PLANNING
ACK'D
REC'D - 2 NOV 2007

PLANNING PROPOSALS FOR SPECIAL NEEDS ACCOMMODATION

1. **Applicants Name and Address**

Tel No.

Agents Name and Address

Tel No

2. **Address of the Property:**

Is the Applicant in legal possession of the property at the moment? **Yes** ☒ **No** ☐

3. **Type of Applicant:**

- ☒ Private Individual
- ☐ Commercial Developer
- ☐ Housing Association (please name) _____
- ☒ Other (give details)

4. **Size of the Accommodation:**

How many bedrooms?

How many beds?

5. **Client Group – (tick more than one box if appropriate):**

- ☒ Elderly People
- ☐ Physically Disabled Adults
- ☐ Learning Disability
- ☐ Homeless
- ☐ Children's Service
- ☐ Ex-Offenders
- ☐ Drugs
- ☐ Young People
- ☐ Alcohol
- ☐ Other (give details)
- ☒ Mental Health

6. Likely Age Range of the Clients

Tick more than one box if appropriate

- ☐ 16 years and below
- ☐ 17 - 25 years
- ☐ 26 - 40 years
- ☐ 41 – 59 years
- ☒ 60 years and over

7. Length of Stay

Is the accommodation seen as a permanent home for residents or temporary?

☒ Permanent ☐ Temporary ☐ Could be either

8. Staffing

How many staff will be based at the premises? 25

Will 24 hour cover be provided by staff based at the premises? YES

9. Additional Information

Do you have any further comments, which you feel would help the City Council understand the nature of this proposal?

THE HOME BECAUSE OF ITS LOCATION HAS RESIDENTS FROM A VARIETY OF ETHNIC BACKGROUNDS. AS A RESULT THE MANAGEMENT TAKE GREAT CARE TO ENSURE THE CULTURAL RELIGIOUS AND DIETARY NEEDS OF CLIENTS ARE CATERED FOR. THERE IS A SIMILAR MIX IN THE ETHNIC BACKGROUND OF STAFF WHICH ASSISTS IN HELPING THE NEEDS OF THE CLIENTS. VOLUNTEERS AND STAFF ARE ALL RECRUITED FROM THE LOCAL COMMUNITY AND IN ITS HISTORY OF OPERATING THESE PREMISES THE OWNERS HAVE NEVER USED AGENCY STAFF BUT HAVE ALWAYS RECRUITED STAFF LOCALLY (E.G. ALSO ATTACHED LETTER)

Signed ---------- Date 31.10.07

MANCHESTER
CITY COUNCIL

Manchester Mental Health and Social Care Trust

NHS

MANCHESTER ROYAL INFIRMARY

Prof R C Baldwin, DM, FRCP, FRCPsych
Consultant Old Age Psychiatrist
Professor at the University of Manchester
Department of Elderly Psychiatry
Edale House
Manchester Royal Infirmary
Oxford Road
MANCHESTER
M13 9WL

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Email: Robert.c.Baldwin@manchester.ac.uk

4th June 2007
RCB/JA

The Planning Officer
Planning Department
Manchester City Council
Town Hall
Manchester.

Dear Sir/Madam

Re: Overton House Nursing Home

I understand that the home owner, Angela Asomaning is hoping to extend Overton House. Ms Asomaning has asked if I might provide any informal professional support to her case for an extension to Overton House.

I am a Consultant Psychiatrist responsible for older people with mental health problems and have used Overton House extensively to place such patients during my practice here in Manchester. There is, in my view, a lack of mental health beds for older people in the residential sector. We often find it difficult to place patients who have residential care needs but also mental health problems.

I have no financial interest in Overton House and I write purely as a colleague of Angela Asomaning to support her application on the grounds of a perception of need for an extension of the current provision for mental health beds for older people in the residential sector. The views I express should not be taken to represent those of my employer, the Manchester Mental Health and Social Care Trust.

R C Baldwin
Consultant Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

List of Community professionals working within Central Manchester who have placed clients at Overton House and are likely to continue to do so in the future.

John Collier - Care Manager Carisbrooke Community Team,
Resource Centre,
Wenlock Way,
Gorton,
Manchester.
M12 5LF Tel. 0161 272 6430

Anita Miller - Care Manager Children, Families and Social Care,
Heathfield Resource Centre,
Heathfield Street,
Newton Heath,
Manchester.
M40 ILF Tel. 0161 682 5463

Andy Moir - Care Manager Longsight Social Services,
Stockport Road,
Manchester. Tel. 0161 225 9293

Jane Murphy - Care Manager Beech Ward,
Park House,
North Manchester General Hospital,
Delauneys Road,
Crumpsall,
Manchester.
M8 5RB Tel. 0161 018 4267

Denise Lawton - Care Manager Moss Side District Office. Tel. 0161 226 8131

Olwen Gurley - Care Manager Longsight District Office,
Stockport Road,
Manchester. Tel. 0161 225 9293

Dr. Baldwin - Professor of Old Age Psychiatry (See enclosed supporting letter.)
Dr. Harry Allen - Consultant Psychiatrist - The Edale Unit,
Manchester Royal Infirmary.
Tel. 0161 276 5316

Joe Eastwood - Age Concern - Advocacy Officer Age Concern, Manchester.
Tel. 0161 833 3944



Surrey Lodge Group Practice

11 Anson Road, Victoria Park, Manchester. M14 5BY
T 0161 224 2471 F 0161 257 2264 http://www.surreylodge.co.uk

Dr Lynne Enoch
BSc MB ChB DRCOG MRCGP
Partner

Dr Steven Riley
MB BS MRCOG MSc (Trav Med) MFTM
Partner

Dr Henry Petrie
MB ChB DRCOG
Partner

Dr Tracey Vell
MB ChB DCH MRCGP DFFP
Partner

HPP/MC
8 October 2007

To Whom It May Concern:

Dear Sir or Madam:

I am writing in support of a planning application for the construction of a car park at Overton House, 2 Newton Avenue, Longsight, Manchester, M12 4EW. Currently Newton Avenue is very busy with parked cars on both sides of the street. This makes it extremely difficult for both myself and my GP colleagues to visit our patients who are resident in this nursing home. Parking is also difficult for other medical staff, also for the staff who work in the nursing home and for the patients relatives. A car park would be an invaluable addition to this nursing home.

Yours fa

DR. H.I

Dr Selina Chowdhury
MB ChB MRCGP DFFP
Salaried GP

Dr Karen Lim
MB ChB MRCGP DFFP MSc (Health Informatics)
Salaried GP

Mr Michael Maxwell
BSc (Hons) CertMgmt (Open)
Practice Manager

Ruth Helen
Supporting People Commissioning and Strategy Team
Town Hall
Albert Square
Manchester

25th. October 2007

Dear Ms. Helen

Ref: Overton House 2 Newton Ave. Longsight

I e-mailed you recently in connection with an application we propose to make to extend and alter this property.
Since the refusal of our original application in May we have endeavoured To address the reasons for objection and overcome these. In our chats with Catherine Campbell we learned that the objection raised by your team was entirely based on statistics. The point we are striving to establish which Catherine had indicated a willingness to consider is that Overton House is quite unique. It differs from its contemporaries amongst whom there is a perceived to be a reduction in demand. More to the point there is a crying need for more bed spaces at this unit.
I enclose a letter of support to this effect from Professor R.C. Baldwin DM FRCP FRC Psych. I also enclose a list of professionals working within central Manchester who have placed clients with Overton House and strongly support this proposal.

Overton House is an outstanding and well run facility which must expand and develop if it is to survive and meet the constantly improving standards required in this type of premises.

Over the years Overton House has built up a reputation for being able to care for elderly people who would mostly be unsuitable for the average residential care home. The residents who live there at the moment have a variety of specific conditions, such as schizophrenia, Alzheimers, Huntingtons Chorea, Korsakoffs syndrome to name just a few. A number of patients suffer from compulsions to anti-social behaviour, unpleasant habits and other ways that are not be acceptable to most residential homes.

We have permission to use as an example the case of a gentleman suffering from schizophrenia who was living rough in hostel type accommodation with all types of people off the streets. As a result of his disability he was being financially abused, not eating properly. He had poor personal hygiene and because of this, his loud voice and

his habit of shouting loudly in the street he was shunned by people he in the community.
This gentleman has now lived at Overton House for nearly a year. There has been a vast improvement in his appearance and general well being. [he now wears smart M&S trousers and shirts] He even has a bank account.
He is clean and well cared for and is allowed to make outside visits to the shops etc. He has gained weight and the change in him is so great shopkeepers and others within the community who knew him before he became resident at Overton House are staggered by the change. The staff are regularly complemented for what they have done for him because he was well known in the community where he wandered the streets for years.
This man has no family to visit him and he says he loves living at Overton House. He knows he has friends there and that the staff really do care for him, he is treated as a human being and now enjoys conversations with people who share the home with him.

Another typical example concerns a gentleman who came to live at Overton House from another residential home. He has anti-social habits and at the other home was made to eat alone in a conservatory three times a day, because other residents constantly complained and threatened to leave. Through care and attention this man's habits have improved enormously. Because he was treated with respect and not as an outcast he has responded and become a well adjusted member of this community.

There is a lady resident who came from another home and on arrival at Overton House she would sit alone in her room and refuse to come out. She had very violent outbursts and would throw her TV set at her bedroom door and smash windows. She was violent to staff when they attempted to offer her care. Through kindness and perseverance this lady has been integrated into the 'family# where she has lived now for 5 years. She is completely settled and now helps staff to do small tasks. She helps set the table for lunch and has discovered a passion for water colour painting classes. She has her hair done every Monday and she enjoys going out shopping with a member of staff. The violent behaviour is gone and she now enjoys hugging her carers and friends.

The rescued lives of these individuals depends on the continued prosperity of this home. The three stories mentioned are a but a few of the successes in improving the lives of vulnerable elderly people that have been achieved by the staff at Overton House working together with outside professionals. There is immense support for the proposed improvements at this home from the Psychiatrists, CPNs, District Nurses, Care Managers and GPs who help the team that has achieved this success. Overton House has an ethos which has been set down by the owner over the last twenty years.