HEALTHCARE
PROPERTY
CONSULTANTS

HPC CARE HOME NEED ASSESSMENT

On behalf of Harrison Varma Projects Limited

Former Mansfield Bowling Club
Croftdown Road
London
NW5 1EP

September 2022

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Preface

The purpose of this document is to ascertain the level of need for a proposed care home development at the former Mansfield Bowling Club, Croftdown Road, London, NW5 1EP. It is hoped that the outcome of this document will enable the reader to ascertain the level of potential benefit arising from the proposed provision.

Whilst this document has been prepared for use in association with the planning process, the care-based overlap is significant. After being introduced in May 2013, the Care Act 2014 received royal assent on 14th May 2014. The Act sets out in one place a local authority's duties in relation to addressing peoples needs and their eligibility for publicly funded care and support. It is:

'An act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes'.
(Care Act 2014)

Part 1, Section 5 to The Act is entitled 'Promoting Diversity and Quality in Provision of Services'. It is this section that is of particular relevance to need assessment and we reproduce below the first three paragraphs:

(1) A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market—

(a) has a variety of providers to choose from who (taken together) provide a variety of services;

(b) has a variety of high quality services to choose from;

(c) has sufficient information to make an informed decision about how to meet the needs in question.

(2) In performing that duty, a local authority must have regard to the following matters in particular—

(a) the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide;

(b) the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand;

(c) the importance of enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training;

(d) the importance of ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not);

(e) the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision;

(f) the importance of fostering a workforce whose members are able to ensure the delivery of high quality services (because, for example, they have relevant skills and appropriate working conditions)

(3) In having regard to the matters mentioned in subsection (2)(b), a local authority must also have regard to the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area and the needs for support of carers in its area.

The relevant legislation therefore requires a local authority to ensure not only an adequate quantity but also quality of care home provision. The planning process is one route (of several) at the disposal of the local authority that might be used in meeting these legal obligations.

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Instruction

This report has been carried out on behalf of Harrison Varma Projects Limited (The Client). Instruction was confirmed by way of email correspondence dated 30th August 2022.

Background

The purpose of this report is to provide an indication as to the need for the provision of registered care accommodation for the elderly in the area around Mansfield Bowling Club, Croftdown Road, London, NW5 1EP (The Site).

We understand that the proposed development will be registered with the Care Quality Commission (CQC) and incorporate 78 ensuite bedrooms for the provision of care to the elderly.

Geography

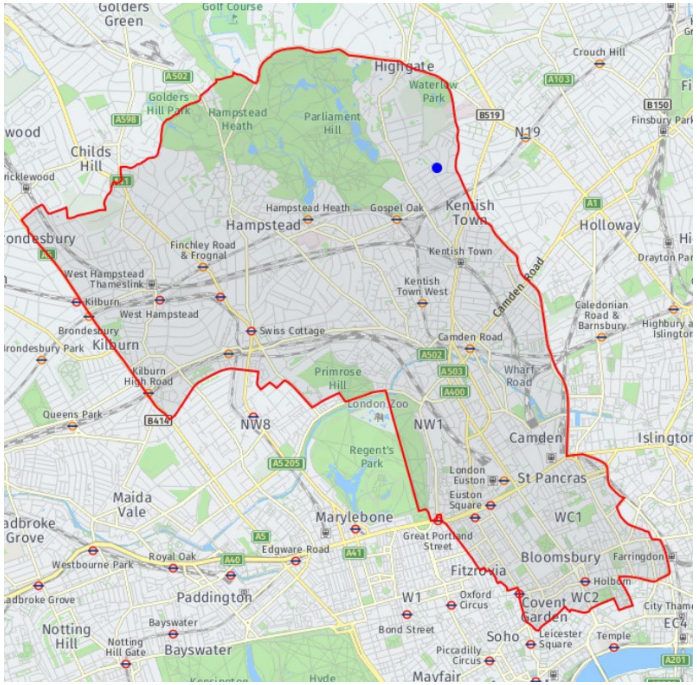
In carrying out our research we have focused upon the London Borough of Camden. Unless specifically detailed, comment and data within this document refers to the Borough. The geography is identified alongside.

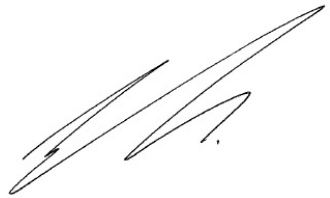
Content

This report has been designed so as to provide a firm base on which the dynamics of the area can be considered. The format has been selected to provide a clear indication of care need without being verbally exhaustive. The Site has not been inspected in relation to this report and comment is based upon data from a number of sources, each of which are detailed within Appendix V to this report.

The report focusses upon current supply levels (in terms of registered care beds) before estimating statistical demand and considering the supply / demand dynamics for the Borough. As a point of reference we have further provided analysis of the surrounding locality within Appendix II to the report, the geography considered incorporated within a 1 mile radius of The Site.

This report has been prepared by Nigel Newton Taylor, a Director of HPC and Chartered Surveyor with 36 years experience providing commercial property advice in both the public and private sectors. Specialising in care based property for the past two decades, he has provided a mix of consultancy, valuation and transactional advice to a wide range of clients including Local Authorities, Lending Institutions, Not for Profit Organisations and Corporate Healthcare Operators.





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Executive Summary

Conclusion

On 26th June 2019 the Ministry of Housing, Communities & Local Government published planning guidance entitled 'Housing for Older and Disabled People'. The document included the provision of registered care home accommodation and the opening words set the tone:

'The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing.'

Whilst the Borough population is comparatively young, the number of persons over the age of 85 is forecast to increase by 70% by 2035 – significantly outstripping the rate of increase seen nationally. If central government deems the need to provide appropriate accommodation for older people as critical nationwide, the argument exists that it is equally critical in this particular instance.

However it is not merely numeric need that falls to be considered but also qualitative need. Appendix III to this document details the nature of accommodation expected by the Department of Health almost two decades ago. Although the standards are no longer in place, they served to set a benchmark in terms of environmental quality, detailing a requirement for newly registered facilities to restrict bedroom occupation to single occupancy and for all bedrooms to incorporate an en-suite facility. In our experience a single occupancy en-suite bedroom is now considered the appropriate standard throughout the country by providers and commissioners alike.

Whilst it is always appropriate to provide suitable accommodation for the elderly, the ongoing COVID-19 pandemic has highlighted the importance of environmental configuration – a subject explored in Section 8 to this report. There have (to date) been 34,297 fatalities across the country's care homes where death has been attributed to COVID-19. Converted and dated homes not only lack the ability to lockdown 'mini units' but facilitate cross infection through use of communal bathing facilities. As lessons are being learned, so architects now have the opportunity to limit viral risk through the improved design of new purpose built homes.

The Camden care home estate incorporates a variety of environment ranging from converted period property through to facilities purpose built in the past decade. Sadly, however, modern accommodation designed for purpose remains in short supply. The Borough is currently served by seven registered care homes for the elderly – offering a mix of residential and nursing care (including care to clients with dementia). The homes offer a total of 309 ensuite bedrooms. As clearly identified in the table alongside, this provision falls dramatically below the assessed baseline need level – a scenario mirrored in the immediate locality (Appendix II).

It is not only statistical assessment that points towards the need for further provision:

1. Section 6.3 to this document considers Delayed Transfers of Care (bed blocking) – specifically looking at instances where transfer delay comprises lack of care home bed availability. The prevalence of such bed blocking within Camden is 25% higher than national expectations, resulting in both patient wellbeing issues and increased NHS costs.
2. In June of this year HPC enquired (by way of Freedom of Information request) as to the placement of funded elderly care home residents by the Borough. It is beneficial to the wellbeing of residents for placements to be made in their own neighbourhood, amongst established friendship groups and relatives. The Borough of Camden confirmed that (in the financial year 2021/22) 114 of the 188 placements of older people (61%) were made into care homes outside of the Borough.

For the above reasons, it is the Conclusion of this HPC Care Home Need Assessment that a significant need exists (both locally and Borough wide) for the development of further purpose built care home accommodation.

The Benefits

It is anticipated that the proposed development will:

1) Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the immediate locality.
2) Assist in offsetting the growing statistical shortfall across the Borough resulting from a rapidly rising elderly population.
3) Create additional capacity which will reduce the need to place Camden residents into care homes across other London Boroughs.
4) Improve the overall environmental quality of the care home estate through development of modern accommodation designed for purpose.
5) Help offset future care home closures as dated premises become either unviable or unfit for purpose in the face of changing/increased care needs
6) Reduce the impact risks of future pandemics through provision of environment specifically designed for purpose.
7) Assist in reducing the high number of Delayed Transfer of Care Days across the Borough – benefiting both the NHS purse and patient wellbeing.

Supply / Demand Dynamics

	Current	2025
Statistical Demand (elderly care beds)	1,106	1,237
Current supply of Ensuite Bedrooms	309	309
Baseline Need	797	928

Age Profile

3.1 Breakdown and Growth

The raw data might best be considered graphically. The chart below represents the Index value in order to indicate over or under representation of population band within the Borough in comparison to national data.

By way of illustration, an index of 100 indicates that the age band has the same representation locally as nationally whilst an index of 120 would show that it has a representation 20% higher than the corresponding national figure.

Whilst a comparatively young Borough population, Camden still hosts over 15,000 persons aged 75 and over.

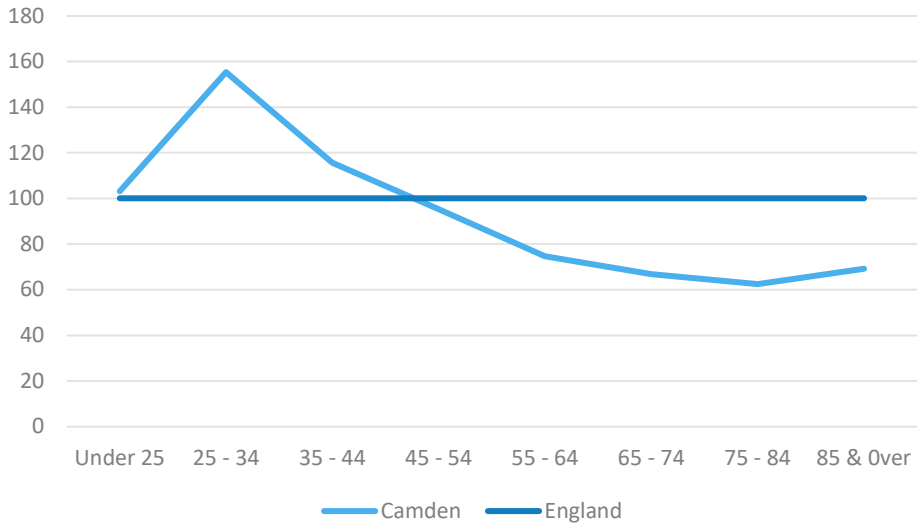
Age Band	Camden
Under 25	82,515
25-34	56,001
35-44	40,619
45-54	32,944
55-64	25,695
65-74	17,635
75-84	11,165
85 & Over	4,794

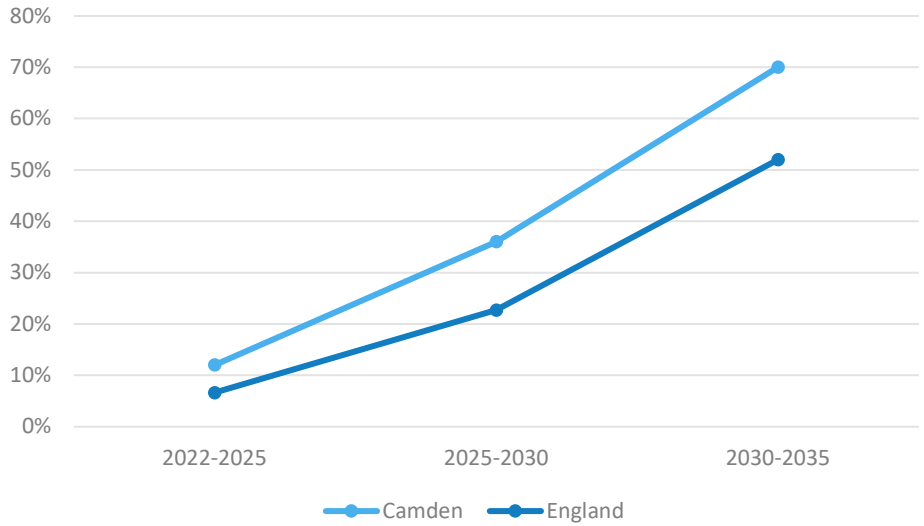
The following table details the projected population change in individuals over the age of 85 between 2022 and 2035:

	2022	2025	2030	2035
Projection	4,794	5,386	6,523	8,162

In terms of 5 yearly growth, the following chart identifies projected growth within the Borough, plotted against the national projections. The identified growth rate is cumulative over the period, measured against the base year of 2022.

The number of people across the Borough over the age of 85 is forecast to rise by 70% by 2035 – comfortably outstripping the anticipated national rate of growth.





Supply

4.1 Existing Care Home Overview

	Homes	Registered Beds	Dementia Beds	Total Rooms	Ensuite Rooms
Residential Care	4	132	66	129	127
Nursing Care	3	182	182	182	182
Total	**7**	**314**	**248**	**311**	**309**

A more detailed schedule of existing homes is provided within Appendix I to this report, along with a map of the Borough identifying the individual locations.

Existing homes comprise a complete mix of environment, ranging from converted period property through to facilities purpose designed in their entirety. Those falling into the latter category date from various decades with the most recent development comprising Wellesley Road care home which was opened by Shaw Healthcare in 2015.

	Borough	UK
Single Rooms as a % of all bed spaces	98%	95%
% of all bed spaces with en suite wc	99%	72%
Average size of Nursing Home	61	54
Average size of Residential Home	33	33

4.2 Planning Activity

We have, in researching for this report, had regard to ongoing and recent planning activity in the Borough. This has been carried out through utilisation of both the Barbour ABI and EGi planning directories in addition to a key word search of the Camden Borough planning portal. The search has encompassed planning applications relating to registered care home provision for the elderly lodged over the past 3 years where the outcome has been positive or, alternatively, a decision remains pending.

The sole activity appears to comprise works related to St John's Wood Care Centre, Boundary Road, Camden NW8 0HJ. Comprising a 1960's / 70's built care home developed initially by the local authority, the facility traded as a 100 bed care home for (predominantly) the elderly until closure in early 2021. Planning consent had been forthcoming in 2015 for a further 10 bedrooms (Ref. 2014/1731/P) following an application made by the operator Life Style Care Plc. Since closure there has been further activity logged on the planning portal associated with the aforementioned planning permission although the facility has not been re-registered by the Care Quality Commission.

Statistical Demand

5.1 Total Elderly Care Demand

In considering the potential demand for elderly care throughout the Borough we analyse below the bed provision for key age groups based upon LaingBuisson research. This confirms the following proportions of UK population living in a care home or long stay hospital setting as at 2020 pre COVID levels:

- 65 – 74 years: 0.54%
- 75 – 84 years: 3.3%
- 85 and over: 13.4%

Future forecasts have been calculated having regard to population movement forecasts (across relevant age bands) coupled with the above breakdown of care home occupancy across the elderly population. There is, of course, a level of uncertainty attached to such forecasting. In a drive to retain an individual's independence, the Assisted Living concept has become a popular alternative to the provision of low need residential care to the frail elderly. The potential for this occurrence is likely to increase. Conversely, as the incidence of dementia rises across the elderly population, so total independence may become inappropriate for many of our population and the need for a care home environment will be the natural choice.

This methodology confirms a total requirement for 1,106 elderly care beds. This level of demand rises to 1,237 by 2025 and 1,457 by 2030.

CAVEAT:
This methodology is based upon occupancy levels across the country at a point in time. It does not fully reflect the level of accommodation required for the following reasons:

1. National occupancy is restricted in certain localities due to lack of appropriate accommodation
2. The nature of the service provision is such that occupancy turnover is high. At each turnover a bedroom is temporarily lost in order to facilitate removal of belongings.
3. The Care Act 2014 requires local authorities to provide a choice of accommodation across their market

For the above reasons, the figures resulting from this methodology should be considered an absolute minimum.

5.2 Dementia Specific Care Demand

With over 900,000 elderly people in the UK with dementia it is essential that the demand for dementia care is recognised with appropriate provision within the Social Care sector. In November 2019 the Alzheimer's Society funded a study carried out by the Care Policy and Evaluation Centre (CPEC) at the London School of Economics. Entitled 'Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019-2040', the report seeks to assess the medium term impact of dementia upon society in terms of both cost and care requirements.

The projections were produced using an updated version of a model developed by the CPEC for the Modelling Outcome and Cost Impacts of Interventions for Dementia (MODEM) study. The model produces projections of dementia care in England using the best available current data on dementia prevalence. Utilising population forecasts published by the ONS, assumptions include (crucially) the fact that a disease modifying treatment for dementia will not become available over the projection period.

With a base year of 2019, researchers estimated 885,000 older people within the UK to have dementia – a prevalence rate among older people of circa 7.1%. In terms of severity, the figure is further split as follows:

- Mild dementia 127,000
- Moderate dementia 246,000
- Severe dementia 511,000

The projected number of older people with dementia is forecast to increase by 80% to 1.59 million by 2040 although it is the specific breakdown of dementia growth that is of particular interest to care home provision. The projected increase in the number of people with severe dementia (2019-2040) is 109% in comparison to the projected increase in those with mild and moderate diagnosis (55% and 33% respectively).

The prevalence rate of dementia in the UK is projected to reach 8.8% (from the current 7.1%) by 2040. This increase in prevalence (and the number of people with dementia) is driven by continued population ageing in the UK, characterised by a rising proportion of people in advanced old age. Indeed, according to the ONS population projections, while the number of older people age 65 to 74 in the UK will increase by 20% between 2019 and 2040, the number of older people aged 85 and over will more than double. Concluding comment from the research document is clear in terms of impact upon future demand for dementia care provision:

'…the proportion of older people who have severe dementia is projected to rise in the next decades…the likelihood of living in a care home increases with severity of dementia, which means that in future a higher proportion of people with dementia will live in care homes rather than receive care in the community

Supply / Demand Dynamics

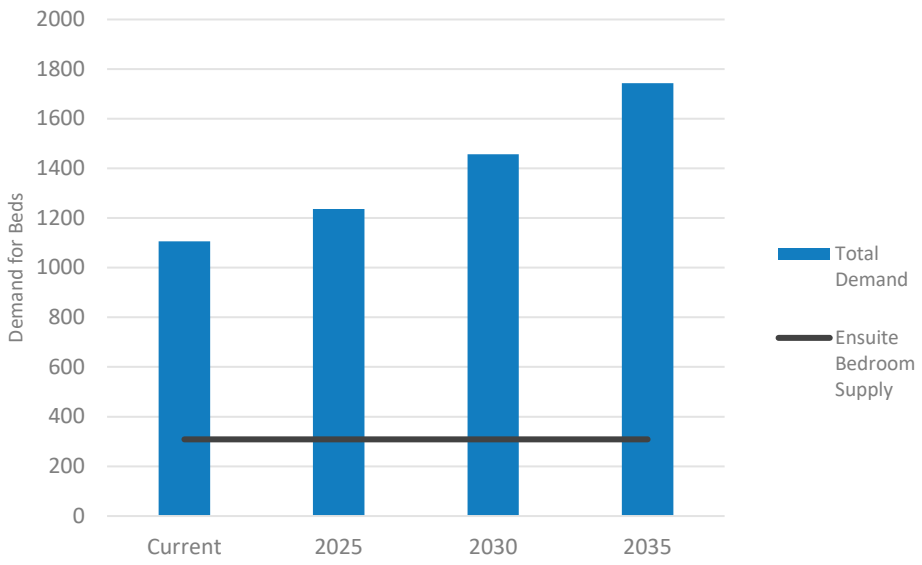
6.1 Total Elderly Care Dynamics

The chart details the total statistical bed requirement (current and forecast) within the Borough as calculated in Section 5. In terms of supply, there are currently 309 en suite bedrooms across the Borough (Section 4). This level is detailed in the chart below by the horizontal black line.

As identified on the chart, the (growing) shortfall in terms of appropriate accommodation is significant.

In considering the future dynamics we have made a number of assumptions. Key assumptions which may impact if incorrect include:

1. Potential attrition is not reflected
2. The potential for further schemes coming on line is not reflected



6.2 Supply / Demand Dynamic Overview

Demand	Current Total Elderly	2025 Total Elderly
Statistical demand (incl. forecasts)	1,106	1,237
Supply		
Current supply of registered bed spaces	314	314
Current supply of en suite bedrooms	309	309
Dynamics		
Under or (over) supply in terms of registered beds	792	923
Under supply in terms of en suite bedrooms	797	928

Attrition across existing bedstock in the short and medium term cannot be predicted with certainty. For this reason, we have assumed nil attrition. A key factor in respect of attrition potential includes environmental nature/configuration within existing facilities. The local care home estate is broadly in line with the national profile in terms of age spread and, for this reason, we would not anticipate a particularly high (or low) level of attrition.

The statistical dynamics detailed alongside are clear in identifying a quite significant shortfall in not only appropriate ensuite single occupancy accommodation but registered beds in their entirety.

6.3 Delayed Transfers of Care

Commonly referred to as "bed blocking", delayed transfers of care occur when a patient is ready to depart from hospital care and is still occupying a bed. NHS England monitor delayed transfers, defining a patient ready for transfer as being when:

a) A clinical decision has been made that the patient is ready for transfer and
b) A multi-disciplinary team decision has been made that the patient is ready for transfer, and
c) The patient is safe to discharge/transfer

The trend in respect of transfer delays has varied significantly over the past decade. The prevalence rose over the early part of the decade, peaking in 2016. Attracting significant media coverage at that point, pressure rose upon relevant public bodies to reduce delays (and associated costs). As a direct result, the country as a whole has experienced a quite significant drop in transfer delay towards the latter part of the decade.

Quite apart from the significant financial implications, there are also potential effects upon the patient. A longer stay in hospital is associated with increased risk of infection, low mood and reduced motivation, which can effect a patient's health after they have been discharged and increase their odds of readmission.

There are multiple reasons as to why delays can occur including funding, housing issues, family disputes and waiting for appropriate equipment to be installed in the community. However, delayed transfers are significant in that they can be indicative of bed availability throughout the surrounding care home estate. For the purposes of this report we have focused upon the key category of delay (D) involving care home provision defined by NHS England as follows:

Delay awaiting residential / nursing home placement / availability

''This includes all patients whose assessment is complete but transfer is delayed due to awaiting nursing/residential home placement because of lack of availability of a suitable place to meet their assessed care needs. This does not include patients where local authority funding has been agreed, but they or their family are exercising their right to choose a home under the Choice of Accommodation Regulations and Guidance.'

The graph below illustrates the national pattern in respect of delayed transfer days attributable to category D over recent years. Levels are represented on a month by month basis.

One of the side effects of the recent pandemic has been that NHS England has ceased publication of data relating to delayed transfers of care – resources being deployed elsewhere. The most recent full calendar year data available therefore relates to 2019.

The total number of delayed transfer days across the Borough for the calendar year 2019 within the above category is 2,489 (9.4 days/1,000 persons local population). The corresponding national figure was 430,967 (7.5 days/1,000 persons).

The NHS England data therefore points towards Camden having a comfortably higher level of delayed transfer due to care home associated availability than would normally be expected.

The Local Authority Perspective

7.1 Key Strategic Documentation

Unfortunately, we have been unable to source relevant Adult Social Care Commissioning documentation online – whether a current Market Position Statement or Commissioning Strategy. Having enquired directly of the relevant department, we await notification as to whether such documentation currently exists.

In the absence of Adult Social Care documentation, we have had regard to both Housing and Planning based documents and include relevant commentary below:

The London Borough of Camden Strategic Housing Market Assessment was compiled by Opinion Research Services and published on 5th February 2016. Within Chapter 7 is a section entitled 'Housing for Older People' which considers the full spectrum of housing for this sector of the population. Unfortunately, whilst paragraph 7.88 figure 127 identifies care homes supply (as at 2013), there would appear to be no assessment of corresponding demand and therefore no conclusion drawn as to the level of need over the forthcoming years.

The Camden Local Plan 2017 includes a section entitled 'Housing for Older People, homeless people and vulnerable people' with care homes identified (within paragraph 3.204) as falling within this category.

Policy H8 of the Camden Local Plan covers the relevant resident group with the opening words as follows:

'The Council will aim to ensure that there is a sufficient supply of appropriate housing available for older people, homeless people and vulnerable people to live as independently as possible. We will support development of a variety of housing aimed at meeting the specific needs of older people and vulnerable people provided that the development:

a. is needed to meet a demonstrable need within the borough and will be targeted at borough residents;

b. will be suitable for the intended occupiers in terms of the standard of facilities, the level of independence, and the provision of support and/or care;

c. will be accessible to public transport, shops, services, community facilities and social networks appropriate to the needs of the intended occupiers;

d. contributes to creating a mixed, inclusive and sustainable community; and

e. does not cause harm to nearby residential amenity'.

As detailed throughout this document, there would appear to be a demonstrable need for care home accommodation within the Borough from both theoretic and practical perspectives. The facility will be purpose built to meet the specific needs of older persons and regulatory requirements will ensure a mixed and inclusive community.

COVID-19 Implications

8.1 Relevant Research

Given the fact that this comprises a recent (and ongoing) pandemic, meaningful research into the impact on registered care communities is limited. Indeed, we are aware of a single piece of comprehensive work only.

The Association between Nursing Home Crowding and Covid-19 Infection and Mortality in Ontario, Canada comprises a substantial piece of research published online by the Journal of the American Medical Association on 9th November 2020. The research is authored by Kevin Brown PhD, Aaron Jones MSc, Nick Daneman MD, MSc et al. Author affiliations include Public Health Ontario, the Dalla Lana School of Public Health (University of Toronto), the Department of Health Research Methods, Evidence, and Impact (McMaster University, Hamilton), Sunnybrook Research Institute (Division of Infectious Diseases, Toronto) and the Department of Medicine (University of Toronto).

The research sought to ascertain whether a correlation exists between Covid-19 infection and mortality prevalence and environmental configuration within registered care facilities. The authors obtained complete information in respect of 618 of the 623 Ontario nursing homes, encompassing 78,607 residents. As a guide to sample size, this is sizeable - equating to almost 20% of UK registered beds for the elderly. The research was conducted between March 29th and May 20th 2020.

Methodology

A nursing home crowding index was utilised which was defined as the mean number of occupants per room and bathroom across an entire home. Weighting was attributed to each bedroom dependent upon two key factors – number of occupants and availability of private bathing facility. A single occupancy room with private bathroom was ascribed the lowest weight (1) whilst the largest bedrooms, occupying 4 persons, were ascribed a weight of 4.

Across the province only single, double and quadruple bedded rooms are utilised – accommodating 36.9%, 37.3% and 25.8% of residents respectively. Analysis was restricted to elderly persons only of whom 54.6% were aged 85 or over and 69.8% were dementia diagnosed. All homes were then split into two categories as follows:

- High Crowding Index Homes: an average weighting of 2 or greater (the median)
- Low Crowding Index Homes: an average weighting below 2

Results

Unfortunately, of the 78,607 residents, 5,218 (6.6%) developed Covid-19 infection, and 1,452 (1.8%) died of Covid-19 infection as of May 20th 2020. This case fatality rate was 27.8%.

The research identified a clear correlation between Covid-19 incidences in high crowding index homes (9.7%) compared to low crowding index homes (4.5%). A key part of the research was to investigate the outcome impact had all homes been restricted to single occupancy rather than there being a level of shared accommodation. The following comprises a direct quote from the research:

'In the simulation in which all multiple-occupancy rooms were converted to single-occupancy rooms, we estimated that 1,641 infections (31.4%) and 437 deaths (30.1%) may have been prevented. In this scenario, an additional 29 871 new single-occupancy rooms would have been required, assuming current 4-bed and 2-bed rooms had been capped at single occupancy.'

Key Points (quoted verbatim and in full from the research) comprise:

- **Question** – What is the association of crowding in nursing homes, defined as the mean number of residents per bedroom and bathroom, with nursing home coronavirus disease 2019 (COVID-19) mortality?
- **Findings** - In this cohort study that included more than 78, 000 residents of 618 nursing homes in Ontario, Canada, COVID-19 mortality in homes with low crowding was less than half (578 of 46, 028 residents [1.3%]) than that of homes with high crowding (874 of 32, 579 residents [2.7%]).
- **Meaning** - Shared bedrooms and bathrooms in nursing homes are associated with larger and deadlier COVID-19 outbreaks.

8.2 Pandemic Preparedness

Central government publish online a Policy Paper entitled 'UK Pandemic Preparedness' (www.gov.uk/government/publications/uk-pandemic-preparedness). The opening Overview (5th November 2020 update) sets out the government understanding of pandemic:

"Pandemics are a natural phenomenon; they are the result of a new pathogen emerging and spreading around the world and have occurred at infrequent and unpredictable intervals throughout human history. New and emerging diseases can affect humans anywhere and at any time, with zoonotic diseases (diseases that can spread from animals to humans), such as COVID-19, HIV, Ebola and avian influenza, a major cause of epidemics and pandemics. The acceleration of global mobility (for example, due to conflict or instability), population growth, urbanisation and poor sanitation, the ecological implications of climate change, and changes in food and agricultural systems (including intensification, biodiversity loss, trade in wildlife and livestock) all contribute to the risk of emergence of infectious diseases, and of antimicrobial resistance."

Recent years have seen a further need in the UK to manage a series of high consequence infectious diseases (HCIDs) including Lassa fever, Ebola, MERS and monkeypox. Although HCIDs typically have a high fatality rate and few, or no, treatment options, they are regularly monitored and less likely to cause a pandemic.

Despite questions raised over the governments initial handling of the COVID-19 outbreak, the policy paper confirms large-scale cross-government preparedness exercise to be conducted at regular intervals in order to test the UK's response.

The common sense argument exists, however, that we should not rely solely upon effective central government based response but ensure that every preventative measure has been considered pre-outbreak. Within the context of social care this would include improving the environmental configuration of the care home estate in order to maximise the number of facilities deemed fit for purpose. This responsibility falls not only on the Care Quality Commission but also local authorities (Adult Social Care and Planning) and care home developer/operators.

8.3 Impact upon Design

Whilst the annual care home death rate results from a number of causes, the pandemic has illustrated the fact that a large proportion of the existing national care home estate does not incorporate appropriate design requirements for such a previously unforeseen outbreak. Moving forward, it is likely that the following will comprise key design considerations:

1. Converted facilities and those purpose built but pre dating the millennium frequently incorporate shared bedrooms. The experience of COVID-19 is likely to result in a long overdue re-consideration as to whether twin bedrooms are appropriate not only for privacy reasons but also, now, viral control.
2. Converted facilities and those purpose built but pre dating the millennium rarely incorporate full ensuite bathing facilities, necessitating communal bathrooms & shower rooms. This is a cross-infection nightmare. Conversely, it is extremely rare for new developments to lack ensuite wetrooms. The experience of COVID-19 is likely to result in a long overdue re-consideration as to whether bedrooms reliant upon communal bathing facilities should retain registration.
3. Care home operators have also been highlighting the impact of bedroom size upon mental wellbeing as residents have been in lockdown. Whilst the aforementioned National Minimum Standards brought in a minimum new registrable bedroom size of 12m², many rooms pre-dating the regulations fall (well) below this level. COVID-19 experience, with residents self-isolating in bedrooms, has highlighted the need for a larger bedroom footprint.
4. The COVID-19 experience has further highlighted to the sector the importance of incorporating, within design, the ability to isolate sections of a home. Future design of care homes is likely to incorporate individual units capable of being operated in isolation with unit specific day space, dining facilities and staff group in order to limit the potential for cross infection throughout the entire home.

8.4 Impact upon Population

The entire planet has been impacted by COVID 19 in one way or another and Camden has not been left unaffected. The following comprises a summary of relevant data:

Population in General

- By 16th September 2022 there had been 24,150 deaths across London (413 being within Camden) in which the death certificate had identified COVID 19 as being a cause.

Care Home Population

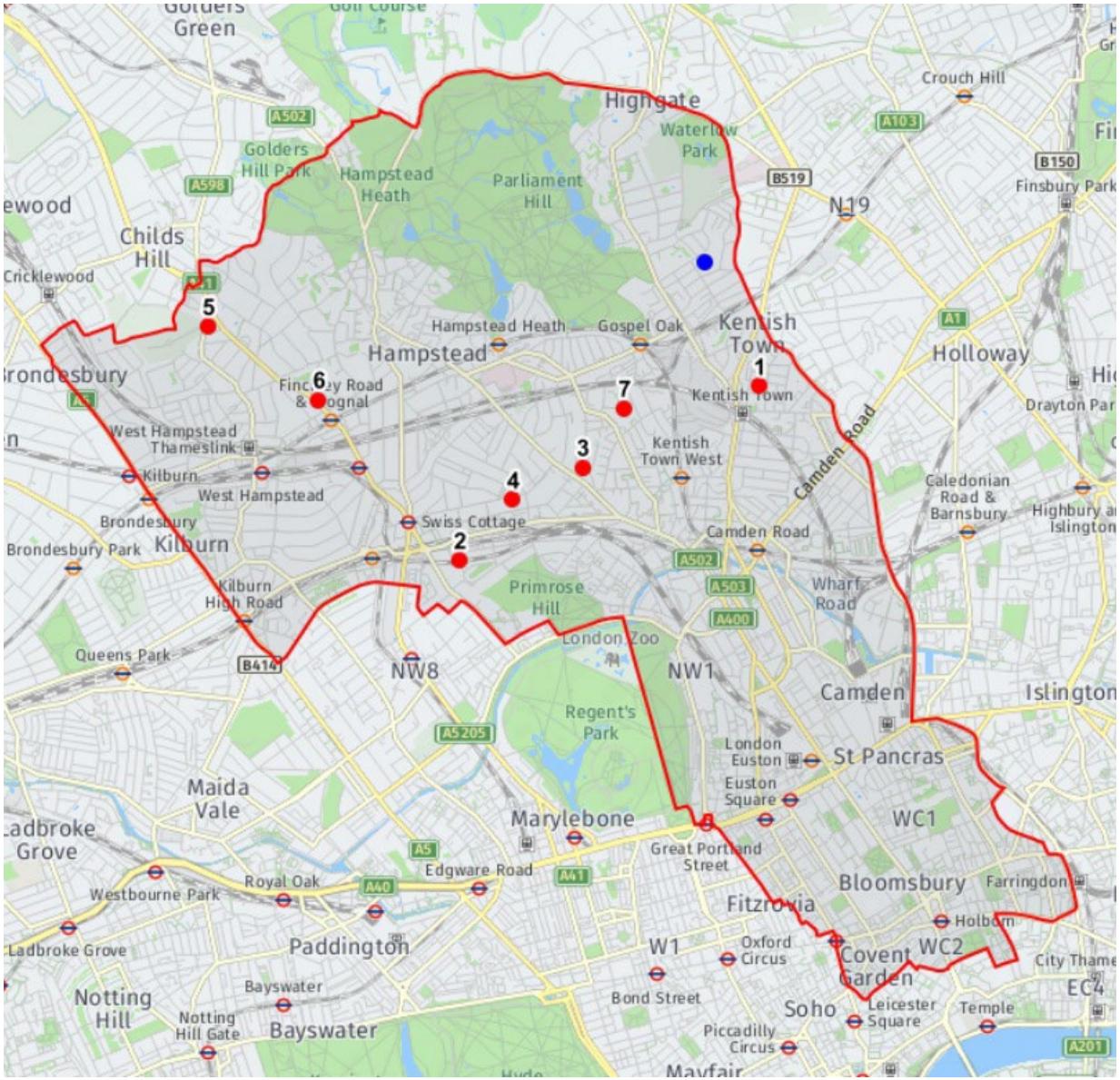
- Between 10th April 2020 and 16th September 2022 there were 34,297 deaths in care homes across England involving COVID 19, peaking at 715 in a single day.

Appendices

Appendix I – Borough Supply in Detail

Map Ref	Nursing / Residential	Name	Registration	Dementia	Provider	Distance (miles)
1	Nursing	Ash Court Care Centre	62	62	Ash Court Community Limited	0.6
2	Residential	Compton Lodge	34	0	Central and Cecil Housing Trust	1.7
3	Nursing	Maitland Park	60	60	Shaw Healthcare (Group) Limited	1.1
4	Residential	Rathmore House	20	20	Central and Cecil Housing Trust	1.4
5	Residential	Sidney Corob House	32	0	Jewish Care	2.2
6	Residential	Spring Grove	46	46	Springdene Nursing & Care Homes Ltd	1.8
7	Nursing	Wellesley Road	60	60	Shaw Healthcare (Group) Limited	0.7
7		**Total**	**314**	**248**		

Appendix I – Borough Supply in Detail



The map alongside details the Site and existing homes – the former appearing as a blue circle and the latter detailed in red.

Source: Crown Copyright Reserved. Copyright Experian.

Appendix II The Locality

We have given additional consideration to the dynamics across the locality in terms of registered care provision for the elderly – focussing upon a 1 mile radius of The Site. Tabulated below is a breakdown of existing registered care for the elderly within a residential / nursing environment. The nature (and extent) of registration has been derived directly from CQC with bed breakdown sourced from the sector directory www.carehome.co.uk.

The four local homes are split evenly between those in Camden and those falling within Islington.

	Homes	Registered Beds	Dementia Beds	Total Rooms	Ensuite Rooms
Residential Care	0	0	0	0	0
Nursing Care	4	229	122	229	227
Total	4	229	122	229	227

	Locality	UK
Single Rooms as a % of all bed spaces	100%	95%
% of all bed spaces with en suite wc	99%	72%
Average size of Nursing Home	57	53
Average size of Residential Home	-	31

Utilising the same methodology as in Section 5, applying to the local population, we have calculated the statistical level of demand across the 1 mile radius locality. The table below compares the demand level with aforementioned supply. As identified, there is a comfortable level of statistical under supply of not only ensuite bedrooms but registered beds in their entirety.

Demand	Current Total Elderly	2025 Total Elderly
Statistical demand (incl. forecasts)	338	375
Supply		
Current supply of registered bed spaces	229	229
Current supply of en suite bedrooms	227	227
Dynamics		
Under or (over) supply in terms of registered beds	109	146
Under supply in terms of en suite bedrooms	111	148

Appendix III The Care Home Environment

National Minimum Standards for Care Homes for Older People

In line with the Care Standards Act 2000, national minimum standards were published by the Department of Health in 2002. The minimum standards were to be used by the National Care Standards Commission inspectors when carrying out inspections of care homes.

Included within the standards were environmental requirements including:

- A minimum communal space provision of 4.1m² per resident
- An ensuite facility for each bedroom (WC and wash hand basin as a minimum)
- Single occupancy room provision only
- Each bedroom to measure, as a minimum, 12m² (net of ensuite facility)

Private providers argued that the cost of meeting such standards would force many to close and, after widespread opposition, the original document was redrafted and published in February 2003. The redrafted document limited the impact of the aforementioned environmental requirements to new accommodation developed post 2002.

Whilst the original requirements were watered down and the standards are no longer in use, their publication served as a huge statement by the Department of Health. It is fair to say that, since that point in time, the market has seen the provision of ensuite single bedroom accommodation with increased footprint as the appropriate market offering.

Appendix IV Industry Comment

What is a Care Home?

Retirement accommodation has a long history in the UK. Almshouses, for example, were established from the 10th century to provide a place of residence for poor, old or distressed people, the earliest form of social housing. The modern equivalent caters mainly for elderly people, but the scope of retirement living today is much more broadly based and the commercial alternatives are a bigger part of the mix.

Until the last century, there was little choice in respect of accommodation for the elderly. However, during the 1950's local authorities became increasingly involved in the development of older peoples homes (Care Homes) and sheltered housing. Development of the latter increased dramatically in the hands of local authorities throughout the 1980's whilst, simultaneously, the private sector became increasingly involved in care home provision.

For elderly people with minimal need sheltered housing has, historically, been a popular option. It tends to be purpose built for the elderly and over seen by a warden or scheme manager. Schemes frequently have communal facilities such as lounge, laundry, guest flat and garden although meals are seldom provided. The warden frequently lives off site and 24 hour emergency assistance is limited to an alarm scheme. There is no 24 hour on-site care provision for sheltered housing developments.

By way of contrast, care home clients enjoy no security of tenure, paying a weekly fee for accommodation. Accommodation is not self-contained but comprises a bedroom and communal day space. Care homes are a regulated business and require registration –for either the provision of residential care or nursing care. The original registration process was overseen by the relevant local authorities in which care homes were located. In an effort to create a level of regulatory uniformity, the Royal Commission on Long Term Care recommended, in 1999, a national regulatory body. As a direct result, following a series of national bodies, the Care Quality Commission took responsibility in March 2009. CQC remain responsible for the registration and regulation of care homes for the elderly. Whilst CQC is responsible for care home registration across England, the corresponding bodies in Wales and Scotland are known as Care Inspectorates.

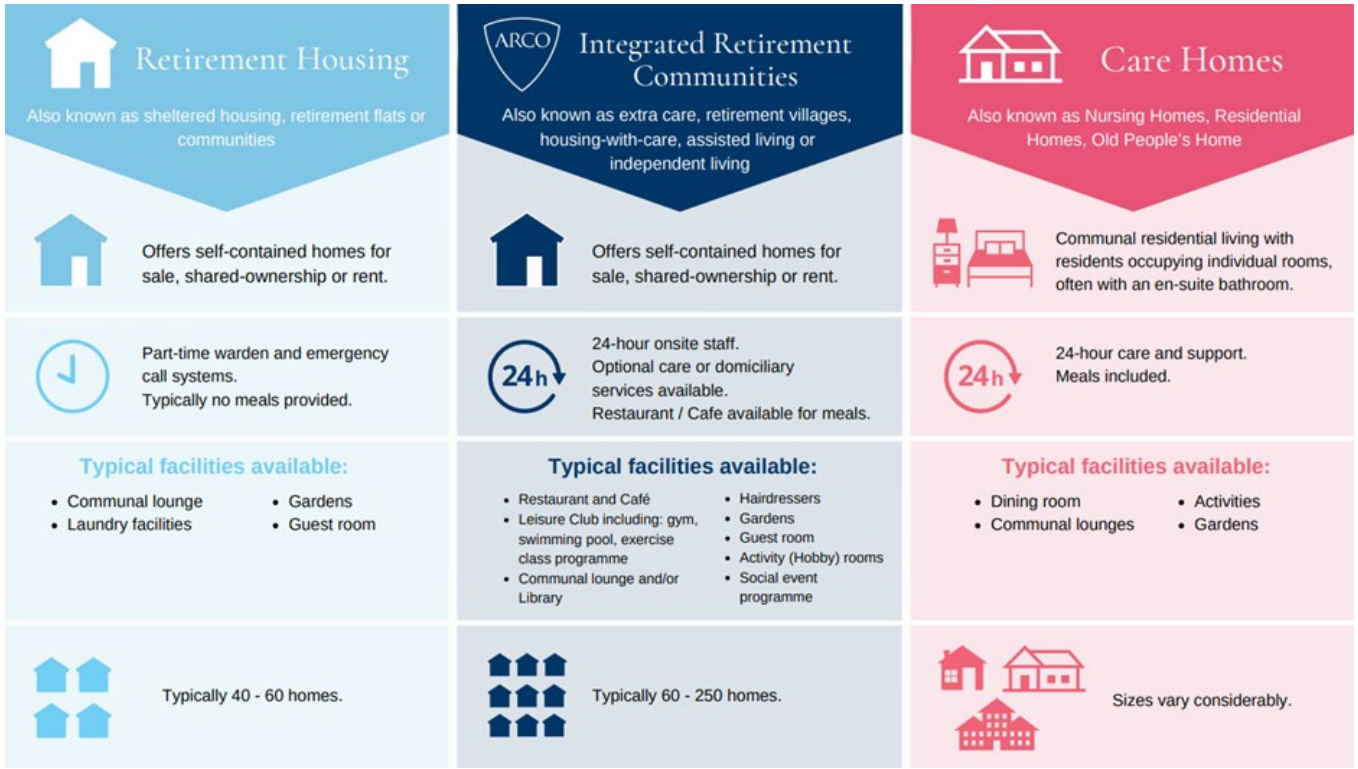


Image Source: ARCO

Appendix IV Industry Comment

Profiling the Care Home Estate

There are currently approximately 480,000 beds in registered care homes across the UK registered for elderly care provision with ownership shared between private operators, Not for Profit providers and, to decreasing extent, public bodies (local authority and NHS). With an increasing number of older people now living longer and, as a direct result, often attracting more significant care need, the profile of this sector has never been higher.

The pattern of growth within the care industry has left the sector with a potentially massive dilemma as we move forward. The vast majority of current facilities were either converted from former dwellings or comprise the first generation of purpose built bed-stock constructed during the 1960's and 1970's. Those homes were built (and properties converted) at a time when environmental expectations fell significantly below those of modern society. It is no longer acceptable for service users to share bedroom accommodation and it is a reasonable expectation that an en-suite facility should be made available. There is a strong likelihood that, over the next decade, the UK will see significant attrition across the care home estate as properties are deemed unfit for the future. This will coincide with the huge population growth in the elderly age bracket. Without significant development of appropriate care facilities there is a distinct risk of forthcoming bed shortages.

Nature of Care

For more than a decade now we have seen both central and local government spokespersons extolling the virtue of keeping individuals in their home environment for the maximum period. This has been extremely popular with the general public but is only practical to a degree. Whilst there is an undoubted case for frail elderly individuals of sound mind and with limited (if any) nursing need to maintain a non institutional lifestyle, there will always be the need for the care home environment as the level of need increases. What the market therefore continues to see is a movement away from the historic residential care provision for people aged over 65 towards more intense nursing based care for increasingly aged service users with higher level (and multiple) medical needs. Such needs are not only physical but, increasingly, mental with dementia care being in high demand.

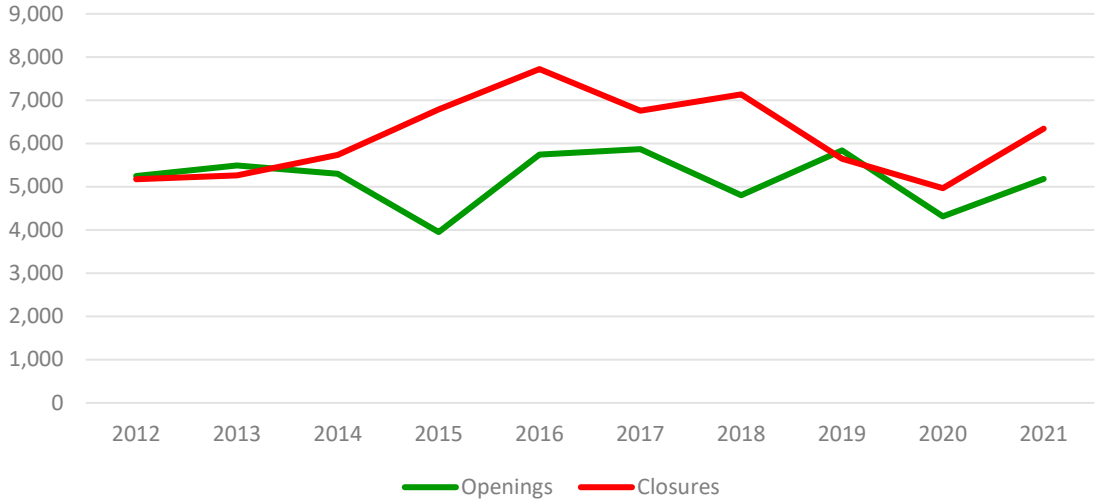
Dementia Specialism

Care home operators seeking to provide dementia care require appropriate registration with the relevant regulatory body (CQC or Care Inspectorate). For some time now operators have identified the increasing need for dementia care provision and, more often than not, care homes registered to provide care to the elderly now also incorporate dementia care registration. New developments over the past decade also have increasingly incorporated environmental design criteria based upon ongoing research. Although frequently advertising specialist dementia care, it remains comparatively rare within the UK for care homes to have absolute specialisation and sole focus on dementia clients. It is usually the case that a care home will accept both frail elderly service users and individuals in need of dementia care –frequently the latter in a separate unit. Other European countries appear somewhat more advanced in the provision of dementia care. The Netherlands is a prime example of this point, hosting concepts such as the revolutionary De Hogeweyk Dementia Village and Martha Flora specialist boutique care homes.

Appendix IV Industry Comment

Market Movement - The National Picture

Over the past decade HPC has carried out analysis of elderly care registration data supplied direct by the Care Quality Commission. The net loss/gain has fluctuated over the period with the cumulative outcome being a quite substantial net bed loss. The data below reflects annual opening / closures (in terms of registered bed numbers) and excludes extensions and registration reductions.



In terms of home (rather than bed) numbers, the annual number of newly opened homes is marginally below 100 with the corresponding closure figures exceeding 200. The average size of a new care home development over the past ten year period is 61 – contrasting with a mere 29 registered beds within homes closing.

The map alongside identifies market activity over the most recent 5 full calendar years. With the exception of East Anglia and the extreme South West and North West, the geographic spread of homes opening is relatively even throughout the country. With viability a key issue, we have seen a high proportion of closures in more rural areas and also coastal localities. In contrast, the focus of new development has tended towards the more sizeable urban areas or affluent smaller towns.

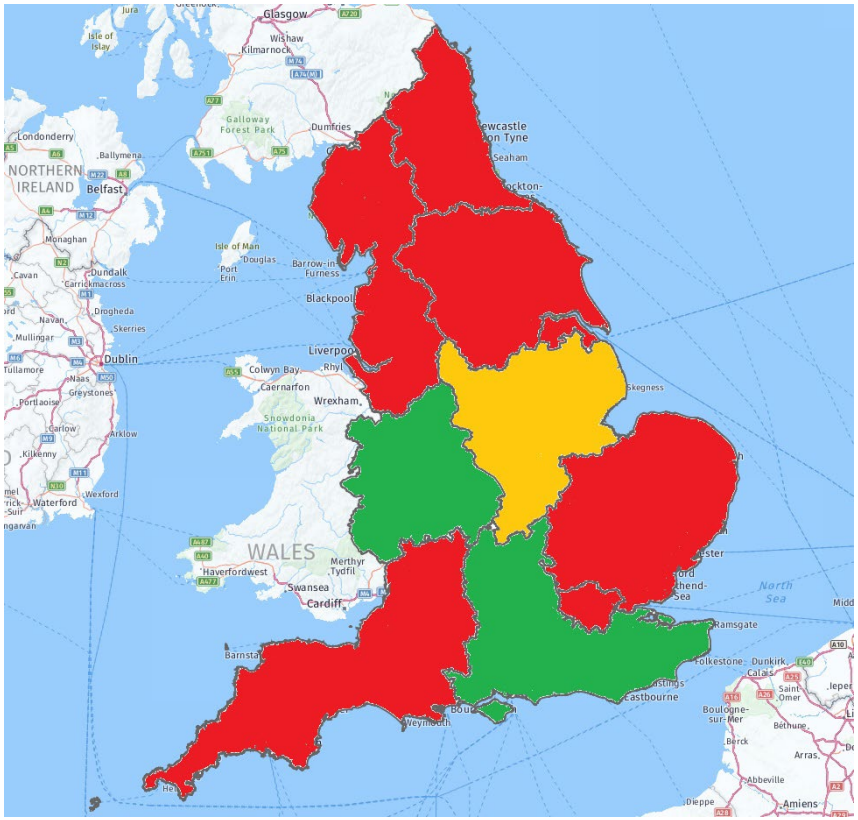
Appendix IV Industry Comment

Market Movement - The Regional View

The map alongside identifies the net results (in terms of bed numbers) from care home development and closure on a regional basis over the 5 year period ending December 2021. Regions shown red have been subject to net bed loss, those in green a net bed gain with the East Midlands maintaining virtual parity.

Analysis of the data basis indicates a North/South divide, although this is no longer as clear cut as the early part of the 2010/20 decade. During 2010 to 2015 we saw significant geographic focus on the more affluent regions with the South East development comfortably exceeding attrition. This has changed over the more recent years and the West Midlands now also benefits from a positive dynamic.

In terms of level of development / closure disparity, the capital has seen the most significant (proportionate) bed loss over recent years.



Appendix V Data Source, Assumptions & Reservations

3 Age Group Distribution and Growth
All population age profiling data has been provided by Experian – one of only six suppliers approved by the Office of National Statistics (ONS) following Census release. The population figures provided are 2022 mid-year estimates OA level.

4 & Appendices I & II Supply
In order to ensure that the schedule of competing homes is as current as possible, the majority of information is drawn from the live web database of the Care Quality Commission. Supporting information in respect of room configuration is provided by the website www.carehome.co.uk and relevant websites of operating care homes.

4 Planning Activity
The suppliers of historic planning data from which we have extracted the enclosed information are both Barbour ABI and EGi. Enquiries have been limited to activity over the 3 year period pre-ceding the date of this report (unless otherwise stated). Should development of the Site be considered further, formal enquiries of the local authority should be undertaken.

5 Statistical Demand—Total Elderly Care
We have relied upon LaingBuisson's Care of Older People UK Market Report (32nd Edition) in providing figures for bed requirements among the elderly in total.

5 Statistical Demand—Dementia Specific Care
Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019 – 2040; Care Policy & Evaluation Centre, The London School of Economics and Political Science, November 2019

6 Supply / Demand Dynamics - Delayed Transfers of Care
Data supplied monthly on line by NHS England.

7 The Local Authority Perspective
Provided direct by the relevant Local Authority to HPC or publicly available on the internet

8 COVID 19 Implications
All information in respect of UK cases and deaths has been sourced during report compilation from the following websites:

www.ons.gov.uk

www.coronavirus.data.gov.uk

Data on the sites was originally sourced from the Care Quality Commission and Office for National Statistics.

The research detailed was published online on 9th November 2020 by the Journal of the American Medical Association:

www.jamanetwork.com

Tenure and Reports on Title
Unless otherwise stated, HPC have not inspected the title deeds, leases and related legal documents and, unless otherwise disclosed to us, we have assumed that there are no onerous or restrictive covenants in the titles or leases likely to impact upon our findings.

Condition and Repair
HPC have not carried out a building survey in respect of The Site nor any competing facility referred to in this report. Indeed, we have not inspected woodwork or any other part of the structure whether covered or exposed, accessible or inaccessible. We are therefore unable to confirm whether any facilities are defect free. None of the services, drainage or service installations were tested and we are, therefore, unable to report upon their condition.

Environmental
HPC have not carried out soil, geological or any other tests or surveys in order to ascertain site conditions or environmental condition of The Site (or competing facilities). The report assumes that there are no unusual ground conditions, contamination etc. which would impact detrimentally on the operation of a development.

Local Authorities, Statutory Undertakings and Legal Searches
HPC have not made any formal searches or enquiries in respect of The Site and are therefore unable to accept any responsibility in this connection. We have assumed that all necessary consents, licences and permissions enabling The Site to be put to the proposed use will be obtained with no outstanding works or conditions required by statutory, local or other competent authorities.

We would specifically confirm that HPC have not contacted the Care Quality Commission in respect of the proposed development.

Business Performance
In instances where reliance has been placed on information supplied to us by the client, HPC accept no liability should such information subsequently prove to be inaccurate or unreliable.

Third Party Data Provision
As previously stated throughout this report, HPC have relied upon information sourced from third party data providers. HPC have made every effort to ensure the reliability of each provider but take no responsibility for omissions or erroneous data sourced.

Time Limitation
The potential of The Site is impacted by market movement outside of the control of HPC. For this reason, it is necessary to limit the period of time for which this report remains valid to four months from report date.

Instructing Party
The instructing source is detailed within Section 1 to this report. Reports have been provided for the use of the party to whom they are addressed. Whilst they may be disclosed to other professional advisors as part of the planning process, no responsibility is accepted to any third party for either the whole or any part of the content.

Liability Cap
HPC confirm that the extent of our liability in respect of this report is limited to a maximum sum of £5,000,000.

Appendix VI Author Overview

Nigel Newton Taylor is a Chartered Surveyor with over 30 years experience providing commercial property advice in both the public and private sectors. Specialising in care, he has provided a mix of consultancy, valuation and transactional advice to a wide range of clients including local authorities, lending institutions, not for profit organisations and corporate healthcare operators.

Relevant Qualifications:

- 1988 Bachelor of Science (with Honours) in Urban Estate Surveying
- 1990 Professional Associate of Royal Institution of Chartered Surveyors

Healthcare Property Consultants Ltd – 2008 to Date
Director

- Co-founder of business specialising solely in healthcare agency, valuation, consultancy and research
- Provision of consultancy advice in respect of development site selection to regional and national corporate operators
- Provision of consultancy advice alongside EY and PwC during 'Fair Price for Care' exercises
- Sale of registered care homes and independent hospitals on behalf of national corporate operators
- Feasibility provision to charitable organisations in respect of estate restructuring (YMCA, CLS Care Services)
- Expert Witness advice to legal and planning processes
- Rent review negotiations on behalf of UK's former largest corporate care home operator (Southern Cross)
- Consultancy advice provided to private operators and corporate providers including Care UK, BUPA, Maria Mallaband Care Group, Healthcare Homes, Avery Health and Bondcare.

GLP Taylors – 2005 to 2008
Director

- Managing Director of healthcare department
- Provision of consultancy advice and agency services to local authorities throughout care home externalisation processes (Essex County Council, London Borough of Havering)
- Provision of consultancy advice alongside PwC during 'Fair Price for Care' exercises across seven local authority areas

Christie & Co – 1997 to 2005
Director

- Manager of Leeds office
- Valuation and agency experience, specialising in healthcare, based (at various times) in Nottingham, Manchester and Leeds

Valuation Office Agency – 1988 to 1994
Senior Valuer

- Miscellaneous commercial, residential and agricultural valuation experience
- Training and supervision of graduate colleagues through RICS qualification

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