

CUNNANE STRATTON REYNOLDS

CSR Ref: EMP/17336 NPF Nua Healthcare

31<sup>st</sup> March 2017

NPF Submissions,  
Forward Planning Section,  
Department of Housing, Planning, Community and Local Government,  
Custom House,  
Dublin 1, D01 W6X0  
[npf@housing.gov.ie](mailto:npf@housing.gov.ie)

BY EMAIL ONLY

Dear Sir/Madam,

**PRE-DRAFT SUBMISSION ON THE NATIONAL PLANNING FRAMEWORK ON BEHALF OF NUA HEALTHCARE**

I write in response to the call for submissions on the upcoming National Planning Framework (Ireland 2040) and the Choices and Issues Paper currently on public display until 31<sup>st</sup> March 2017.

***Introduction***

Cunnane Stratton Reynolds has been appointed by Nua Healthcare Services to lodge a submission on their behalf.

***Nua Healthcare***

Nua Healthcare was established in 2004 and specialises in providing much needed residential care, community outreach and day services to adults and children with high level disabilities and complex support requirements. These include people with:

- Autism,
- Intellectual Disabilities
- Chronic Mental Health issues
- Challenging Behaviour
- Intellectual Disabilities with Alzheimer's or Dementia
- Acquired Brain Injuries

Nua Healthcare is widely recognised within the care sector as the expert/leading private provider of residential care programmes for individuals with autism, intellectual disabilities and behavioural difficulties in Ireland. They are the largest such operator in Ireland with 600 local based staff and 200 residents/clients. They have in excess 50% of the total market share of private residential care in Ireland.

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Many of the cases referred to them are by the HSE or TULSA, who are not adequately equipped to deal with these cases. Nua Healthcare therefore provides a valuable service for individuals who would otherwise be in institutions or acute care facilities. Those presenting to Nua Healthcare's services often have multiple diagnosis for a number of complex conditions, primarily intellectual disabilities with an underlying mental health issue. In this context we would point out that there are circa 10,000 individuals in Ireland with intellectual disabilities, requiring varying degrees of support, that are in need of a community residential care placement. This is therefore a much needed facility at both local and national levels and needs to be catered for in national planning policy and additionally that caters for the specific locational and facility needs of this very important group. Nua also fully recognise that there are other private operators providing the same or equivalent much needed service and that this is a sector that needs to be catered for in future planning at a strategic level.

### ***Submission Context***

Best medical practice for people with intellectual disabilities and presenting with mental health and/or behavioural problems, advocates rural or semi-rural locations. Their needs cannot be adequately met in an urban based facility for a variety of reasons:

- The level of stimulus is significantly higher in an urban area,
- The access to others that might be involved in antisocial behaviour is significantly higher,
- The availability of drugs/alcohol is higher,
- The opportunity for flight is higher.

Under the auspices of the HSE a significant programme of change is underway within disability services, including implementation of Transforming Lives – Programme to implement the recommendations of the *Value for Money and Policy Review of Disability Services in Ireland*. Under this framework, implementation of policies including *Time to Move on from Congregated Settings*, *New Directions* and *Progressing Disability Services for Children and Young People* will see a complete transformation in the way we deliver services to people with disabilities, resulting in the provision of person centred sustainable services, enabling people to live the life of their choosing. The future of social care provision is set out in the HSE's '*Social Care division – Operational Plan 2016*'.

Semi-rural locations, which can provide low arousal, tranquil, restful and homely environments within easy access of services, are therefore recommended by best clinical practice. This approach set out in best health practice is somewhat at odds with the core strategy of the Choices and Issues Paper which is to accommodate the vast majority of uses into existing and planned settlements or where there is a strong emphasis on utilising public transport.

The users of our client's facilities require full time, around the clock, care and supervision, due to the nature of their intellectual disabilities. For this reason residential care facilities for those with intellectual or mental disabilities cannot be considered like other land uses where for example public transport can be used or is even encouraged. We elaborate on this point further below.

### ***Our Client's Submission***

Our client endorses the document being produced, supports the principle of a national planning framework document that will have a statutory basis and welcomes the opportunity being presented to make a submission at this formative stage of the plan formulation process.

### ***Paragraph 2.1.6***

Nua Healthcare supports the recognition given in Paragraph 2.1.6 of the Choices and Issues Paper that there will be more people, who will be more diverse and older, and will need more homes and more jobs, supported by new infrastructure, services and facilities. The Minister's Foreword to the consultation document also refers. Nua fully support the likely increased emphasis on health and

well-being, including more active lifestyles and a focus on mental health, especially as people live longer as identified in the 8<sup>th</sup> bullet point of that section. Our client particularly supports the recognised need to align development strategies with social strategies, including in relation to supporting access and opportunity for people with disabilities as set out in the 9<sup>th</sup> bullet point of that same section of the Paper. We would further urge the Department to qualify the emerging document's reference to disabilities by making the clear distinction between physical and intellectual or mental disabilities and that such a distinction has not been previously been made in lower order planning policy documents such as County Plans and Town Plans throughout the State. Our extensive experience around the country as planning consultants is that there are seldom, if any, policies or objectives specifically linked to those members of the population with intellectual or mental disability. Disability in a great many local plans refers to physical and not mental or intellectual disability and we believe that this is a serious shortcoming in local plans that needs correction and direction from the National Planning Framework.

#### *Chapter 3.0 People's Health and Wellbeing*

Our client also welcomes the emphasis being placed in the document on people's health and wellbeing generally as set out in Chapter 3.0. The Minister's Foreword also identifies the needs of a growing population and the consequential needs for better infrastructure of all kinds including healthcare facilities.

In promoting the enhancement of facilities for those with mental and intellectual disabilities it is worth noting that such healthcare facilities, do in their own right, provide employment particularly in rural areas. Such facilities provide both full time and part time employment and use and support, both directly and indirectly, local services and community amenities. Everyone that works in each of Nua's residential care homes will be from the locality in question and that is likely to be for all public and private operators. Traditionally units of 4-6 patient unit would employ approximately 12 people at a staff to client ratio of 2:1. High dependency units of 6 patrons may however require up to 20 staff.

#### *Section 3.2 Trends Influencing Our Health and Well Being*

Our client accepts that the built environment is an important determinant of health and very much supports the view in this section that general health encompasses more than just physical well-being. The corollary of this is that the best location for those with mental and intellectual disabilities may not be an urban location as set out above. The emerging framework plan needs to expressly allow for these circumstances.

#### *Section 3.3 Linking Health and Well-Being to Place*

Our client's extensive experience as the State's leading private sector provider of residential care facilities for those with a mental and intellectual disability is that exposure to a natural environment is clinically proven to have a positive effect on mental health as stated in paragraph 3.3.2. The individual needs of clients are such that more remote locations may better serve their needs and that, for example, use of public transport may be beneficial for some of their patrons but may be harmful to other patrons. Clinical experience is that a rural location can be the preferred location for their clients and that client welfare is maximised by avoiding a highly urban or congregated environment. This approach is entirely consistent with the principle of 'decongregation' advocated by the Health Service Executive in the last few decades of public healthcare policy. Most residential care providers, such as our client, have a 'step up' process for rehabilitation of those with intellectual or mental disabilities. The aim of high, medium or low support is to integrate persons with mental and intellectual difficulties into the community. It must be acknowledged however that certain people will have limited capacity to integrate into the community and will likely always require high support but fulfilment can be maximised by avoiding a highly urban or highly congregated environment.

We would ask the Department to note that the use of public transport for those with intellectual or mental disabilities may be limited. In the context of paragraph 3.3.3 greater integration of services and "joined up investment decisions" across the planning, health and transport sectors, which can

all help to make sustainable and active travel a more attractive alternative to the private car', may not be possible or even be clinically desirable for those with intellectual/mental disabilities.

*Key Questions in Section 3.3*

There are several key questions posed in the consultation document that are very relevant to our client's business and to the future provision of all residential care facilities for those with mental or intellectual disabilities throughout Ireland. These are as follows:

*Are there key priorities the NPF can identify to ensure better or improved health and well being of people and places in Ireland?*

We would suggest that those with intellectual and mental disabilities are recognised with equal standing as those with physical disabilities.

*Are there facilities that the NPF needs to highlight for places in Ireland in order to enable greater participation in a healthy lifestyle?*

It is essential that appropriate facilities are provided in appropriate locations for those with mental and intellectual disabilities. Such locations should bear in mind that public policy for those with such disabilities is strongly moving away from accommodation in institutions to 'decongregated' facilities most likely away from urban or congregated locations which may be not be accessible to public transport or conducive to consolidating existing settlements.

*Key Questions in Section 4.3*

From the perspective of residential care accommodation for those with mental and intellectual disabilities there is a key question posed at the end of Section 4.3. This question is as follows:

*What measures need to be in place to allow those who do have a genuine need to live in the countryside to be accommodated?*

There needs to be a clear recognition that there is a no 'one size fits' all solution to meeting the locational needs of the State's population and in particular those with intellectual and mental disabilities. Those with such disabilities need to be considered on the same footing as those with physical disabilities and in many respects their physical needs are just as specialised and as pressing as those physically disabled.

**Conclusion**

We respectfully request the Department consider the inclusion of policies and objectives which support and encourage the development and enhancement of residential care facilities specifically for those with mental or intellectual disability. There is also a need for the very specific locational requirements for the health sector and residential care sectors identified above in particular to be considered in the emerging NPF consultation document.

We look forward to reviewing the Draft National Planning Framework Plan and wish to be kept informed of key publication and submission dates and your overall programme for delivering the Plan in due course.

We would be happy to elaborate on the above should this be necessary.

Yours sincerely



**Eamonn Prenter** MIPI MRTPI

Director

**CUNNANE STRATTON REYNOLDS**

**LAND PLANNING & DESIGN**

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