



Care Home Need Assessment

On behalf of Angela Swift Developments

Former Gomersal First School
Oxford Road
Gomersal
West Yorkshire
BD19 4JR

June 2026

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 2024 with publication of the revised **National Planning Policy Framework** (NPPF). The document makes specific reference to care homes for older people within Paragraph 63 and is reflective of central government acknowledgement that the need for such accommodation has become critical.

The Kirklees Local Plan was adopted on 27th February 2019. Section 8 of the Plan considers homes across the Borough and the opening words of Policy LP11 - Housing Mix and Affordable Housing - are key (underline by author for emphasis):

"All proposals for housing, including those affecting the existing housing stock, will be of high quality and design and contribute to creating mixed and balanced communities in line with the latest evidence of housing need..... This includes consideration of provision for those with specialist needs...."

This document has been designed to assess the level of need for older persons care home accommodation in order to enable consideration against the Local Plan policy.



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1. Introduction

Instruction

This report has been carried out on behalf of Angela Swift Developments (Gomersal) Limited (The Client). Instruction was confirmed by way of email correspondence from Mr G Kettlewell, Commercial Director, dated 21st May 2026.

Background

The purpose of this report is to provide an indication as to the need for the provision of registered care accommodation for older persons in the area around the former Gomersal First School, Oxford Road, Gomersal, West Yorkshire BD19 4JR (The Site).

The proposed development comprises an 84 bedroom care home (Use Class C2), purpose designed to facilitate care provision to older persons with increasingly complex care needs (whether physical or mental). The home will be registered with the Care Quality Commission.

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 38 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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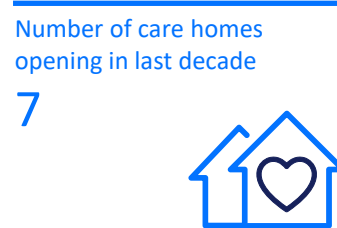
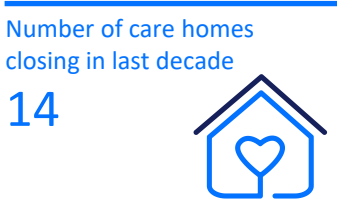
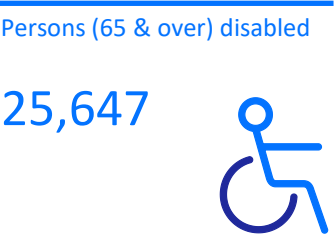
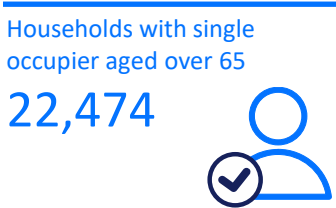
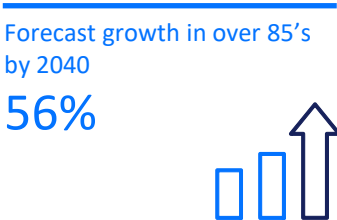
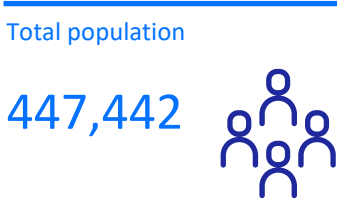
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2

Executive Summary



2.1 The Borough In Numbers



2.2 Conclusion

Relevant Commentary

“...residential care will remain appropriate for a core group of people with very high needs, but that the quality of much of this accommodation needs to be brought up to a higher standard to meet the needs and expectations of today’s clients...”

(Kirklees Strategic Housing Market Assessment 2016; Para. 7.57pt)

“There is increasing demand for specialist complex dementia care whether that be at home, short break or residential/nursing home.”

(Kirklees Adult Social Care Market Position Statement; People living with dementia)

“There is a growing need for dementia residential and nursing home provision locally, whilst we endeavor to support people for as long as possible in their own homes, or specialist extra care, there will always be a cohort of people living with dementia who require residential and nursing support.....There are opportunities to develop quality residential care and nursing homes offering a broad range of support.”

(Kirklees Adult Social Care Market Position Statement; People living with dementia)

“The care home market has a significant capacity-related issue relating to the growing number of individuals with complex needs. This is particularly pronounced in the care home sector supporting people living with dementia, both in nursing and residential settings. There is a lack of available in-area affordable nursing dementia care, which at times results in placements being commissioned out of area..... Demand for future care home places is likely to be from people with complex needs, requiring specialist support in environments suitable for people with reduced mobility or with advanced dementia.”

(Kirklees Adult Social Care Market Position Statement; Specialist accommodation)

Need Assessment Findings

- The PPG identifies the need to provide specialised accommodation for older people as being critical
- The NPPF specifically identifies a requirement to assess care home need (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 Kirklees is approaching 85,000
- The majority of total population growth across the Borough over the forthcoming decade results from the 65+ age group
- The number of persons aged 85+ across the Borough is forecast to increase by 56% by 2040
- There have been seven new care homes open over the past decade – comfortably short of replacing the 14 closures
- The Borough’s care home development pipeline is limited in the extreme
- The monthly cost to the NHS of Delayed Transfer of Care across the West Yorkshire NHS Integrated Care Board geography is circa. £843,000 due purely to care home capacity issues
- Kirklees Adult Social Care documentation confirms a ‘significant capacity-related issue relating to the growing number of individuals with complex needs’
- The Kirklees Strategic Housing Market Assessment (which informed the Local Plan) identified accommodation qualitative issues across the current Borough care home estate

Outcome

The following table overviews the HPC assessment of need for both 2026 and 2030 across the Borough of Kirklees:

Appropriate Accommodation	Current	2030
Statistical Demand	2,686	2,960
Current supply	2,367	2,367
Outstanding Need (ensuite beds)	319	593

- The above immediate outstanding need is also mirrored around the Site Locality. (Appendix II)
- The development pipeline falls woefully short of the outstanding need level. (Section 5.3)
- The rising demand for both specialist dementia and complex nursing care requires accommodation designed for purpose. The proposed development will incorporate the most recent design features to optimize complex care provision to the elderly. (Section 8.1)

The Borough hosts a rapidly rising elderly population. Whilst there has been care home development over recent years, this has been more than offset through attrition across the dated care home estate. For this reason, a need exists to not only meet the rising level of need for appropriate accommodation, but also offset the ongoing losses through care home closure.

2.3 Scheme Benefits

Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the Borough.

See page 23

Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the Locality.

See page 32

Offer a nature of accommodation fit for purpose in accommodating older persons with the increasing care need levels identified within Kirklees Adult Social Care documentation.

See page 25

Assist the local authority in meeting its statutory obligations imposed by the Care Act 2014.

See page 37

Provide the required capacity to facilitate hospital discharge, thereby reducing NHS costs and improving patient wellbeing.

See page 20

Enable older persons to vacate under-occupied dwellings for use as family housing.

See page 13

Reduce the impact risks of future pandemics through provision of environment specifically designed for purpose.

See page 36

Improve the overall environmental quality of the care home estate through development of modern accommodation designed for purpose.

See pages 15 & 26

Help offset future care home closures as dated premises become either unviable or unfit for purpose in the face of changing/increased care needs.

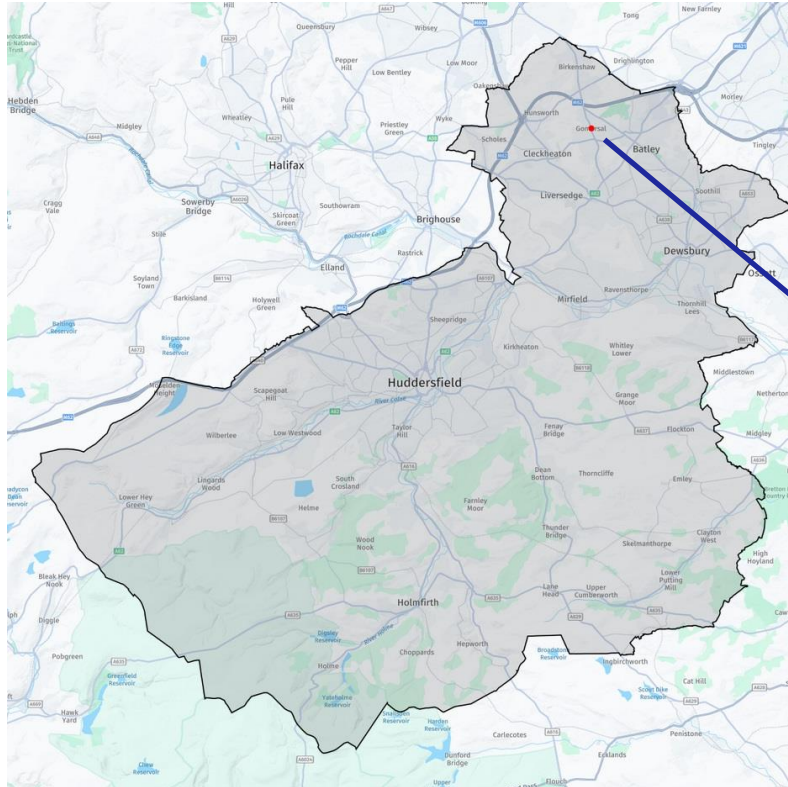
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Assessment Geography

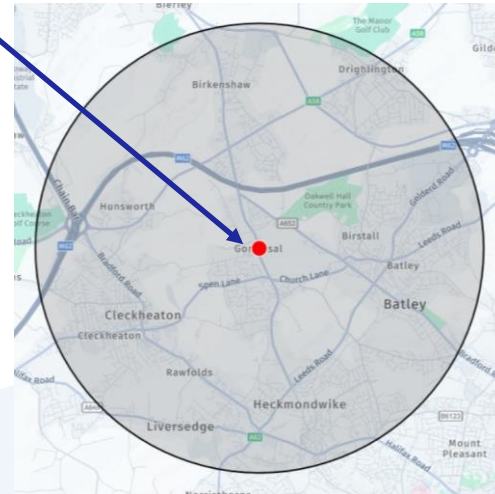


3.1 Primary Geography



In carrying out our research we have focused upon the Metropolitan Borough of Kirklees (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 2 miles from The Site (The Locality). Reflecting the relatively densely populated surrounding area, 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



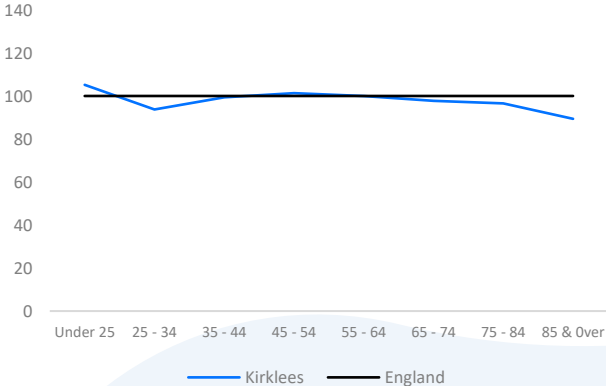
4.1 Age Breakdown

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 identified on the graph, the Kirklees age profile broadly mirrors the national picture.

Age Band	Borough
Under 25	134,783
25-34	55,217
35-44	60,486
45-54	55,523
55-64	57,586
65-74	42,680
75-84	30,792
85 & Over	10,375
Total	447,442



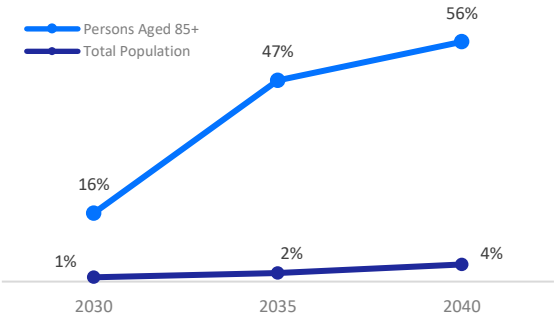
4.2 Population Movement

The following table details the projected population change in individuals over the age of 85 between 2026 and 2040.

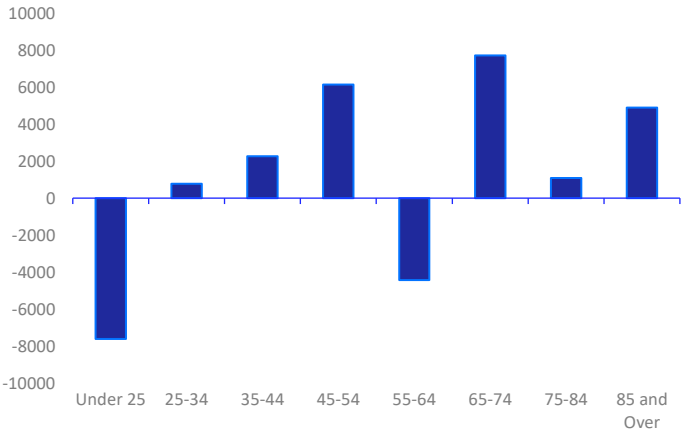
	2026	2030	2035	2040
Projection	10,375	11,984	15,266	16,168

The graph identifies projected population growth within the Borough on the bases of total population and persons aged 85+ in isolation. The identified growth rate is cumulative over the period, measured against the base year of 2026.

The number of people across the Borough over the age of 85 is forecast to rise by 56% by 2040 – a figure contrasting dramatically with the total population growth of 4%.



Over the forthcoming decade the population is forecast to rise (in total) from 447,442 to 458,262 in 2035. The numeric change in age bands over that period is charted below, clearly illustrating the level of growth in the elderly population.



56%

Increase in over 85's
by 2040

4.3 Health and Wellbeing

4.3.1 Dementia - National

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 & Wellbeing

4.3.2 Dementia - Boroughwide

The Projecting Older People Population Information system (POPPI) system was developed by the Institute of Public Care (IPC) at Oxford Brookes University. It is for use by local authority planners and commissioners of social care provision in England, together with providers. It is a programme designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over. We detail below the POPPI assessment of persons aged 65+ living with dementia across the Borough.

	2025	2030	2035	2040
Persons aged 65+ living with Dementia	5,681	6,368	7,122	7,814

In terms of methodology, POPPI is based upon the application of age banded prevalence rates. The rates are taken from Dementia UK: Update (2014) prepared by King’s College London and the London School of Economics for the Alzheimer’s Society. This report updates the Dementia UK (2007) report.

Whilst not all persons living with Dementia require care home accommodation, a significant proportion do. With the number of persons living with dementia set to increase by 38% by 2040, this rise should be reflected in future care home provision.



4.3.3 General Health



“There is a growing need for dementia residential and nursing home provision locally, whilst we endeavor to support people for as long as possible in their own homes, or specialist extra care, there will always be a cohort of people living with dementia who require residential and nursing support.”

(Kirklees Adult Social Care Market Position Statement 2025; People Living with Dementia)

4.3.4 Disability



4.4 Dwelling Occupation

It would be a misconception to think that the sole benefactors of new care home provision would be the local elderly population. The national housing shortage exists for numerous reasons, albeit there is no doubting that one of those reasons is the 'under occupation' of traditional family housing by older persons. The planning system continues to recognize the benefits of 'freeing up' that housing and we include below a sample of excerpts from recent appeal decisions:

"In terms of social benefits, the provision of a care home, in light of the acute need demonstrated, and the beneficial impact that would have in terms of the release of homes, in light of the Council's poor five year housing land supply, is a weighty consideration to which I attach more than considerable weight in favour of the appeal."

(APP/C1570/W/19/3234532. Decision 4th December 2019. Para 60)

"The provision of accommodation for the elderly is a social benefit..... This development would create specialist accommodation for a vulnerable group; indeed, it would provide end of life care and would increase the choice of accommodation locally. In consequence it would free up housing in the community on a recurring basis as it would accommodate those who can no longer take care of themselves in their own homes and for those who require specialist nursing care....."

(APP/Y3940/W/21/3276908. Decision 8th April 2022. Para 51pt.)

"However, there is the argument that the creation of elderly care accommodation leads to the opportunity for market housing to be freed up as a consequence of these residents moving out. The appellant has cited numerous decisions where this stance has been accepted by other Inspectors and I find no reason to adopt a different approach here. I therefore attach substantial weight to this argument due to the potential, and likely, release of general needs homes and opportunity for these to contribute to the housing supply."

(APP/W1905/W/24/3354867. Decision 20th June 2025. Para 38)

"Notwithstanding that the proposal is for a Class C2 residential institution comprising a specialist type of accommodation, it would nevertheless contribute to the Council's supply of housing through the release of general needs dwellings....."

(APP/B1605/W/22/3310455. Decision 2nd March 2023. Para 43pt.)

34,005

Households with all
occupiers aged over
65 are underoccupied

22,474

single person
households with
occupier aged over 65

5

Supply



5.1 Existing Care Home Overview

Category	Homes	Registered Beds	Dementia Beds	Ensuite Rooms
Residential	41	1,709	1,482	1,474
Nursing	20	986	771	893
Total	61	2,695	2,253	2,367

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 ensuite room number identified reflects rooms which have a minimum of WC and WHB. They are not necessarily 'full ensuites'.

From an accommodation perspective, the Borough care home estate is relatively typical – encompassing a complete mix of property ranging from converted period dwelling through to homes purpose designed over recent decades. The most recent home to commence trading comprises Lindley Park which opened its doors in 2025.

The nature of registration would not, however, reflect the national picture. Homes are skewed heavily towards residential care (rather than nursing). We would expect a more even split – especially as we continue to see a higher complexity of care needs within care home service users.

5.2 Appropriate Accommodation

Historic assessment of care home need has been, in many instances, inappropriate – failing to reflect reasonable expectations in the 21st century. It is therefore positive to note the planning process to have considered not only the quantitative aspect but also qualitative over recent years, with equal emphasis on each (ref. APP/A1530/W/24/3339756 by way of example).

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 – each of which are 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

This approach is further supported by recent specific appeal decision reference including:

“Many of the existing care homes in the catchment area are relatively old and include facilities which are now considered to be outdated, such as communal bathrooms.”

(APP/Q3115/W/24/3354458. Decision 9th May 2025. Para 102 pt.)

‘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.)

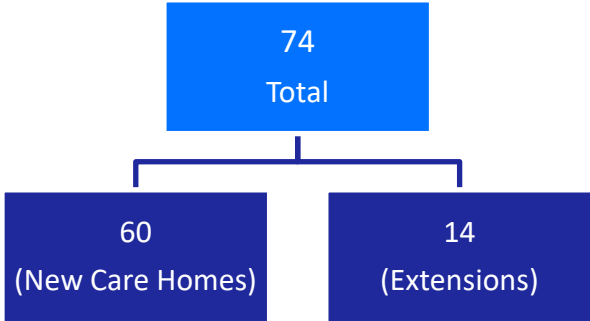
It is not in dispute between the Council and the Appellants that the existing buildings are no longer suitable for their current use: I agree. There is no level access from the street, and the buildings have a number of levels, with narrow corridors and a number of short staircases making them unsuited 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. 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 activity would appear limited to one new care home and two relatively small extensions – a total of 74 new ensuite bedrooms across the Borough.



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 2016 to date.

New Registrations	
Oak Park (2016)	66
Sycamore Park (2017)	46
Birch Park (2019)	86
Scissett Mount (2019)	85
Serene (2020)	35
Lindley Park (2025)	61
Eachstep Lockwood (2025)	42
Total Reg. Beds	421

Notes:

- Although CQC registration remained in situ, Norman Hudson care home closed in August 2023 before reopening as Eachstep Lockwood in April 2025
- St Margarets (closed 2024) had previously operated under the names of Batley Hall and Healing Hands
- Serene (opening 2020) is not a new facility but comprises West House which closed in 2015

Home Closures	
The Carlton (2016)	17
Ashleigh (2016)	37
Cowlersley Court (2016)	38
Highroyd (2016)	19
Woodlands (2017)	87
Blossom (2018)	20
Lyndhurst (2020)	15
Bryan Wood (2021)	45
Alwoodleigh (2022)	40
Newsome (2022)	46
Ashmeadows (2022)	17
Norman Hudson (2023)	42
Valley View (2024)	59
St. Margaret's (2024)	38
Total Reg. Beds	520

It would appear that, over the decade, the impact of new care home development has been more than offset by attrition. Indeed, the net loss of circa 100 registered beds is completely at odds with growth in population currently experienced.

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 many homes reliant upon accommodation converted from alternative use, 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.

14

Care Home closures
over the past decade

7

New Care Homes
registered over the
past decade



6

Demand



6.1 Statistical Demand

In considering the potential demand for elderly care throughout the Borough we analyse below the bed provision for key age groups based upon LaingBuisson research. This confirms the following proportions of England population living in a care home or long stay NHS setting as at March 2026:

- 65 – 74 years: 0.54%
- 75 – 84 years: 2.8%
- 85 and over: 13.0%

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 2,686 elderly care beds. This level of demand rises to 2,960 by 2030 and 3,464 by 2035.



The demand assessment methodology outlined alongside is used regularly in the planning process, acceptance being apparent not only during the application process but also ultimate appeal.

"The appellant has provided forecasts of the existing and future need and demand for care home spaces in the area. These forecasts have been produced in line with widely accepted methodology and the Council does not dispute its use in this case...."

(Appeal Decision APP/R0660/W/20/3264480; Paragraph 24pt)

"it is agreed by the Council and Appellant that another frequently used methodology within the sector is based upon care home occupancy by age based on prevalence rates researched by sector specialists LaingBuisson...."

(Appeal Decision APP/D3830/W/21/3281350; Paragraph 48pt)

6.2 Delayed Transfer of Care (Bed Blocking)

Each year the Care Quality Commission publishes its review of regulated services. The most recent review – [The state of health care and adult social care in England 2024/25](#) – was published in October 2025. The report highlights once more the delays in patient discharge from hospital which can be attributed to ‘*lack of capacity in social care services*’.

Delayed Transfer of Care (DTOC), or bed blocking as it is frequently referenced, is not only a significant public expense but, more importantly, impacts negatively upon patients from a wellbeing perspective – whether physical or mental.

In its 2025 Quality Watch research entitled ‘[Delayed discharges from hospital](#)’ the Nuffield Trust reported that delays, where a person has not been discharged from hospital despite being assessed as being medically fit to leave, are one of the biggest challenges facing the NHS. The research revealed that the total number of patients in acute hospitals who were ready to leave hospital but were delayed has increased by 43% between June 2021 and in June 2025. The cost to the public purse is staggering.

NHS England publishes DTOC data each month – on both national and local bases – within the [Acute Discharge Situation Report](#). Not only does the report include totals but also a breakdown with costs attributed to Reasons for Delay – a lack of available residential / nursing care home capacity being one such category. Key data supplied through the reports includes:

- An average current cost of £562 per person per day for a patient’s use of hospital services
- The average number of patients in hospital across the country (England) but no longer meeting the criteria to reside stands at 13,612 (April 2026).

The most recent monthly data (April 2026) identifies the relevant NHS Integrated Care Board (West Yorkshire) DTOC costs as follows:

Delayed Transfers of Care – West Yorkshire ICB – April 2026	
Daily average number of patients remaining in hospital who no longer meet the criteria to reside	766
Total cost of delayed bed days in the month	£12,915,884
Cost of delayed bed days in the month due specifically to capacity issues across residential / nursing care homes	£842,678

“One of the biggest challenges facing the NHS is that more patients are experiencing delayed discharges – whereby someone is deemed medically fit to leave hospital but is not yet discharged. Reversing this trend is a major system priority given rising waiting lists, overstretched A&E services, delayed ambulance handovers, and the risks that unnecessary long stays in hospital pose to patients.”

(Nuffield Trust ‘Delayed discharges from hospital’ Quality Watch 2025; Background)



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 Appendix V) 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.

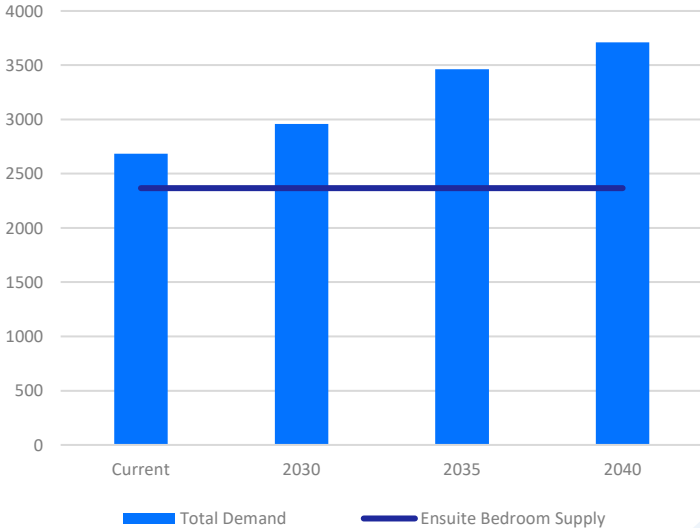


7.2 Overview

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 2,367 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
Demand		
Statistical demand (incl. forecasts)	2,686	2,960
Supply		
Current supply of en suite bedrooms	2,367	2,367
Outstanding Need		
Under supply of Appropriate Accommodation	319	593
Potential Supply Pipeline		
Undeveloped consented ensuite beds (net)	74	74

The table above identifies a significant level of outstanding need across the Borough. Indeed, the level of outstanding need is fast approaching 600 ensuite bedrooms by 2030.

As detailed at the base of the table, with limited development pipeline, the shortfall is set to increase over forthcoming years.

Current Need for additional

319

Ensuite bedrooms

8

The Local Authority Perspective



8.1 Care

Kirklees Council is the relevant care commissioning authority for the Borough.

Strategy is currently held within the [Kirklees Adult Social Care Market Position Statement 2025 Update](#) (MPS). We would regard this document as one of the more comprehensive MPS we have seen across the country. A summary of key content (relevant to this development proposal) would comprise:

- A firm desire to maintain independence across the older population. The thought process behind this is twofold. Firstly wellbeing, secondly the financial benefit of reducing care home placements in the face of a rising elderly population.
- Acknowledgement that, regardless of the above intent, there will always be a proportion of the older population for whom care home accommodation is the optimum choice.
- Identification of rising demand for care home beds providing specialist complex dementia care.
- Confirmation that the accommodation for individuals requiring specialist care needs to be suitably designed.

The MPS provides neither a detailed quantitative nor qualitative assessment of need relating to care homes for older people. It limits the assessment of future demand to 'Increasing' and current supply as 'Mixed'. Relevant text (alongside) does, however, confirm the increasing requirement for care homes to provide a nature of accommodation appropriate to the complex care (mental and physical) increasingly provided. The proposed development, designed for purpose, will align with that requirement.

"Establishing a clear long-term view of any market is difficult, what is clear in relation to the care market in Kirklees is that it will grow, and demand for more bespoke care and support will be seen."

(Kirklees Adult Social Care Market Position Statement; Risks in the current market)

"There is increasing demand for specialist complex dementia care whether that be at home, short break or residential/nursing home."

(Kirklees Adult Social Care Market Position Statement; People living with dementia)

"There is a growing need for dementia residential and nursing home provision locally, whilst we endeavor to support people for as long as possible in their own homes, or specialist extra care, there will always be a cohort of people living with dementia who require residential and nursing support.....There are opportunities to develop quality residential care and nursing homes offering a broad range of support."

(Kirklees Adult Social Care Market Position Statement; People living with dementia)

"The care home market has a significant capacity-related issue relating to the growing number of individuals with complex needs. This is particularly pronounced in the care home sector supporting people living with dementia, both in nursing and residential settings. There is a lack of available in-area affordable nursing dementia care, which at times results in placements being commissioned out of area..... Demand for future care home places is likely to be from people with complex needs, requiring specialist support in environments suitable for people with reduced mobility or with advanced dementia."

(Kirklees Adult Social Care Market Position Statement; Specialist accommodation)



8.2 Housing

Current planning policy is contained within the [Kirklees Local Plan](#) (adopted 2019). Work on the Kirklees Local Plan update commenced in November 2023. Whilst we understand that a Strategic Housing Market Assessment is currently being compiled, the Local Plan relies upon the now dated [Kirklees Strategic Housing Market Assessment 2016](#).

The [Kirklees Specialist Accommodation Strategy 2022 – 2030](#) (KSAS) forms part of the overall Kirklees Housing Strategy. It should, in considering content, be noted that the strategy specifically relates to individuals ‘*that the local authority and our health partners support*’. We know from the MPS that circa. 30% of care home residents in the Borough do not qualify for public care funding.

The KSAS aligns with the Adult Social Care MPS in targeting prolonged independence across the elderly population whilst also acknowledging that ‘*there will always be people who require some form of specialist accommodation commissioned or funded by the local authority who are not able to live in adapted general needs housing or may have care needs that cannot be met by community support or home care*’.

“We are open to a range of accommodation scenarios; however, we do not see care homes growing at the same pace as other parts of the sector, except in dementia nursing provision.”

(Kirklees Specialist Accommodation Strategy 2022 - 2030; Para 9.86)

“...residential care will remain appropriate for a core group of people with very high needs, but that the quality of much of this accommodation needs to be brought up to a higher standard to meet the needs and expectations of today's clients...”

(Kirklees Strategic Housing Market Assessment 2016; Para. 7.57pt)



Appendices



Appendix I – Supply in Detail

Map Ref	Nursing / Residential	Name	Provider	Distance (miles)
1	Residential	Abbey Care Village	WCG Abbey Ltd	6.2
2	Nursing	Aden Court	Aden House Limited	6.9
3	Nursing	Aden Mount	Aden House Limited	7.9
3	Residential	Aden View	Aden House Limited	7.9
4	Residential	Ashcroft	Continuum Healthcare Limited	1.2
5	Residential	Ashworth Grange	Ideal Carehomes Limited	3.5
6	Nursing	Astley Grange	Astley Grange Care Home Limited	5.8
7	Nursing	Aston Manor	Mauricare Limited	3.4
8	Residential	Bell House	Bellhouse Care Home Limited	11.8
9	Nursing	Birch Park	Bondcare (Darrington) Limited	1.3
10	Residential	Botham Hall	Marton Care Homes Ltd	8.8
11	Residential	Castle Grange	Kirklees Metropolitan Council	8.1
12	Residential	Claremont House	Kirklees Metropolitan Council	1.7

Map Ref	Nursing / Residential	Name	Provider	Distance (miles)
13	Residential	Clayton House	WCG Clayton Ltd	9.9
13	Residential	Clayton Lodge	WCG Clayton Ltd	9.9
14	Nursing	Cleveland House	Bupa Care Homes (GL) Limited	7.4
15	Residential	Crimson Manor	Crimson Care Limited	8.9
16	Nursing	Croftland	Croft Carehomes Limited	8.4
17	Nursing	Eachstep Lockwood	Park Homes (UK) Limited	8.3
18	Nursing	Eden Court	Zenith Care Ltd	1.0
19	Nursing	Fieldhead Court	Roche Healthcare Limited	5.6
20	Nursing	Fieldhead Park	Roche Healthcare Limited	3.5
21	Residential	Garlands	Garlands Residential Care Home Ltd	2.0
22	Residential	Greenacres	Ideal Carehomes Limited	11.8
23	Nursing	Hartshead Manor	Roche Healthcare Limited	2.8
24	Nursing	Holme House	Milelands Limited	0.3

Appendix I – Supply in Detail

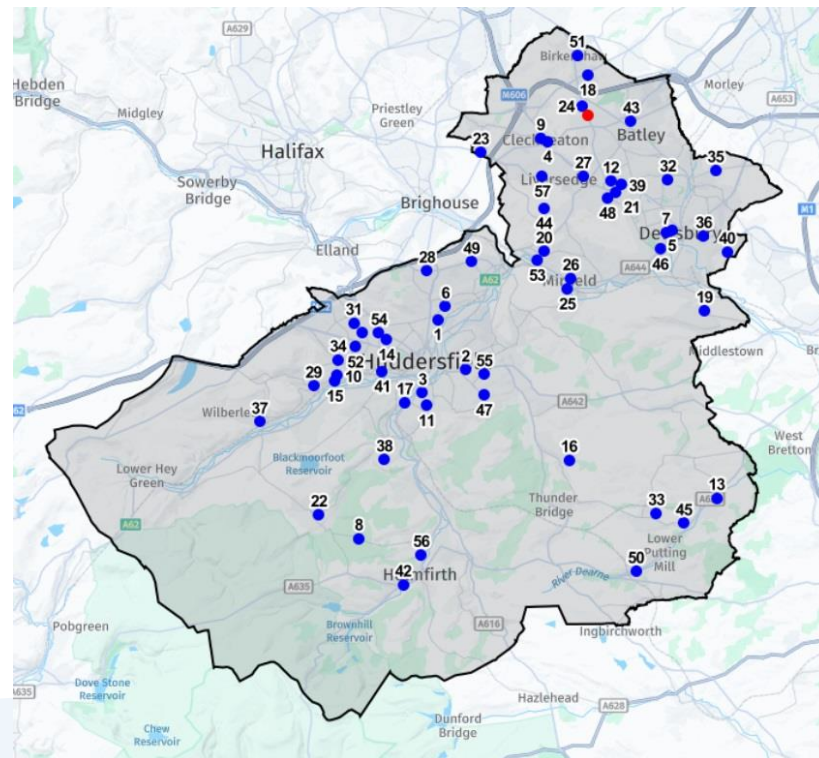
Map Ref	Nursing / Residential	Name	Provider	Distance (miles)
25	Residential	Hopton Cottage	Hopton Care Cottages Limited	4.3
26	Residential	Ings Grove House	Kirklees Metropolitan Council	4.0
27	Nursing	Ings House	Ings House Care Limited	1.5
28	Residential	Jasna Gora	Society Of Christ (Great Britain)	5.5
29	Residential	Knowle Court	Knowle Court Limited	9.4
30	Nursing	Lindley Grange	Bupa Care Homes (GL) Limited	7.6
31	Residential	Lindley Park	Torwood Care (Huddersfield) Ltd	7.6
32	Nursing	Linson Court	Constantia Healthcare Limited	2.5
33	Residential	Longroyds & Pilling House	Hill Care Limited	9.9
34	Residential	Longwood Grange	Longwood Care Home Limited	8.5
35	Residential	Lydgate Lodge	Ideal Carehomes Limited	3.4
36	Nursing	Manor Croft	Constantia Healthcare Limited	4.1
37	Residential	Meadow Court	Meadow Court Limited	11.0

Map Ref	Nursing / Residential	Name	Provider	Distance (miles)
38	Residential	Moorlands Grange	Kirklees Metropolitan Council	9.8
39	Residential	Newlands Hall	Regency Healthcare Limited	1.9
40	Residential	Oak Park	Bondcare (Darrington) Limited	4.8
41	Residential	Paddock Lodge	Paddock Lodge Care Home Limited	8.0
42	Residential	Park Riding	Park Riding LLP	12.3
43	Residential	Priestley	Highgate Care Services Ltd	1.1
44	Residential	Roberttown	Roberttown Care Home Limited	2.5
45	Nursing	Scissett Mount	TLC Care Management Ltd	10.2
46	Residential	Serene	Serene Residential Care Limited	3.7
47	Nursing	Southfield Court	Southfield Court Care Home Limited	7.3
48	Residential	Spen Court	Barchester Healthcare Homes Ltd	2.1
6	Residential	Sun Woodhouse	Valorum Care Limited	5.8
49	Residential	Sycamore Park	Bondcare (Darrington) Limited	4.6

Appendix I – Supply in Detail

Map Ref	Nursing / Residential	Name	Provider	Distance (miles)
50	Residential	The Denby at Denby Dale	HC-One Limited	11.2
51	Residential	The Hawthornes	Highgate Care Services Ltd	1.5
52	Residential	The Oakes	HC-One Limited	8.0
53	Residential	The Radcliffe	Radcliffe Care Home Ltd	3.7
54	Nursing	Thornhill	Monshaw Limited	7.4
55	Residential	Tolson Grange	Anchor Hanover Group	6.8
56	Residential	White Rose House	White Rose House Care Home Ltd	11.5
57	Residential	Willow House	Willow House Residential Home	1.9
36	Residential	York House	Highgate Care Services Ltd	4.1
TOTAL		61		

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



Appendix I – Supply in Detail - Planning

Granted Consents

Address	Scheme	Net New Ensuite Beds	Application Type Decision Date Reference
Adj 21 Thomas Street Lindley Huddersfield HD3 3JJ	New Development	60	Detailed 18 th December 2023 2023/62/91408/W
Knowle Court 38 Knowl Road Golcar HD7 4AN	Extension & reconfiguration	4	Detailed 31 st May 2024 2024/62/90919/W
Botham Hall Botham Hall Road Milnsbridge HD3 4RJ	Extension	10	Detailed 17 th March 2022 2021/62/93603/W

Pending Applications

Address	Scheme	Net New Ensuite Beds	Application Type Application Date Reference
-	-	-	-

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.

Category	Homes	Registered Beds	Dementia Beds	Ensuite Rooms
Residential	7	243	173	202
Nursing	4	231	186	179
Total	11	474	359	381

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
Demand		
Statistical demand (incl. forecasts)	440	492
Supply		
Current supply of en suite bedrooms	381	381
Outstanding Need		
Under supply in terms of en suite bedrooms	59	111

111
ensuite bedrooms
needed in the
Locality by 2030

Appendix III – The Care Home: Defined

There is no one definition of a care home. Planning Practice Guidance (Housing for Older and Disabled People) advises as follows:

“Residential care homes and nursing homes: These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living. They do not usually include support services for independent living. This type of housing can also include dementia care homes.”

(Paragraph 010 Reference ID: 63-010-20190626)

All care homes are registered with (and regulated by) the Care Quality Commission who categorise under two ‘Types of Service’ – Residential and 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.

Care homes 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. 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. There are a number of key differences between a care home and Housing with Care from operational, accommodation and regulatory perspectives. By way of reference, the diagram overleaf illustrates the various formats of accommodation available to older persons, providing a graduated level of care. 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 4.1m² per resident
- An ensuite facility for each bedroom (WC and wash hand basin as a minimum)
- Single occupancy room provision only
- Each bedroom to measure, as a minimum, 12m² (net of ensuite facility)

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

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

Appendix IV – 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 2024 with publication 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 NPPF content is contained within Section 5 'Delivering a Sufficient Supply of Homes' and we reproduce below in full Paragraphs 61 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 an area's identified housing need, 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 (including Social Rent); families with children; looked after 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 NPPF was first made in the 2023 update - reflective of ongoing 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 social care agency, 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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