



# HPC CARE HOME NEED ASSESSMENT

On behalf of Harrison Varma Projects Limited

44-46 Hampstead Lane  
Haringey  
London  
N6 4LL

June 2022

# Preface

The purpose of this document is to ascertain the level of need for a proposed care home development at 44-46 Hampstead Lane, London N6 4LL. 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 14<sup>th</sup> 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 Ltd (The Client). Instruction was confirmed by way of email correspondence from Sarah Roe, Associate Director, Nexus Planning, dated 11 April 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 44-46 Hampstead Lane, London N6 4LL (The Site).

The proposed development will be registered with the Care Quality Commission (CQC) and incorporate 80 ensuite bedrooms for the provision of residential care to the elderly, with a specific focus upon dementia care. A planning application relating to the proposal was validated by Haringey London Borough Council on 1<sup>st</sup> October 2021 and remains pending (Ref. HGY/2021/2703).

## Geography

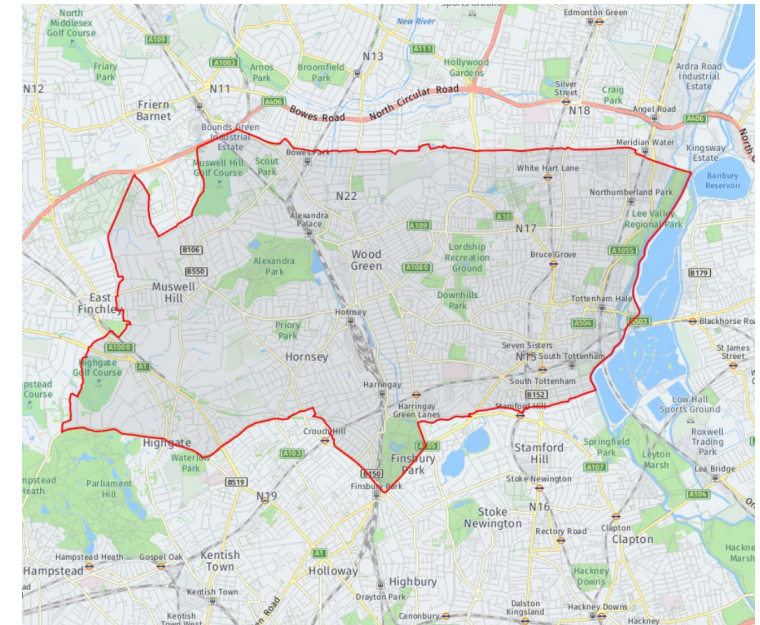
In carrying out our research we have focused upon the Borough of Haringey in order to assess dynamics across the area of the commissioning (and planning) authority. The relevant geography is mapped alongside.

## Content

The key data within this report from which the level of need for development is derived has been provided by the Institute of Public Care (Oxford Brookes University). IPC is not the usual data provider for HPC and has been utilised on this occasion at the specific (repeated) request of the local authority Planning Officer. The data supplied by IPC is Borough wide through the Projecting Older People Population Information system (POPPI).

The report focusses upon current supply levels (in terms of registered care beds) before detailing statistical demand and considering the supply / demand dynamics for the Borough.

This report has been prepared by Nigel Newton Taylor, a Director of HPC and Chartered Surveyor with 35 years experience providing commercial property advice in both the public and private sectors. Specialising in care based property for the past 20 years, 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.'*

The Haringey population is (as a whole) comparatively young. However, there are still circa. 30,000 individuals across the Borough aged 65 or over. With the elderly population of the Borough forecast to increase rapidly over forthcoming years, a need exists to ensure the provision of appropriate accommodation.

However it is not merely numeric need that falls to be considered but also qualitative need. Appendix II 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 33,535 fatalities across the nations 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 Haringey care home estate incorporates a variety of environment including converted former dwellings and purpose built facilities. Crucially, however, there have been no facilities developed over the past decade. Modern design benefits are therefore limited whether that be increased room sizes, ensuite wetrooms or even incorporation of stretcher lifts as the age (and care needs) of clients continues to increase.

The Borough is currently served by eight operational care homes for the elderly. With just 275 ensuite bedrooms across the Borough, the shortfall in appropriate accommodation (from a statistical viewpoint) is substantial – whichever dataset / demand assessment methodology is used. Indeed, the supply / demand dynamics continue to deteriorate; since January 2015 the Borough has lost 37% of provision through care home closure, with no simultaneous development (Section 4.3).

In terms of undersupply impact, Section 6.3 to this document looks at the level of placements made by the local authority outside the Borough of Haringey, comparing with all neighbouring local authorities. The data is clear – last year Haringey placed 76% of older people away from the Borough, a level comfortably exceeding comparator authorities. Evidence of undersupply (and need for further provision) is not merely theoretic but actual.

The table alongside identifies a significant statistical shortfall of ensuite bedrooms, regardless of whether the POPPI or LaingBuisson methodology is used. But, for reasons stated in Sections 5.1 & 5.2, this should be taken as an absolute baseline. The need exists for new provision comfortably in excess of this level. The Care Act 2014 places a responsibility on each local authority to provide a variety of suitable accommodation and the need exists for further development across the Borough in order to:

- i. Offset the significant current shortfall
- ii. Counter anticipated attrition
- iii. Accommodate the increasing elderly population

## The Benefits

It is anticipated that the proposed development will:

- 1) Assist in offsetting the significant (and growing) existing statistical undersupply of appropriate accommodation across Haringey.
- 2) Assist in offsetting the high level of care home attrition experienced across the Borough over recent years.
- 3) Create additional capacity with dementia care focus, in order to accommodate this fast rising condition.
- 4) Improve the overall environmental quality of the care home estate through development of modern accommodation designed for purpose.
- 5) Reduce the impact risks of future pandemics through provision of environment specifically designed for purpose.
- 6) Assist in reducing the comparatively high level of placements made by Haringey L.B.C. outside the Borough boundary.

## Supply / Demand Dynamics

|                                                     | POPPI | Laing<br>Buisson |
|-----------------------------------------------------|-------|------------------|
| Statistical Occupational Demand (elderly care beds) | 624   | 851              |
| Current supply of Ensuite Bedrooms                  | 275   | 275              |
| Minimum Unmet Need                                  | 349   | 576              |



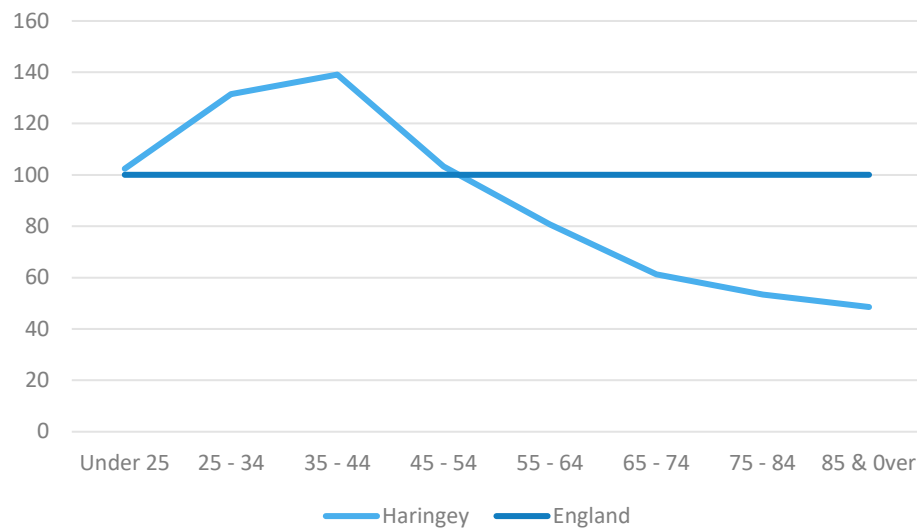
# Age Profile

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.

The Borough population (as at 2020) was estimated at 272,000. The graph below shows a prevalence bias towards adults in younger middle age and away from the most elderly in society.

| Age Band     | Haringey       |
|--------------|----------------|
| Under 25     | 82,600         |
| 25-34        | 48,100         |
| 35-44        | 48,300         |
| 45-54        | 37,300         |
| 55-64        | 27,000         |
| 65-74        | 16,500         |
| 75-84        | 8,900          |
| 85 & Over    | 3,300          |
| <b>Total</b> | <b>272,000</b> |

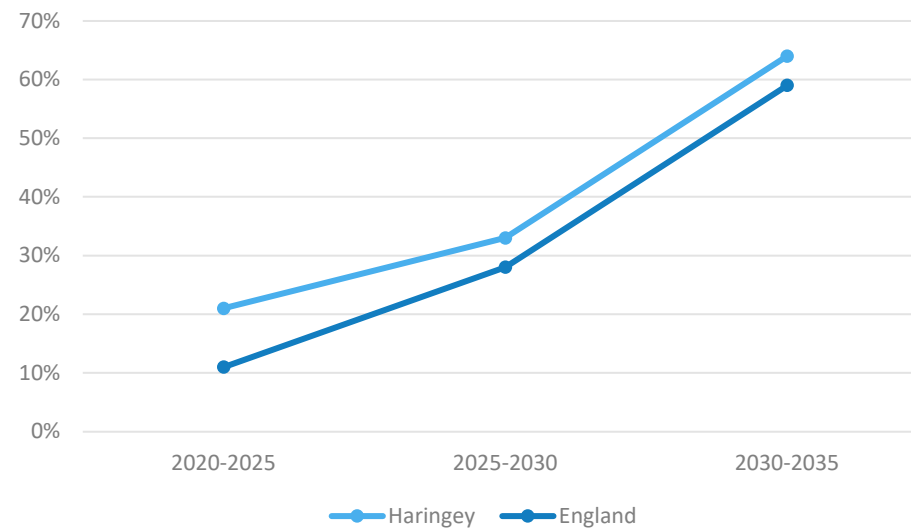


The following table details the projected population change in individuals over the age of 85 between 2020 and 2035:

|            | 2020  | 2025  | 2030  | 2035  |
|------------|-------|-------|-------|-------|
| Projection | 3,300 | 4,000 | 4,400 | 5,400 |

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 2020.

Rising at a rate comfortably above national expectations, the number of persons falling into the most elderly age band is forecast to increase by 64% between 2020 and 2035.





# Supply

## 4.1 Existing Care Home Overview

|                  | Homes    | Registered Beds | Dementia Beds | Total Rooms | Ensuite Rooms |
|------------------|----------|-----------------|---------------|-------------|---------------|
| Residential Care | 7        | 185             | 140           | 183         | 158           |
| Nursing Care     | 1        | 117             | 117           | 117         | 117           |
| <b>Total</b>     | <b>8</b> | <b>302</b>      | <b>257</b>    | <b>300</b>  | <b>275</b>    |

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.

The above data has regard to the website of the Care Quality Commission and represents registered care homes for the elderly within the Borough. It does exclude Highgate care home (formerly known as Mary Feilding Guild) which, although retaining registration, ceased operation in mid 2021 and is currently the subject of planning activity (see Section 4.2).

Of particular note from the above breakdown is the prevalence of residential care over nursing registered provision. We would normally anticipate a relatively even bed split.

Existing homes incorporate a complete mix of environment ranging from converted former dwelling houses through to facilities purpose built in their entirety. It would appear that none of the existing facilities have been developed within the past decade. Despite this, the Borough care home estate compares favourably (from a qualitative perspective) in terms of single occupancy accommodation and ensuite provision.

|                                       | Haringey | UK  |
|---------------------------------------|----------|-----|
| Single Rooms as a % of all bed spaces | 99%      | 95% |
| % of all bed spaces with en suite wc  | 92%      | 72% |
| Average size of Nursing Home          | 117      | 53  |
| Average size of Residential Home      | 26       | 31  |

## 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. 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.

|                                        | Net New<br>Ens. Beds |
|----------------------------------------|----------------------|
| Consented New Homes                    | 0                    |
| New Home Applications Pending Decision | 150                  |
| Extensions to Existing Homes           | 0                    |
| <b>Total Proposed Net Beds</b>         | <b>150</b>           |

Planning activity meeting the above criteria appears to be restricted to the following two applications which, according to the local authority planning portal, remain pending decision:

1. The Site. Detailed planning application validated 1<sup>st</sup> October 2021 for the erection of a 80 bed dementia care home. Ref: HGY/2021/2703.
2. 103 – 107 North Hill, Hornsey, Highgate N6 4DP. Detailed planning application validated 25<sup>th</sup> November 2021 for the erection of a 70 bed care home. The property is currently known as Highgate Care Home (albeit non operational) and was formerly known as Mary Feilding Guild. Ref: HGY/2021/3481.

## 4.3 Market Movement

Whilst the Care Quality Commission data previously detailed provides a snapshot in time, it is also useful to look at the pattern of provision over recent years in terms of new facilities and closures. The two tables below identify such activity across the Borough from 1<sup>st</sup> January 2015 to date.

| Home Closures                |            | New Developments      |   |
|------------------------------|------------|-----------------------|---|
| Newstead (2015)              | 36         |                       |   |
| Morriss House (2018)         | 25         | Total Registered Beds | 0 |
| Stirling Park (2019)         | 6          |                       |   |
| Ernest Dene (2020)           | 33         |                       |   |
| Osborne Grove (2020)         | 32         |                       |   |
| Mary Fielding Guild (2021)   | 43         |                       |   |
| <b>Total Registered Beds</b> | <b>175</b> |                       |   |

There would appear to have been no new provision within the Borough in the face of significant bed loss. Indeed, it would appear that Haringey has lost (through closure) approximately 37% of registered care beds for the elderly since January 2015 – despite growth in the number of elderly persons.

In assessing the need for further care home provision it is important to facilitate sufficient development not only to accommodate a growing elderly population but also to offset attrition.



## Statistical Demand

## 5.1 Total Elderly Care Demand - POPPI

We have, at the specific request of the Borough planning officer, incorporated data within this document provided by the Institute of Public Care (IPC). We understand that the local authority place reliance upon IPC data within their own strategic documentation. It should, however, be stressed that incorporation of such data within this document in no way conveys support of such from HPC.

The relevant dataset provided by IPC is the Projecting Older People Population Information System (POPPI). The system provides projected occupancy numbers in terms of people over the age of 65 living in a care home environment. The system confirms:

- Figures are taken from Office for National Statistics (ONS) 2011 Census, Communal establishment management and type by sex by age, reference DC4210EWL.
- Numbers have been calculated by applying percentages of people living in care homes/nursing homes in 2011 to projected population figures.

The POPPI Living Status dataset entitled 'Living in a Care Home' confirms a 2020 requirement for 585 elderly care beds. This level of demand rises to 683 by 2025 and 773 by 2030. Straight line extrapolation of the above occupancy projections suggests a 2022 figure of 624 elderly care beds.

The methodology should be regarded as a guide. The bed numbers detailed above would be considered very much a baseline as:

- i. The rate is based upon assessment of occupation (rather than need). It may therefore be suppressed should bed availability in 2011 have been insufficient across the Borough.
- ii. The nature of the care home sector is such that an allowance for voids should be considered. Post client death there exists a several week period during which family have the opportunity to collect belongings and the provider instigates deep clean / redecoration.
- iii. The Care Act 2014 requires each local authority to ensure that care home service users have a 'variety' of facilities to choose from (see Preface). In order for this to happen, a level of 'headroom' is required between the estimated number of residents and the supply of appropriate accommodation across the specified geography.

## 5.2 Total Elderly Care Demand - LaingBuisson

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%

Whilst, historically, forecasting of demand has comprised applying the above prevalence rates to corresponding future population forecasts, recent research within the aforementioned LaingBuisson report now points towards this methodology potentially overstating future occupancy levels. This is due to a combination of factors which have suppressed, and will continue to suppress, demand. Factors include substitutes such as Hosing with Care, Live-in Care and financial pressures on councils to limit long term placements. Research over the period 2005 to 2020 points towards use of a 'counter-driver' of 1.95% per year being the adjustment necessary to bring the raw index of population ageing into alignment with the index of observed occupied beds.

Utilisation of the POPPI population data, the above occupancy prevalence rates coupled with the aforementioned annual 'counter driver' confirms a 2020 requirement for 825 elderly care beds. This level of demand rises to 891 by 2025 and 910 by 2030. Straight line extrapolation of the above occupancy projections suggests a 2022 figure of 851 elderly care beds.

The methodology should be regarded as a guide. The bed numbers detailed alongside would be considered very much a baseline as:

- The rate is based upon national assessment of occupation (rather than need). It is therefore suppressed due to areas of the country having insufficient beds to accommodate demand from potential service users.
- The rate is a national average rate. Locations where service users are heavily reliant upon local authority funded care are likely to have lower occupancy due to well publicised local authority budgetary pressure. Conversely, locations with above average affluence are likely to see higher occupation.
- The nature of the care home sector is such that an allowance for voids should be considered. Post client death there exists a several week period during which family have the opportunity to collect belongings and the provider instigates deep clean / redecoration.
- The Care Act 2014 requires each local authority to ensure that care home service users have a 'variety' of facilities to choose from (see Preface). In order for this to happen, a level of 'headroom' is required between the estimated number of residents and the supply of appropriate accommodation across the specified geography.

## 5.3 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

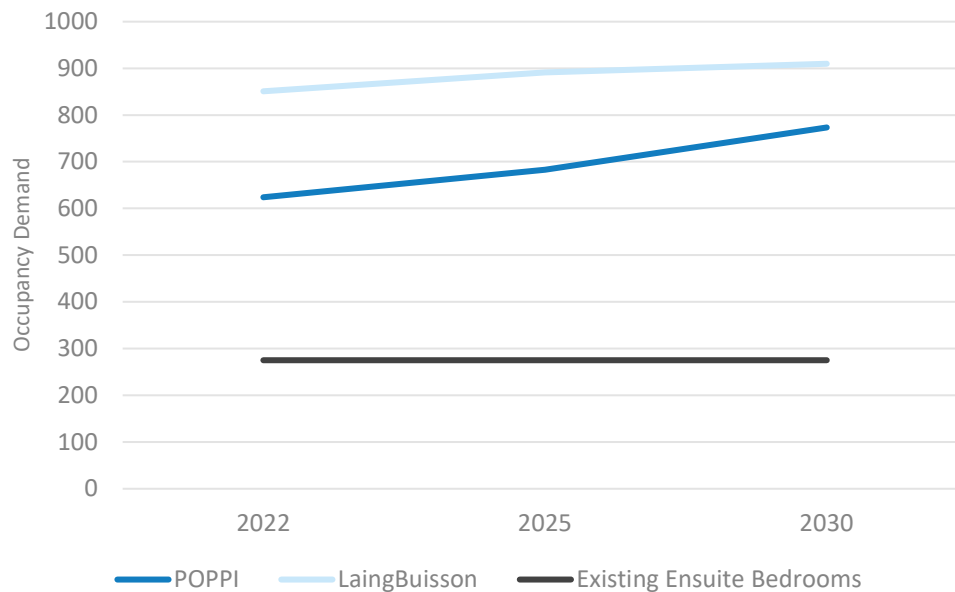
## 6.1 Total Elderly Care Dynamics

The chart details the minimum statistical bed requirement (current and forecast) within Haringey as calculated in Section 5. In terms of supply, there are currently 275 operational en suite bedrooms in the Borough (Section 4). This level is detailed in the chart below by the horizontal black line.

As identified on the chart, the statistical shortfall is quite substantial and forecast to grow rapidly over forthcoming years in the absence of new development. This outcome exists irrespective of which demand assessment approach is utilised.

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

|                                                  | POPPI | LaingBuisson |
|--------------------------------------------------|-------|--------------|
| Demand                                           |       |              |
| Statistical demand                               | 624   | 851          |
| Supply                                           |       |              |
| Current supply of registered bed spaces          | 302   | 302          |
| Current supply of en suite bedrooms              | 275   | 275          |
| Dynamics                                         |       |              |
| Under supply in terms of registered beds         | 322   | 549          |
| Under supply in terms of en suite bedrooms       | 349   | 576          |
| Potential Supply Pipeline (Incl. The Site)       |       |              |
| Undeveloped consented ensuite beds (net)         | 0     | 0            |
| Undeveloped ensuite beds (net) awaiting decision | 150   | 150          |

As detailed alongside, a quite significant statistical shortfall exists in terms of registered accommodation for the elderly across the Borough. The shortfall scenario exists whichever of the occupancy demand methodologies are utilised.

A key factor in respect of attrition potential includes environmental nature/configuration within existing facilities. As previously detailed (Section 4.3), recent attrition has been high and the nature of the Borough care home estate is such that further attrition would be deemed likely in the short/medium term.

The planning pipeline is nowhere near sufficient to offset the shortfall. Detailed at the base of the table is the potential impact of further beds already in development or in the planning process at the time of reporting. What we are unable to predict is the potential level of further development yet to enter the planning process.

## 6.3 Placements Out of Borough

In instances where a local authority funds the placement of an individual into registered care, placement into the immediate locality is generally deemed preferential in order that the service user can maintain friendship and family ties. On occasions, placements are made out of Borough / District at the request of the service user (in order to move closer to family etc) however, out of Borough / District placements are also an indicator of registered bed need in a specific locality.

In May 2022 HPC carried out a Freedom of Information request of local authorities, seeking a breakdown of placements during the financial year 2021/22. We have tabularised the results for Haringey and all adjoining Boroughs / Districts below:

| Borough / District | Total Placements | Placements out of Borough / District | % Placements out of Borough / District |
|--------------------|------------------|--------------------------------------|----------------------------------------|
| Haringey           | 187              | 143                                  | 76%                                    |
| Camden             | 188              | 114                                  | 61%                                    |
| Waltham Forest     | 143              | 62                                   | 43%                                    |
| Hackney            | 120              | 47                                   | 39%                                    |
| Barnet             | 431              | 86                                   | 20%                                    |
| Enfield            | 428              | 48                                   | 11%                                    |
| Islington          | N/A              | N/A                                  | N/A                                    |

The results of the FOI enquiry identify Haringey as placing a level of funded care home residents outside the locality far in excess of that seen across neighbouring council areas. This suggests a comparatively limited pool of available care home accommodation.



# The Local Authority Perspective

We have, during report compilation had regard to the Local Authority website in respect of strategic/policy documentation relating to both care and housing. Key documents include:

- North London Strategic Housing Market Assessment 2009/10
- Haringey's Older Peoples Housing Strategy 2011-2021
- London Borough of Haringey Adults Social Services Market Position Statement June 2015

All of the above documents are somewhat dated and in view of the growing elderly population (Section 3) and shift in care home provision (Section 4.3), no document would be considered particularly relevant to 2022.

The Housing Strategy 2017-2022 is housing focussed but with specific commentary relating to the elderly within Section 8. Whilst not encompassing numeric analysis, the strategy underlines a desire to maintain independence amongst the elderly population through the provision of specialist housing – underlining the need for this to be modern and 'fit for purpose'.



# 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 9<sup>th</sup> 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 29<sup>th</sup> and May 20<sup>th</sup> 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 20<sup>th</sup> 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](http://www.gov.uk/government/publications/uk-pandemic-preparedness)). The opening Overview (5<sup>th</sup> 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 12m<sup>2</sup>, 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 Haringey has not been left unaffected. The following comprises a summary of relevant data:

### Population in General

- By 9<sup>th</sup> May 2022 there had been 608 deaths across Haringey in which the death certificate had identified COVID 19 as being a cause.
- In the same period 83,092 Borough inhabitants tested positive to COVID 19.

### Care Home Population

- There have, to date, been 33,535 deaths in English care homes involving COVID 19 (29 of which have occurred in Haringey homes).



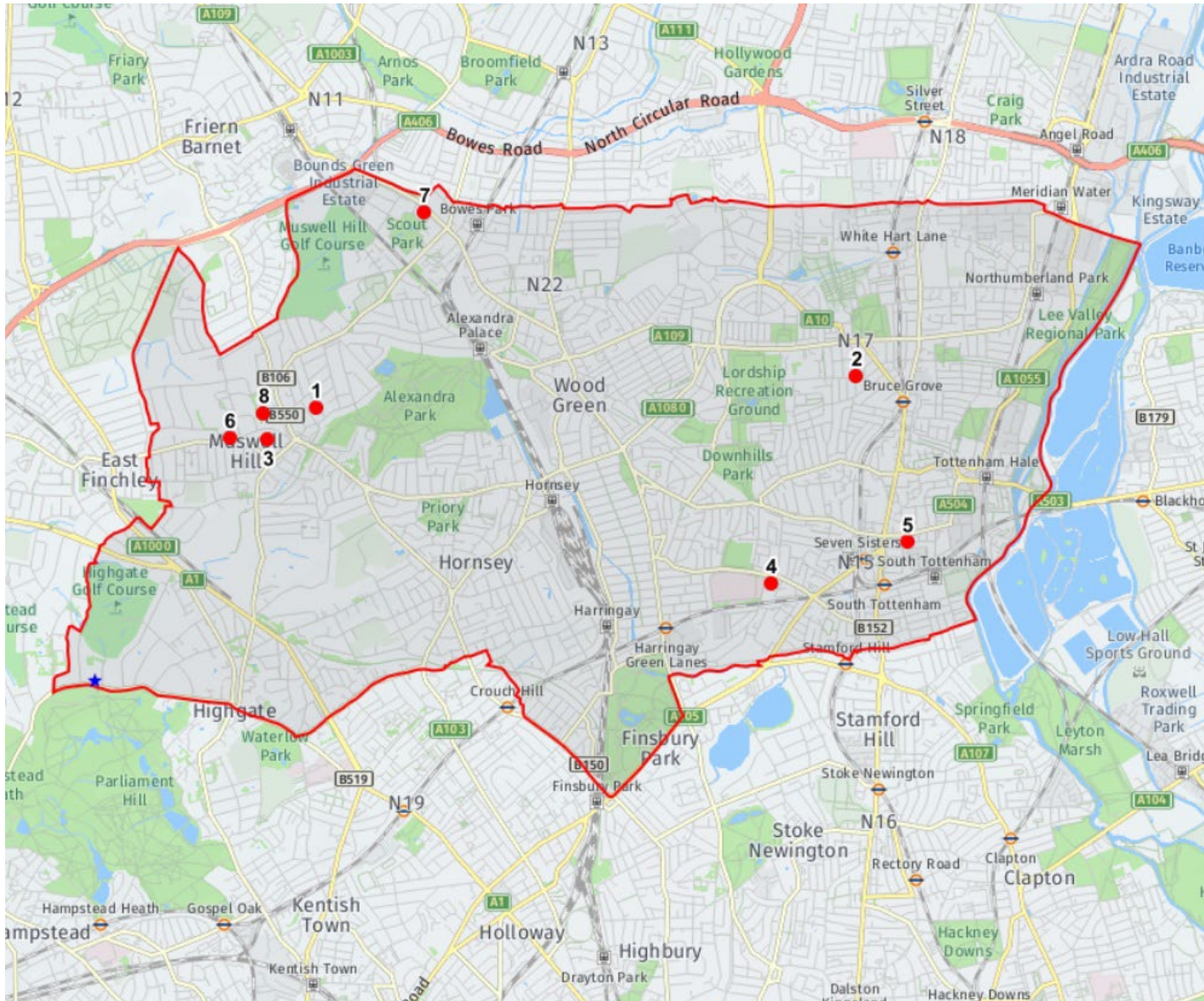
## Appendices

## Appendix I – Borough Supply in Detail

| Map Ref | Nursing / Residential | Name                      | Registration | Dementia   | Provider                              |
|---------|-----------------------|---------------------------|--------------|------------|---------------------------------------|
| 1       | Residential           | Alexandra Park            | 13           | 13         | Earlybirdcare Ltd                     |
| 2       | Residential           | Ashley House              | 3            | 0          | Ashley House Care Homes Ltd           |
| 3       | Residential           | Brownlow House            | 24           | 24         | Brownlow Enterprises Limited          |
| 4       | Residential           | Peregrine House           | 36           | 0          | GCH (North London) Ltd                |
| 5       | Nursing               | Priscilla Wakefield House | 117          | 117        | Magicare Limited                      |
| 6       | Residential           | Spring Lane               | 63           | 63         | Springdene Nursing and Care Homes Ltd |
| 7       | Residential           | The Fer View              | 6            | 0          | Mr Soonil Boodoo                      |
| 8       | Residential           | The Meadow                | 40           | 40         | Methodist Homes                       |
| 8       |                       | <b>Total</b>              | <b>302</b>   | <b>257</b> |                                       |

The above schedule identifies care homes specifically registered (with the Care Quality Commission) to provide care to the elderly. Whilst retaining registration, Highgate care home (formerly Mary Feilding Guild) has been excluded following cessation of business in mid 2021.

## Appendix I – Borough Supply in Detail



The map alongside details the Site and existing homes – the former appearing as a blue star and the latter detailed as red circles. References numbers relate to the preceding schedule.



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## Appendix II 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 4.1m<sup>2</sup> 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, 12m<sup>2</sup> (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 III 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.

### Living Options for Older People



Setting Standards for  
Retirement Communities

| Retirement Housing<br>Also known as sheltered housing or retirement flats                                                                               | Retirement Communities<br>Also known as extra care, retirement villages, housing with care, assisted living or independent living                                                                                                                                     | Care Homes<br>Also known as Nursing Homes, Residential Homes, Old People's Home                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Self-contained homes for sale, shared-ownership or rent              |  Self-contained homes for sale, shared-ownership or rent                                                                                                                          |  Communal residential living with residents occupying individual rooms, often with an en suite bathroom |
|  Part-time warden and emergency call systems                         |  24-hour onsite staff with optional care and domestic services available                                                                                                         |  24-hour care and support (including meals)                                                            |
|  Usually have a lounge, laundry facilities, gardens and a guest room |  Range of facilities including a restaurant or café usually alongside leisure and wellness facilities such as gyms, hairdressers, activity rooms, residents' lounges and gardens |  Range of facilities and activities, including gardens, lounges and dining rooms                       |
|  Typically 40 - 60 units                                             |  Typically 60 - 250 units                                                                                                                                                        |  Sizes vary considerably                                                                               |

## Appendix III 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 III Industry Comment

### Market Movement - The National Picture

Over recent years HPC has carried out analysis of elderly care registration data supplied direct by the Care Quality Commission. The net loss/gain fluctuated over the period 2012 - 2020 with the cumulative outcome being a quite substantial net bed loss (exceeding 8,500 beds).

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 nine year period is 61 – contrasting with a mere 29 registered beds within homes closing.

The map alongside identifies market activity over the 5 calendar years ending December 2020. With the exception of 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.



● Openings ● Closures

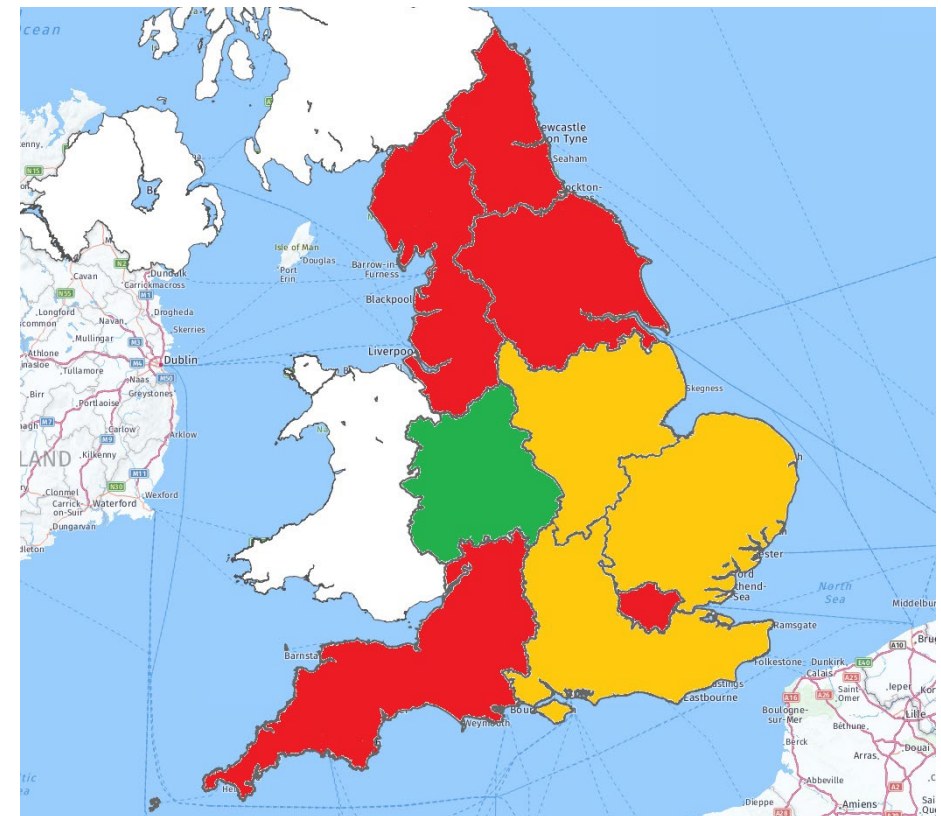
## Appendix III Industry Comment

### 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 2020. Regions shown red have been subject to net bed loss, those in green a net bed gain with those identified as amber 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 comprises the sole region in which development comfortably exceeds closure.

In terms of level of development / closure disparity, the South West and Yorkshire/Humber regions continue to experience the most significant differential in market shift.



## Appendix IV Data Source, Assumptions & Reservations

### 3 Age Group Distribution and Growth

All population age profiling data has been derived from the Projecting Older People Population Information System (POPPI) provided by the Institute of Public Care at Oxford Brookes University. Originally developed for the Department of Health, this system provides population data by age band, gender, ethnic group, and tenure, for English local authorities.

Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 24 March 2020, are full 2018-based and project forward the population from 2018 to 2043.

Long-term subnational population projections are an indication of the future trends in population by age and gender over the next 25 years. The assumptions used in the subnational population projections are based on past trends. They show what the population will be if recent trends continue.

### 4 & Appendix I 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](http://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 (carried out on 20<sup>th</sup> April 2022) have been limited to activity over the 3 year period pre-ceding the date of this report (unless otherwise stated).

### 5 Statistical Demand—POPPI

We have relied upon the online dataset supplied by the Institute of Public Care.

### 5 Statistical Demand—LaingBuisson

We have relied upon POPPI population data & 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

### 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](http://www.ons.gov.uk)

[www.coronavirus.data.gov.uk](http://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 9<sup>th</sup> November 2020 by the Journal of the American Medical Association:

[www.jamanetwork.com](http://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 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, 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 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. Haringey

## Appendix V 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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