

Adult Health and Social Care Benchmarking Report

Summary Report: September 2023

1. Purpose of Report

- 1.1 This report provides benchmarking information in relation to support provision, costs and use of Sheffield's resources.
- 1.2 The benchmarking is undertaken using a comparison to Core English Cities, the Yorkshire and Humber region, our CIPFA comparator group and the average for English local authorities.
- 1.3 Benchmarking data refers to the 2021/22 financial year. This is relatively old data and much has changed since then but this is the most recent comparative data available.
- 1.4 Data sources outside of our own local records rely upon the [LG Inform website](#) and the SALT data returns. These datasets are built up from local authority returns, and therefore by their nature must be treated with a degree of caution – the interpretation of questions or the categorisations of costs may vary and therefore create anomalies within the data.
- 1.5 It should be kept in mind throughout the report that an annual increase in costs is to be expected, as we uplift provider fees on an annual basis. If the amount of support remained static we would normally expect a cost increase of about 5% per year subject to inflation.

2. Executive Summary

- 2.1. An anomaly in the overall numbers reported in 20/21 has resulted in an apparent reduction in client numbers that has not been seen in reality. The 20/21 total figure and figure for community support both included approximately 2,400 people receiving support from the mental health care trust staff – i.e. contact time rather than commissioned social care. The figures for 21/22 more closely reflect our own data on client numbers for commissioned services.
- 2.2. Across all categories and taken as a whole, Sheffield had
 - a. a low proportion of people in residential care and an average number of people in nursing care.
 - b. above average numbers of community support clients. We are not an outlier, but other areas support fewer people. Sheffield's cohort has also started to increase.
- 2.3. Expenditure was above average for England but low for a core city. Staffing costs were comparable to other core cities but rose faster than comparators. Third party spend was also rising faster than other areas.
- 2.4. One of the highest cost increases was for older people, despite a reduction in numbers supported. This was evident in the increase in average residential rates not seen elsewhere, which must relate to the number of high cost placements in Sheffield.
- 2.5. Rather than client numbers or amount spent, the main concern was the trajectory of spend.
 - a. Older People community costs rose 6% despite numbers of people falling 6%. We were one of the highest spenders on this area, and highest on homecare, with another 11% increase widening the gap.
 - b. Learning Disability costs were also rising more steeply than elsewhere.
 - c. Spend on Physical Disabilities was average. But costs were increasing at a higher rate than elsewhere.

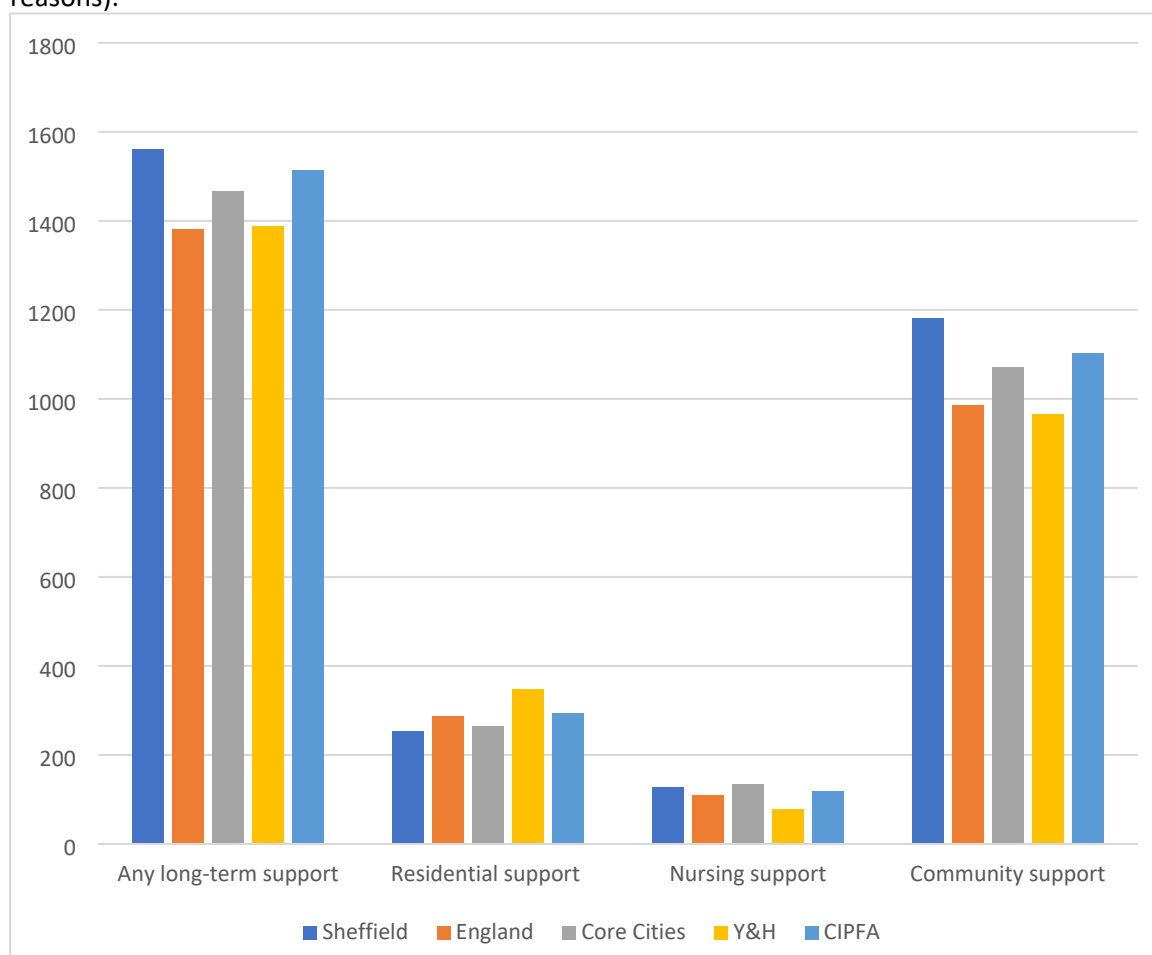
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d. Mental Health saw a high increase in spend on community support, especially on direct payments.

- 2.6. For Learning Disabilities, the number of people supported was high but costs were low. That may signify an effective approach using low cost interventions, but we would potentially reduce costs if we supported the average number of people.
- 2.7. Direct payments spend was very high compared to other areas – we had the biggest spend and proportion of spend on LD direct payments, although the comparative lack of supported accommodation spend may mean those costs have been reported here.
- 2.8. Learning Disability supported living costs were comparatively low, with other cities dedicating far higher ratios of their LD budget to supported living.
- 2.9. Mental Health support was lower than average for client numbers but we're a high spender, especially on residential care, although our average bed rates were similar with the rest of the country.

3. Overview

Chart 1: People receiving support per 100,000 population aged 18+ (all ages and primary support reasons).



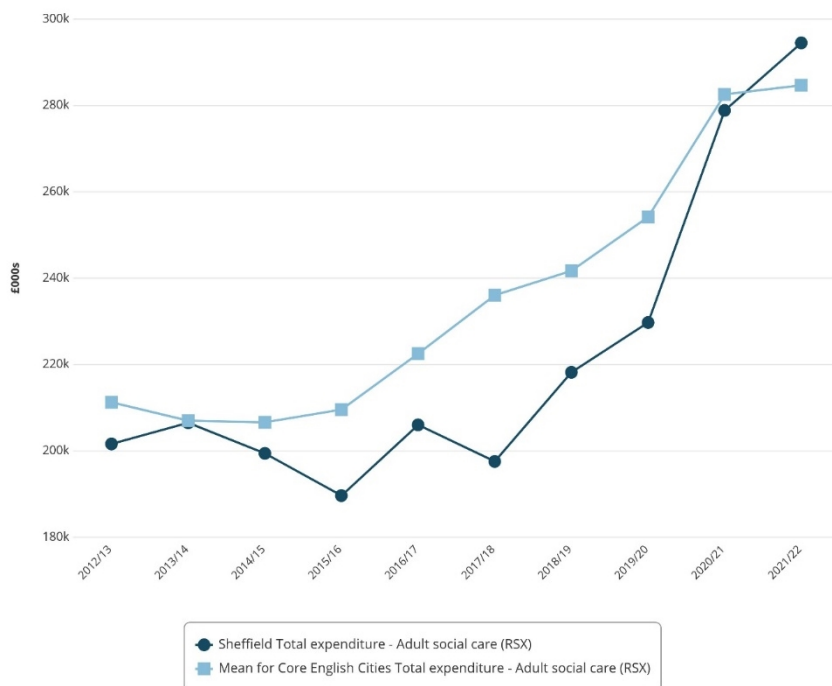
Source: SALT Benchmarking data

3.1 The SALT benchmarking data refers to a snapshot of the number of people receiving a service at the end of the financial year, rather than an accurate count of everyone who receives a service over the course of the year.

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3.2 Sheffield remained relatively low in the proportion of people in residential care, which is consistent with our strategy over the last few years and the reaction to Covid in the period shown. A return to pre-covid levels would raise Sheffield in line with the England average of 280.

Chart 2: Total expenditure- Adult Social Care for Sheffield 2012/13 to 2021/22.



Source: Department for Levelling Up, Housing & Communities, Revenue Outturn (RSX), Total expenditure - Adult social care (RSX), Data updated: 08 Dec 2022
Powered by LG Inform

Source: LG Inform

3.3 Chart 2 refers to the total gross expenditure on Adult Social Care (as described in the report to committee June 2023). Previous years have shown that Sheffield has remained at, or below, the mean for core English cities. However in 21/22 we spent above this comparator.

3.4 Although all core cities also increased spend sharply since 2017/18, these costs started to level off, while Sheffield continued on a higher trajectory with a further 6% increase. This indicates that whilst Sheffield continued to take on inflationary cost increases it did not address the above inflation increases seen during covid as quickly as comparators.

3.5 Local data, in charts 4 and 5, shows that Sheffield's total number of people supported has remained steady into 2023. Spend has continued to increase throughout 2022/23, with a steeper rise in April relating to annual fee increases.

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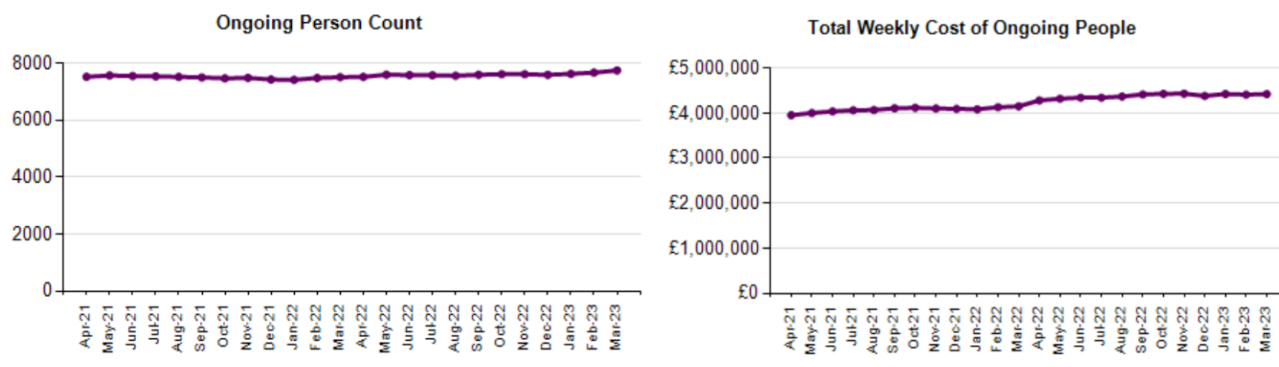


Chart 3: Total people supported by Adult Social Care services in Sheffield over time.

Chart 4: Gross weekly cost of providing all Adult Social Care services to people in Sheffield over time.

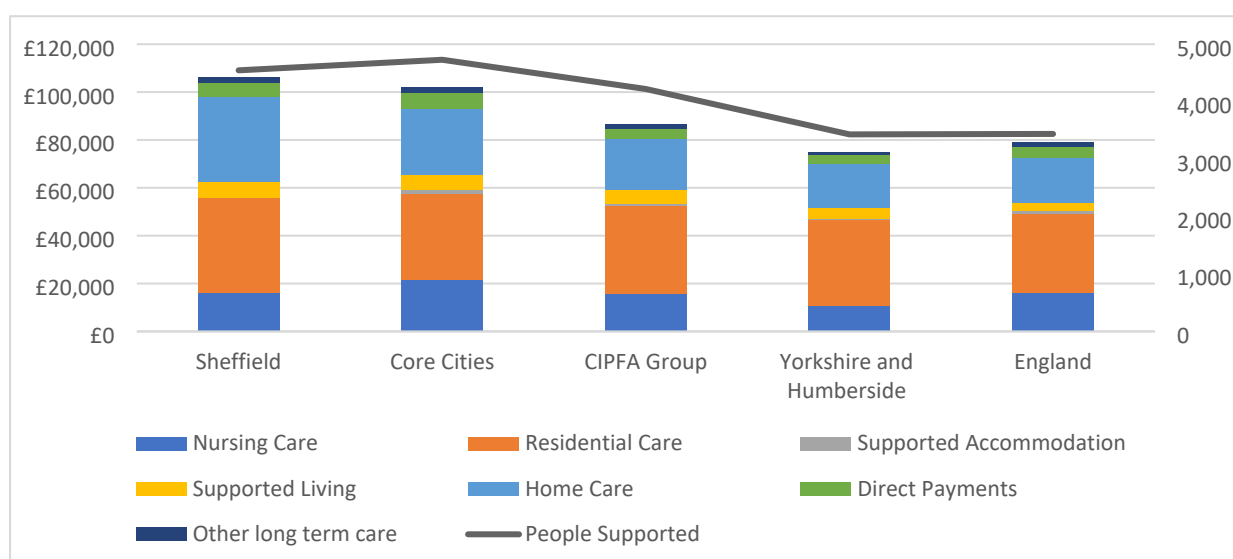
4. Support for people aged 65+

4.1 Sheffield spent significantly more on support for older people than comparator groups overall and specifically on homecare and residential care (the two main areas of spend for this age group).

4.2 Only Core Cities as a whole support more older people per 100,000 than Sheffield overall, but Sheffield has more people supported in the community than any other comparator.

4.3 Most other comparator groups have more people in residential care - England has marginally fewer. This is balancing out the high use of community support to some degree.

Chart 5: Gross expenditure (long term care £000s) in 21/22 for older people (65+) per 100,000 population. And people receiving Long-Term Support per 100,000 65+ population (21/22)

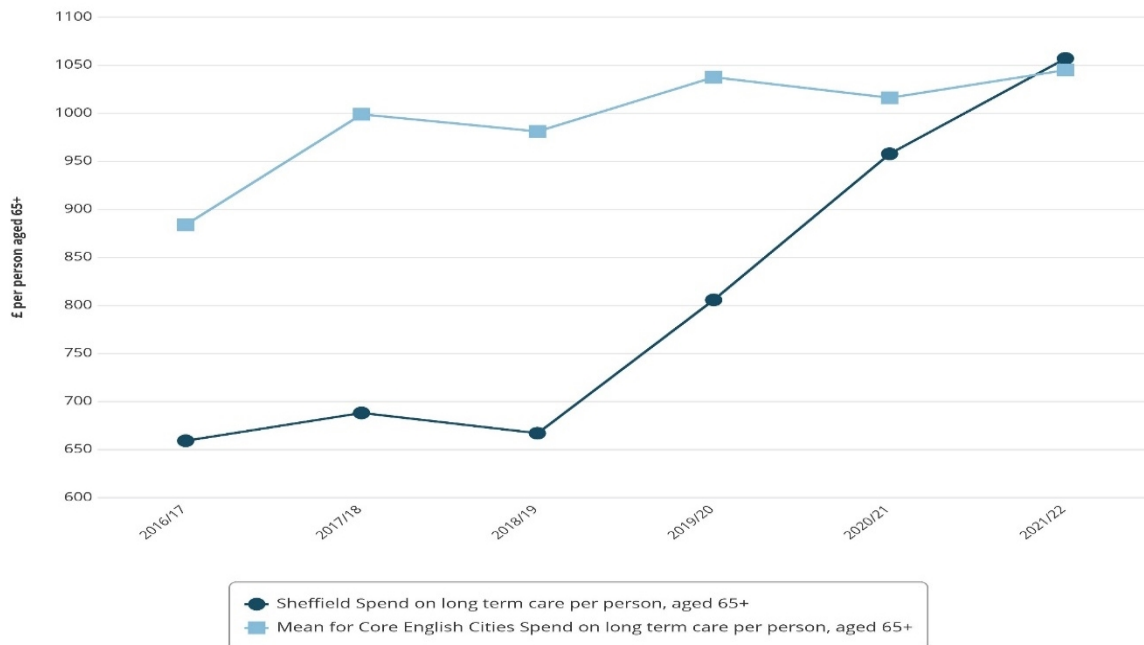


Source: ASCFR and SALT benchmarking data.

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4.4 Sheffield’s gross expenditure on long term care was consistently below the average for core cities until 2020, where a significant increase in gross expenditure in the provision of long-term care was recorded.

Chart 6: Gross expenditure on long term care for older people (65+) per adult 16/17 to 21/22



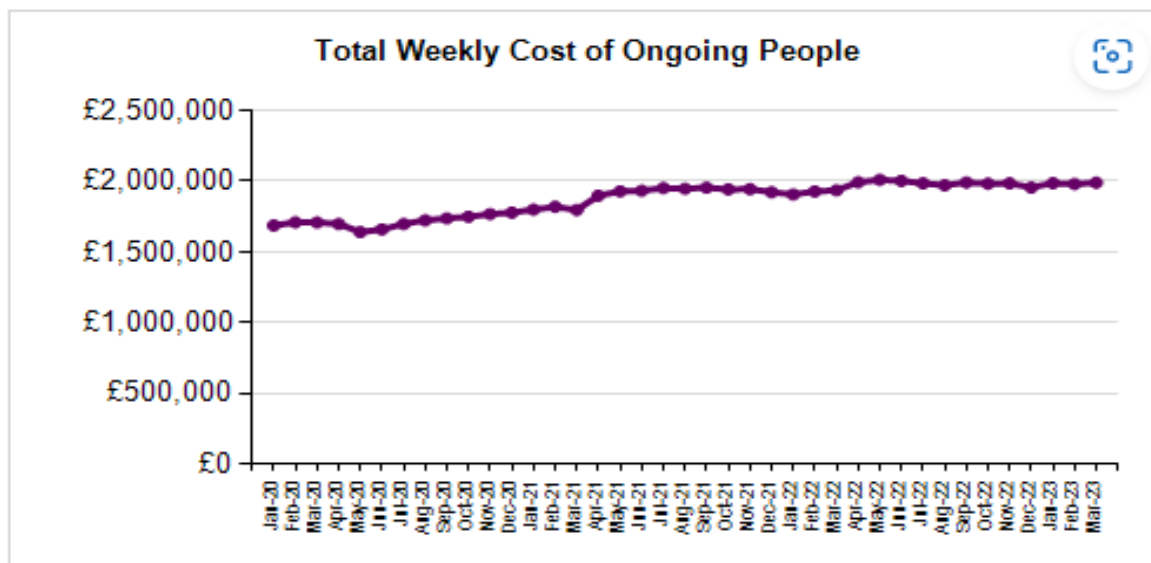
Source: NHS Digital, Adult Social Care Activity and Finance Report, Gross current expenditure on long term care for adults aged 65 and over, per adult aged 65 and over, Data updated: 25 Dec 2022

Powered by LG Inform

Source: LG Inform

4.5 This increase is also evident in our local data, shown in Chart 7. This chart includes more recent data which shows that since then costs have remained flat over the last two years with the only increases being due to annual uplifts in April.

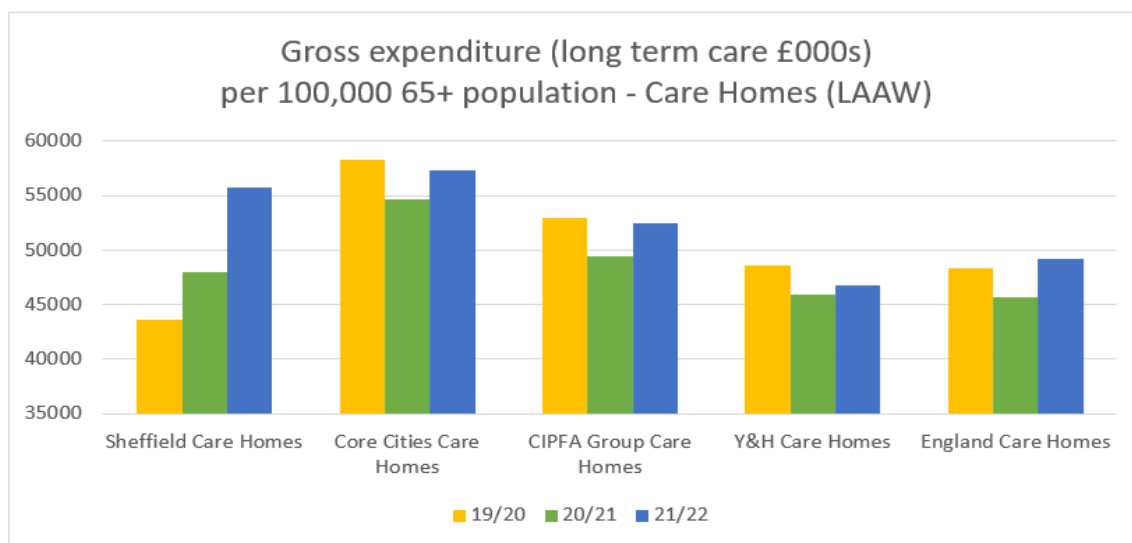
Chart 7: Weekly gross cost for people 65+ receiving long term support in Sheffield over time.



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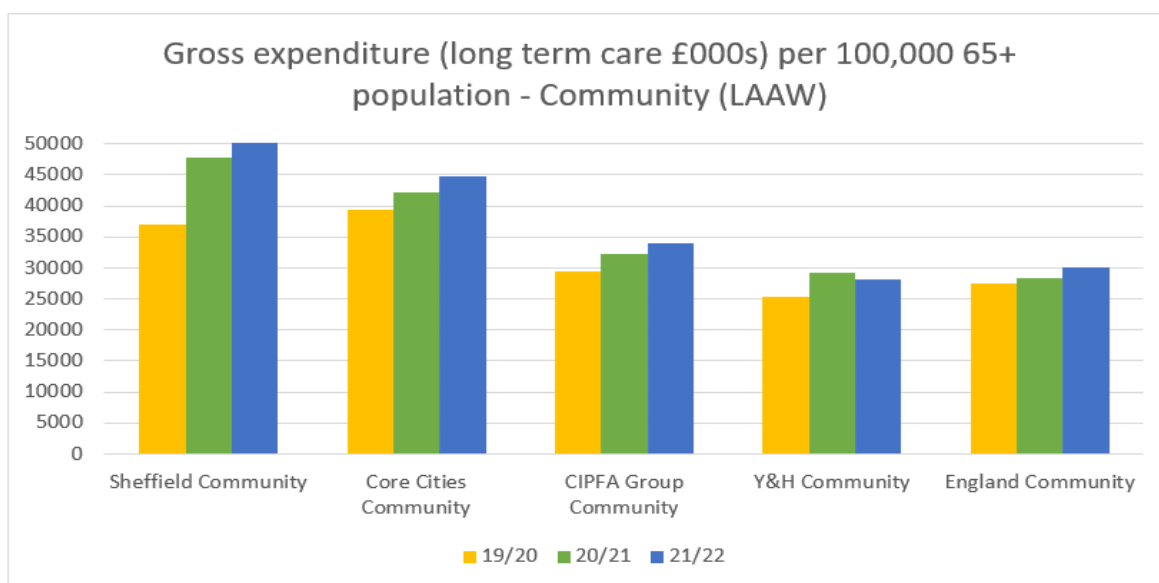
4.6 The following charts show the change in spend on residential care and home care for older people over a three year period. Despite a 4% decrease in the number of older adults supported, costs increased more sharply than other comparators.

Chart 8: Gross expenditure (£000s) for care homes per 100,000 65+ population, 19/20 to 21/22.



Source: ASCFR benchmarking data.

Chart 9: Gross expenditure (£000s) for community based care per 100,000 65+ population, 19/20 to 21/22.



Source: ASCFR benchmarking data.

4.7 Charts 11 and 12 use local data to show that since the national data was recorded, the number of people receiving homecare dipped slightly but has recently increased, while the overall cost per week has remained relatively steady despite high inflation and fee rate increases.

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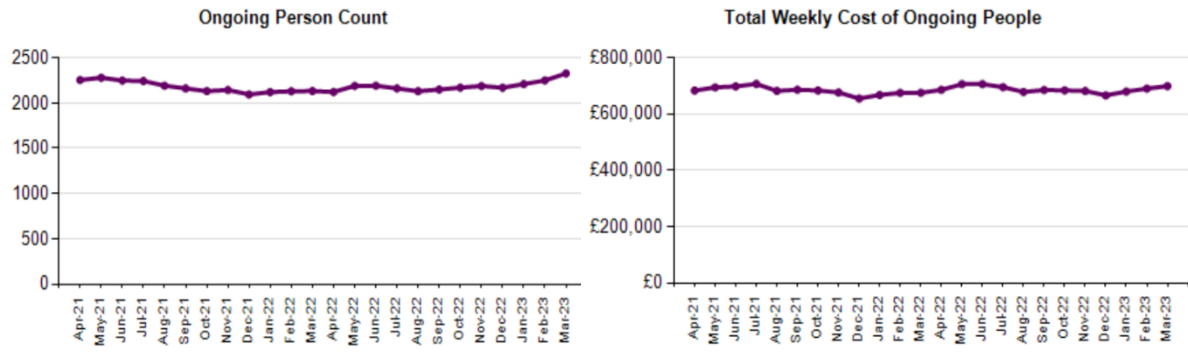
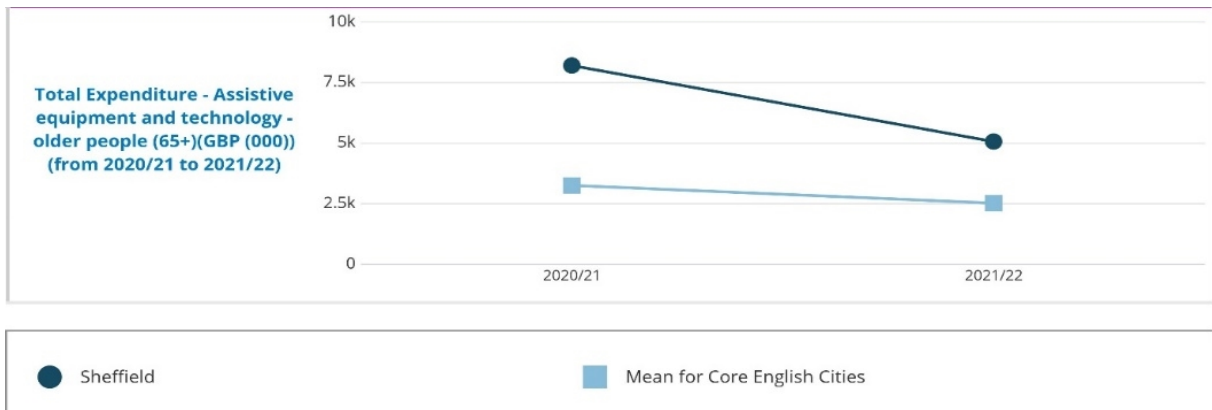


Chart 10: Total older people (65+) receiving home care in Sheffield over time

Chart 11: Gross weekly cost of home care services provided to older people (65+) in Sheffield.

4.8 Sheffield spent significantly more than comparator cities on assistive technology such as equipment to enable people to live more independently but, at same time, continued to provide more homecare support than comparators cities, apart from Nottingham and Manchester. Year on Year, Sheffield's expenditure on assistive technology decreased by 48% - this likely relates to restricted access to people's homes during this period.

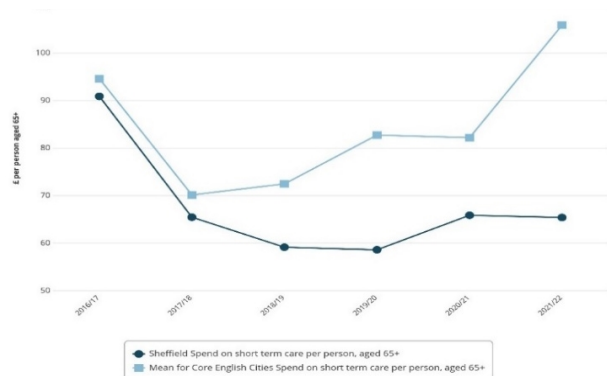
Chart 12: Total expenditure on assistive equipment and technology for older people (65+) for Sheffield and core cities average, 20/21 to 21/22.



Source: Department for Levelling Up, Housing & Communities, Revenue Outturn: Social Care and Public Health (RO3), **Total Expenditure - Assistive equipment and technology - older people (65+)**, **Data updated:** 08 Dec 2022

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Source: LG Inform.



Source: Health Digital, Adult Social Care Activity and Finance Report, **Gross current expenditure on short term care for adults aged 65 and over, per adult aged 65 and over**, **Data updated:** 25 Dec 2022

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4.9 Sheffield spent less than core cities on short term care per person for adults aged 65+, which is set against higher homecare expenditure than comparators.

Chart 13: Gross expenditure on short term care for older people (65+) per adult, 16/17 to 21/22. Sheffield and core cities average. Source: LG Inform.

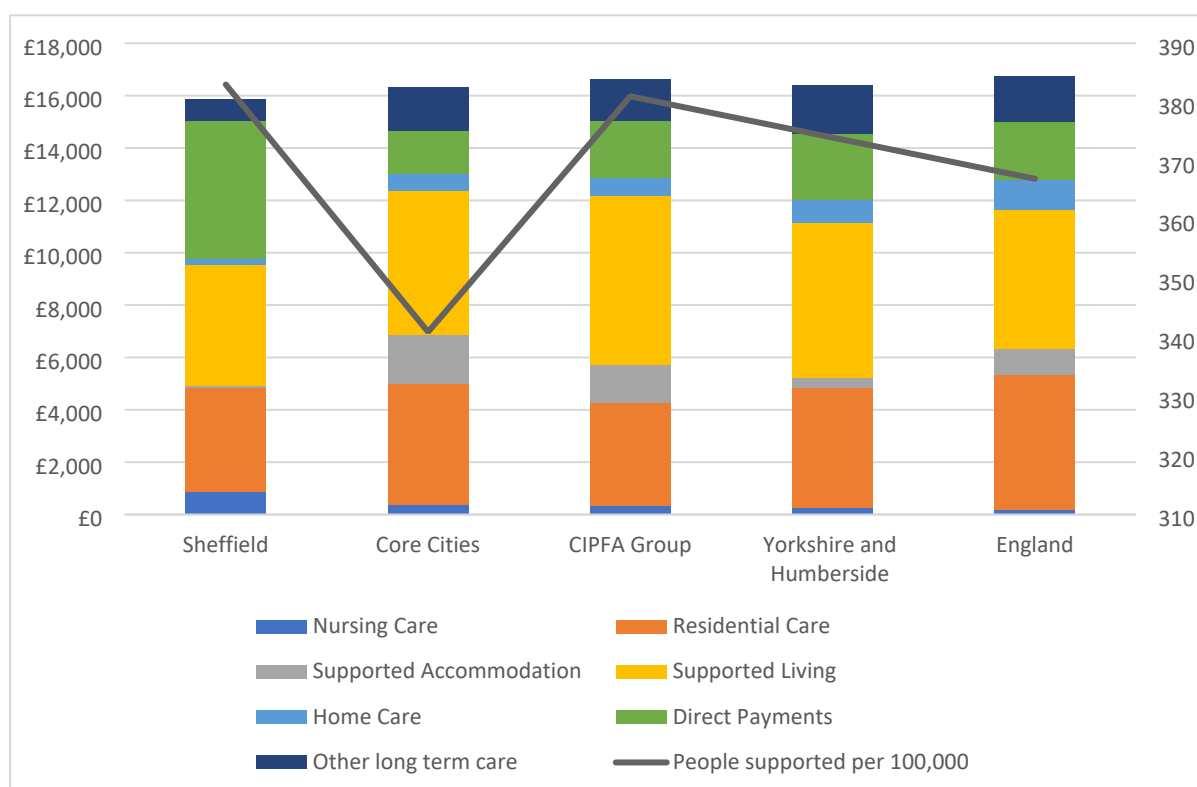
5. Support for people aged 18-64 with a Learning Disability

5.1 Sheffield supported similar numbers of working age people to comparators but Sheffield had more people living in the community than most comparators. Sheffield had 17% more people with community support than core cities, and 12% more people supported overall compared to core cities, which indicated a positive shift towards independent living.

5.2 We spent significantly more on direct payments than any other city or comparator. However, some of this may be due to Sheffield using direct payments to purchase other support which skews the comparisons in this and the other service categories.

5.3 The Supported Accommodation category includes long term placements in adult placement schemes (Shared Lives), hostels, unstaffed homes, partially staffed homes or group homes. There may be recording differences across different LAs.

Chart 14: Gross expenditure (long term care £000s) in 21/22 for adults with learning disabilities per 100,000 – 18-64 population. And people with learning disabilities receiving Long-Term Support per 100,000 - 18-64 population (21/22) Source: ASCFR and SALT benchmarking data.



5.4 Charts 15 and 16 show the trend for the number of people with a learning disability supported and the weekly cost since the national benchmarking data was taken. This shows an increase in the number of people and consequently the related cost. This is due to the change in how transition from Children's services is managed taking effect during this period.

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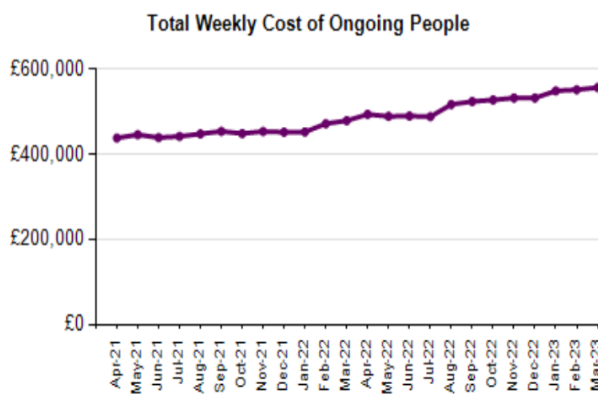
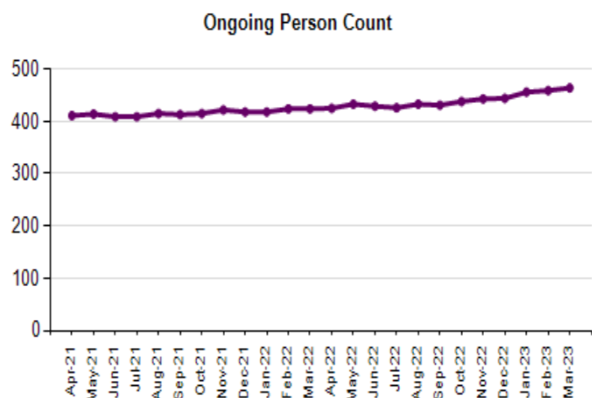


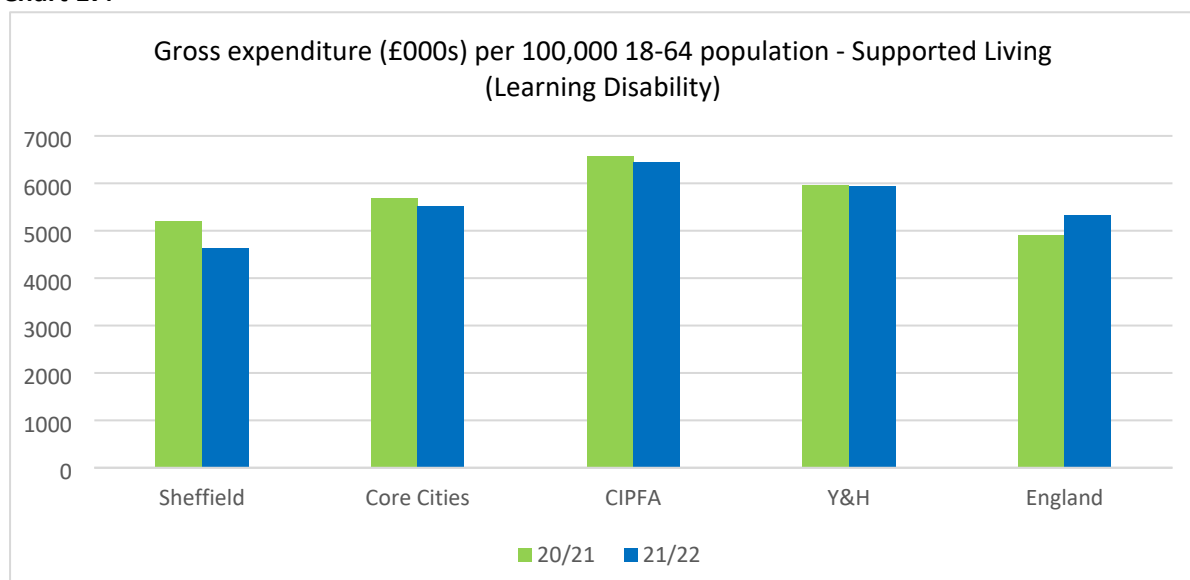
Chart 15: Gross weekly cost of services provided to adults (18-64) with learning disabilities in Sheffield over time.

Chart 16: Total number of adults (18-64) with learning disabilities in supported living in Sheffield over time.

5.5 Supported Living is the single largest area of spend for Learning Disabilities. Sheffield showed a decreased spend in this area and a lower spend than all comparator groups. Note, £4.6k per 1000,000 implies a total spend of £17.4m, whereas Sheffield's gross spend is closer to £23m on LD supported living. This is because CHC funding and other income have been allowed for in the national figure.

5.6 Since the benchmarking data was taken, the gross spend on Supported Living in Sheffield has increased by 27% and the number of people in this group has increased by 14%. This is mainly driven by the change in when young adults transfer to Adults services and both the number of people and cost have now stabilised again.

Chart 17:



Data Source: ASCFR benchmarking data

5.7 Similar comparisons for residential care and community care (mainly funded through Direct Payments) shows a varying trend of a steeper increase. The sharp increase in residential

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care costs is likely related to the one-off increase in young adults that year. Direct Payments saw a slight reduction in numbers and therefore costs remained relatively even.

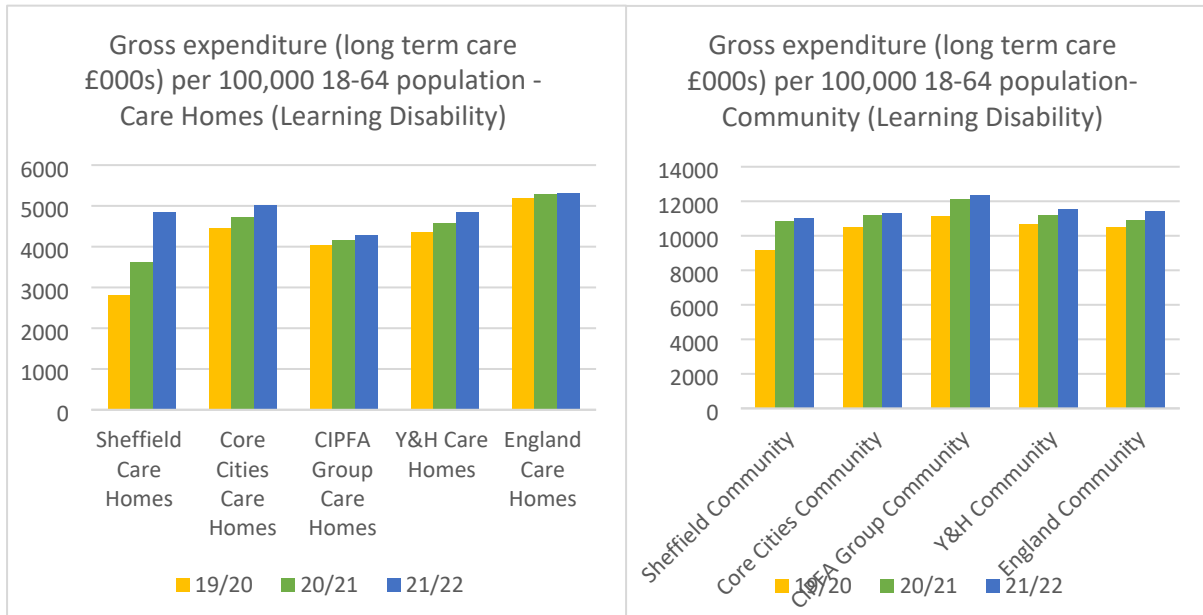


Chart 18: Gross expenditure (long term care £000s) per 100,000 16-64 population, care homes for adults with learning disabilities.

Chart 19: Gross expenditure (long term care £000s) per 100,000 16-64 population, community services for adults with learning disabilities.

Data Source: ASCFR benchmarking data

6. Support for people aged 18-64 with a Physical Disability

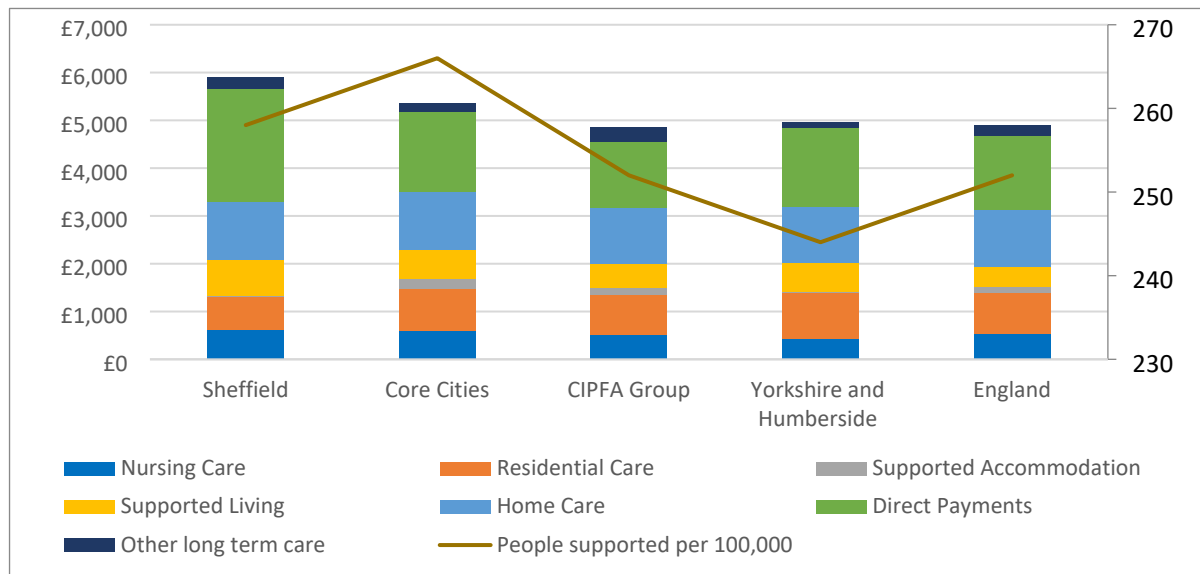


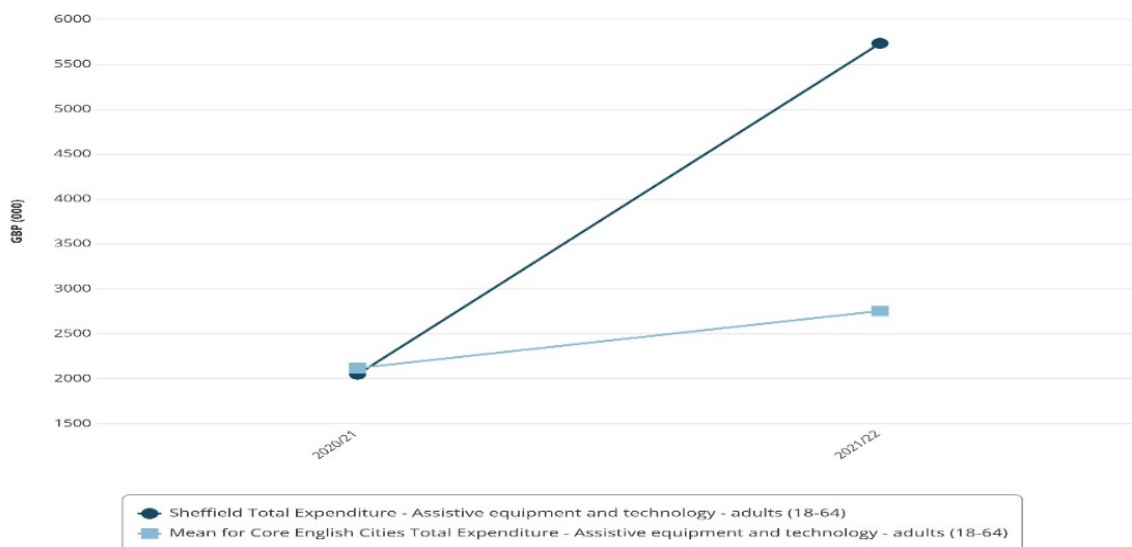
Chart 20: Gross expenditure (long term care £000s) in 21/22 for adults with physical disabilities per 100,000 – 18-64 population; and people with physical disabilities receiving Long-Term Support per 100,000 - 18-64 population (21/22) Source: ASCFR and SALT benchmarking data.

6.1 Sheffield supported more people than all, but one, of its comparators but supported fewer people in residential care in this area suggesting a positive move towards independent living in the community for this cohort.

6.2 The comparison of spend on assistive technology for people with a physical disability showed a sharp increase compared to other core cities. This was at the same time as the decrease for people over 65.

Chart 21:

Total Expenditure - Assistive equipment and technology - adults (18-64) (2020/21 and 2021/22) for Sheffield



Source: Department for Levelling Up, Housing & Communities, Revenue Outturn: Social Care and Public Health (RO3), Total Expenditure - Assistive equipment and technology - adults (18-64), Data updated: 08 Dec 2022

7. Support for people aged 18-64 with mental ill-health

7.1 Sheffield's figures remained similar to the previous year in the numbers of people supported across Mental Health services. Community support vastly reduced in all comparator groups year on year. It remained higher in Core Cities and the CIPFA group than Sheffield.

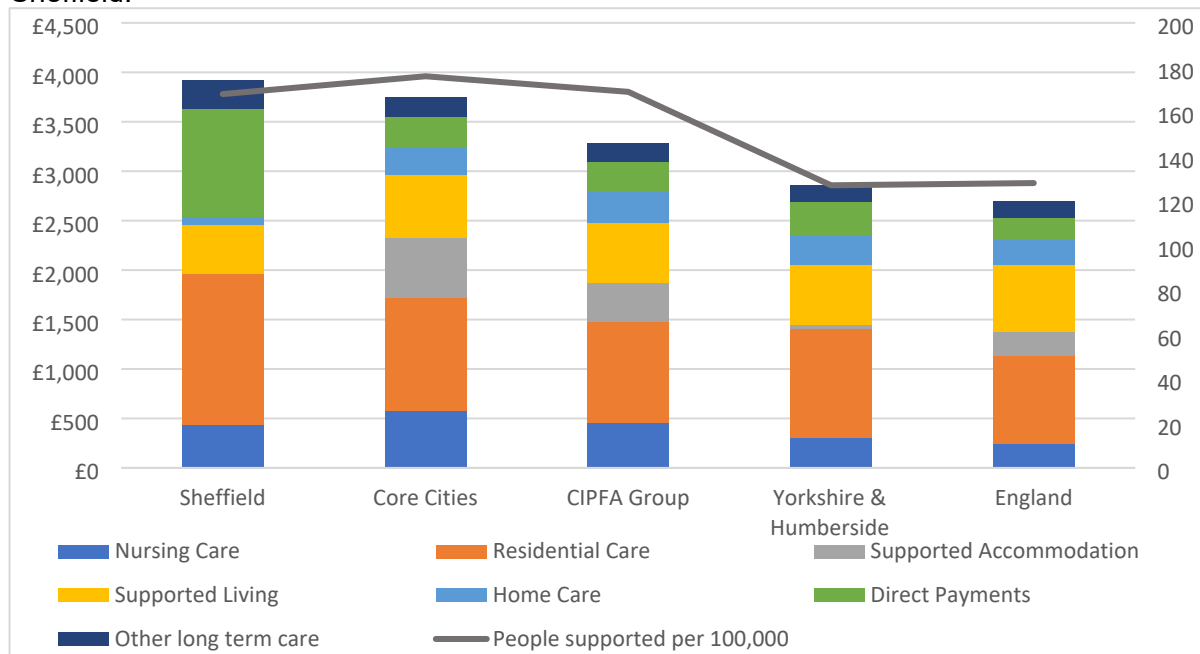


Chart 22: Gross expenditure (long term care £000s) in 21/22 for adults with mental ill health per 100,000 – 18-64 population. And people with mental ill health receiving Long-Term Support per 100,000 - 18-64 population (21/22) Source: ASCFR and SALT benchmarking data.

7.2 The number of people supported has remained relatively steady since the benchmarking data was recorded, but the cost of support has levelled out since the above inflation increase in 2021/22.

