



# Care Home Need Assessment

On behalf of Simply UK

12-18 Pield Heath Road  
& 2 Pield Heath Avenue  
Uxbridge  
London Borough of Hillingdon

October 2024

# Preface

The purpose of this document is to ascertain the level of Need for the proposed care home development.

The assessment of Need (whether current or forecast) has become increasingly important to the planning process over the past decade not only due to the rate of population growth amongst the older generation but also central government direction. The latter is detailed within Appendix V and can be summarised as follows:

The **Care Act 2014** sets out in one place a local authority's duties in relation to addressing peoples needs, requiring each local authority to ensure not only an adequate quantity but also quality of care home provision.

On 26th June 2019 the Ministry of Housing, Communities & Local Government published **Planning Practice Guidance** (PPG) entitled 'Housing for Older and Disabled People'. The PPG included the provision of care homes 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 importance attached by central government to this sector was further underlined (from a planning perspective) in December 2023 with publication by the Department for Levelling Up, Housing and Communities of the revised **National Planning Policy Framework** (NPPF). Specific reference to care homes for older people within Paragraph 63 of the revised NPPF is the first occasion this has happened and is reflective of central government acknowledgement that the need for such accommodation has become critical.



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# Introduction

## Instruction

This report has been carried out on behalf of Simply UK Ltd (The Client). Instruction was confirmed by way of email correspondence from Mr N Dobbie, Land Director, Simply UK Ltd dated 2<sup>nd</sup> October 2024.

## Background

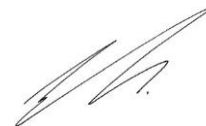
The purpose of this report is to provide an indication as to the need for the provision of registered care accommodation for the elderly in the area around 12-18 Pield Heath Road & 2 Pield Heath Avenue, Uxbridge (The Site).

The proposed development will be registered with the Care Quality Commission (CQC) and incorporate 81 ensuite bedrooms for the provision of care to the elderly.

## 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 the document.

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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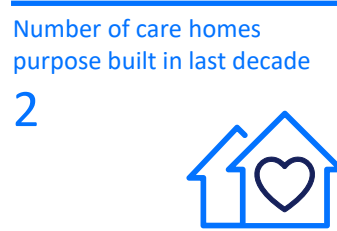
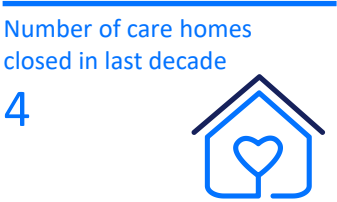
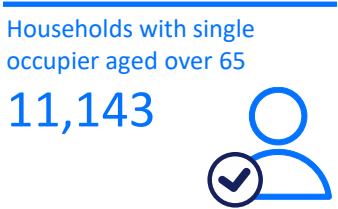
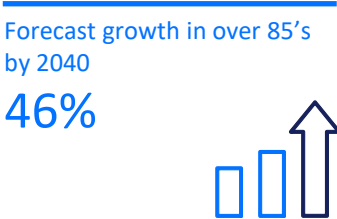
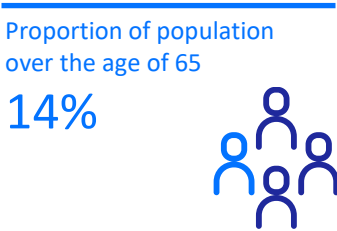
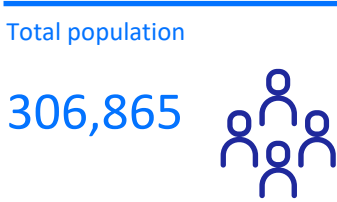
09/10/2024

# 2

## Executive Summary



# The Borough In Numbers



# Conclusion

## Local Authority Viewpoint

*"The number of persons in all age groups is projected to increase.....two fifths of the overall population growth (29,250 persons) is projected to be aged 60 or over, including an increase of 18,900 persons aged 75 or over. This is particularly important when establishing the types of housing required and the need for housing specifically for older people."*

(London Borough of Hillingdon - SHMA Update 2018, paragraph 5.2)

*"Extra care provision does not meet the needs for all older people and there is in addition a need for nursing care..."*

(Hillingdon Housing Strategy 2021/22 to 2025/26, paragraph 67)

*"The Council supports the continuation of a mixed provider market in Hillingdon that includes a combination of services that it delivers directly and those provided by independent sector companies comprising of both for profit and third sector organisations...."*

(Borough of Hillingdon Draft Market Position Statement 2024-2027; Section 1.6)

*"... There will be a continuing need for residential dementia beds but the greatest demand is likely to be for people requiring placements in care home settings registered to support nursing and nursing dementia needs."*

(Borough of Hillingdon Draft Market Position Statement 2024-2027; Section 6.3)

*"Findings from studies such as the CFAS and ELSA show an increased prevalence of severe disability and complex multi morbidity in those with care needs. This is expected to continue, placing increasing need for more specialist residential and nursing care provision in Hillingdon as well as more care staff and health professionals."*

(Borough of Hillingdon Adult Social Care Market Sustainability Plan 2022/23 to 2023/24; Section 2)

## Need Assessment Findings

- The PPG identifies the need to provide specialised accommodation for older people as being critical
- The 2023 updated NPPF specifically mentions assessment of care home need for the first time (Para. 63)
- The Care Act 2014 requires each local authority to ensure adequate provision of care homes in terms of both quantity and quality
- The number of persons aged 65+ across the Borough of Hillingdon exceeds 43,000
- The majority of forecast population growth over the forthcoming decade is amongst the higher age bands
- The number of persons aged 85+ across the Borough is forecast to increase by 46% by 2040
- Although two new care homes have been developed over the past decade, this has been more than offset by the closure of four
- The Borough's care home development pipeline is nominal
- Over recent years Hillingdon Borough has been left with no choice but to place a significant proportion of older persons into care homes out of Borough due to lack of local capacity
- The Hillingdon Strategic Housing Market Assessment Update 2018 acknowledges the 'need for housing specifically for older people' but fails to quantify the care home element of that need
- Hillingdon Adult Social Care documentation further confirms a continuing and increasing need for care home provision – especially relating to dementia specific care

## Outcome

The following table overviews the HPC assessment of need for both 2024 and 2030 across the Borough of Hillingdon:

Appropriate Accommodation	Current	2030
Statistical Demand	1,463	1,625
Current supply	1,016	1,016
<b>Outstanding Need</b>	<b>447</b>	<b>609</b>

- The number of consented new beds (47) fails to make a meaningful inroad into the current bed shortfall
- Appendix II considers the Locality and, similarly, identifies a significant need for further care home provision

**With the potential for attrition continuing, a significant level of development is required to not only keep pace with the rate of older population growth but also offset ongoing (and recent) care home closures.**

## The Benefits

It is anticipated that the proposed development will:

- 1 Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the Borough. *(See page 21)*
- 2 Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the Locality. *(See page 29)*
- 3 Create additional capacity in line with the Hillingdon Strategic Housing Market Assessment Update. *(See page 24)*
- 4 Offer a nature of accommodation fit for purpose in accommodating older persons with the increasing care need levels identified within Hillingdon Adult Social Care documentation. *(See page 23)*
- 5 Improve the overall environmental quality of the care home estate through development of modern accommodation designed for purpose. *(See page 14)*
- 6 Help offset future care home closures as dated premises become either unviable or unfit for purpose in the face of changing/increased care needs. *(See page 16)*
- 7 Reduce the impact risks of future pandemics through provision of environment specifically designed for purpose. *(See page 33)*
- 8 Enable older persons to vacate under-occupied dwellings for use as family housing. *(See page 12)*
- 9 Through the increased provision of Borough care home beds, facilitate Hillingdon in limiting the need to place service users 'out of area'. *(See page 21)*



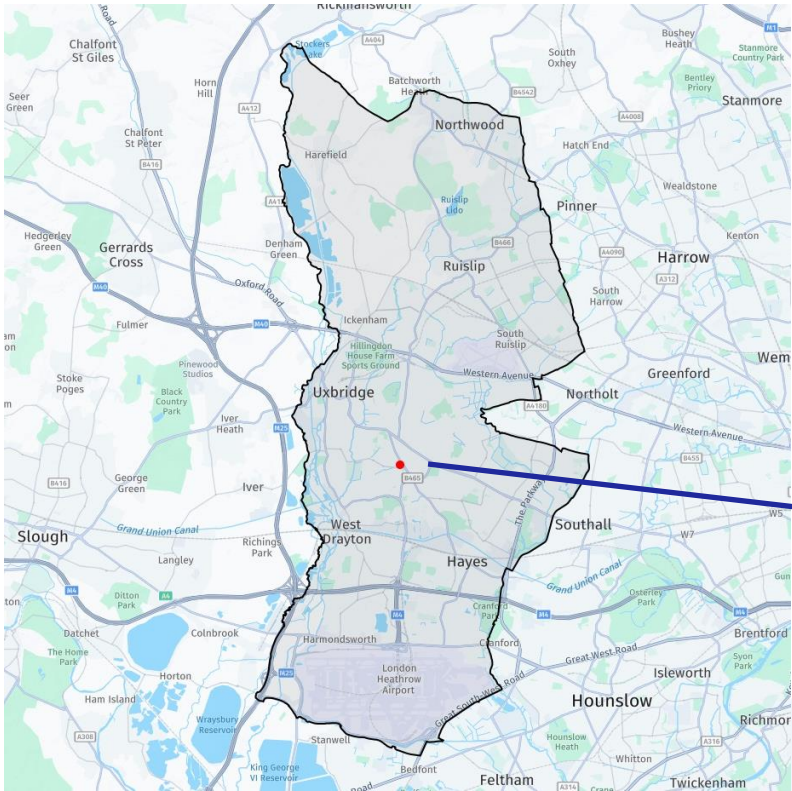


# 3

## Assessment Geography

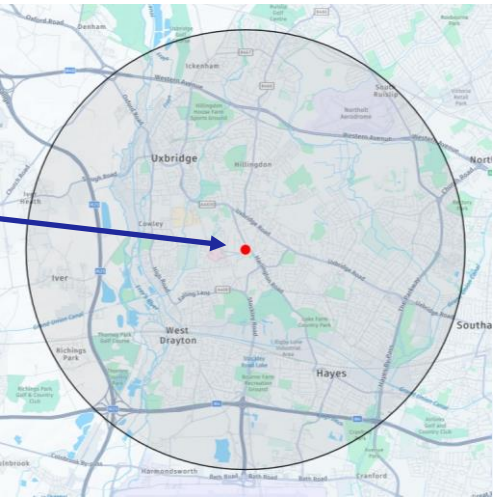


# 3.1 Primary Geography



In carrying out our research we have focused upon the Borough of Hillingdon (the Borough), thereby aligning with relevant local authority strategic documentation. Unless specifically detailed, comments and data within this document refer to the Borough. The Borough and Site are identified alongside.

# 3.2 Secondary Geography



As a point of reference we have also (within Appendix II) considered the immediate locality, focusing upon an area within a radius of 3 miles from The Site (The Locality). Reflecting the local population density and physical road system, we believe that this comprises the geography from which the proposed development is most likely to attract service users. The Locality is mapped alongside.

# 4

## Population Profile





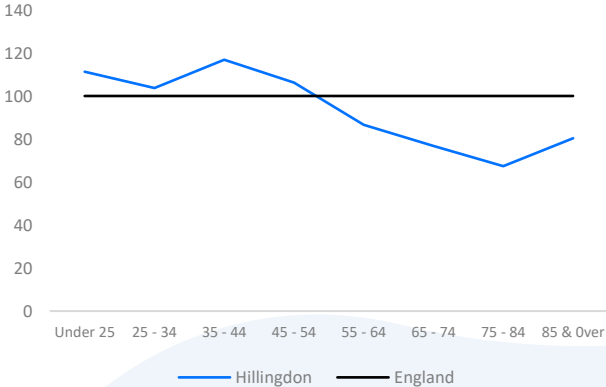
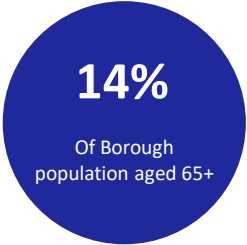
# 4.1 Age Breakdown

The raw data might best be considered graphically. The chart 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.

As clearly identified, there is currently a bias towards younger people and those in the early middle age bracket.

Age Band	Borough
Under 25	98,310
25-34	41,891
35-44	47,774
45-54	40,893
55-64	34,406
65-74	22,764
75-84	14,418
85 & Over	6,409
Total	306,865



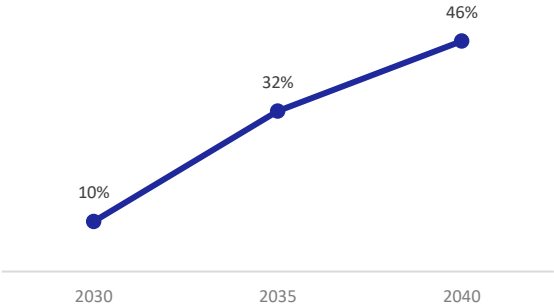
# 4.2 Population Movement

The following table details the projected population change in individuals over the age of 85 between 2024 and 2040.

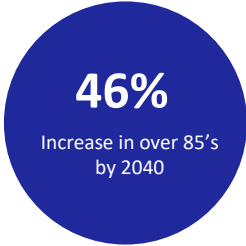
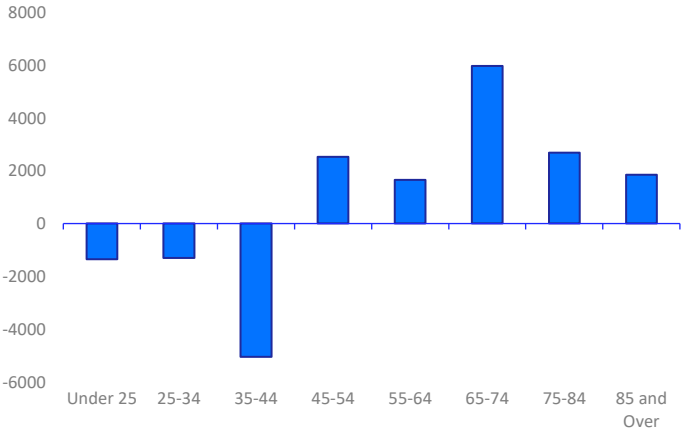
	2024	2030	2035	2040
Projection	6,409	7,058	8,450	9,360

The following chart identifies projected growth within the Borough. The identified growth rate is cumulative over the period, measured against the base year of 2024.

The number of people across the Borough over the age of 85 is forecast to rise by 46% by 2040.



Over the forthcoming decade the population is forecast to rise (in total) from 306,865 to 33,840. The numeric change in age bands over that period is charted below, clearly illustrating the degree to which growth in the elderly population is outstripping younger generations.



## 4.3 Health and Wellbeing

### 4.3.1 Dementia

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%. 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. 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'*



Over 1 million people  
in the UK people will  
be living with dementia  
by 2030

7.1%

of the UK population  
over the age of 65  
have dementia



A persons risk of  
developing dementia  
rises from 1 in 14 over  
the age of 65 to 1 in 6  
over the age of 80

## 4.3 Health and Wellbeing

### 4.3.2 General Health

**17,684**

persons aged 65 & over  
not in good health

### 4.3.3 Disability

**12,995**

persons aged 65 & over  
disabled under the  
Equality Act with day  
to day activities  
limited

## 4.4 Dwelling Occupation

**11,143**

single person  
households with  
occupier aged over 65



# 5

## Supply





## 5.1 Existing Care Home Overview

Category	Home	Registered Beds	Dementia Beds	Total Rooms	Ensuite Rooms
Residential	11	438	438	434	329
Nursing	15	780	662	759	687
<b>Total</b>	<b>26</b>	<b>1,218</b>	<b>1,100</b>	<b>1,193</b>	<b>1,016</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.

Existing homes are split between those designed and built for purpose and those converted from private dwellings. Those falling into the former category date from various years over the past four decades with the most recent development comprising High Meadows which was opened by Vivo Medical Care in 2018.

## 5.2 Appropriate Accommodation

The HPC Care Home Need Assessment is based upon the number of bedrooms across the geography offering, as a minimum, an en-suite WC and wash hand basin.

This approach is supported by the following documentation overviewed in Appendix IV:

- I. Care Act 2014
- II. National Minimum Standards for Care Homes for Older People 2002; Department of Health
- III. Virus control necessity

The aspect of ‘what constitutes a reasonable standard of accommodation’ has been the subject of consideration within the planning process and we would specifically reference the following two Appeal Decisions:

*‘Furthermore, they do not take account of the significant number of rooms which are not single occupancy and are without any en-suite facilities, agreed by the Council and Appellant to now be a reasonable minimum expectation for registered care bedrooms for older people....’*

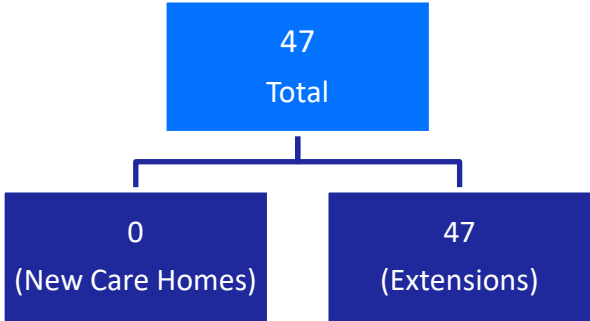
(APP/D3830/W/21/3281350. Decision 12th April 2022. Para 50 pt.)

*It is not in dispute between the Council and the Appellants that the existing buildings are no longer suitable for their current use: I agree. There is no level access from the street, and the buildings have a number of levels, with narrow corridors and a number of short staircases making them unsuited for those with mobility issues. Some of rooms have en-suite facilities, but others do not and are therefore not to expected modern standards...’*

(APP/K3605/W/20/3257109. Decision 18th October 2021. Para 32 pt.)

# 5.3 Planning Activity

We have, in researching for this report, had regard to ongoing and recent planning activity across the Borough. This has been carried out through utilisation of the Barbour ABI planning directory in tandem with a key word search of the local authority planning portal. We would, however, stress that the Hillingdon Borough planning portal would not be regarded as ‘user friendly’ in terms of the key wordsearch facility. 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. Detailed findings are incorporated within Appendix I. Consented beds comprise:



For the avoidance of doubt, the planning data excludes the existing consent for development of a 60 bed care home on a section of The Site (Ref. 76760/APP/2022/1889). Inclusion would result in double counting when assessing the development pipeline.



## 5.4 Market Movement

Whilst the Care Quality Commission data in Section 5.1 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 over the decade from January 2014 to date.

Home Closures	
Blenheim Care Centre	64
The Fairways	20
James House	12
Aronmore	31
<b>Total Reg. Beds</b>	<b>127</b>

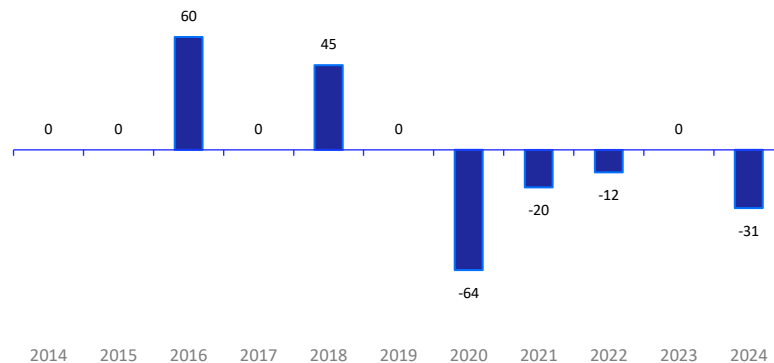
New Developments	
Ryefield Court	60
High Meadows	45
<b>Total Reg. Beds</b>	<b>105</b>

It would appear that, over the decade, the impact of new care home development has been more than offset by attrition. Whilst the minor bed shift from extension work is not reflected, the net loss of 22 beds across the Borough attributable to openings and closures in no way reflects the rate of growth amongst the local elderly population (Section 1 to this document).

As a company, HPC monitors care home closures nationwide. Amongst the key reasons behind home closures are a lack of economy of scale (limited registration) and environmental provision no longer deemed fit for purpose.

With a number of homes lacking scale, we would anticipate continued attrition across the Borough over the short/medium term with the level of development therefore required not only to accommodate the increasing elderly population but to offset accommodation lost through closure.

The following chart identifies the annual market movement in terms of registered beds over the past decade:



4

Care Home closures  
over the past decade

2

New Care Homes  
registered over the  
past decade

# 6

## Statistical Demand



## 6.1 Demand Assessment

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 December 2023:

- 65 – 74 years: 0.52%
- 75 – 84 years: 2.8%
- 85 and over: 12.6%

The above prevalence rates are occupancy based. The level of care home bed provision needed should reflect the following:

- i. 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 and redecoration/deep clean.
- ii. The Care Act 2014 requires local authorities to provide a choice of accommodation across their area.

To reflect these factors, a 10% uplift on the base occupancy assessment has been applied.

Future forecasts have been calculated having regard to population movement forecasts (across relevant age bands) coupled with the above methodology. 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 1,463 elderly care beds. This level of demand rises to 1,625 by 2030 and 1,878 by 2035.



# 7

## Assessment of Need



## 7.1 Basis of Assessment

Preceding sections have focused upon both supply and occupational demand. The ultimate purpose of this document is to ascertain whether a Need exists for further care home development and, if so, the level of that Need. The HPC assessment of Need has been calculated as shown alongside.

The following government Housing Need ‘definitions’ would be considered consistent despite the decade differential in publication:

*‘...Shortfalls from certain normative standards of adequate accommodation’*

(Estimating Housing Need; The Department for Communities and Local Government. 2010. Para 2.9)

*‘...There is no strict definition of housing need, but it can be understood as the amount of housing required for all households to live in accommodation that meets a certain standard’*

(Meeting Housing Demand: First report of Session 2021/22. House of Lords Built Environment Committee. 2022. Para 22)

Aligning with the principles of the Care Act 2014 (see Preface) in acknowledging the concept of Need to be both qualitative and quantitative, central government clearly identifies the expectation for accommodation to ‘*meet a certain standard*’. We would therefore refer back to Section 5.2 (Appropriate Accommodation) which details further the basis of supply considered.



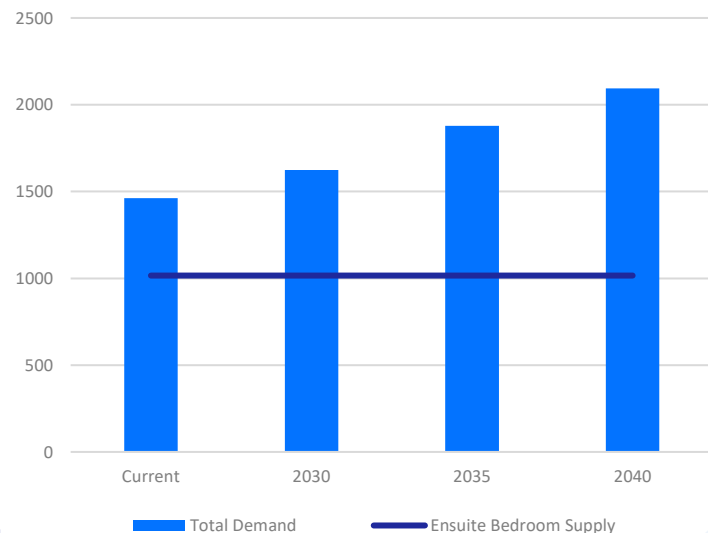


## 7.2 Overview

The chart details the total statistical bed requirement (current and forecast) within the Borough as calculated in Section 6. In terms of supply, there are currently 1,016 en suite bedrooms (Section 5). This level is detailed in the chart below by the horizontal blue line.

As identified on the chart, a significant shortfall in appropriate accommodation exists, with the undersupply forecast to grow rapidly over forthcoming years.

Future dynamics exclude both attrition and new development, the level and timing of neither being known with certainty.



	Current Total Elderly	2030 Total Elderly
<b>Demand</b>		
Statistical demand (incl. forecasts)	1,463	1,625
<b>Supply</b>		
Current supply of en suite bedrooms	1,016	1,016
<b>Outstanding Need</b>		
Under supply of Appropriate Accommodation	447	609
<b>Potential Supply Pipeline (excl. The Site)</b>		
Undeveloped consented ensuite beds (net)	47	47

The table above identifies a significant level of outstanding need across the Borough. Indeed, the level of outstanding need exceeds 600 ensuite bedrooms by 2030. Detailed at the base of the table is the potential impact of further beds already in development or consented at the time of reporting. This potential supply pipeline falls comfortably short of being able to offset the current level of outstanding need.

HPC has, in recent years, undertaken Freedom of Information requests in order to ascertain the commissioning trends across London boroughs. The outcomes have provided an indication as to how the shortfall in certain Boroughs has created the necessity to place care home service users into care homes outside of Borough. The results for Hillingdon make uncomfortable reading:

- In 2021/22 the local authority made 29.1% of older persons care home placements out of Borough
- In 2022/23 the local authority made 24.6% of older persons care home placements out of Borough

Current Need for  
additional

**447**

Ensuite bedrooms

**25%**

of Hillingdon care  
home placements  
made out of Borough



# 8

## The Local Authority Perspective



## 8.1 Care

On 24<sup>th</sup> July 2024 the **Draft Adult Social Care Market Position Statement 2024 – 2027** was presented to the Health and Social Care Select Committee for consideration. In assessing the need for further care home provision, we have had regard to that Draft document as the most recent market assessment carried out by the local authority (Adult Social Care) – albeit yet to be finalised.

The commissioning thrust is consistent within the document and mirrors national policy with the Borough seeking to maintain independence across the elderly population for as long a period as possible. The impact of this is acknowledged within Section 6 of the document as being to increase the average need levels of care home service users through delayed referral with many service users likely to have multiple challenging needs. This will undoubtedly impact upon not only the nature of care required but also the configuration of accommodation necessary in order to facilitate the enhanced care and accommodate specialist equipment associated with that provision.

Section 6.4 to the Draft Market Position Statement identifies ‘Market Issues and Challenges’ with the primary challenge being identified as ‘high occupancy levels’. Indeed, the Local Authority data contained therein confirms Borough care home occupancy to be comfortably higher than not only North West London as a region but also Greater London in its entirety.

We would therefore conclude that, whilst a desire to maintain independence across the older population exists, demographic growth coupled with limited supply has resulted in confirmation by the London Borough of Hillingdon (Adult Social Care) that current care home provision is insufficient to meet demand.

*“The Council supports the continuation of a mixed provider market in Hillingdon that includes a combination of services that it delivers directly and those provided by independent sector companies comprising of both for profit and third sector organisations....”*

(Borough of Hillingdon Draft Market Position Statement 2024-2027; Section 1.6)

*“The Council expects demand from the self-funder market to expand due to the increase in the older people population and the fact that Hillingdon is a relatively prosperous Borough...”*

*“... There will be a continuing need for residential dementia beds but the greatest demand is likely to be for people requiring placements in care home settings registered to support nursing and nursing dementia needs.”*

(Borough of Hillingdon Draft Market Position Statement 2024-2027; Section 6.3)

*“Findings from studies such as the CFAS and ELSA show an increased prevalence of severe disability and complex multi morbidity in those with care needs. This is expected to continue, placing increasing need for more specialist residential and nursing care provision in Hillingdon as well as more care staff and health professionals.”*

(Borough of Hillingdon Adult Social Care Market Sustainability Plan 2022/23 to 2023/24; Section 2)



## 8.2 Housing

**Hillingdon Housing Strategy 2021/22 to 2025/26** incorporates limited content appertaining directly to care home provision. The strategy does, however, align with the previously detailed Draft Market Position Statement in advocating accommodation which might promote independence across the Borough population – including the most elderly. Despite this direction of travel, as supported by the quotes alongside, it is recognised by the Borough that the needs of the older population are varied and that care home provision is an ongoing requirement.

The London Borough of Hillingdon **Strategic Housing Market Assessment Update** was published in October 2018. Section 5 to the document is entitled ‘Needs of Different Groups’ with a specific sub-section headed ‘Housing for Older People’. Text and tables provide a comprehensive assessment in terms of supply and demand for specialist housing comprising both traditional sheltered housing and modern variants such as extra care and enhanced sheltered housing. Sadly, the document is devoid of specific commentary / quantification appertaining to care home provision for older persons.

Paragraph 5.27 of the SHMA Update confirms that the identified level of Objectively Assessed Need ‘*does not include the projected increase of institutional population*’ with the subsequent paragraph confirming ‘*the Borough Council will therefore need to consider the most appropriate way to count the supply of bed spaces in residential institutions (Use Class C2) as part of their overall housing monitoring, and decide whether this should form part of the overall housing supply*’.

*“Extra care provision does not meet the needs for all older people and there is in addition a need for nursing care...”*

(Hillingdon Housing Strategy 2021/22 to 2025/26, paragraph 67)

*“The number of persons in all age groups is projected to increase.....two fifths of the overall population growth (29,250 persons) is projected to be aged 60 or over, including an increase of 18,900 persons aged 75 or over. This is particularly important when establishing the types of housing required and the need for housing specifically for older people.”*

(London Borough of Hillingdon - SHMA Update 2018, paragraph 5.2)

Our conclusion, having considered the SHMA Update 2018, is that the document is supportive of further care home development. Whilst not identifying a quantitative level of need in any way, the document underlines the rapid rise forecast in the Borough’s older population and we are aware from our own analysis that current care home provision is already insufficient.



# Appendices



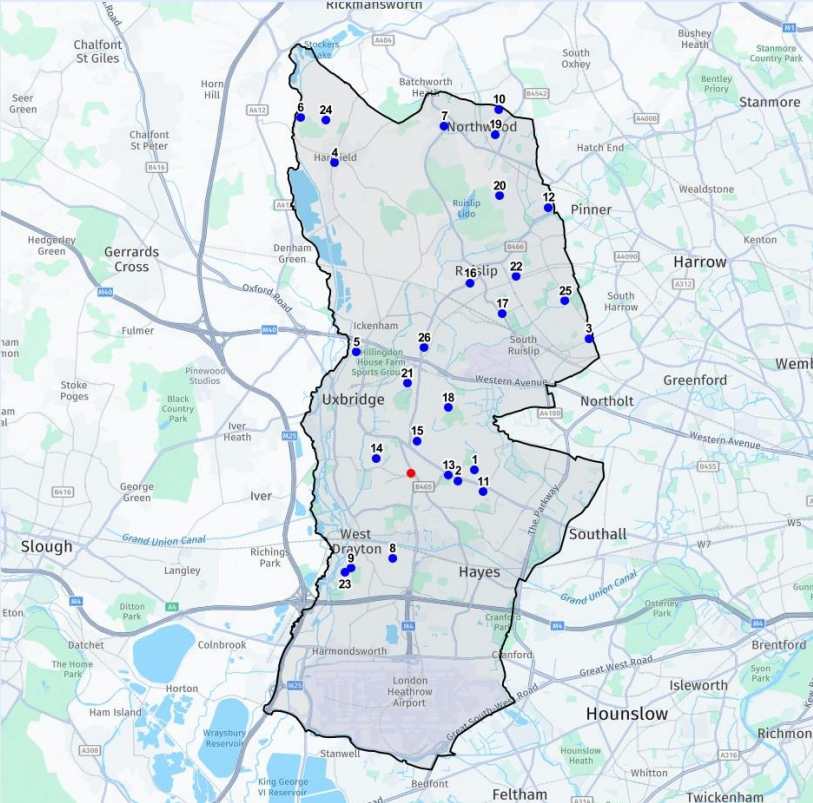
## Appendix I – Supply in Detail

Map Ref	Nursing/Residential	Name	Provider	Distance (miles)
1	Nursing	Ashwood	Bondcare (London) Limited	1.0
2	Nursing	Aston House	HC-One Limited	0.8
3	Residential	Brackenbridge House	GCH (South) Ltd	3.8
4	Nursing	Cedar House	HC-One Limited	5.4
5	Nursing	Clare House	Bupa Care Homes (BNH) Limited	2.3
6	Residential	Coppermill	Coppermill Care Limited	6.3
7	Nursing	Denville Hall	Denville Hall	5.8
8	Nursing	Drayton Village	GCH (North London) Ltd	1.5
9	Nursing	Franklin House	Care UK Comm. Partnerships Ltd	1.9
10	Nursing	Frithwood	M D Homes	6.4
11	Nursing	Hayes Cottage	Hayes Cottage Nursing Home Ltd	1.3
12	Nursing	High Meadows	Vivo Medical Care Limited	5.1
13	Nursing	Kingsley Court	Healthcare Homes (LSC) Limited	0.6

Map Ref	Nursing/Residential	Name	Provider	Distance (miles)
14	Residential	Marian House	Sisters of Sacred Hearts of Jesus and Mary CIO	0.6
15	Nursing	Parkfield House	Halton Services Limited	0.6
16	Residential	Poplars	Appcourt Limited	3.5
17	Nursing	Ruislip	Ruislip Care Home Limited	3.1
18	Residential	Ryefield Court	Berkley Care Ryefield Limited	1.3
19	Residential	Seymour House	Seymour House R C H Ltd	5.9
20	Nursing	St Vincent's	St Vincent's Charitable Trust	4.9
21	Residential	Sweetcroft	J & B Care Home Limited	1.5
22	Residential	The Boyne	The Boyne Care Home Limited	3.8
23	Residential	The Burroughs	Care UK Comm. Partnerships Ltd	2.2
24	Nursing	The Harefield	HC-One No.1 Limited	6.2
25	Residential	Whitby Dene	Care UK Comm. Partnerships Ltd	4.0
26	Residential	Woodlands	The Woodlands Care Home Ltd	2.2
TOTAL		26		



# Appendix I – Supply in Detail



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



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## Appendix I – Supply in Detail - Planning

Granted Consents			
Address	Scheme	Net New Ensuite Beds	Application Type Decision Date Reference
14 – 18 Pield Heath Rd / 2 Pield Heath Avenue Uxbridge UB8 3NF	New Care Home	60	Detailed 20 <sup>th</sup> December 2022 76760/APP/2022/1889
Seymour House 30 – 38 Chester Road Northwood HA6 1BQ	Extension / New Unit	26 (gross 29)	Detailed 3 <sup>rd</sup> September 2021 (Appeal) 50613/APP/2020/3628
Woodlands 84 Long Lane Hillingdon UB10 8SX	Extension	12	Detailed 23 <sup>rd</sup> June 2021 49936/APP/2021/1382
Cedar House Vine Lane Hillingdon UB9 6EB	Extension	9	Detailed 14 <sup>th</sup> February 2024 12019/APP/2021/2298

Note: The first consented application comprises the majority of The Site itself and has been excluded from further analysis within this HPC Care Home Need Assessment in order to avoid the potential for double counting.

Pending Applications			
Address	Scheme	Net New Ensuite Beds	Application Type Application Date Reference
Sweetcroft 53 Sweetcroft Lane Hillingdon UB10 9LE	Extension	4	Detailed 23 <sup>rd</sup> July 2024 5013/APP/2024/1990

## Appendix II – The Local Picture

We have given additional consideration to the dynamics across the Locality in terms of registered care provision for the elderly. 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 LaingBuisson research and the sector directory [www.carehome.co.uk](http://www.carehome.co.uk).

	Home	Registered Beds	Dementia Beds	Total Rooms	Ensuite Rooms
Residential Care	5	197	197	196	129
Nursing Care	9	536	444	519	492
<b>Total</b>	<b>14</b>	<b>733</b>	<b>641</b>	<b>715</b>	<b>621</b>

Utilising the same methodology as in Section 6, applying to the immediate population, we have calculated the statistical level of demand across the Locality. The table below compares the demand level with aforementioned supply. As identified, there is a significant level of Outstanding Need across the Locality.

	Current Total Elderly	2030 Total Elderly
<b>Demand</b>		
Statistical demand (incl. forecasts)	910	1,023
<b>Supply</b>		
Current supply of en suite bedrooms	621	621
<b>Outstanding Need</b>		
Under supply in terms of en suite bedrooms	289	402

Almost  
**300**  
ensuite bedrooms  
needed in the  
Locality



## Appendix III – The Care Home: Defined

Key care home definitions utilised by the Care Quality Commission (as regulator) comprise:

### Care Home Services without Nursing:

*'A care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated'.*

Alternative names for premises falling under the above definition are identified as (inter alia) residential home, rest home and convalescent home.

### Care Home Services with Nursing:

Mirrors the above definition with the addendum *'in addition, qualified nursing care is provided, to ensure that the full needs of the person using the service are met'.*

Alternative names for premises falling under the above definition are identified as (inter alia) nursing home and convalescent home with nursing.

In essence, a nursing home provides a level of care to service users with additional physical needs over and above those of a residential home occupant. Indeed, all persons are individual, and age is not a precise indicator of care need. For this reason, specialist accommodation for the elderly comprises a spectrum rather than single model. By way of reference, the diagram overleaf illustrates the various formats of accommodation available to older persons, providing a graduated level of care.

Care homes, from a planning perspective, are classified as Use Class C2 (Residential institutions) within the Town & Country Planning (Use Classes) Order 1987 with the definition being:

*'Use for the provision of residential accommodation and care to people in need of care (other than a use within Class C3 (dwelling houses)).*

*Use as a hospital or nursing home.*

*Use as a residential school, college or training centre.'*

It is not only care homes but also various formats of Housing with Care (also known as Assisted Living, Extra Care and Enhanced Sheltered Housing) that fall into Use Class C2. There are a number of key differences between a care home and Housing with Care from operational, accommodation and regulatory perspectives. This HPC Care Home Need Assessment restricts the scope of analysis to care home need.



## Appendix III – The Care Home: Defined



## Appendix IV – The Need for Quality

### Care Act 2014

The Care Act 2014 and implications of such upon the sector are briefly outlined within the Preface to this document. The thrust of the Act (as far as it relates to provision of care) is the requirement placed upon each local authority to ensure an appropriate provision.

A key driver of the statutory requirement is quality. For ease of reference, Part 1 Section 5 Paragraph 1b of the Care Act 2014 is reproduced once more below (underlined by author for emphasis):

*‘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 has a variety of high quality services to choose from’.*

Reading the above in conjunction with the National Minimum Standards for Care Homes for Older People published by central government over two decades ago, a single occupancy bedroom with, as a minimum, an en-suite WC and wash hand basin would appear to be a reasonable expectation.

### 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 IV – The Need for Quality

### Virus Spread

During the first 12 months of Covid in the UK, there were a staggering 29,275 deaths within a care home environment. Whilst the deaths can be attributed to a variety of reasons ranging from mismanagement at government level through to appropriate testing in situ, the pandemic also brought the nature of accommodation under scrutiny. Whilst we are (hopefully) experiencing the tail end of Covid, the lessons learnt remain important in terms of virus spread in general.

The first piece of comprehensive research into the association between care home accommodation and COVID 19 prevalence was carried out in Canada. '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.

**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.

More recently, in May 2023, the research document 'Building a resilient social care system in England – What can be learnt from the first wave of Covid-19?' was published. Authored by The Nuffield Trust and employees of The London School of Economics, the report was developed as part of the Social Care Covid Recovery and Resilience Project funded by the National Institute for Health and Care Research.

Section 5 to the report includes focus upon the care home estate with commentary scathing at times in respect of accommodation quality. The following Key Point at the commencement of the section (Page 66) is particularly relevant:

*'Those leading the response made assumptions that care home residents could be isolated but the old, converted buildings without en-suite bathrooms that make up a large proportion of the residential care estate made this very difficult'.*

Indeed, the Executive Summary to this report paints a particularly gloomy picture (underlined by author for emphasis):

*'A lack of sustained investment, and instead a reliance on sporadic injections of funding, over the preceding decade resulted in the sector entering the pandemic with patchy data, limited spread of technology and innovation and a residential care estate that was not fit for purpose'.*

## Appendix V – Central Government – Guidance & Statute

### The Planning Perspective

On 26th June 2019 the Ministry of Housing, Communities & Local Government published Planning Practice Guidance (PPG) entitled 'Housing for Older and Disabled People'. The PPG included the provision of care homes 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 need for no other form of development is identified as 'critical' within the PPG and the importance attached by central government to this sector was further underlined in December 2023 with publication (by the Department for Levelling Up, Housing and Communities) of the revised National Planning Policy Framework (NPPF). To quote central government, the NPPF '...sets out government's planning policies for England and how these are expected to be applied.'

Relevant revisions to the NPPF are contained within Section 5 'Delivering a Sufficient Supply of Homes' and we reproduce below in full Paragraphs 60 and 63 (underline by author for emphasis):

*'To support the Government's objective of significantly boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed, that the needs of groups with specific housing requirements are addressed and that land with permission is developed without unnecessary delay. The overall aim should be to meet as much of an area's identified housing need as possible, including with an appropriate mix of housing types for the local community.*

*Within this context of establishing need, the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies. These groups should include (but are not limited to) those who require affordable housing; families with children; older people (including those who require retirement housing, housing-with-care and care homes); students; people with disabilities; service families; travellers; people who rent their homes and people wishing to commission or build their own homes.'*

Specific reference to care homes for older people within Paragraph 63 of the revised NPPF is the first occasion this has happened and is reflective of central government acknowledgement that the need for such accommodation has become critical.

### The Care Perspective

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.

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 most relevant commentary from the first three paragraphs (underline by author for emphasis):

*(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—.....*

*(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;*

*(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 Care Act therefore requires a local authority to ensure not only an adequate quantity but also quality of care home provision.

## Appendix VI – Assumptions and Reservations

### 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.

### Document Purpose

The HPC Care Home Need Assessment has been produced for the sole purpose of assisting in the consideration of a planning application. HPC accept no liability should the document content be relied upon for any other purpose.

### 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 VII – HPC Profile

### HPC (Healthcare Property Consultants Limited)

Established in 2008 by Nigel Newton Taylor and Ian Wilkie (who remain the sole directors of the company), HPC is an award winning, independent firm offering specialist advice to those operating, developing and investing in the UK Social Care sector. Care category specialisms are varied including both residential and nursing care to the elderly, adults with physical/learning disabilities and mental health registrations including independent hospitals.

The nature of service includes transactional advice (both sales and acquisitions), consultancy and research. Based in North Yorkshire, services cover all areas of the UK.

### Nigel Newton Taylor (Author)

#### 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
- Feasibility provision to charitable organisations in respect of estate restructuring (YMCA, CLS Care Services)
- Expert Witness advice to legal and planning processes

### 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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