politicians who promised in their election manifestos and speeches to help and care for Jersey's residents? Did none of them get elected?

Yours sincerely,

Mr. J. F. Corbet

*Amboise, Le Clos de la Bruyere,
St. Lawrence,
JE3 1FS.
Tel: 860754*

*The Editor,
Jersey Evening Post,
Five Oaks,
St. Saviour,
JE4 8XQ*

Dear Editor,

*Enough is Enough! Come on Jersey its time to say no!
Following the large number of replies and responses I have received after publication of my
previous letter to the editor, "Does nobody within our States care for the Islands elderly"
Regarding the closure of Overdale hospital and the sale of this vital site, I feel compelled to write
in order to add some of the issues which have been brought to my attention.*

*The price of £860.00 to £940.00 per week per resident has been quoted by the management of
Four seasons the company that owns both the Silver springs and La Haule nursing homes, or
and I Quote "Over £1000.00 per week if any NURSING is required" this multiplied by the 50
reserved beds required would total in the region of £50,000.00 per week or £2,600,000.00 per
annum.*

*Even if we allow for a massive negotiated discount Two million pounds per year is a huge sum
of tax payer's money!*

*The Figure of £250,000.00 has been quoted by Hospital authorities as the amount required to
refurbish the Overdale wards to a usable standard and as we are also informed that staffing
levels will not be reduced as a result of these closures then the wage bill can be omitted from the
calculation as irrelevant.*

*It takes no genius therefore to see that the figures do not add up and that some hidden agenda is
being played out!*

*It would seem that the only logical, sensible and economic conclusion would be to temporarily
refurbish the existing wards whilst urgently redeveloping the existing vacant buildings on the
site thus retaining this valuable amenity and site for the Island under its present use in this
practical location close to the General Hospital.*

*As the rapidly increasing number of dependant elderly is a problem that will affect almost all of
us this selling off of Overdale Hospital is a very public issue and must be dealt with as one.
The public should be fully presented with all the fact and figures, including all hidden costs,
prior to a public referendum to decide the future of this important site!!*

Jersey is a democracy after all and not a dictatorship!

*Recently the Minister of Health, Stuart Syoret has been quoted saying that whilst there are
enough residential homes there are insufficient beds within the Nursing home environment.*

Why then is his department closing down nursing wards and investing in privately run residential homes, and what about the average person who can not afford these ludicrous private home prices?

What is going on?

Yours sincerely.

Mr. J. F. Corbet

*Amboise, Le Clos de la Bruyere,
St. Lawrence,
JE3 1FS.
Tel: 860754*

*Deputy S. Power,
La Ferme du Sud,
La Rue de la Corbiere,
St. Brelade,
JE3 8HN*

Dear Deputy Power,

Following our telephone conversation of the 13th. June 2006 please find as attachments my two letters, published by the Jersey Evening Post, regarding the proposed closure and sale of the Overdale Hospital site.

I would request that you look into this pending scandal and the issues that I raised in my letters and ask these questions at the next States sitting.

- 1/ Has a deal already been agreed with a developer regarding the Overdale site?*
- 2/ Have any developers yet been approached with a view to the purchase of the site?*

If the above are answered with a NO! Then ask how then have developers been seen surveying and walking the site!!!!

- 3/ Has a long term viability and feasibility study been undertaken allowing for the rapidly growing number of dependant elderly requiring nursing care with regard to the capacity and costs of homing them within the private sector residential homes?*
- 4/ How can the sale of Overdale make any kind of financial sense when even allowing for the current number of residents at Overdale cost in the region of £ 2,500,000.00 per annum would be incurred when homing them in the private sector?*
- 5/ What about the large number of elderly presently taking General hospital beds waiting for spaces in residential homes? WHAT IS THEIR FATE?*
- 6/ Why cant the existing vacant block of wards at Overdale be refurbished/rebuilt as phase one. Then simply move the residents across site and refurbish/rebuild the existing used wards as phase two. This would double up the number of nursing beds available at less cost than subcontracting to the private sector whilst retaining the essential states cars and respite.*

7/ *Why sell off this valuable irreplaceable site when it very clearly is not to the benefit of Islanders or even economic to do so?*

8/ *Who is benefiting!!!!*

9/ *Do any States members have interests in development companies/ its time that law dictates they declare them!!!*

10/ *Why has the General public not been informed or consulted over these issues which affect us all?*

I have many further points and questions and would dearly love the opportunity to address the States directly if this is in any way possible (preferably with the press present)

Thank-you for your interest in the issues of future care for the Islands elderly.

Yours sincerely.

Mr. J. F. Corbet