

R F EW SPRING / SUMMER 2020 ¢



MARKET SUMMARY

Time to applaud our NHS and social care workforce

It's been a whirlwind couple of months for everyone involved in the healthcare sector, but especially so for our NHS workforce and our 1.6 million strong adult social care workforce. While we should rightly applaud the NHS professionals working to save lives in hospitals, we cannot forget the role played by the adult social care sector and its various forms outside of hospitals. This includes the 685,000 people, mostly women, working in the residential care home sector. We can't yet say what the total death toll will be among our elderly population, but we can recognise the huge role being played by care home staff working to ease the burden on the NHS. Hopefully this recognition will become a positive legacy of this pandemic.

What are care operators telling us?

At the time of writing, many care operators are still in need of more testing kits and personal protective equipment. The routine risk of seasonal flu outbreaks means that many providers are highly skilled in infection prevention but COVID-19 is a far different story. The quarantining of residents and staff means that homes have been battling to uphold their usual levels of care, and operators have been unable to send sick residents to hospital or accept the same level of new residents. Excuse the obvious point, but effective testing will be vital in supporting operators to keep workers active, maintain occupancy levels and fundamentally limit further deaths. It's no surprise industry leaders have been putting continuous pressure

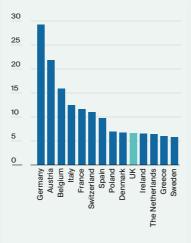
on the government to better support the sector – the government has made some assurances and hopefully this has manifested in a more adequate response throughout all regions of the UK.

Data and accurate reporting

Knight Frank have always put emphasis on the importance of data and analysis, but that emphasis has never been more critical. From a pure health and wellbeing perspective, we all need to best understand the scale and impact of this virus. While the government can more accurately record the number of COVID-19 deaths from hospitals, there have been difficulties in doing the same for deaths in the community and in care homes. Greater transparency will ultimately be helpful for everyone and both operators and the government are now expected to take a more collaborative approach to reporting deaths. Not forgetting financials, this data will also be vital in helping the sector to digest the damage to trading performance and plan for the future.

Short-term impact, long-term view

While we are still in the process of digesting the effect on our sector, there is clearly going to be a short-term impact. Some homes will likely see a significant fall in resident numbers: construction of much needed new care homes has paused; and transaction activity will fall as it has done across global sectors. As we switch from dealing with the pandemic to focusing on economic repair, it will be important to keep a long term view. While the care sector will make the headlines for some horrific reasons in 2020, the longterm fundamentals of this property sector Critical care beds per 100,000 people



Source: Rhodes, A., Ferdinande, P., Flaatten, H. et al. The variability of critical care bed numbers in Europe Intensive Care Med (2012), NHS Digital for UK data

will remain. A lot of care homes will need building to service the baby boom generation as they reach old age and even more investors will be attracted to the secure long-term income provided by healthcare assets. It's probably too early to be talking about the legacy of COVID-19, but the outbreak has already fostered greater recognition of the importance of both the NHS and private healthcare sector. The level of collaboration has been refreshing, but let's hope there is more centralised action beyond this pandemic.



Julian Evans, FRICS Partner. Head of Healthcare

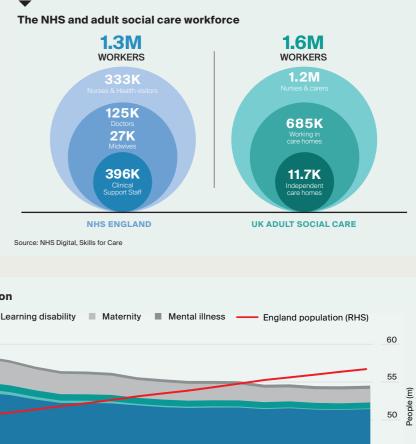
How prepared was our healthcare system?

Both the NHS and the government should be commended for the speed at which they armed the NHS to deal with the COVID-19 pandemic. As of January 2020, NHS England reported a total of 4,123 adult critical care beds. Yet in the space of a few months a number of key responses have occurred, including a major deal struck to block book a further 8,000 beds from the private sector and operation Nightingale, which introduced a potential 8,000 beds in temporary COVID-19 hospitals across the UK.

Despite the rapid response, looking at hospital bed provision compared to other advanced countries in Europe suggests the UK is undersupplied. The total number of hospital beds managed by NHS England has fallen 23% in the last 20 years, while the population of the country has increased by 15%. Furthermore, critical care bed provision in the UK equates to around 6.5 beds per 100,000 people compared to 29 beds in



inefficient healthcare system. The increase in delays for transfer of care,



NHS England hospital beds vs population ■ General & Acute* ■ Critical Care beds ■ Learning disability ■ Maternity 200,000 150.000 100.000 50.000 45 40 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

Source: NHS Digital, NHS England



ASSESSING THE IMPACT OF COVID-19

number of metrics suggest a strained and

normally referred to as "bed blocking" is one sign of inefficiency. This is when a

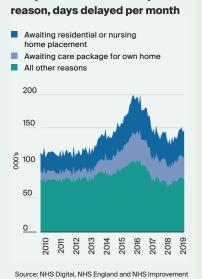
patient is ready for discharge from acute or non-acute care but is still occupying a bed in a hospital facility.

In 2010, NHS England was losing around 115,000 days a month to bed blockers and this number measured around 148,000 in 2020, after peaking in 2016 amid austerity measures. Perhaps more relevant are the reasons patients are blocking beds and here we can see that close to half (47%) are those

* Includes overnight and day beds

waiting for placement in a residential or nursing home or those awaiting a care package in their own home. While this is a complicated issue, part of the problem lies in poor lines of communication between the NHS and our adult social care system. With hospitals now a hotbed for COVID-19, it will be interesting to see how bed blocking numbers change during the pandemic - hopefully this crisis will help to foster greater efficiency in the system.

Delayed transfer of care by



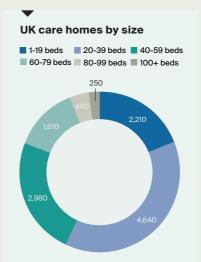
Impact on the care home sector

Initial global estimates suggested a mortality rate of 15% for those aged 80 and over, with even greater risks reported for those with severe health conditions. These estimates should be approached with caution, but naturally there is serious concern for residents in elderly care homes and the businesses that support them. Major operators are well-equipped to deal with seasonal flu, as well as diseases such as dementia and Alzheimer's, but COVID-19 is an unprecedented safety challenge. The death toll will impact occupancy in many individual care homes, but it is likely to have a more pronounced effect on smaller independent care homes, especially those that are not purpose built and without en suite facilities. Our current stock check shows that there are over 6,500 homes below the 40 bed marker – many of

these homes are even less than 30 beds. do not have the security of a large group backing and were not fit-for-purpose even prior to the pandemic. Hopefully, COVID-19 will elevate calls for an upgrade of much of the market

The outlook for care homes situated near major hospitals could be more positive, with the NHS looking to keep elderly people away from hospitals or discharge them sooner where possible. While many care homes operate at full occupancy, there are around 79,000 vacant care home beds in the UK and many of the most vacant will be situated near major UK hospitals. These homes may be able to maintain or bolster their occupancy by closely supporting the NHS, assuming that testing kits become more readily available. Other real estate assets such as hotels and student accommodation have also been identified to help accommodate NHS staff and outpatients although this may subside now that the peak of the virus has passed.

Adequate staffing is often a challenge for the sector, but even more so at present. With the workforce anxious about their own health and having to isolate when



symptomatic, absenteeism is an obvious

absorb another rise in the National Living

Wage (NLW), effective in April 2020. The

lack of personal protective equipment

sector, which relies on highly skilled but

highly controversial. Adequate provision

of testing kits would be a huge support to

the sector, allowing them to reassure staff

and admit new residents without fear of

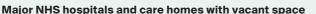
putting existing residents at risk.

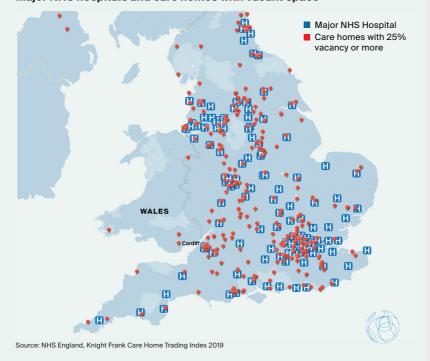
low-payed nurses and carers has been

and testing kits available to the care

outcome. Operators will also have to

Source: Tomorrow's Guides





KEEPING A LONG-TERM VIEW ON UK HEALTHCARE

Healthcare operators like most businesses are facing a very difficult year, but there are some key factors that will support long-term growth in the sector, beyond COVID-19. This is not to underestimate the challenge ahead, but to remind stakeholders that the fundamentals for this property sector are still robust.



New development is a huge opportunity

effect on our elderly population, even the and planning applications subject to worse-case scenarios will not be enough delays, but the building of new care to derail the growth in the number of over homes and other healthcare facilities 85's in the approaching decades. As the will be vital in servicing the demands current baby boom generation (currently of our ageing population. Demand for aged 55-75) enters old age we will see the greater standards of care, combined with over 85 population grow from 1.6 million greater awareness of diseases such as in 2020 to 2.8 million by 2040. As a share dementia and Alzheimer's have already of total population, 4% of the UK will be transformed care home design and fit out. over the age of 85 in 2040, compared to The potential for recession is likely to have 2.5% at present. This astonishing growth further implications for the investment market. We expect to see a flight to quality care facilities, among other healthcare among healthcare investors and new developments will be a vital way to access the prime end of the market.

will propel the demand for residential

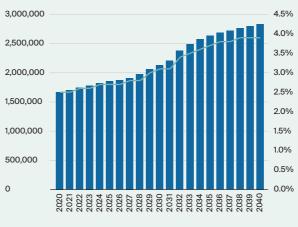
property classes.

will not change

Although the pandemic will have an

UK over 85 population growth projection

Over 85 population (LHS) Share of total population (RHS)



Source: ONS

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Construction sites have been on hold



UK healthcare has a global reputation

Despite the pandemic and the hotly discussed underfunding of the NHS, it's important keep in mind the UK's strong global reputation, both as a healthcare market and a destination for global capital. This was epitomised at the start of the year when U.S. based Medical Properties Trust (MPT) acquired a portfolio of 30 BMI hospitals (soon to be Circle Health) for record-breaking fee of £1.5 billion. There will inevitably be significant economic challenges as a result of the pandemic, but we should expect to see continued appetite from well capitalised domestic and global investors looking to de-risk from hotels and leisure backed assets into healthcare.



Recorded healthcare property investment

Source: Property Data



KNIGHT FRANK: HEALTHCARE SERVICES

Knight Frank's Healthcare team annually advises on in excess of £12 billion of healthcare assets and act for the vast majority of the UK's major operators, funds, investors and lenders in the sector.

Healthcare property specialists

The healthcare industry remains one of the fastest growing markets across the globe. Knight Frank's Healthcare team is valuer to the majority of the UK's major operators, funds, investors and lenders in the sector. Our network of UK offices enables our team to act for care providers, investors, developers and lenders to offer real estate services to the healthcare industry that are second to none. Knight Frank's dedicated and highly experienced team provides a discreet and efficient consultancy service, advising on the full spectrum of healthcare assets including:

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- Acute hospitals
- GP Surgeries
- Dentists and pharmacies
- · Schools and day nurseries
- Supported living and retirement villages
- · Development sites

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We believe that inspired teams naturally provide excellent and dedicated client service. Therefore, we've created a workplace where opinions are respected, where everyone is invited to contribute to the success of our business and

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Capital markets

Our Global Capital Markets Group has a reputation for acting on the most high



Healthcare Capital . Markets - 2020



European Healthcare -Elderly Care Market - 2020



Care Homes Trading Performance Review - 2019



UK Healthcare Development Opportunities 2019

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where they're rewarded for excellence. The result is that our people are more motivated, ensuring your experience with us is the best that it can be.

- offices, across all service lines.

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on £150bn of healthcare and

senior living assets and act

funds, investors and lenders

£150br OF ASSETS

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In the developed world (Europe, North America, Oceania, and Japan) the percentage share of over 65s is expected to grow from 19% to 26.6% by 2050



Mark Gallagher Executive Managing Director



Todd Perman Vice Chairman, Global

Healthcare Services



Chad Lavender Vice Chairman, Healthcare &



Alternative Real Estate Assets

Norm LeZotte Senior Managing Director 19%

The global elderly population (over the age of 65) is projected to grow from circa **700 million** to 1.5 billion by 2050 (United Nations Department of

• Economic and Social Affairs)

1.5

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Russell Allison Head of Health, Aged Care & Retirement



Tom Scaife Head of Senior Living







32% of global commercial real estate volumes are attributable to private capital



Shehzad Jamal Partner, Healthcare



Saurabh Mehrotra National Director -Valuation & Advisory







OUR PEOPLE

Agency and Development



Julian Evans, FRICS Head of Healthcare +44 20 7861 1147 julian.evans@knightfrank.com



Nick Kempster, MRICS Associate +44 20 7861 5265 nick.kempster@knightfrank.com



Joe Munro Graduate +44 20 3866 7816 joe.munro@knightfrank.com



Mandip Bhogal, ACCA Associate, Development Consultant +44 20 3869 4702 mandip.bhogal@knightfrank.com



Robert Stott Analyst +44 20 7861 1152 robert.stott@knightfrank.com



Julian Woolgar, MRICS Partner, West End +44 20 7861 1008 julian.woolgar@knightfrank.com



Alyssia Clare Personal Assistant +44 20 3967 7124 alyssia.clare@knightfrank.com

Corporate Consultancy





Senior Surveyor +44 20 7861 1564 william.freston@knightfrank.com

Consultant



William Freston, MRICS

Deborah Joynt, MRICS

deborah.joynt@knightfrank.com



Bianca Moore Team Secretary +44 20 3826 0604 bianca.moore@knightfrank.com

Commercial Valuations

Kieren Cole, MRICS









Rick Tarver, MRICS Partner +44 20 7861 1534 rick.tarver@knightfrank.com



Partner +44 20 3826 0686 mark.tyler@knightfrank.com

Mark Tyler, MRICS

Commercial Valuations Cont.



Iain McGhee, MRICS Partner +44 141 566 6026 iain.mcghee@knightfrank.com



Bela Chauhan, MRICS Associate +44 20 3897 0037 bela.chauhan@knightfrank.com



Joseph Hardy, MRICS Associate +44 20 3897 0018 joseph.hardy@knightfrank.com



James Mohsen Graduate +44 20 3995 0770 james.mohsen@knightfrank.com



Genevieve Lewis Team Secretary +44 20 7861 1164 genevieve.lewis@knightfrank.com



Jenny Noble Office Manager +44 20 3866 8040 jenny.noble@knightfrank.com

Research



Joe Brame Senior Analyst +44 20 3967 7139 joe.brame@knightfrank.com

Senior Living



Tom Scaife, MRICS Partner +44 20 7861 5429 tom.scaife@knightfrank.com

Building Consultancy



Charles Ingram-Evans, BSc Hons, MRICS Partner, Project & Building Consultancy +44 20 3826 0688 charles.ingramevans@knightfrank.com



Michael Brownsdon, MRICS, ATT Capital Allowances Advisor +44 20 3866 8046 michael.brownsdon@knightfrank.com

Debt Advisory



Lisa Attenborough, DipFS Partner, Head of Debt Advisor +44 20 3909 6846 lisa.attenborough@knightfrankfinance.com

Institutional Consultancy



Emma Cleugh Head of Institutional Consultancy +44 20 7861 5427 emma.cleugh@knightfrank.com

Retail



Andrew Thatcher Partner, Retail Advisory +44 20 7861 1657 andrew.thatcher@knightfrank.com

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