# **APPENDIX 1 TABLES**

**Table 1 Influence of commissioners, providers, national policy and the general social and economic environment on Sheffield’s social care market**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Market driver** | **Council’s market influence** | **Providers’ market influence** | **National policy influence** | **Social and economic forces** |
| **Underlying demand** | Limited influence, through support for carers | None | Potentially some influence, through support for carers | Population ageing, wealth and availability of informal care |
| **Expressed demand** | Substantial influence on Council-funded demand through application of eligibility criteria. The Council purchases about 45-46% of overall bed capacity (all ages). |  | Strong central government influence in grant funding to councils and precept limits; the level of private pay (and public pay) demand is directly impacted by: current means testing rules; prospective social care reforms including Clause 18(3), lifetime care cost cap and asset threshold; and eligibility rules for NHS continuing healthcare and NHS FNC | Private payer demand is determined by available wealth (mainly owner-occupied property) and income of service users and their families. NHS demand is determined by the number of people seeking continuing healthcare and NHS interpretation  of eligibility rules. Both can crowd out Council placements. |
| **Volume and diversity of provision** | Fees (price signals) paid by the Council are one of the major factors influencing the volume and diversity of provision. Other than general market price signals, the Council encourage care providers to invest in Sheffield. The Council has significant control over the balance of publicly-paid residential / domiciliary care. | Control over the scale and physical state of the asset (on initial investment); control on day to day operations; control on market positioning (e.g public pay/private pay and client profile), though new development by local providers is constrained by sources of finance for investment and by staff shortages, while national providers exhibit little appetite for investment in Sheffield. Provision can be negatively impacted by poor business decisions by providers leading to business failures. | Limited regulatory controls (low barriers to entry in the form of CQC registration, planning permission, etc.) | Consumers (private payers) drive volume and diversity via choice, but choice is reduced in less populous areas. |
| **Staff recruitment and retention** | The council can promote fair terms and conditions for the workforce employed by contracted care providers. The council has a limited influence in practice on affordable housing availability, which constrains labour mobility | In principle, providers have control of the pay, terms and conditions, training opportunities and career progression they offer, but they operate in a competitive market and in practice have limited discretion | Substantial influence on price and supply of labour through minimum wage regulations, benefits rules which disincentivise extension of part-time working hours for care workers on benefits, and immigration rules. Substantial influence on the availability of registered nurses, through limited training places and absorption of available nurses by the NHS. Potentially strong government influence on availability of affordable housing which currently constrains labour mobility. If funding for councils is insufficient this will suppress the ability to pair a fair fee rate and therefore the ability to fund a living wage. | Outward migration of younger people reduces the pool of available labour for social care in Sheffield. For historic reasons, social care has become established as a low-pay sector, in Sheffield as in England. The low-paid workforce has little market power. General economic conditions can impact significantly. For example social care has some counter-cyclical' attributes, with recruitment and retention pressures easing when the economy is in recession. |
| **Costs of providing care** | Some influence through contractual requirements. | Control over efficiency, and significant control over staff input (subject to CQC regulation), but little control over supply chains, in particular the price and availability of labour | Substantial influence through employment regulations (National Living Wage, minimum paid holiday, employers pension contributions, etc) and taxation (employers national insurance). Potential to offer more support with rising costs, such as energy prices. | As above |

**Table 2 People aged 65+ accessing services at year end per 100,000 resident population 65+, Sheffield and comparator local authorities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Nursing | Residential | Nursing + Residential | CASSR Managed Personal Budgets | Ratio of Managed Personal Budgets to Nursing + Residential Care |
| Sheffield | 475 | 956 | 1,431 | 2,788 | 1.9 |
| Birmingham | 710 | 1,031 | 1,740 | 1,988 | 1.1 |
| Bristol | 904 | 779 | 1,683 | 1,982 | 1.2 |
| Leeds | 464 | 909 | 1,373 | 2,032 | 1.5 |
| Liverpool | 568 | 1,279 | 1,847 | 2,984 | 1.6 |
| Manchester | 756 | 1,502 | 2,258 | 3,178 | 1.4 |
| Newcastle | 520 | 1,324 | 1,844 | 2,692 | 1.5 |
| Nottingham | 395 | 1,492 | 1,888 | 3,367 | 1.8 |
| Yorkshire and the Humber | 265 | 897 | 1,162 | 1,287 | 1.1 |
| England | 388 | 881 | 1,269 | 1,678 | 1.3 |
| Sources: |  |  |  |  |  |
| SALT statistics 2020/21 for people accessing services | | |  |  |  |
| <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2020-21> | | | | | |
| and NOMIS for resident populations | |  |  |  |  |

**Table 3 Fees paid to external care providers, self-reported local authority returns 2020-21, Sheffield and comparator local authorities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Local authority** | **Average amount paid to external providers for home care (£ per contact hour): 2020-21 counterfactual** | **Average amount paid to external providers of care homes without nursing for clients aged 65+ (£ per client per week): 2020-21 counterfactual** | **Average amount paid to external providers of care homes with nursing for clients aged 65+ (£ per client per week): 2020-21 counterfactual (EXCLUDING NHS FNC)** |
| Birmingham | £15.27 | £537 | £617 |
| Bristol UA | £18.96 | £726 | £740 |
| City of Nottingham UA | £16.66 | £580 | £624 |
| Leeds | £17.48 | £610 | £661 |
| Liverpool | £16.04 | £523 | £569 |
| Manchester | £16.41 | £528 | £564 |
| Newcastle upon Tyne | £16.18 | £740 | £824 |
| Sheffield | £17.60 | £505 | £505 |
| England | £17.85 | £646 | £698 |

Source: iBCF data

<https://www.google.com/search?q=Table+A%3A+Fees+paid+to+external+care+providers%2C+Self-reported+local+authority+returns%2C+2020-21&rlz=1C1GCEU_en-GBGB956GB956&oq=Table+A%3A+Fees+paid+to+external+care+providers%2C+Self-reported+local+authority+returns%2C+2020-21&aqs=chrome..69i57.448j0j15&sourceid=chrome&ie=UTF-8>

* Note the figures for displayed above for Sheffield are median averages but may not be for all authorities. The median and mean figures can be found on the above link.

**Table 4 Care homes with a primary specialism of older people (65+) or dementia, Sheffield and England comparators, September 2022**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Sheffield** | | **England Comparators** | |
| **Supply side data** | **Homes** | **Beds** | **Homes** | **Beds** |
| Capacity in care homes without nursing | 34 | 1,366 | 5,349 | 182,630 |
| Capacity in care homes with nursing | 36 | 2,186 | 3,669 | 202,904 |
| Capacity in all care homes in scope | 70 | 3,552 | 9,018 | 385,534 |
| Average size (beds) of care homes without nursing |  | 40 |  | 34 |
| Average size (beds) of care homes with nursing |  | 61 |  | 55 |
| Care homes without nursing, beds per 1,000 population 75+ |  | 30 |  | 33 |
| Care homes with nursing, beds per 1,000 population 75+ |  | 48 |  | 37 |
| All care homes in scope, beds per 1,000 population 75+ |  | 78 |  | 71 |
| Estimated occupancy rate (occupied beds / registered beds) |  | 84% |  | 85% |
| Purpose built homes | 56 | 2,892 | 3,667 | 207,782 |
| Purpose built as share of all capacity | 80% | 81% | 41% | 54% |
| Share of bed capacity first registered since 2000 |  | 26% |  | 31% |
| For-profit share of independent sector capacity |  | 77% |  | 84% |
| Not-for-profit share of independent sector capacity |  | 23% |  | 16% |
| Share of homes rated Good or Outstanding | 86% |  | 77% |  |
|  |  |  |  |  |
| **Demand side data** | **Sheffield** | | **England** | |
| Estimated care home residents, all funding sources, all ages (October 22) | 3,500 | | 294,000 | |
| Council funded placements, all ages | 1,900 | | 128,000 | |
| Private pay residents (estimate) all ages | 1,300 | | 139,000 | |
| NHS-funded residents (estimate) all ages | 300 | | 27,000 | |
| Private pay % | 37% | | 47% | |
| Estimated care home residents, all funding sources, per 1,000 75+ population | 65 | | 60 | |
| Council funded placements per 1,000 75+ population | 31 | | 26 | |
| Median council-funded gross residential care costs per service user per week | £547 | | NA | |
| Median Council-funded gross nursing care costs per service user per week, Sept 22, inclusive of NHS FNC | £756 | | NA | |

Sources: Supply side from CQC data supplemented by LaingBuisson research. Demand side from Sheffield City Council and SALT statistics for England

**Table 5 Care homes in Sheffield with a primary specialism of older people (65+) or dementia, by provider category and scale of provision**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **<15 Beds** | **15-29 Beds** | **30-44 Beds** | **45-59 Beds** | **60-74 Beds** | **75+ Beds** | **All Homes Beds** | **All Homes Beds %** |
| Private Company (Private Equity Backed) | - | - | 41 | 50 | 183 | 85 | 359 | 10.1% |
| Private Company | - | 153 | 241 | 166 | 588 | 284 | 1,432 | 40.3% |
| Partnership or Individual Owned | - | - | - | 104 | 74 | - | 178 | 5.0% |
| Provident Association or Subsidiary | - | - | - | - | 70 | - | 70 | 2.0% |
| Organisation formed to operate former Local Authority Homes | - | - | 160 | 162 | 136 | - | 458 | 12.9% |
| Housing Association/Social Landlord | - | - | 40 | - | 60 | - | 100 | 2.8% |
| Charity | - | - | 32 | 47 | 60 | - | 139 | 3.9% |
| Other | 7 | 196 | 182 | 98 | - | 337 | 820 | 23.1% |
| ALL PROVIDER CATEGORIES | 7 | 349 | 696 | 627 | 1,171 | 706 | 3,556 | 100% |

Source: LaingBuisson data warehouse

**Table 6 League table of operators of care homes with a primary specialism of older people (65+) or dementia in Sheffield**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Care home group** | **Sector** | **homes** | **beds** | **share** |
| Sheffcare Ltd | Not-For-Profit | 9 | 458 | 13% |
| Roseberry Care Centres | For-Profit | 4 | 302 | 9% |
| Portland Care | For-Profit | 3 | 293 | 8% |
| Hermes Care | For-Profit | 5 | 158 | 4% |
| HC-One | For-Profit | 3 | 151 | 4% |
| Four Seasons Health Care | For-Profit | 2 | 147 | 4% |
| Anchor | Not-For-Profit | 3 | 139 | 4% |
| Palms Row Health Care Limited | For-Profit | 2 | 134 | 4% |
| Country Court Care Homes Limited | For-Profit | 2 | 124 | 3% |
| Hill Care | For-Profit | 1 | 88 | 2% |
| Towerview Care | For-Profit | 1 | 76 | 2% |
| Carewise Homes Ltd | For-Profit | 2 | 72 | 2% |
| Regal Care | For-Profit | 1 | 70 | 2% |
| Bupa UK Care Services | For-Profit | 1 | 70 | 2% |
| Burlington Care Ltd | For-Profit | 1 | 67 | 2% |
| Silver Healthcare Ltd | For-Profit | 2 | 67 | 2% |
| Monarch Healthcare Ltd | For-Profit | 1 | 67 | 2% |
| Bondcare Group | For-Profit | 1 | 66 | 2% |
| Akari Care | For-Profit | 1 | 61 | 2% |
| Sanctuary Housing Association | Not-For-Profit | 1 | 60 | 2% |
| Brancaster Care Homes Limited | For-Profit | 1 | 57 | 2% |
| Marjara Care Group | For-Profit | 1 | 54 | 2% |
| Your Care Provider Ltd | For-Profit | 1 | 51 | 1% |
| Logini Care Solutions Ltd | For-Profit | 1 | 44 | 1% |
| Care Concern Group | For-Profit | 1 | 44 | 1% |
| South Yorkshire Housing Association Ltd | Not-For-Profit | 1 | 40 | 1% |
| Other (Group) Capacity |  | 2 | 69 | 2% |
| Other (Non Group) Capacity |  | 16 | 520 | 15% |
| Total Capacity (Group and Non Group) |  | 70 | 3,549 | 100% |

Source: LaingBuisson data warehouse + local intelligence

**Table 7 Domiciliary care services (18+), Sheffield and England comparators, September 2022**

|  |  |  |
| --- | --- | --- |
|  | **Sheffield** | **England** |
| **Supply side data** |  |  |
| Number of registered domiciliary care services | 95 | 9,220 |
| For-profit share of independent sector services | 95% | 87% |
| Not-for-profit share of independent sector services | 5% | 13% |
| Share of services rated Good or Outstanding | 79% | 87% |
| Estimated service users per domiciliary care service | 34 | 39 |
|  |  |  |
| **Demand side data** | **Sheffield** | **England** |
| Domiciliary care service users (estimated total, all funding sources) 1 | 3,230 | 362,000 |
| Domiciliary care service users (council funded) 2 | 2,370 | 220,000 |
| Other domiciliary care service users (estimated private payers plus NHS) | 860 | 142,000 |
| Private payers and NHS-funded domiciliary care service users as % of total | 27% | 39% |
| Domiciliary care service users per 1,000 population 18+ (estimated total, all funding sources) | 10 | 10 |
| Estimated domiciliary care contact hours per year (millions) | 1.7 | 160 |
| Gross council-paid hourly fee rate for domiciliary care 2022/23 | £19.25 | NA |

1 Estimated by multiplying average personal care service users, extracted from CQC inspection reports, by the number of registered domiciliary care services

2 Sheffield City Council for number of homecare packages in place at October 2022