

## Deconsolidation

Capacity held by top providers continues to drop

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MAY 2023 | VOLUME 31 | ISSUE 2

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CANNOT BELIEVE A  
WORD THEY TELL US...

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Potential, new structures, change of culture

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# This month...



Editor, **Deven Pamben** looks at this month's key issues

Speaking on the side-lines at recent care sector events there had been some downbeat views on the state of the market and the slow start to the year when it came to deals. This could have been a knock-on effect from the turbulence the UK economy suffered from last year. However, while some mentioned a slow start, there does seem to be more confidence and optimism for the year ahead. While other sectors continue to struggle, health and social care remains resilient. At LaingBuisson's Specialist Care Conference, talk of a dip in the number of transactions in that specific market was discussed, but a potential deal for Swanton Care has given the sector a bit of a boost and an indicator that M&A activity is 'pretty solid', according to one delegate. Continued decline of mental health hospital capacity has resulted in expansion of the independent adult specialist care sector. As one delegate put it, social care provision is not a 'fashion item'. From an investor perspective that can only be a positive.

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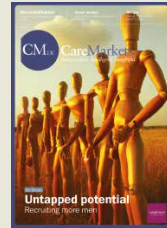
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# Capacity held by top providers continues to drop

No company has taken the place of Southern Cross as a strong driver for consolidation, with further deconsolidation expected

Disposal of care home beds has resulted in corporate providers seeing further deconsolidation, which is expected to continue. At the end of December, the top ten providers held 19% of all UK registered bed capacity, which is 8.2 percentage points down on the peak of 27.2% in 2006, and 0.7 percentage points lower than the figure in 2021 (see Figure One).

While the fall over the past decade-and-a-half is mainly because of the fallout from Southern Cross Healthcare Group in 2011, this has been followed up more recently with disposals by former market leaders Bupa Care Services and Four Seasons Health Care. As reported in this month's business pages, the sale of more than 100 Four Seasons care homes is expected to complete in the second half of this year, with 'significant market interest', joint administrators have said.

According to LaingBuisson's latest *Care Homes for Older People* market report, while HC-One has emerged as market leader, no company has yet taken the place of Southern Cross as a strong driver of market consolidation.

'Large corporate deconsolidation will continue as further disposals are made in Four Seasons' remaining portfolio,' it said. 'HC-One has already downsized with the disposal of 52 homes announced in 2021.'

It remains to be seen whether the other two top-four operators (Barchester Healthcare and Care UK) will balance the loss with growth from acquisitions and new-builds. While some portfolios have been transferred from one major group to another, others have been broken up. This pattern has been observed in the mid-capacity space as well.'

The report found in the last decade, the small-to-medium major provider

segment has been expanding, making up for the drop in the top ten corporates' aggregate capacity. 'With the top ten and the small-to-medium groups combined, the overall group share stood at over two-thirds (70.7%) of independent sector capacity in December 2022... The remaining 29.3% of capacity remains in the hands of independent, small businesses with a single home or a pair of homes,' it said.

During a launch event of the report, author William Laing told an audience that in terms of capacity 'very little' has changed in the past decade despite the ageing population.

## Resilience

The value of care in residential settings across the UK was estimated at £19.6bn at December 2022, having dipped to an annualised £16.3bn in March 2021 from its previous, pre-Covid peak of £17.3m at March 2020. Market value is equivalent to about 0.75% of GDP. The dip in value was due to reduced occupancy during the pandemic.

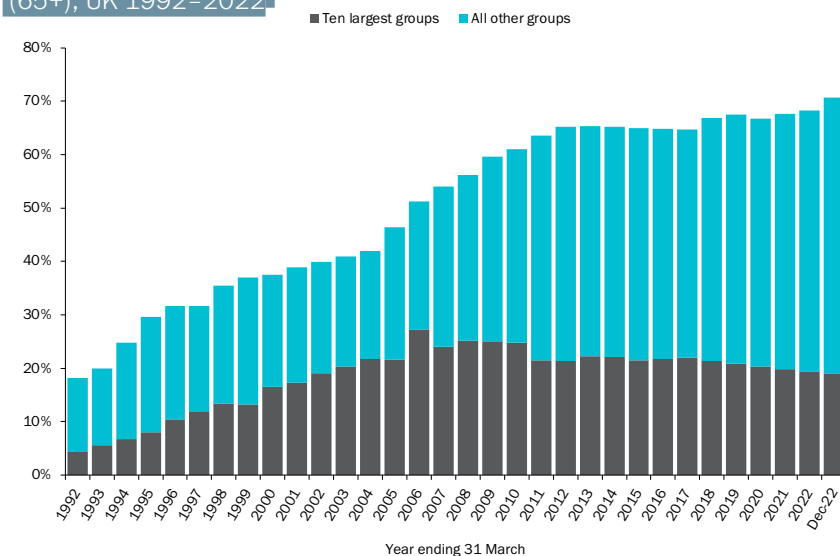
Capacity across all sectors (independent and public) remained virtually unchanged at the end of 2022, at 462,000 beds, from a decade ago (2012: 461,000). Of this, 437,000 beds (95% of capacity) are provided by the independent sector, mainly by for-profit operators.

During his presentation, Laing was quick to point out the resilience of the sector throughout the pandemic. 'Just looking back on Covid, the first thing is the independent sector proved itself to be a reliable infrastructure provider,' he said. 'It could have all fallen apart. The independent sector did pretty well.'

Analysis of 100 statutory accounts of providers showed the financial impact from Covid had so far been 'limited', as costs were mitigated by government support funds.

LaingBuisson's monitoring of openings and closures, based on registra-

**FIGURE ONE**  
SHARE OF BED CAPACITY OWNED OR LEASED BY A) THE TEN LARGEST INDEPENDENT SECTOR CARE HOME GROUPS AND B) ALL GROUPS<sup>1</sup> WITH THREE OR MORE HOMES - CARE HOMES FOR OLDER PEOPLE AND DEMENTIA (65+), UK 1992-2022<sup>2</sup>

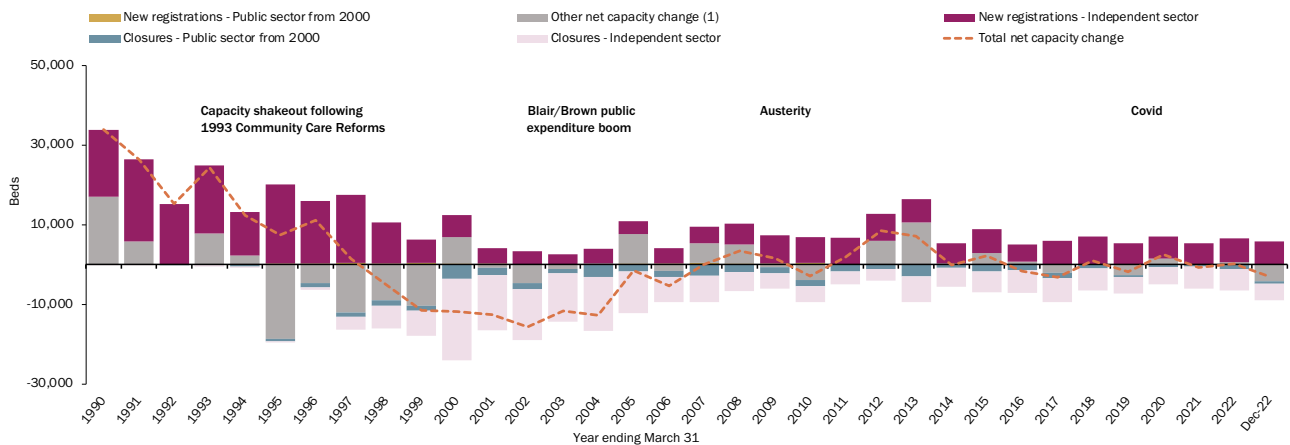


**NOTES 1** GROUPS DEFINED AS ANY ENTITY UNDER COMMON MANAGEMENT WITH 3 OR MORE CARE HOMES FOR OLDER PEOPLE **2** UP TO 2015, INCLUDES CARE HOMES FOR YOUNGER ADULTS WITH PHYSICAL DISABILITIES. FROM 2017, CARE HOMES FOR OLDER PEOPLE AND DEMENTIA ONLY

**SOURCE** CARE HOMES FOR OLDER PEOPLE, THIRTY-THIRD EDITION, LAINGBUISSON

**FIGURE TWO**

**BED CAPACITY GAINS AND LOSSES FROM NEW REGISTRATIONS, CLOSURES AND OTHER NET CHANGES INCLUDING EXTENSIONS AND REDUCTIONS IN REGISTERED BEDS IN EXISTING HOMES – ALL INDEPENDENT AND PUBLIC SECTOR CARE HOMES FOR OLDER PEOPLE AND DEMENTIA (65+), UK, 1990–DECEMBER 2022**



**NOTES** EXCLUDES CHANGES IN NHS HOSPITAL LONG-STAY PLACES FOR OLDER PEOPLE 1 OTHER NET CAPACITY CHANGE INCLUDES EXTENSIONS AND REDUCTIONS TO EXISTING HOMES AS WELL AS RE-REGISTRATIONS OF CARE HOMES TO AND FROM CLIENT GROUPS OTHER THAN OLD AGE AND DEMENTIA  
**SOURCE** CARE HOMES FOR OLDER PEOPLE, THIRTY-THIRD EDITION, LAINGBUISSON

tion information published by the Care Quality Commission and other regulators in devolved administrations, has also found there to be no surge in care home bed closures during or after Covid, up to December 2022 (see Figure Two).

‘It may be that a closure surge is yet to come, as weakened, small care home operators repay HMRC for PAYE liabilities and bounceback and CBIL [Coronavirus Business Interruption Loans], if they have not done so already. However, the fact is that up to early-2023 the sector had not witnessed net national capacity loss.’ Laing admitted this had been ‘surprising’.

Resilience of the sector was discussed at the report launch during a panel debate that consisted of National Care Association executive chair Nadra Ahmed, Octopus Real Estate head of care homes Mike Toft, and Maria Mallaband Care Group founder Phil Burgan, alongside Laing and chaired by former health secretary and LaingBuisson director Stephen Dorrell.

Ahmed said while the sector proved to be resilient in one of the ‘most challenging periods’ in its history, the question around sustainability was now arising.

At the Care England conference in March, care minister Helen Whately said the government had issued more than 55,000 visas last year for overseas workers to take up care roles in the UK and urged those who had successfully used the system to share advice to other providers.

However, during the panel debate, Ahmed said while it was important to invest in the workforce this needed to

be properly funded to help build up the domestic base. ‘International recruitment is one of these things that is a short-term fix,’ she said. ‘We have got to be really careful we don’t consider that to be a long-term solution. We have got to, somehow, get to the stage where we make the [care] role a career progressive one... We have to make that the norm in our infrastructure, so people choose care as a career of choice.’

Following on from Brexit and the pandemic, Burgan found people had left the country and not returned. He said the national average for agency use was around 15% but that at MMCG it was 6%. ‘It’s only because we put a massive amount of effort into recruiting, retaining, inducting, and onboarding people... We brought all our training in-house,’ he said. ‘I could see the only way to get out of it was to put an inordinate amount of effort into it.’

Burgan said the investment had ‘paid off handsomely’ and that the problem with using agency staff was not just the cost but the quality. ‘They don’t care, they have no commitment,’ he said. ‘They are not interested. So, your quality goes down, your ratings go down, your occupancy goes down...’

### Investor appetite

Laing warned investors could begin to lose appetite in the care home sector due to threats from charging reform policies.

Despite the sector bouncing back from the pandemic, it now faced increased threats that aimed to tackle private to

public cross-subsidisation and better align fees.

Providers risk facing downward pressure on their fee income in October 2025 as the upper asset threshold for eligibility for council support rises from £23,250 to £100,000. This means there will be more people eligible for government support, and fewer private payers.

In addition, implementation of Clause 18(3) of the Care Act, also planned for October 2025, will give people who would otherwise be private payers the right to ask their local authority to arrange care on their behalf – at the (usually lower) local authority rate, meaning further downward pressure on providers’ fee income.

‘With Covid now (hopefully) receding into history, the government’s social care charging reforms first announced in September 2021 have taken Covid’s place as the most important threat to the stability of the care home sector,’ Laing said.

Analysis from Care England in March showed residential and nursing care homes for older people alone had a funding shortfall from local authorities of £2bn during 2021/22. Laing said the analysis was ‘embarrassing reading for the government’, demonstrating a large shortfall in what councils pay and what care costs are.

The government is investing £7.5bn in the sector over the next two years.

*For more information on Care Homes for Older People go to [www.laingbuisson.com](http://www.laingbuisson.com)*



# Care Quality Commission staff to strike over pay dispute

**An escalation of a pay dispute will see staff at the Care Quality Commission (CQC) take strike action at the end of April and in early May.**

Staff represented by Unison, including those working in inspection teams, call centres and data analysis, will be striking on Tuesday 2 May. Workers represented by PCS and Unite will also be on strike the same day. PCS members will also be striking on Friday 28 April and Wednesday 3 May 2023.

In mid-April, CQC employees started a continuous work to rule, meaning they are only working the hours they are paid for, not doing overtime and taking all the breaks they are entitled to until September.

Unison balloted workers after employees received an imposed pay increase of between 2.75% and 3.5%. They also received a one-off payment of £100 or £150 depending on their salary grade in December.

The union said low pay and workloads have left staff with no option but

to leave the regulator for better paid jobs elsewhere.

It expects CQC services to be affected as a result of the strike. Urgent inspections to investigate issues raised before the action will be delayed until after the strikes and people may also struggle to get through to the call centre, Unison said.

The CQC is unable to directly negotiate pay settlements with unions as it is bound by civil service pay guidelines and rules. Unison said workers want this to be changed so managers can agree improved wage offers for staff.

‘It’s a huge deal that CQC workers have decided to strike. Employees are reluctant to take action but many are struggling. Their wages have failed to keep up with the rising cost of living,’ said Unison national officer Matthew Egan. ‘CQC workers are critical in ensuring that registered providers and services deliver care safely. The government must recognise their contribution and let the employer reward them



Matthew Egan, national officer, Unison

accordingly to limit disruptions.’

A CQC spokesperson said: ‘Three of our recognised trade unions, Prospect, Unite and Unison have confirmed that their members will be striking on Tuesday May 2.

‘We will remain in close contact with the unions during this time.’

## HC-One staff balloted over pay hike

**HC-One staff are being balloted on whether to accept a pay deal that will see those on the lowest band receive a 9.6% rise in their base rate.**

Increases, which are part of £32.5m being invested in salaries, will be reflected across the provider’s zonal structure and more senior care roles. The rates will come into effect from April 2023 if accepted.

The investment will see all HC-One staff earn above the national living wage from day one of employment, while all colleagues can earn above the real living wage after two years of service. Three-quarters (75%) of all staff will be above the real living wage once the new rates are applied.

In December 2021, HC-One invested £18m in frontline wages of experienced and trained carers. It also pumped a further £1.8m in the pay and reward of chef and administrator roles in September

last year.

To encourage people to continue developing their career in care, workers are able to benefit from higher rates of pay after six months’ service and again after two years. This year HC-One is increasing the two-year service rates for all care staff by an additional 5p/hour.

The offer has been developed following consultation with the GMB union and is being balloted on by its members. A date of the result has not yet been set.

‘The challenges in the social care labour market are well known, and this investment will also be key in helping us to attract as well as retain the best and most experienced colleagues,’ said James Tugendhat, HC-One chief executive officer.

‘We also want colleagues to feel they can build a career with HC-One, and we’re proud the opportunities we can offer for growth throughout the com-

pany, as well our new wider employee benefits, including our revamped rewards platform and enhanced maternity, paternity and adoption leave packages.’



James Tugendhat, CEO, HC-One

# ‘Small fraction’ of financial support spent on care staff, study finds

**Government support helped avert financial crisis in the care home sector during the pandemic, but it remains unclear if all emergency funding went to support the front-line, a report has revealed.**

A two-year study into the financial impact of Covid-19 on the UK care homes by Warwick Business School, University College London and the Centre for Health and the Public Interest (CHPI) and funded by the Economic Research Council showed the four governments of the UK provided £2.1bn to the sector during the first year of the pandemic.

While this helped to avoid a financial collapse and prevent mass care home closures, their report, *Bailed out and burned out?*, fears money leaked out in profit and dividends.

Its study found during the first year of the pandemic, aggregate operating profit of for-profit care home businesses grew 3%.

A quarter of 460 large- and medium-sized companies in its study paid out £120m in dividends – an increase of £11.7m or 11% on the previous year. A group of 25 companies that paid out a combined £30.6m in dividends received £21.7m in government grants.

While there was an overall aggregate operating loss for the not-for-profit sector, this fell by £21m. Half (52%) of not-for-profit organisations saw an improvement in their operating profits and margins compared to the previous year.

Analysis last year of 100 accounts of care home providers by LaingBuisson found there to be ‘little fallout’ financially, with costs being absorbed by providers.

The joint report, which is divided into two sections, looks at finances and the impact on the workforce. The first part of the research was based on analysis of all the publicly available financial data for accounts of 4,013 care home companies providing 377,856 beds for people aged 65 and over. The workforce element is from a survey of 605 care home staff between October 2021 and April 2022, and interviews with 43 care workers and managers between December 2021 and April 2022.

Research found 50% of companies saw a cut in care staff

numbers employed during the first year of the pandemic. One provider told the researchers agency costs rose from £420,000 a year to £3.2m.

Most care home staff worked harder and longer, with 95% of survey respondents reporting increased workload and 82% saying their working hours rose.

‘Workloads varied across different types and sizes of homes. In for-profit homes, staff reported greater increases in hours and the amount of work they performed compared to staff in not-for-profits,’ the document said.

‘Some interesting variation by size was observed. Working hours and workload rose more for those in small organisations than larger ones, according to survey responses. Despite these higher increases in work, staff in individual homes were more satisfied with their workload and range of duties than those in bigger groups of homes.’

In the later phase of the pandemic, the report said, a financial crisis hit the sector due to workforce shortages, inflation, infection outbreaks, and removal of government financial support.

Marianna Fotaki, professor of business ethics at Warwick Business School and co-author of the study, said: ‘The decision by government to end financial support for care home companies after the peak of the pandemic had passed, even though the financial impact of the pandemic was clearly not over, has likely contributed to the current financial and operational difficulties experienced by the sector.’

As reported in the Autumn Statement, government is investing £7.5bn in adult social care over the next two years.

The report’s recommendations include improved contingency planning for the financial impacts of future pandemics and the consequence for staffing; government action to ensure public funding for the sector is used to support the pandemic response rather than reward investors and shareholders; and for government and employers to improve pay and conditions for care staff, especially during pandemics.

## FINANCIAL SUPPORT PROVIDED TO CARE HOMES FOR OLDER PEOPLE IN THE UK DURING YEAR ONE OF THE PANDEMIC

### England

Support from local authorities through emergency funding: £1.04bn  
Infection Control fund: £760m  
**Total: £1.8bn**

### Scotland

Sustainability payments: £126m  
Adult Social care support fund: £8m  
**Total: £134m**

### Northern Ireland

Income guarantee: £15.4m  
Grants to care homes: £5.4m  
Additional funding: £32.1m  
**Total: £53m**

### Wales

All additional costs funded by government: £45.1m  
Unexpected costs funded by local authorities: £5.9m  
Funding for unfilled care home beds: £36.4m  
Fee increases to support sector: £48.9m  
**Total: £136.5m**

### UK wide

Coronavirus Job Retention Scheme (Furlough): £114m

### Total £2.1bn

Equivalent to a subsidy of around £5,920 for each of the 377,000 care home beds for older people in the UK

**SOURCE** CORRESPONDENCE WITH RELEVANT GOVERNMENT DEPARTMENTS IN ENGLAND, WALES, NORTHERN IRELAND AND SCOTLAND IN 2022

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# CHILDREN'S SERVICES

## UK MARKET REPORT

SIXTH EDITION

## In the private sector ready to capitalise on the children's services stability?

The sixth edition of LaingBuisson's *Children's Services UK* market report is essential reading for anyone involved in this vital part of the UK's social care sector, be they a provider, a commissioner, an investor, an advisor or a policy maker.

Written and researched by leading industry expert and commentator, Tim Read, this industry standard report provides unique and in-depth into all areas of the market, and specifically focuses on children in care markets foster care, adoption, children's residential care, and special education, and also covers leaving care and safeguarding segments.

Written during the 2022/23 calendar year, the report offers expert analysis into the £20.56 billion sector. It shows that number of looked after children has continued to grow over the last decade, although 2020/21 saw a marginal volume decline. The impact of background economic conditions and the associated pressure on family situations may suggest that there is likely to be continued volume growth ahead.

The report reflects upon the impact of Covid-19 on the market, which has demonstrated the defensibility of sectors backed by statutory public funding providing essential support to vulnerable people. The attractiveness of the sector has meant that investment activity has bounced back.

The statutory underpinning of these services highlights the essential nature of these services and the importance placed on them by society. As a result, services covered in this report are primarily funded by the public sector. Government instability has brought change and reform in the sector to a crawl. With EHC plans on the rise, coupled with supply constraints and an ongoing retirement of suppliers, how much has the independent sector stepped in where government supply has been lacking?

## Who is the report for

- Children's residential home providers
- Fostering agencies
- Adoption agencies
- Special education providers
- Local authority commissioners
- Directors of Children's Services
- Banks and other financial institutions

### What the report covers

#### Market

- Special education
- Residential care
- Foster care
- Adoption
- Other services

#### Inspection and regulation

#### Payors

#### Major providers

#### Investors

#### CMA investigation

#### Market potential

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# Review urges ‘change of culture’ so ICSs can be effective

**Social care needs to be a ‘national priority for investment and workforce development’ to enable effective integrated working.**

An independent review into integrated care systems (ICSs) urged the government to speed up and expand existing work on understanding both need and the fair cost of care, and to produce a workforce strategy for the sector ‘as soon as possible’, to complement the NHS plan, which is due to be published.

The review, chaired by former health secretary Patricia Hewitt, said while fair cost of care work, commissioned as part of the government’s now delayed implementation of charging reform, was a helpful model to move towards it needed expanding to cover working age adults and potentially children’s social care.

On staffing, *The Hewitt Review: An independent review of integrated care systems* said a complementary plan should set the direction for a more integrated health and social care workforce. ‘This strategy can then support local authorities, who have responsibility for adult social care provision, and ICSs, who will play an increasingly key role in joined up workforce planning,’ it said.

‘Shared training should be encouraged, together with the development of “passports” reflecting qualifications and experience that make it easier for people to work within the whole health and care system rather than just one part of it.’

Forty-two ICSs were introduced across England last year and bring the NHS, local government and other partners together with the aim of improving the health and care of the people who live and work in their area. Integrated care boards (ICBs) include representatives from local authorities, primary care, and NHS and foundation trusts.

They have come under criticism from social care because they risk becoming ‘NHS-centric’, as highlighted in a report by the health and social care select committee (*see p19*).

ICSs aim to deliver on four goals, which are improving outcomes in population health and healthcare; tackling



Patricia Hewitt wrote the review

inequalities in outcomes, experience and access; enhancing productivity and value for money; and helping the NHS support broader social and economic development.

Hewitt’s review covered ICSs, and the NHS targets and priorities for which ICBs are accountable. Its call for evidence received more than 400 responses.

The recommendation for a social care workforce strategy to complement the NHS workforce plan is one of more than 30 set out in the report.

‘Integrated care systems represent the best opportunity in a generation for the urgently needed transformation that we need in our health and care system. Everyone wants them to succeed,’ Hewitt said. ‘To fulfil their potential, however, we need not only to back our new structures, but also to change our culture. Everyone needs to change, and everyone needs to play their part.’

‘My recommendations are intended to help the health and care system make those changes – and I hope that ministers, NHS England and others will feel able to take them forward.’

A Department of Health and Social Care spokesperson said ministers would review recommendations of the report.

## Safeguarding

**The Child Safeguarding Practice Review Panel has published recommendations to improve the care, welfare and outcomes for children with disabilities and complex health needs living in residential settings.**

In October, it published a review into serious abuse to children with disabilities and complex health needs at three residential special schools registered as chil-

dren’s homes - Fullerton House, Wilsic Hall and Wheatley House, in Doncaster and operated by the Hesley Group.

Focusing on 108 children and young adults, it found a culture of abuse and harm, including evidence of physical abuse and violence, neglect, emotional abuse and sexual harm.

The phase 2 report draws on the learning from what happened to those children and sets out a case

for change in the quality, oversight and regulation of all residential settings for children with disabilities and complex health needs. The recommendations urge government departments to work together to transform the education, health and care offer so that children with disabilities and complex health thrive and are supported to achieve.

The panel has made nine recommendations. These include the Department for

Education and Department of Health and Social Care develop statutory guidance to require local authorities and integrated care boards to jointly commission safe, sufficient and appropriate provision for children with disabilities and complex health needs; and the government should commission an integrated strategy for the development of the children’s workforce in residential settings.

# Balhousie cancels registration following ‘significant’ concerns

**Aberdeenshire Health and Social Care Partnership (AHSCP) has taken over the running of Balhousie Huntly following ‘serious and significant concerns’ raised by the inspectorate, which had sought cancellation of the home’s registration.**

An improvement notice sent to the provider from the inspectorate, dated 16 February, detailed three areas of concern to be met by 3 and 17 March. These covered the safe administration of medication; ensuring service users experience safe and compassionate care; and ensuring service users’ health, safety and wellbeing is protected.

‘An inspection identified serious and significant concerns about the quality of care experienced by residents at Balhousie Huntly Care Home in Huntly, Aberdeenshire,’ said a Care Inspectorate spokesperson.

‘Because of our concerns about the safety of residents we submitted an application to the sheriff court seeking

cancellation of the care home’s registration.

‘The care provider has now indicated their intention to voluntarily cancel their registration of this service with the Care Inspectorate.’

CMUK understands AHSCP has temporarily varied its registration of an existing care home it operates to include Balhousie Huntly.

Despite investment of time and resource, the service faced ‘substantial’ recruitment and retention challenges. ‘While this is an issue that affects the whole social care sector, we have felt its impact acutely in this local area,’ a Balhousie spokesperson said.

‘Against this backdrop we have been determined to work closely with the Care Inspectorate and Aberdeenshire Health and Social Care Partnership, reviewing what support is needed to positively move the home forward. Specific local challenges have finally led us to believe that we can no longer

build a bright future for the home.

‘We have not taken the decision to cancel the registration lightly and can confirm that none of our other homes or employees are affected in any way.’

In September, international health-care group AcalisCare acquired Balhousie Care Group, which operates 25 settings across Scotland.

In February, Jill Kerr decided to leave her role as chief executive.

The AHSCP is overseen by an integrated joint board of Aberdeenshire Council and NHS Grampian, which manages adult social care and health services in the area.

A spokesperson for AHSCP said: ‘We have been supporting Balhousie Huntly care home to make improvements for some time and we now have a group of dedicated and experienced staff who will be working within the home and with residents and families over the coming weeks.’

## Trial to prevent falls in care homes begins

**A device to help prevent older people falling by playing them messages from family and friends is being trialled in care homes, with equipment being installed last month.**

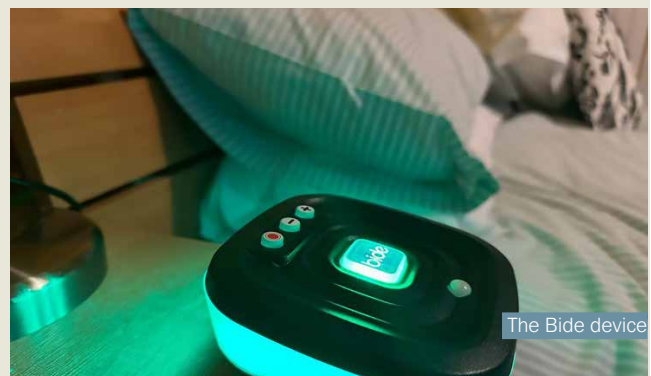
The bedside device, named Bide, works by sensing movement of a person. This triggers a pre-recorded message to start playing reminding the person to take their time getting out of bed, or any bespoke message to help them remain safe. It also has a light function to provide a visual reminder to stay safe if they cannot hear the message because of hearing difficulties.

It is being trialled in nine Sheffcare settings in Sheffield, South Yorkshire, after a smaller pilot in a single setting coincided with a 100% reduction in fall rates in two frequent fallers. Thirty devices were installed in rooms of residents last month. Results are due at the end of June.

A research project will also be starting in individuals’ homes in Nottingham, Nottinghamshire.

Bide has been designed by De Montfort University Leicester’s design unit working with Peak Medtek and has been created by Dr Tom Adler. The company is working with University of Central Lancashire and the Innovation Agency, as part of a Real World Validation study.

‘The design unit has been very helpful in working with us to come up with a design that works for elderly people. It’s taken



The Bide device

a long time to get here, we have done a lot of research and developed many, many different iterations but we are delighted to be in this position now,’ said Dr Adler.

One in three adults aged 65 or older falls every year, a statistic that grows to one in two of the over 80s. More than a quarter (27%) of these falls happen at night, often because a person is getting out of bed and too quickly.

Treating falls and fall-related injuries costs the NHS £4.6m a day, and fragility fractures costs the health and social care £4.4bn each year.

# Care sector architect firm becomes EOT

**A care sector architect firm has transitioned into an employee ownership trust (EOT).**

KWL Architects was founded by directors Philip Lewis and Neil Ross, who started the company in Newport, South Wales, in 2001. The business has grown from four staff to 19.

The pair have sold their interest in the practice to its employees as part of an EOT but will remain at KWL in the immediate term. They will stay as trust directors, joined by practice manager Sally Morgan and director Rob Sheward, both of whom have been with KWL since it was founded. Alun Chapple has also been appointed as independent trust director.

'When Neil and I discussed the future of the company, and our eventual retirement, we couldn't see anyone else taking it over and doing what we thought was best for the business than the staff themselves,' Lewis said.

'Succession planning is such a difficult thing to consider after you have worked for more than 20 years building up a business. But many of our employees have been here since day one and have worked as hard as we have to make this practice the success it is, so it seemed like the perfect solution for all of us.'

In addition to the EOT trustees, KWL has appointed a new board, comprising directors David Hand, Kevin Powell, Sh-



eward, Lewis and Ross.

Clients of KWL include Care UK, The Orders of St John Trust, MHA, Dormy Care Communities and Somerset Care, among others.

The transition to an EOT was supported with finance from Trifodos Bank UK, advisory services from Social Business Wales and legal support from Darwin Gray.



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# Taskforce offers opportunity to make ‘real difference’ to older people

The older people’s housing taskforce will be headed by Professor Julienne Meyer, who will be tasked with spearheading work to support growth of the sector across the country.

She will work across housing, health, and care sectors to increase the volume and range of property options and make recommendations to government.

The appointment was unveiled as part of the government’s adult social care implementation plan published by the Department of Health and Social Care (DHSC).

‘I am delighted to be leading the taskforce, an opportunity to make a real difference to the lives of older people. Working between housing, health and social care will be critical to its success and I’m looking forward to advising government on proposals that give older people more choices in later life,’ said Prof Meyer.

The taskforce will run for up to 12 months and produce an independent report to Department for Levelling Up, Housing and Communities (DLUHC) and DHSC ministers, with interim findings available after six months. The panel is expected to include up to 14 members with people from the social and private retirement sector, local government, adult social care, and from investors and developers.

The first meeting is due to take place in spring once all members are confirmed.

Prof Meyer co-founded My Home Life, an international collaborative initiative to promote quality of life in care homes for older people. A former nurse, she has led research in care for older people at City University of London for 23 years.

Michael Voges, chief executive of membership body for integrated retirement communities ARCO, described the launch



Julienne Meyer, chair of taskforce

of the taskforce as a ‘watershed moment’.

He added: ‘By joining forces through the taskforce, the DHSC and DLUHC are showing that new ways of working are possible, and that a transformation in older people’s housing and care is now a core government priority.’

Author of LaingBuisson’s *Retirement Housing* report Steve Secker said: ‘It’s great that after a protracted gestation to see the government finally launch the taskforce. We look forward to it getting into action and contributing to pushing forward more much needed specialist older people’s housing.’

*Progress of the taskforce will be discussed at the Retirement Housing Conference in September. For more details go to [www.laingbuisson.com](http://www.laingbuisson.com)*

## Failures

**A care home manager has been ordered to pay more than £55,000 after pleading guilty to two offences of failing to provide safe care and treatment to two residents at Rossendale Nursing Home in Lancashire.**

Caroline Taylforth was fined £40,000 and ordered to pay a £181 victim surcharge and £15,000 costs to the Care Quality Commission (CQC), which brought the prosecution.

The first offence was for failures in Patricia Sutton’s care, who had been admitted to the home in October 2018 and had a significant medical

history. On 6 November 2019, Patricia was eating dinner and started choking. She was taken to hospital but died later that day.

The resident had been involved in three other choking incidents, and should have been referred to a speech and language therapist after the second one happened to properly assess the risks. However, Taylforth did not safely assess, monitor or manage the risk or make this referral. Additionally, a referral was made to a dietician, who requested more information. There was no evidence Taylforth provided the information.

CQC also prosecuted the

defendant for another incident concerning Dereck John Chapman (known as John), who was admitted to the home in October 2019 with health issues and was also prone to having falls.

On 13 January 2020, John fell at the home. At 3am the next morning he was found on the floor. Later that morning he was taken to hospital and was diagnosed as having a fractured left neck of the femur. He died on 3 February 2020. The fall and subsequent injury contributed to his death.

Following admission to the home, he suffered at least 14 falls. Taylforth did not mitigate the risk of falls and



failed to ensure John was promptly referred to appropriate services.

Taylforth, as the registered manager of the home, was required to maintain oversight of people’s care, and ensure records were accurate and up to date, as well as any appropriate referrals made to ensure residents were receiving safe care and treatment.

She was sentenced at a hearing at Blackpool Magistrates’ Court in April.

# Delayed implementation of protection safeguards ‘deeply’ disappointing

Implementation of Liberty Protection Safeguards (LPS) have been delayed as the government prioritises plans to reform the care sector.

Announced in a letter to stakeholders, the government said it had taken the ‘difficult decision’ to delay implementation ‘beyond the life of this parliament’. It said: ‘This was one of a number of decisions taken as part of prioritising work on social care.’

Organisations had been working with government on development of the LPS since the Mental Capacity (Amendment) Act was introduced in 2019. The system was due to replace the Deprivation of Liberty Safeguards (DoLS).

The DoLS scheme was introduced to protect the human rights of those individuals who lack the mental capacity to consent to being deprived of their liberty. Unlike DoLS, which applies to arrangements in care homes and hospitals and to people aged 18 and above, the LPS would apply in all settings and to anyone aged 16 and over.

Department of Health and Social Care and Ministry of Justice launched a 16-week consultation last year, which closed in July. While the consultation did not confirm a date for implementation, it had been expected to be 2024.

The letter to stakeholders said government planned to publish a summary of responses to the consultation in due course and that DoLS would remain for authorising deprivations of liberty.

The Welsh government said it was ‘deeply disappointed’ with the decision not to proceed with implementation.

Lynne Neagle, deputy minister for mental health and wellbeing, said: ‘In light of the UK government decision, we will need to consider how we strengthen the current DoLS system in Wales and continue to protect and promote the human rights of those people who lack mental capacity.’

‘Stakeholders in Wales have provided significant evidence



and support to help us shape the LPS for Wales. It is right that we re-engage with these stakeholders following this most recent decision by the UK government so that we can listen and hear what we can do now to address some of the current challenges within DoLS.’

Jill Mason, partner and head of health and care at Mills & Reeve, said: ‘We had heard a rumour that LPS might be delayed but yesterday was hugely disappointing, particularly after all the planning and effort that has gone in across our client base.’

‘We know that DoLS is not the easiest legislative framework to use but it is here to stay, at least for the foreseeable future. As DHSC reminded everyone yesterday it is vital that health and social care providers continue to make applications in line with the Mental Capacity Act 2005 to ensure that the rights of those who may lack the relevant capacity are protected.’

## Prosecuting

**The watchdog is prosecuting and fining care homes and registered providers more now than before the pandemic, analysis from law firm Shakespeare Martineau has revealed.**

When comparing pre-Covid (2017–2019) and post-pandemic (2020–2022), prosecutions by the Care Quality Commission (CQC) rose 50% – from 30 to 45.

Research found the average fine grew to more than £550,000, from £160,000 pre-pandemic.

After a downturn in activity during lockdowns and some cases taking more than three years to be brought forward, the firm expects this to increase further.

‘The CQC had virtually stopped all inspections – except in emergencies – during the pandemic and so, as a result of the backlog, an increase in prosecutions once normality started to resume was to be expected,’ said Jordan Glackin, healthcare partner at the firm.

‘With more catching up likely to be done and the sector being placed firmly

under a microscope during the pandemic, particularly in the eyes of the public, we expect this activity to increase further – especially as some cases have taken more than three years to be brought forward.’

The largest fine handed down pre-pandemic was £225,170 in 2019. During and post-pandemic, this was £2.5m in 2021 – a rise of more than 1,000%.

Prosecutions in the southern regions have doubled, and in the North and Midlands they have risen by 54%.



Data show the most significant increase in prosecutions by region is in the South East, where the number of charges has risen by 267%.

Regulation 12 (safe care and treatment) was the most breached over the past six years, accounting for 63% of all prosecutions.

# No widespread adoption of digital social care services, report finds

**Attitudes to technology around health and care shows a strong appetite but the potential is not being realised, a report has found.**

Only a handful of councils, housing and care organisations are delivering digital care in people's homes at scale, to cut hospital admissions, speed up emergency response times, and reduce long waits for formal social care.

Published by the TEC Action Alliance, which involves over 30 care organisations such as Care England, Carers UK, Housing LIN, TEC Services Association and Think Local Act Personal, alongside technology suppliers, *Technology-Enabled Lives: Delivering Outcomes for People and Providers* examined barriers to widespread adoption. One issue is conflict between shaping digital care around people's needs and replicating services at scale.

Despite evidence that using technology in social care can keep people safe, healthy and happy at home, the report found no large-scale use of digital services.

'We've found some pockets of good technology-enabled care (TEC) but still no national adoption,' said Alyson Scurfield, TEC Services Association chief executive, and co-chair of the TEC Action Alliance. 'To address this, we must understand how TEC can be better personalised and scaled.'

Over the past five months, the alliance heard evidence from people who draw on support, along with frontline workers and leaders in care, health, housing and local government.

Over 2,000 people were surveyed on their attitudes towards and use of TEC, and focus groups held with individuals who have lived experience.

Although survey results indicated a strong appetite – 86% said they were likely or extremely likely to use it in the future – only 18% of respondents use telecare or telehealth services and half of these people use it less than once a week. Barriers include safety concerns, a lack of confidence and perceptions that digital care is expensive.

LaingBuisson's *Homecare and Supported Living* report found the value of the TEC market to be 'relatively small scale' but that the digital switch in 2025 would help it. 'No attempt is made here [the report] to calculate the value of the UK telehealth market. Its boundaries are too fuzzy and there is no



Woman using care technology

identifiable telehealth "sector" populated by providers offering end-to-end telehealth systems and reporting their revenues in statutory accounts,' the report said.

TEC Action Alliance's report called on care commissioners and suppliers to listen to what people want and co-produce their services and products with individuals to ensure there is a focus on personal needs. It also wants health and care data to be shared more widely, with consent, to enable a joined-up response, locally.

In addition, the report recommends care technology is integrated within broader NHS plans around virtual wards, and funding is made available for preventative technology, proactively supporting people at home rather than purely for hospital discharge.

In its next stage, the alliance will identify how to bridge the divide between personalising and scaling services, resulting in an action paper.

Clenton Farquharson, Think Local Act Personal chair and co-chair of the TEC Action Alliance said: 'Currently, we talk about digitising social care, health and housing: re-engineering systems and processes. What I don't hear about are "technology-enabled lives", where the ambitions and aspirations of the individual come first, made possible by digital.'

## Fine

**Ivy House Day Centre Ltd and its director Jane Lowe have been ordered to pay £50,000 after being found guilty of providing personal care and accommodation illegally.**

Following an eight-day trial at Lewes Crown Court, in East Sussex, Lowe and the company were each fined £10,000. Both director and

company were also ordered to pay a total of £30,000 costs.

The prosecution was brought by the Care Quality Commission (CQC) after it received information Ivy House Day Centre was providing regulated activities of personal care between 3 June 2019 and 24 February 2020 and accommodation for persons requiring nursing or

personal care between 3 June 2019 and 31 October 2019 without being registered with the regulator to do so.

It is a legal requirement for any provider of health and social care in England to be registered with CQC.

'The registration process is important to appropriately assess services before they care for people. Services are then monitored and

inspected to ensure that they continue to meet fundamental standards of care that everyone should be able to expect,' said Ros Sanderson, CQC deputy director of national enforcement.

'Unregistered services operate without the benefit of our oversight, putting people at risk of harm.'

Ivy House Day Centre was contacted for comment.

# Cut to workforce development funds ‘cruel and unfair’, operators say

**Slashing social care workforce development funding by half has been described as ‘cruel and unfair’ by providers.**

As part of plans that build on the *People at the Heart of Care* white paper, which was published in December 2021, the government said it would be aiming to increase opportunities for career progression and development in the sector backed by £250m. However, the white paper had said ‘at least £500m’ would be invested.

‘This is yet another cruel and unfair cut to the funding we need to provide help and support to older and vulnerable people,’ said Mike Padgham, chair of the Independent Care Group, which represents operators.

Professor Vic Rayner, chief executive of the National Care Forum, said: ‘The *People at the Heart of Care* reforms are in tatters. Yet again the government has repackaged and reduced existing promises of support and funding, only to announce them as if they are new.’

Natalie Grayson, GMB national care officer, described the decision as ‘disgraceful’.

Skills for Care data shows there are 165,000 vacancies in the sector, with turnover rates remaining high at 29%.

Padgham said: ‘The government insists that all promised funding will stay within the sector but we cannot believe a word they tell us anymore.’

## Commitments

Refreshed plans aim to bolster the adult social care workforce, speed up discharge from hospital and accelerate the use of technology.

Allocations of over £2bn previously announced include £100m to accelerate digitisation; an innovation and improvement unit to explore solutions for improving care backed by up to £35m; a £1.4bn market sustainability and improvement fund that local authorities can use to increase the rates paid to providers or reduce waiting times; £102m to help make small but significant adaptations for people to remain at home; and £50m to improve

social care insight, data and quality assurance.

This is part of the government’s wider commitments to support services, backed with up to £7.5bn over the next two years to help local authorities address waiting lists and workforce pressures in the sector, as announced in the Autumn Statement.

Government said it remained fully dedicated to its 10-year vision for adult social care set out in the white paper, and since then, has boosted workforce capacity with 55,000 visas issued for people to take up care worker roles, increased uptake of digital social care records by 10 percentage points, and launched improved data collections.

## Pathway

Health minister Helen Whately said: ‘Care depends completely on the people who do the caring – that’s over a million care staff working in care homes and agencies, and countless relatives, friends and volunteers, acting out of the kindness of their hearts.’

‘That’s why this package of reforms focuses on recognising care with the status it deserves, while also focusing on the better use of technology, the power of data and digital care records, and extra funding for councils – aiming to make a care system we can be proud of.’

Since launching the white paper, the government has invested on digital transformation, hospital discharge and staffing support.

Through digitising records, the aim is for 80% of registered providers to have a digital care record by March 2024. In partnership with the Department for Levelling Up, Housing and Communities, it is also launching an older people’s housing taskforce.

Skills for Care is working in partnership with the Department of Health and Social Care to develop a workforce pathway that will aim to create a shared understanding of the knowledge, skills, values and behaviours needed to work in the sector.

‘The pathway must build on what



Mike Padgham,  
chair, Independent Care Group

works, so I would encourage anyone involved in delivering, or accessing, social care to make sure your voices are heard as part of the call for evidence to influence the training and career progression pathways of tomorrow,’ said Skills for Care chief executive Oonagh Smyth.

## Integration

Care England chief executive Professor Martin Green said: ‘There is a desperate need to invest in the social care workforce, and it is disappointing that the government has reduced the amount of money available for this objective.’

‘There is a lot of talk about integrating health and social care, and if this is to be made real, it has to include increasing the amount of money available in social care to develop the workforce. We will know when integration is succeeding because the amount of money that is put into the NHS for workforce development will be mirrored in social care.’

# Clarity needed over partnership working within integrated care systems

**Poor partnership working needs to be resolved if integrated care systems (ICSs) are to be successful, a group of MPs has concluded.**

An inquiry, with a focus on autonomy and accountability, found while there was enthusiasm for ICSs to deliver, a 'serious lack of clarity' in some areas remained.

The health and social care committee inquiry also raised concern that the success of the restructuring programme could be jeopardised if NHS England continued to take a 'command and control' approach.

Its report said it was vital government and NHS England not dictate how ICSs deliver local outcomes. Forty-two ICSs in England came into force last year.

Among other groups and organisations, the committee had taken evidence from Care England, National Care Forum, ADASS, Local Government Association and Care Quality Commission (CQC), with concern raised about the exclusion of adult social care in systems, and the risk of ICSs becoming 'NHS-centric'.

The report, *Integrated Care Systems: autonomy and accountability*, said partnership working was fundamental to the design of ICSs and will be the 'make-or-break factor' in their success. 'As we have discussed, the monitoring and evaluation of NHS priorities and structures is well established but it is unclear how partnership working will be monitored. It is also unclear how ICSs will be held accountable for partnership working, particularly if problems arise,' the document said.

'NHS England should provide more clarity about what ICSs should expect in terms of the monitoring of partnership working and how this will be assessed in ICB [integrated care board] annual assessments.

'DHSC [Department of Health and Social Care], working with ICSs, should clearly set out what action could be taken, be that by the CQC, NHS England or others, to resolve issues of poor partnership working, in particular with adult social



Steve Brine MP, committee chair

care,' it said. This was one of the recommendations outlined in the report.

Chair of the health and social care committee Steve Brine MP said: 'This is a key moment for ministers and for NHS England. We have found genuine enthusiasm for the potential of integrated care systems to make a real change, not only in how health and social care is delivered but in prioritising the needs of local populations and preventing ill-health.

'It would be an opportunity lost if that success was undermined by the need to prioritise central government targets or a focus on meeting short-term demands. We urge ministers not to lose sight of the crucially important prevention agenda and we call for them to adopt a light-touch outcome driven approach to this new way of working.'

## Nursing care

**NHS-funded nursing care has risen 5% for 2023 to 2024, with the standard weekly rate per person eligible increasing from £209.19 to £219.71 from last month.**

The funding is provided to care homes to support residents with nursing needs, with money paid by the NHS directly to care settings. The higher rate will rise from £287.78 to £302.25.

Registered nurses provide support to people eligible for

NHS-funded nursing care with a variety of needs, including people with learning disabilities, those living with enduring physical or mental health needs and various conditions associated with old age. This type of nursing requires a range of skills and training, with the money supporting this role.

The funding helps cover the costs of nursing care, ensuring services can continue to support the needs of residents within nursing homes.

## App

**Digital-first home health-care provider Cera has hired 1,000 carers through recruitment app Care Friends.**

Since launching with Cera in November 2020, Care Friends has enabled Cera to reward workers with money for referring their pals.

Referrals are now the second highest source of new hires to Cera's business.

Bonus points are awarded for sharing jobs and referring friends to join. Four of the



top performing global users of Care Friends are Cera employees. Last year, Cera jobs were shared more than 57,000 times via the app and 500 hires were made.

# RETIREMENT HOUSING UK MARKET REPORT

SECOND EDITION

## What makes UK retirement housing so investible?

LaingBuisson has published the second edition of *Retirement Housing UK* market report. This report looks specifically at specialist, purpose-designed, self-contained accommodation for over 55-year-olds and covers the breadth of the UK's retirement housing market. The segments covered include age-exclusive 'downsizer' housing, retirement living and housing with care. Read together with the latest *Care Homes for Older People UK* market report, published in March 2022, it offers a complete overview of the accommodation and care options open to older people in the UK.

The retirement housing market has, anecdotally, experienced a strong rebound following the slump of the pandemic. It is highly attractive for investors looking for long-term yields. Several segments of the market look set to expand as individuals and commissioners look to alternative models for those with less acute care needs. Furthermore, there are opportunities both at the exclusive and more mass market ends of the market, with town centre developments being a possibility as retailers leave the high street.

Retirement housing, nevertheless, faces challenges. Image is one of them and to reach its full potential, this needs to change so that people view moving to purpose-built, age-appropriate accommodation as a positive choice, rather than a matter of last resort. The environment, social and governance (ESG) agenda is another, and while retirement housing enjoys good ESG credentials, and by that dint attracts investors, investment is also needed to update older stock to meet net zero. The key to growth appears to be diversity of choice to serve the wide range of needs and aspirations in its target market.

## Who is the report for

- Operators of retirement housing schemes
- Property developers
- Providers of age-exclusive 'downsizer' housing
- Retirement living providers
- Housing with care providers
- Housing associations
- Staffing agency operators
- Directors of adult social services
- Care advisors
- Banks and investors
- Management consultants
- Business advisors
- Long-term care insurance providers
- Central government
- Think tanks
- Policy writers

## What the report covers

- Market size
- Market growth
- Demand drivers
- Business models
- Staff supply
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# Pathways to a better life

Daniel Casson discusses areas for development



**D**irecting LaingBuisson's Social Care Conference gives me time to reflect on the pressing issues that are engaging our sector. Increasingly, I understand that what we are doing is creating places and context where people can achieve the highest level of independence possible for them in their specific situation.

For me, this means that the boundaries that divide social care from housing on the one side and from health services on the other side are rightly becoming blurred in the integrated housing/care/health model that we are trying to build. What we do in social care is an essential element in community building and in guiding people to as much independence as possible.

## Virtual care

My work brings me in to contact with many innovators and carers who are creating systems and new ways of working, which focus on the quality of life of individuals. Increasingly there is the realisation that care and health have to work as one.

We are becoming used to the term virtual wards; however, I am pleased to see that in many circles this phrase is being replaced by the term virtual care. This is due to the fact that many health colleagues realise that the assets held within social care and the community can be mobilised, using health service funds to benefit people's health and quality of life.

Some of the integrated care systems I am speaking to realise that they are the fulcrum around which health and social care can pivot; they are using this term virtual care, taking health and care in

the community as a central focus. My background in tech and digital innovation is leading me to see that the next great area of development is the coming together of health tech, social care tech and community-based innovative ways of working.

The recently released adult social care tech fund is looking for technologies which can be upscaled. The focus is on three areas:

- An increase in care quality and safety (including safe discharge from hospital)
- A reduction in avoidable admission/readmission to hospital
- An increase in support for people to live independently in their own home (specifically seeking technology to support one or more instrumental activity of daily living in a person's home)

My concern is that these priorities could potentially be too focused on simply reducing the burden on the NHS, rather than focusing on the quality of life of individuals. If implemented carefully, they could point the way forward to facilitate people living as independently as possible in the place they choose to live and enhance the coming together, which has to be the path forward.

The increasing amount of work on smart homes and on living spaces that focus on wellbeing enthruses me; there is great potential for people's care and quality of life needs being incorporated into smart design.

Some of the most instructive discussions I am having at the moment are

with architects and designers who are playing with ideas and concepts to create living spaces that cater for people's care needs and wellbeing as an inherent part of the building process.

## Sensors

Connected to this discipline of healthy design is the use of sensors in people's living spaces.

In most conversations I have about predictive analytics for vulnerable people who might have care needs, the issue of sensors is increasingly exciting people and arousing new thought.

Sensors can sense people's physical and mental health risks, and they can promote safety and independence. They can give valuable information about an individual's daily activities and routines to identify any areas where additional support may be needed. This will facilitate small, targeted interventions to head off more acute deterioration in people's quality of life.

In some way I am reluctant to host a conference about social care, because increasingly I want to be working with people on pathways for quality of life. So, watch this space, as social care, housing and health increasingly see that they are focusing on the same agenda. I look forward to sharing ideas with you at the conference, which takes place on 7 June.

For more information go to [www.laingbuisson.com/social-care-conference-2023/](http://www.laingbuisson.com/social-care-conference-2023/)

**Daniel Casson is an independent consultant in innovation and digital transformation in social care. He is Care England's digital development advisor and LaingBuisson's Social Care Conference director.**

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# Budget constraints



Policy is driven by financial constraints, explains Professor Green

It is clear we are not going to get any more money for social care this side of an election, and even though the chancellor gave us some significant increases, there is not enough extra money to deal with the underlying problems brought about by years of inadequate social care funding settlements.

We have, over many years, been underfunded, and it is not only the amount of money that is a problem. It is the fact that much of it goes through the mechanism of local authorities and seems to disappear before it gets to the front line.

For years we have seen local authorities commissioning care, particularly for older people, at the lowest amounts they can get away with. We have even seen some authorities having 'Dutch auctions' to try and push down the cost of care and homecare commissioned on time and task for the lowest possible rate the authority can secure.

Much rhetoric often accompanies this from the local authorities, telling us they must make the best decisions because it is public funding and ensure the best value for the taxpayer. If this were true, they would be disbanding local authorities' expensive pension funds, and their staff would have to do what the rest of us do, build up a pension pot big enough to secure some income in retirement.

## Spasm

CQC will soon be monitoring local authorities' commissioning behaviour, which could completely change the system. However, typically there needs to be more understanding of what the powers of the CQC will be and how they will bring poor-performing authorities into line and

tell them that the commissioning practice is unacceptable.

I am also exasperated by the time it takes CQC to deliver a comprehensive approach to this new oversight regime. The entire system will not have oversight for another two years.

Why? We know that the Commission for Social Care Inspection had this role of oversight of local authorities, so it's not as if the regulator is starting from year zero. What they could have done was look at how the oversight regime worked in the past and use that as their foundation for developing the new approach.

There is a general issue in the public sector around pace, and nothing happens quickly. Anything remotely seen as a change in their way of working seems to send them into a complete spasm and significantly impact their main work.

As mentioned previously, somebody at the Department for Health and Social Care emailed telling me a meeting had been cancelled because they were in the middle of a reorganisation. I reminded them in the 'real world' reorganisations happen alongside business as usual.

Over the last decade, huge organisations and international corporate bodies have been completely reconfigured. This has had to be accomplished while delivering the expected service to the public.

This never seems to happen in the public sector, where they spend ages contemplating what they are going to do, use it as an excuse for doing very little else, and then finally, endlessly pilot the change so that it never becomes operational for years on end.

Many local authorities are now looking to have a policy of 'home first', and while it is good to keep people at home, if they

possibly can be independent, in many areas, this policy is driven by nothing more than budget constraints.

All too often, we see people with high-level needs being given low-level services in their own homes under the pretence that they are living a good quality independent life.

Nothing could be further from the truth. This policy is at its worst when applied to older people because they are seldom given access to immediate support, and I have yet to find an older person who has been allocated 24/7 care in their own home. However, I have seen this commissioned for young adults. The way in which the system abuses older people is frankly disgraceful, and I do not know how it is legal, given the fact we have age as a protected characteristic in the Equality and Human Rights Act.

## Bespoke commissioning

I recently saw a younger person who was taken 30 miles every week to spend the afternoon with his sister. This is good quality care and maintains the relationship between the siblings, which brilliantly impacts the person's life. However, I have seldom seen anything of this sort commissioned for an older person with dementia.

Although the cognitive functioning between the two people may be similar, the older person is never given this sort of bespoke commissioning.

If we were going to have a 'home first' policy, it must provide older people with the same access to quality of life as younger adults. If this were delivered, we would see the cost of social care for older people increase by about 400%.

## Adlington Retirement Living opens Lytham development

**Adlington Retirement Living has officially opened The Sidings in Lytham, Lancashire.**

Opened by the mayor and mayoress of Fylde, Cllr Ben Aitken and his wife Bernadette Nolan, the development offers 65 apartments designed for those over the age of 55.

The development offers gardens, hair salon and therapy suite, lounges, cinema room, and restaurant. Its coffee

lounge also houses a bar and there is a guest suite for friends and family.

There is also a 24-hour on-site support team and, if needed, personal care packages are available. In addition, there is an emergency call system and security video entry system.

Apartments include fully fitted kitchens with integrated appliances. Many feature en suite shower rooms as well as separate bathrooms, and most have

a private patio area or walk-out balconies overlooking gardens.

'Our retirement communities are designed to empower the older generation to live a long, happy and healthy life in a safe and secure environment with activities, communal facilities and beautiful private gardens,' said Simon Crewe, director at Adlington Retirement Living.



Communal facilities at The Sidings, Lytham, Lancashire

## McCarthy Stone opens Priory House in Surrey

**McCarthy Stone has opened its 500th managed development – Priory House in Banstead, Surrey.**

It features 44 apartments with communal areas and a house manager based on-site, with long-term care and support available to homeowners.

'This milestone is an indication of the ongoing need for more and better housing for older people across the country,' said John Tonkiss, McCarthy Stone chief executive.

The company, which supports more than 22,000 older people, mostly in their 80s, has two main products – retirement living and retirement living plus.

It has been offering a rental service since 2019, and around a third of its annual transactions are now for this tenure. It has committed to building 50% of developments in full using modern methods of construction.



Priory House

# Exemplar begins £5.8m construction project

**Exemplar Health Care has started construction work of its £5.8m specialist care home in Knowsley, Merseyside.**

Fernwood will be its seventh care home in the Liverpool area and specialise in supporting 28 adults living with dementia, acquired brain injuries, complex mental health needs and physical disabilities, across two units. Each of the 28 bedrooms will have an en suite wet room, and the building will feature communal spaces, sensory and therapy rooms and gardens.

Northeast-based contractor Walter Thompson has been appointed to develop the existing building, with completion expected at the end of the year.

Exemplar has also begun a recruitment drive for over 100 positions



Exemplar Knowsley

ahead of the opening of a care home in Sunderland, Tyne and Wear, in summer. Hylton Grange, which will be its first

care home in the city, will support 30 adults across three units.



Heatherton House bedroom

The proposed £28m project will provide care for older people and include a range of facilities and services, as well as offer latest technology.

The Essex-based family-run care provider, which operates 19 homes, six of which are in Wales, will plan, design, and fit-out the scheme. It also plans to open two new homes this year in West Sussex and Somerset.

In June, Hallmark will be inviting feedback on proposals for the development, ahead of a planning application.

With a focus on building life skills, Anne Close will provide person-centred support for up to four adults with learning disability, autism and associated complex needs.

The service will support people who are stepping down from higher supported settings and will offer them choice, responsibility, independence and self-management of their health and wellbeing.

By offering personalised one-to-one support and improving and developing daily living skills the focus is to help people move on to more independent living in the community.

Ambient has worked with partner Amber Housing to both purchase and refurbish the property.

## Danforth

**Danforth Care Homes has opened a residential, dementia and respite setting in Littleover, Derbyshire.**

Heatherton House, which offers a restaurant, library, cinema, coffee bar, sweet shop and gardens, has been designed and developed by LNT Group. Home to 66 residents, bedrooms will include wet room facilities, smart TVs and mini fridges.

The property will target zero-carbon consumption and self-generation of power, with solar panels and powered by 100% electricity.

## Hallmark

**Hallmark Care Homes has exchanged contracts on a 1.79-acre site in Cardiff to develop an 80-bed, residential, nursing and dementia care setting.**

## Ambient Support

**National charity Ambient Support is opening supported living accommodation in Norwich, Norfolk, as it continues to grow its services.**



Supported living at Anne Close, Norwich

## Major UK providers of adult specialist care May 2023

### Adult specialist care home providers (by beds)<sup>1</sup>

Rank	Provider	# homes	# beds	Av. beds/home
1	Priory Group	208	2,133	10
2	Voyage Care	263	2,043	8
3	Achieve Together	178	1,408	8
4	CareTech	145	1,291	9
5	Leonard Cheshire	64	1,251	20
6	Exemplar Health Care	32	905	28
7	ivolve Group	74	770	10
8	Accomplish	97	715	7
9	PrimeLife	30	666	22
10	Salutem	68	657	10

### Learning disability care home providers (by beds)

Rank	Provider	# homes	# beds	Av. beds/home
1	Voyage Care	233	1,712	7
2	Priory Group	160	1,512	9
3	Achieve Together	143	1,081	8
4	CareTech	124	1,028	8
5	Cygnat Health Care	54	556	10
6	Consensus	61	511	8
7	Lifeways Group	49	482	10
8	ivolve Group	53	451	9
9	Choice Care	50	421	8
10	Salutem	49	376	8

### Mental health care home providers (by beds)

Rank	Provider	# homes	# beds	Av. beds/home
1	PrimeLife	18	448	25
2	Priory Group	24	330	14
3	Accomplish	30	199	7
4	Meallmore Ltd	5	147	29
5	Rethink Mental Illness	16	144	9
6	Enhance Healthcare Ltd	2	144	72
7	Choice Care	15	140	9
8	Together	11	137	12
9	Hatzfeld Care Ltd	3	137	46
10	Making Space	8	131	16

**NOTES 1** ADULTS UNDER 65 WITH BRAIN INJURY REHABILITATION, EATING DISORDERS, LEARNING DISABILITIES, MENTAL HEALTH, PHYSICAL DISABILITIES, SENSORY IMPAIRMENT AND SUBSTANCE MISUSE

SOURCE LAINGBUISSON DATABASE

DATA CORRECT AS OF 24 APRIL 2023

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# INFOCUS

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## UNTAPPED POTENTIAL

In this issue we talk to Eden Futures chief executive Helen Stokes about the provider's growth plans and integration.

We also focus on recruiting more men into the sector, occupancy recovery, green finance, and provide coverage from LaingBuisson's Specialist Care Conference



# CM<sub>UK</sub> meets... Helen Stokes

As leader of Eden Futures, its chief executive has faced a myriad of challenges. Here, she discusses some of those, as well as plans for growth, building and maintaining trust with commissioners and what true integration looks like

**CM<sub>UK</sub> How did you come to work in social care?**

**Helen Stokes (HS)** My journey in the health and social care sector began when I was just 16 years old. Over the years, I've had the opportunity to work in a diverse range of high-quality care settings, from hospital secure provision to supported living and domiciliary care. My experience spans across independent providers and charities alike.

Starting as a support worker, I was driven by my passion for making a difference in people's lives. This led me to pursue a BSc degree in Healthcare Management, building on my experience in a range of roles, including managing director before joining the Eden Futures family. Throughout my career, I've focused on supporting those with neurological conditions, be it rehabilitation or divergency, ensuring the best possible care for those in need.

In addition to my work at Eden Futures, I am proud to serve as an ambassador for Championing Social Care, advocating for the importance of compassionate and high-quality care services in our communities.

**You've been in post almost 18 months. What have been the main challenges in that period?**

**HS** Over the past 18 months, we've faced a myriad of challenges, many of which stem from external factors beyond our control. These include the aftermath of the Covid pandemic, sustained lack of funding for health and social care, the rising cost of living, and the social care workforce crisis, directly affecting recruitment and retention across the sector.

Among these, recruitment has been our most significant challenge and top priority. We've focused on attracting,

recruiting, and retaining talented team members, resulting in a strengthened internal workforce for the benefit of all our stakeholders.

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AS A TRUE  
PEOPLE'S  
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IMPORTANCE OF  
FULLY ENGAGING  
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MEMBERS AND  
FOSTERING  
A SENSE OF  
BELONGING

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Despite these challenges, we're proud to have maintained our advanced gold Investors in People (IIP) accreditation. Our team's dedication to Eden Futures' vision, culture, and values has been instrumental in this achievement. Additionally, our employee engagement in the IIP process doubled compared to three years ago, surpassing industry standards.

We've also continued to open new services and have more in development to address the growing need and demand for

quality supported living accommodation, care, and support. Our development partners have diligently worked to maintain schedules despite some of the challenges the construction sector is experiencing.

As a true people's organisation, we recognise the importance of fully engaging with our team members and fostering a sense of belonging. To this end, we've introduced a new people strategy, the Eden Influencers programme, a monthly health and wellbeing newsletter called *Eden Together*, and an internal rewards and recognition scheme. These initiatives aim to strengthen our team's connection to the business and create a supportive and collaborative environment.

Furthermore, we've received nominations in industry awards, showcasing our collective achievements despite the challenges we've faced. We believe there's much to be proud of, and we're excited to continue making a difference in the lives of those we support.

**You invested in 49 units last year. What is the plan for growth over the next 18 months?**

**HS** Over the past year, Eden Futures has continued to develop and expand our services, and we're proud to have increased our support to over 675 service users across 156 sites. Our growth strategy revolves around developing new properties and services tailored to support individuals with a variety of needs, working closely with local authorities, commissioners, developers, landlords, and health professionals to create sustainable, person-centred support.

For the next 18 months, our growth plans include expanding our presence in areas including Stoke and Nuneaton and we've identified further opportunities for





growth in existing regions, to develop new services within these communities.

Growth is essential to us for several reasons. First and foremost, it allows us to reach more people in need of specialised care and support, giving them the opportunity to live fulfilling lives within their communities. As we grow, we can also create more job opportunities, contributing positively to local economies and providing rewarding careers for our team members. Furthermore, growth enables us to refine and enhance our services, allowing us to better serve our current and future service users.

Our focus on outcomes and the personalised approach we adopt is fundamental to our organisation. We work collaboratively with various stakeholders to ensure each individual receives the support they need, promoting a meaningful life at the heart of their community. Central to our success is our dedicated team, who consistently embody our values and vision, and we remain committed to investing in their growth and development as we continue to expand our services.

### **What does your people strategy involve?**

**HS** Our people strategy focuses on key objectives related to social, environmental, and governance aspects, ensuring a safe, fair, and inspiring work environment for our employees. We are committed to promoting a healthier planet, diverse and inclusive communities, access to education, and improved living standards for all.

At the core of our people strategy is the cultivation of a happy, resilient workforce that can reach its full potential as we expand our services. We aim to create a positive staff experience throughout the employee lifecycle, attracting and retaining top talent, and enabling us to adapt

and provide excellent care that meets the needs of those we support.

Our overarching ambitions are centred around: attracting and retaining our people, supporting their health and wellbeing so they feel good at work, and offering opportunities for learning, development, and career progression.

It is crucial for us to listen to the voices of our staff and the people we support. Our Eden influencers and expert partners, who represent a diverse cross-section of our workforce and those with lived experience, play a vital role in shaping our people plan and ensuring high-quality service delivery. By working together, we share a voice and the opportunity to influence staff engagement, recruitment, retention, development, and the cultivation of a great culture.

We are continuously searching for ways to demonstrate appreciation for our team and acknowledge their value to the business. Exciting initiatives are planned for 2023 to further establish Eden Futures as a fantastic place to work.

We've recently launched our new reward and recognition programmes, including a monthly recognition platform called shining stars, which highlights employees and teams who go above and beyond while embodying our values. We've also redesigned our internal care awards to acknowledge and reward our team members. Both programmes were developed with input from our Eden influencers, feedback from colleagues, and the people we support, ensuring they are meaningful and representative of everyone involved.

### **What are your views on *Building the Right Support*, which aims to get people with a learning disability/autism out of inpatient mental health hospitals?**

**HS** At Eden Futures, we strongly support

the goal of transitioning people with learning disabilities or autism out of long-term inpatient hospital stays. Our specialist services team is dedicated to this mission, working directly with individuals through the transforming care pathway. We offer tailor-made accommodation and specialised support, empowering people to leave hospitals and lead fulfilling lives within community settings.

However, we recognise that we are just one of many providers in this field, and there is still a pressing need for increased provision nationwide. It is essential to enable more people with learning disabilities or autism to move out of long stay hospital settings and live near their families and communities. To achieve this, we must foster integrated and collaborative efforts across all aspects of the social care system, uniting providers, local authorities, and healthcare professionals to develop and implement effective solutions.

### **You've become a member of the Social Care Sustainability Alliance? What do you hope it will achieve?**

**HS** Joining the Social Care Sustainability Alliance has been an exciting development for me. I am eager to collaborate with my peers to share aspirations and work together to make a meaningful impact on the sector. The alliance represents a significant step forward, bringing together individuals from various backgrounds within social care to exchange ideas and best practices focused on enhancing sustainability. Our collective aim is to drive positive changes that benefit the entire sector, rather than just individual businesses. I believe that through our united efforts, we can create lasting improvements and shape a more resilient and sustainable future for social care.

### **When it comes to ESG, what does the 'S' mean to you?**

**HS** Social impact plays a crucial role in our people strategy. This not only encompasses our employees and the individuals we support but also extends to the broader communities we serve. As a people-centric organisation, our focus is putting people at the heart of all we do.

Leadership is a vital aspect of our social impact, as it helps guide our organisation towards achieving our goals and fostering a culture that values the wellbeing of everyone involved. Strong, compassionate leadership is essential for empowering our employees, supporting

the individuals we care for, and making a meaningful difference in the communities where we operate. By prioritising social impact, we can create lasting change and contribute to a better future for all.

### **How has the rising cost of living impacted the people you support and how are you supporting them?**

**HS** The rising cost of living has had a significant impact on the people we support, as well as our staff and the wider community. It has contributed to increased anxiety and mental health challenges, affecting many aspects of daily life. To help address these concerns, we collaborated with our influencers, expert partners, and teams to launch *Eden Together*. The publication focuses on mental health issues, emphasises the importance of self-care, and encourages open conversations about personal struggles.

We understand that the cost-of-living crisis affects everyone, so we strive to provide comprehensive information and resources to help individuals navigate these challenges. We pay particular attention to providing information on financial health and signposting to relevant resources. This effort has been well-received by our community, as it offers valuable guidance for managing the financial strains caused by the rising cost of living.

Each month, our magazine covers a wide range of topics, including wellbeing support, action for happiness, random acts of kindness, emotional health, physical health, mindfulness, awareness days, and healthy recipes.

Through these initiatives, we aim to offer comprehensive support and assistance to those affected by these challenging circumstances.

### **What could commissioners do to improve relationships with providers?**

**HS** At Eden Futures, we take pride in our relationships with health and social care commissioning authorities. The key to a strong relationship is open communication, clarity, transparency, effectiveness, and honesty – it can only thrive through a positive two-way exchange.

There's a noticeable shift towards collaboration with integrated care boards (ICBs), focusing on a more holistic approach to benefit the individuals in need of care and support. Commissioners can continue to improve relationships with providers by engaging in regular dialogue, actively listening to the concerns and

suggestions of providers, and working together to develop innovative solutions to better serve the needs of the people we support. Building and maintaining trust between both parties is essential for the successful delivery of high-quality care and support services.

### **What does true integration between health and care look like?**

**HS** I recently had the privilege of speaking at the Specialist Care Conference 2023 about integrated adult services and the journey towards making joined up care a reality. There's a strong, collective passion for bringing health and care systems closer together. With dedication and determination, we are moving in the right direction.

In my vision of a truly integrated health and care system, we'd see seamless communication and collaboration among all stakeholders involved, including health professionals, care providers, commissioners, families, and the individuals receiving support. Services would be person-centred, nurturing, and focused on prevention and early intervention, tailored to meet the unique needs of each individual.

Emphasising compassion and understanding, all parties would come together with a shared commitment to providing high-quality care, prioritising the well-being of individuals and their communities. By fostering connections, coordination, and data sharing between different care providers and health services, we would ensure continuity of care for the people we support.

With a culture of trust, cooperation, and innovation, we can work together

to create a more effective, efficient, and compassionate integrated care system that genuinely meets the needs of those we serve and empowers them to flourish within their communities.

### **If you could change one thing about the sector, what would it be?**

**HS** It's quite difficult to narrow it down to just one change, as the social care sector is multifaceted and faces various challenges. Social care is a crucial service that most people will need at some point in their lives, yet it remains underappreciated and underfunded.

Some of the most pressing issues we face include funding, recruitment, the current economic climate, and the rising cost of living, all of which create challenges for the social care sector.

One ongoing concern is the delay in transitioning people from hospital to community placements. We're working diligently with our partners and commissioners to build new services in order to provide solutions for some of the most vulnerable in our society.

If I had to choose one aspect to change, it would be to address the value we place on the social care workforce. Our staff support individuals with complex needs to live in their own homes, and it's essential to recognise their dedication and expertise. By ensuring fair compensation and support for our workforce, we can continue to attract and retain the best people to provide the high-quality care that those in our communities deserve. This change would require a concerted effort at both all levels, but the impact would be transformative for the social care sector.



The traditional view is caring is 'women's work'. **Ellie Robinson** speaks to some providers who are trying to attract more men into the sector

# Untapped potential



**A**s social care providers struggle to fill vacancies, there is one pool of largely untapped potential care workers who could significantly boost workforce numbers – men.

According to Skills for Care figures, the adult social care workforce is made up of around 82% of female workers. However, there were proportionally more males in senior roles than front line jobs, so the proportion of male workers actually providing care is likely to be even lower.

So how can care providers tap into this half of the population to attract them into social care jobs, challenging the traditional view that caring is 'women's work'?

According to Oonagh Smyth, chief executive of Skills for Care, these traditional values, the portrayal of care work in the media as being low paid and low skilled, and a lack of awareness of opportunities in the sector among male school leavers is holding back recruitment of this group of people.

Its research, however, has found it is easier to attract older men with some experience of social care. However, when there is a personal care element, service users would rather have it carried out by a woman than a man, Smyth said.

'Some providers will tell us that they have a high number of applications from men, but they can't staff the packages because some people who draw on care and support don't want to be supported by men,' said Smyth, speaking on BBC Radio 4.

Despite this there are proportionally more men working with working age adults than with older people.

West Midlands-based Upward Care offers both supported living and housing with care services. It employs 15 male care workers in its supported living services in Solihull.

Recruitment manager and safeguarding lead Andy Dennehy said it was hard to recruit male employees because of the traditional role of men being the main provider for the family. 'Care work will not give you that. Coming into care you are on the minimum wage,' he said. 'Our young male care workers are people coming into work for the first time. It's their first job. They just want to go to football and have a drink with their mates. They live at home with mum and dad.'

'However, what we have done to recruit more males, from our adverts on Indeed you will see we develop staff. There is career progression within Upward Care.'

'With us a male care worker who is thinking of a career can become a senior support worker, team leader, then become deputy manager and ultimately manager of a service.'

'They know that they can progress and when they have done so they have stayed with us.'

## Social media

One Upward Care worker has been with the provider for eight and half years and a few others have stayed for more than five years.

Operations manager Natasha Streeter said having male carers was really beneficial to the tenant's daily lives. 'The male tenants, they relate to them really well. They are exceptional support staff. They take them to the gym, talk to them about all the things they want to discuss that they wouldn't want to discuss with a female,' she said.

However, Streeter added that some of the male care workers were reluctant to carry out personal care tasks. Furthermore, the provider had struggled to employ male care workers in Upward Care's extra care setting.

Dennehy explained: 'The majority of tenants there are female and want people of their own age and experiences caring for them. They want older females, but the majority of the staff team are younger females.'

'We tried to increase the number of male care workers as we have male tenants. We would like more male carers.'

He said social media, particular Facebook, was good for recruiting young men, as photos and video can capture the more fun moments of working in care.

Housing with care and care home operator Anchor has seen a 7% rise in male applicants from its 'Men in Care' campaign, which also used social media to target this group.

Anchor's equality, diversity and inclusion manager Teagan Robinson-Bell said: 'We use positive action campaigns to target men who are in the job market, whether passively or actively looking for a new role.'

'We use strong imagery and messaging to drive the campaign in places such as Facebook where we know majority of target demographic are active.'

Robinson-Bell said the campaign challenged what it meant to work in care and tried to rebuff the idea that care roles are for women. 'We focused on the responsibilities of the role and transferrable skills from other jobs,' she said.

## No restrictions

Homecare agency Visiting Angels North Surrey has four male care workers recruited through a combination of referrals and using the job centre.

Co-owner Chris James said these workers tended to want to work more hours than their female counterparts with one employee working 40 hours per week and another working 30 hours. 'What we

have found with the men is, they just had more availability. So that is what men can do. We get a lot of school mums, available between nine and three,' he said.

'The great advantage with men is that they can often work when other people can't. It is these sorts of things, companionship, things over a long period that can work. There are no restrictions, they can go wherever they want.'

James said male care workers would do the calls at eight o'clock in the morning and at night. 'We are at the top end of the market. We are giving clients what they want. We are not sending people, we are matching clients with a caregiver,' he added.

'What we have found is when the male caregiver is seeing a male client, they are particularly appreciative.'

However, the high-end agency has had a couple of calls when the wife of the service user has also become ill, she no longer wants a man to come so they have had to switch over care workers.

James said: 'There is a situation where work can go against them. We are still at the point where the vast majority of ladies don't want a man doing personal care with them.'

He said the agency would always like one or two more male workers but would not have enough work to take more than that.

However, with Skills for Care estimating that on any given day there are 165,000 vacancies in social care, and an extra 480,000 people will be needed to work in the sector by 2035, it is going to imperative to draw more men into the workforce.

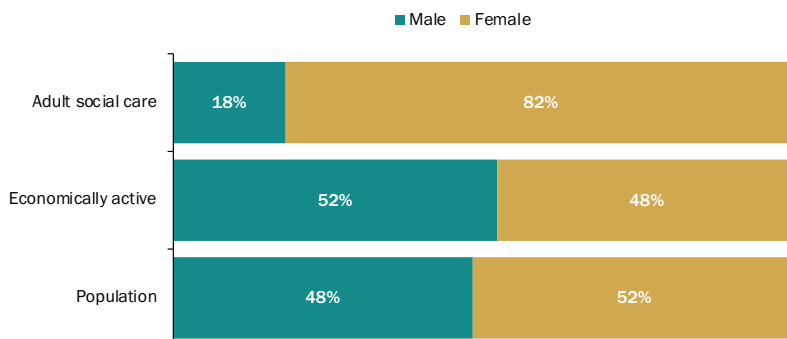
Dennehy said: 'There are so many young males in the country on benefits. If they were aware of the joy and happiness of working in social care, it would be brilliant for us.'

'It's making people aware that it is not care – minimum wage, it is care – enjoyment, that it is an exciting and active role.'

Robinson-Bell added: 'Studies show that gender diverse teams not only perform better but make better decisions and are more change-ready which is very important for Anchor, as we're always evolving.'

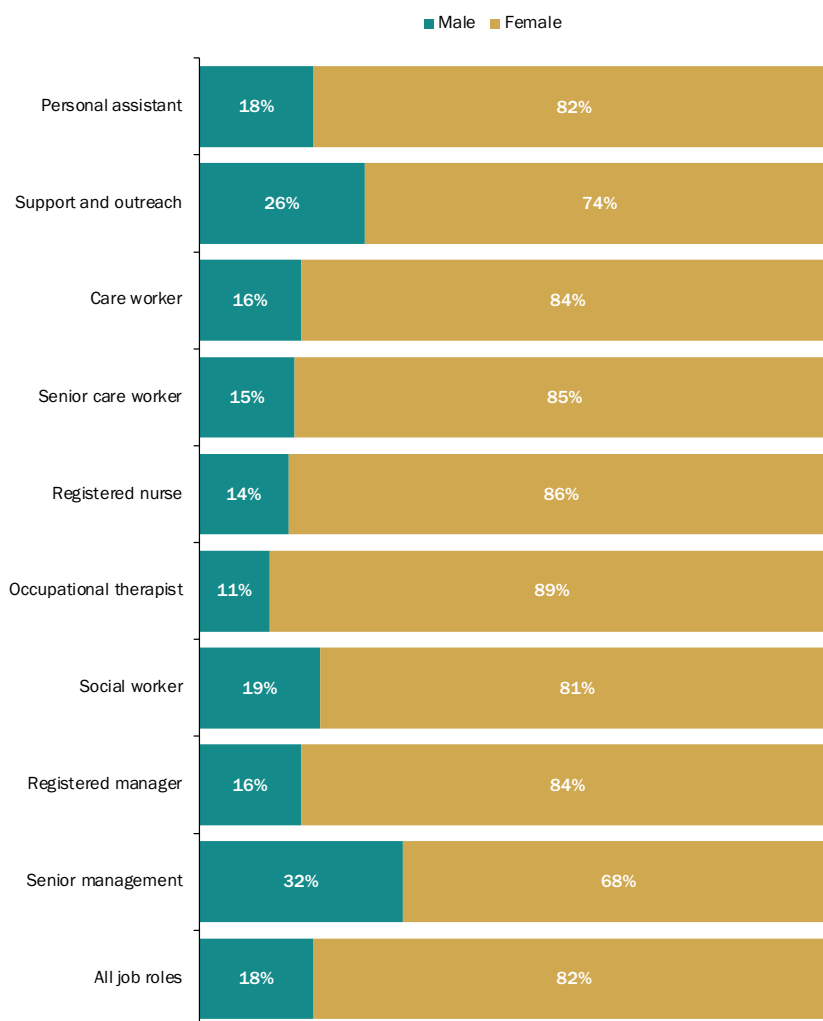
'We want to have cognitive diversity and we know the best way to achieve this is to have people from all backgrounds as colleagues.'

**FIGURE ONE**  
ESTIMATED GENDER OF THE ADULT SOCIAL CARE WORKFORCE AND THE ECONOMICALLY ACTIVE POPULATION



**NOTE** POPULATION INCLUDES THOSE AGED 15 AND ABOVE DUE TO COMPARISONS WITH OTHER SECTORS  
**SOURCE** SKILLS FOR CARE ESTIMATES 2021/22; LABOUR FORCE SURVEY 2021/22; CENSUS 2021

**FIGURE TWO**  
ESTIMATED PROPORTIONAL GENDER SPLIT IN THE ADULT SOCIAL CARE WORKFORCE BY SELECTED JOB ROLES, 2021/22



**SOURCE** SKILLS FOR CARE ESTIMATES

LaingBuisson's maiden Specialist Care Conference took place in late March. The event covered adult specialist care, children's services and mental health hospitals, among other areas. **Deven Pamben** provides the coverage

# Missing a **trick**

**P**olitical sensitivities are leading to a reluctance to fully engage with care providers when it comes to integration. Speaking at LaingBuisson's inaugural Specialist Care Conference, Martin Samuels, strategic director for social care and education at Leicester City Council, told delegates despite 'extensive' conversations there remained concern about having care providers at the centre of decision making within integrated partnerships.

Samuels, who is also a priority co-lead at ADASS, sits on the board of the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership. While he argued it was important to have independent provider representation on integrated care boards, in his area, he admitted, there had been push back. 'I argued that we should...but ultimately the view was that it would be presentationally unacceptable because it would feed into a narrative about privatisation of the NHS and that was simply an area we could not get into.'

He went to add: 'We don't have providers at the top table. I think our conver-

sations are less because of it but the political sensitivities are just too great... there is a reluctance to draw them [care providers] in and I think we all lose out.'

Samuels, who gave a keynote and sat on a commissioning panel at the conference, told the audience local authorities, which focused on their own patch, sometimes struggled to engage with larger providers at regional or national level. 'We have regular forums with our local providers and to a large extent the way we think about the market is businesses that run a single home or a couple of homes. Our engagement is very much on that basis. We invite the representatives from the larger homes that work in our area but we're not generally engaging with them at that higher level,' he said, later adding: 'I think there's a big gap... I think we're missing a trick there...'

Samuels also spoke about tensions and adversarial relationships with care providers but that both parties had to realise they would succeed or fail together.

He told delegates government reforms, such as the fair cost of care, would have limited impact on the specialist

market but that there was a shift to a person-centred system. 'We are moving away from the medical model of what's wrong with this person and how can we sort it to the social model of how this person can be enabled to live a good, positive, and constructive life. We are increasingly working in a co-production manner with the people who draw on these services.'

## Transformation

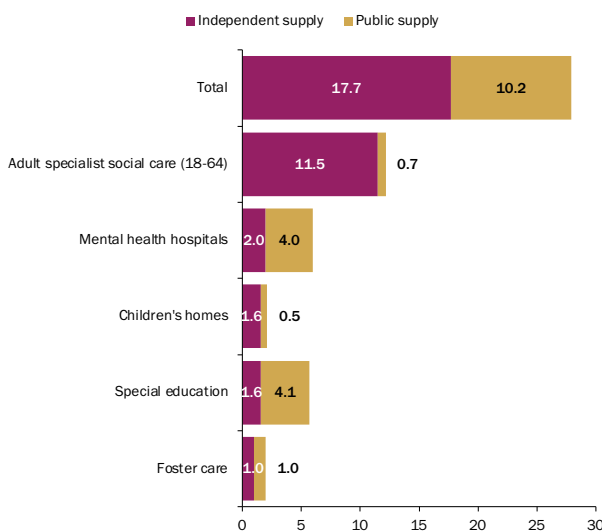
LaingBuisson executive chair William Laing said the market was valued at around £28bn in England (£33bn in UK), with adult specialist care being the biggest sub-sector worth £12bn and learning disabilities being the largest part of that (see Figure One).

While the adult specialist care independent sector has witnessed 'total change' over the past 50 years and become mainstream, the last three decades have seen continued decline of capacity in mental health hospitals (see Figure Two).

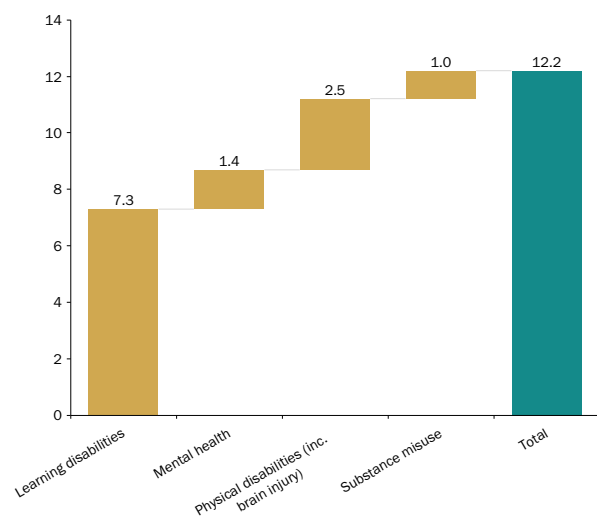
The market has also seen decline in

**FIGURE ONE**  
MARKET VALUE, £BN, ENGLAND, c.2022

### SPECIALIST CARE MARKETS



### ADULT SPECIALIST (SOCIAL) CARE (18-64)



SOURCE LAINGBUISSON

residential care for young people. 'I would not say it is a burning platform,' Laing told the audience. 'No, there's still plenty of demand for it but it is slowly melting as demand of provision moves from residential to supported living.'

Despite constrained local authority funding, supported living hours have been increasing 'quite rapidly'.

## Lack of funds

Laing also covered the children's services market, which was also discussed in depth during a panel session later in the day that involved LaingBuisson's *Children Services UK* market report author Tim Read, chief executive of Nationwide Association of Fostering Providers Harvey Gallagher, and Children's Homes Association CEO Peter Sandiford.

The panel, which was chaired by Bevan Brittan partner Stuart Merchant, discussed last year's market study by the Competition and Markets Authority and the independent review by Josh MacAlister. In response to the two reports, government set out its plans for reform in February this year. Backed by £200m over the next two years, reform will focus on preventative measures and improving recruitment and retention. However, the money earmarked falls short of the £2.6bn called for by MacAlister, who de-



William Laing, executive chair, LaingBuisson

mandated a 'radical reset' of the children's care market.

As part of plans, foster carers will see rises in their allowance to help cover the increasing costs of caring for a child. In addition, £25m will be spent on a recruitment and retention programme.

Sandiford said its association had been talking to government for the past two years about workforce issues and the knock-on problems in opening children's homes. 'The government has put significant money behind the capital programme in the investment of new builds,' he said, but added: 'They haven't invested anything in the recruitment of staff.'

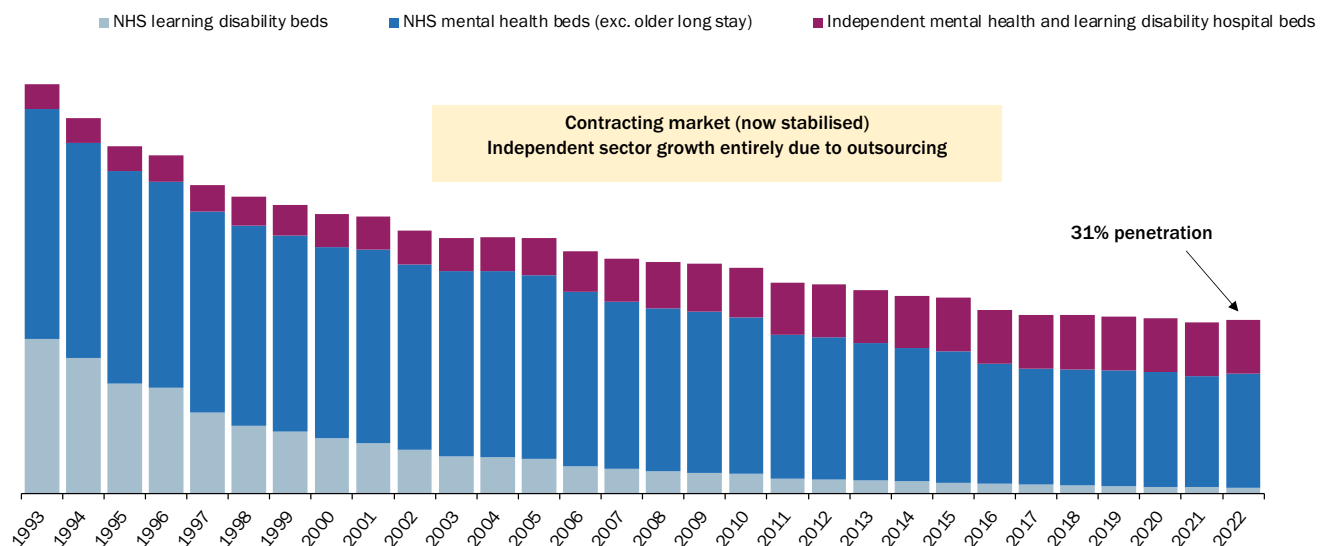
Money allocated for recruitment of foster carers was 'no way near enough', he said, adding that not even £27 had been allocated for attracting staff to work in children's homes.

Following on this point, Read, who was also the Specialist Care conference director, told delegates: 'There are a lot of good things in the care review...' But added: 'If you're not going to fund all the good things then what you risk is trying to put in place good practice without enough money and seeing it fall flat on its face, and people going back to square one in five-to-ten years to try and do something again.'

With an election probably less than 18 months away, he asked: 'How much does the current government really want to commit up front?'

In November 2021, the government in Wales said it would look to move children's care services away from for-profit. Both Sandiford and Gallagher sit on a programme implementation board and on other workstreams associated with the plans.

**FIGURE TWO**  
MENTAL HEALTH HOSPITAL BED CAPACITY BY PROVIDER SECTOR, UK, 1993-2022



SOURCE LAINGBUISSON

'Eighteen months in now and we have got almost nowhere,' Gallagher said, pointing out the 'indirect negative consequences' of the proposals had not been thoroughly thought through.

In theory, Care Inspectorate Wales will not be able to register any for-profit business in children's care but will when it comes to private childminders, day nurseries and adult services. 'The whole thing is beset with difficulties and hurdles, not least of which you're going to end up with less capacity and what's left will cost more money,' Gallagher said.

Sandiford added that since the start of the 'eliminate programme', according to a Freedom of Information request, there was now four times more use of unregulated provision in Wales.

Will the UK government be looking to see what happens? Sandiford said: 'Unless Wales somehow swings it and makes a really good go of it in some bizarre way, I don't see England actually following suit at the end of the day.'

## Investment landscape

The conference also covered investing, integrated adult services, care pathways, sustainability, and quality and regulation.

Chaired by Emma Glynn, head of healthcare - valuation advisory at JLL, the investing panel consisted of Civitas Investment Management (CIM) head of healthcare Vivienne Howell, Salutem CEO John Godden, and Achieve together CEO Emma Pearson. All three panellists were relatively upbeat about the investment landscape.

In December, CIM invested £200m in a portfolio of specialist properties from CareTech under a sale and leaseback deal, as it targets being the leading property investment partner in the UK social care market. It has also expanded into Europe with an investment in Sweden.



John Godden, founder and CEO, Salutem

In 2018, Salutem bought 51 specialist care and education services from Scope. Godden described the deal as its 'marquee signing' and while the first year had been a 'nightmare', the acquisition had since become a 'great joy' in making the services 'commercially robust'. He told the audience when it comes to investing, quality can be difficult to turn around. 'We have always looked at things where the quality of care is good but the quality of other things, whether that's environment, capital structure, is somewhat damaged,' he said. 'That's how we have built out business.'

Pearson has led Achieve together since

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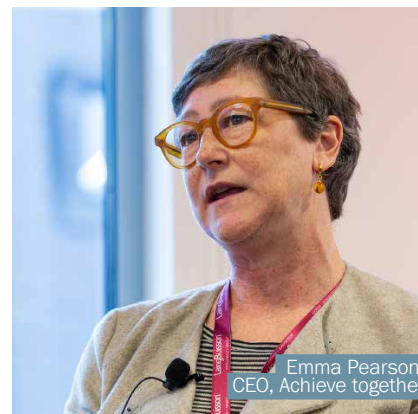
A PURPOSE-LED  
BUSINESS IS A  
BETTER BUSINESS,  
FULL STOP

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October 2019 after Care Management Group and The Regard Group combined to become one organisation. The combined group has been developing at pace, completing seven deals in the intervening period. 'We look for high-quality organisations that perhaps are a little bit in need of a kick start....' Pearson said. 'We have definitely seen that there is an opportunity for organisations that perhaps have hit their threshold in terms of what the current management is able to deliver.'

On the back of its acquisition of residential and community services run by the national hearing loss charity RNID in July 2021, Pearson expects similar such deals in the market, where charities see their core purposes around fundraising rather than direct delivery of services. However, she warned: 'It is challenging to take those on culturally. From a values perspective, yes very aligned but the way those organisations work is pretty different, so you have got to take the longer term [view]...'

Godden pointed out there had been 'a dip' in M&A activity across the sector over the last year or two, which may have been a reaction from Covid-19. However, he said potential suitors for



Emma Pearson, CEO, Achieve together

Swanton Care, which had 'huge amount' of interest had given the sector a 'bit of a boost' and an indicator that despite debt markets being difficult M&A activity in the specialist care sector continued to be 'pretty solid'. He later added: 'This is not a fashion item. We are in a sector that has to exist... From an investor perspective that's about as robust as it gets.'

## ESG

Group sustainability director at CareTech Jonathan Freeman discussed ESG (environmental, social, and governance). His presentation came days before the launch of the Social Care Sustainability Alliance, which has been established to help providers across the UK make meaningful and impactful changes in delivering on their ESG objectives.

The alliance, founded by Freeman, with the support of Barclays head of healthcare Steven Fergus, BKR Care Consultancy managing director Bhavna Keane-Rao, and Addleshaw Goddard LLP partner Tom Speirs, will provide support to providers of all sizes in building strategies to reduce their environmental footprint while strengthening social and governance infrastructures.

It aims to go beyond purpose statements and pledges by providing peer support and experience to members in building transition plans for positive action. Initial members include the CEOs or senior executives of HC-One, MHA, Oakland Care, Anchor Care, Autograph Care, The Abbeyfield Society, Acacia Care, Voyage Care, Eden Futures, Hallmark Care Homes, Avante Care & Support, Runwood Care, and Kingsley Healthcare.

'A sustainable business, a purpose-led business, a responsible business is a better business, full stop,' Freeman told the conference. 'A better business commercially not just morally.'

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With environmental, social and governance (ESG) now more important than ever, **Andy King**, principal associate and head of the Mills & Reeve London banking team, discusses green financing options that may be available to care home providers



# Financing **green** ambitions

**Environmental, social and governance (ESG) has become important to the care home sector. While increased regulation and political focus are undoubtedly key factors, building ESG into a care home provider's business strategy and planning can enable them to mitigate not only legal and reputational risks, but financial risk too. By proactively pursuing a positive and innovative ESG strategy, providers can increase value in their business and the underlying real estate which underpins it. Therefore, the ESG credentials of a care home business are no longer 'a nice to have', but a priority for many.**

Whatever the ESG strategy, capital costs will likely be high initially, and funding may be required from a lender to fund the costs of implementation. Fortunately, lenders are increasingly aligned with providers on ESG, with many committed to transition to net zero alongside their customers.

Reputational factors, ESG-related reporting requirements, customer demand, and the opportunity to lend against more resilient and therefore less risky businesses and assets, mean lenders are putting ESG at the centre of their lending decisions.

Many now offer green finance products to borrowers. But how can these products help care home providers achieve their ESG objectives?

## Finance

Green finance is not a term of art. Each lender may have a different framework and set of criteria as to what it deems green finance, and regulatory requirements across different jurisdictions also make it difficult to settle on a common definition. However, two new types of loan have developed over the last few years and are offered by an increasing number of lenders across the market – green and sustainability-linked loans.

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A GREEN LOAN  
COULD BE USED  
TO FINANCE  
CONSTRUCTION  
OF A CARE HOME  
ORIENTATED  
TO MAXIMISE  
SUNLIGHT AND  
DAYLIGHT TO  
REDUCE THE  
AMOUNT OF  
ENERGY NEEDED

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## Green loans

The term green loan is often incorrectly used to describe all loans made in the context of green and sustainable lending. However, the fundamental defining feature is that it has a clear requirement for the loan proceeds to be used by the borrower for a green purpose or project. It may take the form of one or more tranches of a loan facility or may be made by way of a term loan or a revolving credit facility and there are many ways it could be utilised by a care home provider.

## New builds

A green loan could be used for a provider to finance the construction of a care home, perhaps orientated to maximise sunlight and daylight to reduce the amount of energy needed for heating during the day and constructed using sustainable construction materials, to the highest standard set by the Building Research Establishment Environmental Assessment Method (BREEAM).

## Older homes

Consider the impact of rising temperatures. In older care homes that are inefficient in cooling temperature, heatwaves can cause danger for vulnerable residents. For those homes that are inefficient in conserving heat, not only will it be more expensive to heat



but providers will find themselves on the wrong side of existing and proposed regulation designed to ensure minimum standards for energy efficient buildings.

A green loan could be used by a provider to increase energy efficiency, perhaps by installing solar panel systems or biomass systems or other low carbon heating.

Clearly, green loans can assist providers in funding projects to improve the environmental credentials of a care home. But what about other elements in an ESG strategy? This is where a sustainability-linked loan (SLL) may provide a useful green financing option for a provider.

## Sustainability-linked loans

In contrast to green loans, SLLs incentivise borrowers to contribute to sustainability performance by linking the loan terms to pre-agreed sustainability performance targets (SPTs), which are measured by key performance indicators. Should the borrower meet these SPTs then it will pay a reduced margin on the loan.

Originally, many SLLs contained this ‘one-way’ pricing adjustment, so there was no impact for missing SPTs – the SLL would simply revert to full pricing. However, there is now a shift towards ‘two-way’ pricing adjustments whereby missing SPTs triggers a premium.

This has led to criticism of lenders benefitting from borrowers failing to manage their ESG strategies. However,

solutions to this include the premium being ringfenced by the lender and applied by the borrower towards ESG initiatives or charitable purposes. A failure to comply with SPTs will not normally constitute an event of default.

Unlike green loans, there is no use of proceeds requirement for a SLL and many are general corporate purpose loans so can be provided alongside a borrower’s other funding needs.

Some SLLs may have one or two SPTs, others six or more, and the range of these SPTs can be vast, which is why they can be more widely used by care home providers and have greater application to a wider ESG strategy that could include climate, environmental, health and safety, social, people, diversity and inclusion performance targets. For example, a provider with a portfolio of homes could agree a SLL with SPTs including the following commitments during the term of the SLL:

1. To reduce the carbon footprint of its homes
2. To improve diversity and inclusion through increasing the ethnic diversity of its leadership team
3. To address the mental health and wellbeing of staff
4. To divert waste from landfill, reduce plastic, and improve recycling
5. To improve biodiversity at each care home
6. To ensure that any new-build care homes are carbon neutral, have a certified ‘excellent’ rating by BREEAM and are EPC A rated

Lenders will expect quantifiable SPTs (achievable by means of assessment by an industry standard) and SPTs should become more challenging over the life of the SLL.

The SPTs may remain of the same type and form of measurement, but the difficulty in complying with them may increase over time by ratcheting up or down of the underlying quantitative metrics of measurement.

## Conclusion

It is easy to see why SLLs may be a viable option for care home providers pursuing ESG strategies.

If funding is needed for working capital purposes and can be aligned with their ESG strategy, SLLs can be incredibly helpful.

However, green loans can also be useful for providers embarking on wholesale ESG-influenced changes to their businesses and underlying real estate. Both green loans and SLLs can therefore be extremely useful tools for providers with long term ambitions to achieve their ESG objectives.

Leveraging data from its national database, Cushman & Wakefield has analysed the challenges faced by care homes for older people since the first wave of Covid-19 deaths in spring 2020. **Patrick Collins**, senior analyst, healthcare – specialist markets at the group, explains what the data shows



# Occupancy recovery

Office for National Statistics data suggests there may have been as many as 28,000 deaths of care home residents related to Covid-19 in Q2 2020 (including excess deaths relative to prior years), and across the pandemic over 52,000 deaths.

Occupancy in care homes for older people thus dropped significantly, by nine percentage points across our database, in part through the death of residents but also due to fears about the ability of care homes to protect loved ones from contagion slowing admission rates in general.

The UK’s older people’s care market consists of assets of varying quality. To aid our analysis, we graded every care home in our dataset as A, B or C based on its physical characteristics. By doing so, we revealed that each segment of the market experienced the pandemic differently in occupancy terms.

A grade homes are ones larger than 50 beds purpose built in the last decade; B grade homes are purpose built in the last 25 years with 100% en suite provision; and C grade homes include older properties, smaller settings, conversion style buildings, and ones without 100% en suite provision.

While the average occupancy rate across B and C grade homes bottomed out at approximately 80% in the winter of 2020, occupancy rates in A grade settings continued to fall, reaching a low point of 73% in Q2 2021, following the second spike in Covid-19 deaths among

care home residents in Q1 2021.

The dataset hides the unpredictable and often binary nature of the impact of Covid-19 on an individual care home’s occupancy; some experienced outbreaks, deaths, and reputational damage whereas others, for whatever reason, did not.

AT THE CURRENT RATE OF RECOVERY, OCCUPANCY ACROSS A GRADE HOMES IS LIKELY TO RETURN TO PRE-PANDEMIC LEVELS IN THE SECOND HALF OF THIS YEAR

Occupancy rates at B and C grade assets have recovered steadily since Q4 2020, returning to pre-pandemic levels at 89% and 86% respectively in Q4 2022.

Our data also shows A grade homes recovering steadily, albeit from a delayed

nadir in Q2 2021, with occupancy reaching 81% in Q4 2022.

At the current rate of recovery, occupancy across A grade homes is likely to return to pre-pandemic levels in the second half of this year.

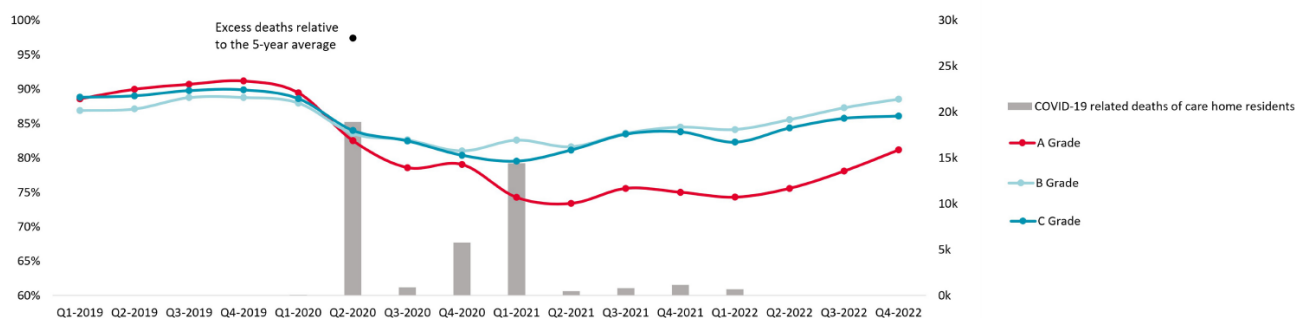
A key factor in the differing recovery trajectories of A grade homes compared with weaker quality assets is their primary client group. While B and C grade assets are likely to be at least partly, or potentially wholly, local authority-funded, residents of A grade assets are much more likely to be private consumers.

In contrast to local authority funded residents, whose intake is directly needs driven and often because remaining at home is either physically or financially untenable, private customers tend to enter care homes at a time of their own choosing.

With repeated and well-documented Covid-19 outbreaks affecting care homes during 2020 and 2021, it is easy to understand why individuals with the financial means and space to accommodate remaining at home a little longer (or their families acting on their behalf) would have opted to delay. Empty beds were thus not refilled as fast in A grade homes as in B and C grade assets.

As the public perception of risk and the threat of contracting Covid-19 receded, however, pent-up private client demand has driven steady A grade asset occupancy recovery in 2022.

ELDERLY CARE SECTOR OCCUPANCY RATE BY ASSET GRADE Q1 2019–Q4 2022




SOURCE CUSHMAN & WAKEFIELD HEALTHCARE ELDERLY CARE SECTOR TRADING DATABASE, OFFICE FOR NATIONAL STATISTICS



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# IN BUSINESS

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THIS IS A GREAT  
OPPORTUNITY ... TO COME  
TOGETHER AND WORK  
ALONGSIDE EACH OTHER TO  
PROVIDE QUALITY SERVICES  
AND HOMES FOR OLDER  
PEOPLE

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Bruce Moore  
p43

## ‘Multiple’ potential buyers interested in Four Seasons care homes

Site visits by potential buyers of freehold assets operated by Four Seasons Health Care have concluded, with ongoing diligence being carried out. As part of a trading and restructuring update for 2022, joint administrators said the sales process of 111 core freehold care homes in England, Scotland and Jersey and ancillary assets, which was launched in June, had ‘generated significant market interest’, with ‘hundreds’ of site visits taking place.

‘Guided site visits with multiple potential purchasers has now successfully concluded and the group and its advisors, Christie & Co, remain actively engaged with potential purchasers currently, including on-going diligence and other dialogue,’ the update said.

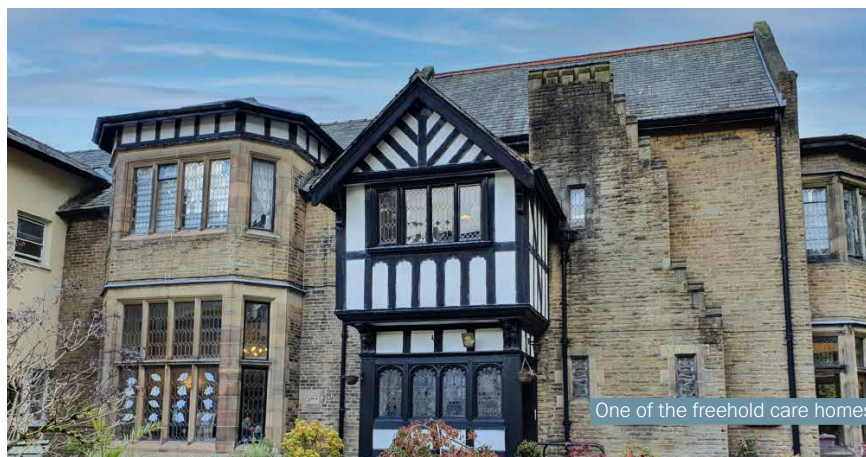
It is on course to complete the process in the second half of this year, as planned.

Discussions with landlords of its remaining nine operational homes in its leasehold estate are continuing, the update said.

### Performance

Results showed turnover reached £321m for a 53-week period to the end 2022 (2021: £359.1m), while EBITDAR fell to £10.5m (2021: £29.3m) and EBITDA dropped to £6.5m (2021: £22.4m).

Turnover was £19.6m higher than 2021, after adjusting for revenue from homes closed, sold or migrated. In March last year, it sold a portfolio of homes in



One of the freehold care homes

Northern Ireland.

During 2022, it saw Covid-related financial support from local authorities and clinical commissioning groups halved to £12m.

Occupancy has been recovering consistently, reaching 83.9% on 26 March this year (post-reporting period), representing almost a five percentage point improvement on the low point of 79% in summer 2020 and a further 0.8 percentage point increase since its last spot occupancy on 11 December 2022.

‘As a result, notwithstanding the impact of the Omicron wave in January 2022, occupancy growth during FY 2022 was the strongest in five years, with Q4 2022 occupancy of 83.1% and AWF [average weekly fee] of £968 being 2.3 percentage points and £86 (9.8%) ahead of the prior year respectively,’ it said.

AWF for 2022 was £942, up from £871 the year previous. Growth was achieved across both private pay and local authority funded residents and included rejection of certain placements at unsustainable fee rates. ‘AWF outcomes across both private pay and local authority funded residents are the strongest the group has ever achieved and combined with our occupancy growth have further driven an exceptionally strong top line performance during the year,’ the report said.

However, staffing is challenging, with the provider expecting this to continue in 2023.

To improve workforce performance indicators, it has appointed a chief transformation officer to support management in ensuring initiatives and systems introduced last year continue to be embedded in the organisation.

It has implemented recruitment and retention strategies, improved governance around use of agency staff, and used software and systems to drive transparency and accountability for appropriate staffing at all levels.

Agency costs, which had increased from a low of 6% in mid-2020 to an average of 18% in Q4 2021 and further again to 21–22% throughout the first half of 2022, was brought down during the end of last year, falling to 16.6% in Q4.

Payroll as percentage of turnover grew to 73.5% in 2022, from 69.5% in 2021 but saw an improvement in Q4 last year where it fell to 71.3%.



Haddon House Care Home, Derbyshire

# Housing 21 and ExtraCare enter talks over possible merger

## Housing 21 and ExtraCare Charitable Trust are consulting on the possibility of a merger.

Any deal would be subject to due diligence and feedback from consultations and engagement with residents, employees, members, funders, regulators and other stakeholders.

If it proceeds, the chair of ExtraCare Nick Baldwin would take over the role of chair of Housing 21 from Stephen Hughes, who completes his term of office later this year. Bruce Moore would become chief executive of the combined group, with Mick Laverty remaining to support the merger process.

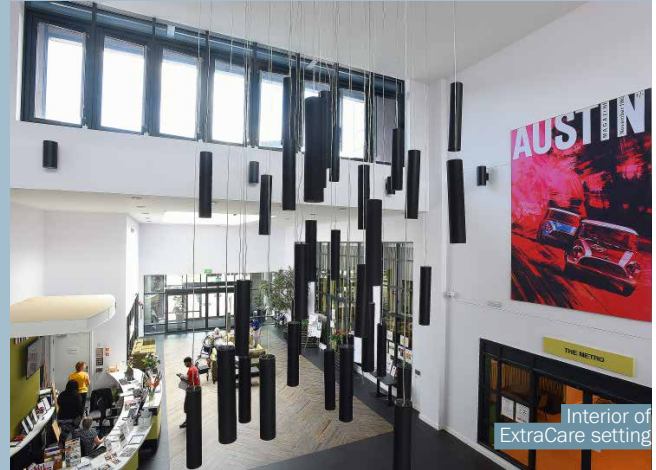
Established in 1998, ExtraCare has more than 4,200 homes within its housing schemes and villages. Each of its 20 villages and schemes has five to 18 social, health and leisure facilities that are accessible to residents, volunteers and people in surrounding communities.

Revenue for the year ended 31 March 2022 reached £47m, while EBITDAR was posted at £3m, according to LaingBuisson data.

Housing 21 provides retirement living and extra care for older people of 'modest means'. It operates in 240 local authority areas across England, managing over 22,600 properties and providing over 38,000 hours of social care each week. It posted revenue of £224.4m and a pre-tax deficit of £8.9m last year, its financial statement said.

'This is a great opportunity for two strong organisations to come together and work alongside each other to provide quality services and homes for older people. A merger would allow both organisations to be financially stronger and more resilient, offer better value for money to our residents, have access to a wider shared pool of expertise and ultimately have greater influence in being able to advocate for older people and the services they require now and in the future,' said Bruce Moore, Housing 21 chief executive.

Mick Laverty, ExtraCare Charitable Trust CEO, added:



'Essentially a merger would allow us to support better lives for more older people and would make our existing retirement communities more affordable for our current residents. Becoming part of a larger group would strengthen our position whilst retaining our focus and distinctiveness in the provision of extra care villages.'

Commenting on the possible merger, Steve Secker, author of LaingBuisson's Retirement Housing report, said: 'This is interesting news and continues a story of consolidation of providers of affordable housing. Extra Care Charitable Trusts's large mixed tenure village schemes would offer an extra string to Housing 21's range of provision for older people and provide more exposure to the sale part of the market.'

*Bruce Moore is due to speak at LaingBuisson's Retirement Housing Conference on 27 September. For more details go to [www.laingbuisson.com](http://www.laingbuisson.com)*

## Liaise

### Specialist support services provider Liaise has grown its presence after acquiring eight homes in Norfolk.

The provider of services for adults with learning disabilities, mental health and other complex needs has bought the homes from Jeesal Residential Care Services Group, an operator of complex care services.

As reported in September, Sequence Care rebranded to Liaise Group, with David Petrie appointed chief executive officer at the organisation. He told CMUK at the time it would grow through acquisition and build its current services, with the aim of becoming a national operator.

The acquisition of Jeesal in the East Anglia region will see Liaise initially support 49 people, with 140 members of staff transferring over. The deal adds 54 beds to its portfolio of 45 care homes across the South East.

The eight homes provide residential care services with support to promote independence and involvement in the community. The settings also offer communal areas and gardens.

'We are pleased to welcome to Liaise these well-established homes. We also want to welcome our new colleagues to the Liaise team and we look forward to working together to deliver a great service to the people we support by creating environments which help them flourish,' Petrie said.



David Petrie, Liaise Group CEO

Taylor Wessing provided legal advice on the deal, while Connell Consulting produced investor commercial due diligence.



# CareMarketsUK Index

## May 2023

Company	Sub Sector	HQ	Local currency	Technical	TTM Fundamentals (GBP £m)	TTM Valuation
			Share price Market cap (m)	% of 52-week high YTD (%)	Market cap Net debt EV Sales EBITDA EBITDA margin Net debt/EBITDA	EV/Sales EV/EBITDA PE ratio
Ambea	Elderly Care	Sweden	SEK 37.1 SEK 3,509	72% -24.4%	272 829 1,101 978 74 8% 11.2x	1.1x 14.9x 13.6x
Atendo	Elderly Care	Sweden	SEK 32.8 SEK 5,269	98% 20%	408 1,140 1,548 1,122 171 15.2% 6.7x	1.4x 9.1x 163.8x
Humana	Elderly Care	Sweden	SEK 14.2 SEK 678	26% -73.9%	52 327 379 712 67 9% 4.9x	0.5x 5.7x 2.8x
Korian	Elderly Care	France	€ 6.9 € 717	33% -66%	631 3,323 3,954 3,907 800 20% 4.2x	1.0x 4.9x 9.5x
LNA Sante	Elderly Care	France	€ 31.5 € 331	82% -12.8%	291 316 607 607 117 19% 2.7x	1.0x 5.2x 12.8x
Maternus-Klimiken	Elderly Care	Germany	€ 1.7 € 35	41% -57%	30 77 108 98 13.3 13.6% 5.8x	1.1x 8.1x N/A
Orpea	Elderly Care	France	€ 2.2 € 139	6% -94.0%	123 7,345 7,468 3,842 805 21% 9.1x	1.9x 9.3x 0.8x
Dignity	Funeral Services	UK	£5.4 £268	92% -8.1%	268 8 275 354 94 27% 0.1x	0.8x 2.9x 22.1x
Acadia Healthcare	Mental Health	USA	\$74.2 \$6,740	83% -1%	5,386 1,029 6,416 2,086 449 22% 2.3x	3.1x 14.3x 27.9x
Universal Health Services	Mental Health	USA	\$134.1 \$8,812	86% -10.0%	7,042 3,760 10,801 10,708 1,255 12% 3.0x	1.0x 8.6x 11.7x
Capita	Outsourcing	UK	\$0.4 \$608	85% 7.6%	608 110 718 3,015 244 8% 0.5x	0.2x 2.9x 2.7x
Serco	Outsourcing	UK	£1.5 £2,790	82% 3%	2,790 859 3,649 4,534 392 8.6% 2.2x	0.8x 9.3x 6.3x
<b>MEDIAN</b>				<b>82%</b>	<b>350</b>	<b>1.0x</b>
<b>MEAN</b>				<b>-11.4%</b>	<b>1,324</b>	<b>8.4x</b>
<b>TOTAL</b>				<b>-20.7%</b>	<b>3,085</b>	<b>7.9x</b>
					<b>37,025</b>	<b>24.9x</b>
REITS	Sub Sector	HQ	Local Currency	Technical	TTM Fundamentals (GBP £m)	Valuation
			Share Price Market Cap (m)	% of 52-Week High YTD (%)	Market Cap Net Debt EV Sales Yield EBITDA Margin Net Debt/EBITDA	EPRA NTA per share Premium or Discount to NTA
Aedifica	Elderly Real Estate	Belgium	€ 73.3 € 2,922	86% -37%	2,572 2,175 4,748 239 2.8% 85% 0.0x	€ 70.65 3%
Impact Healthcare REIT	Elderly Real Estate	UK	£0.97 £395	77% -20.9%	395 Cash 509 42 6.5% 45% 6.0x	£1.11 -12%
Target Healthcare REIT	Elderly Real Estate	UK	£0.77 £474	64% -34.5%	474 219 693 69 8.8% 80% 3.9x	£1.10 -31%
Civitas Social Housing	Social Housing	UK	£0.59 £357	67% -33.3%	357 299 655 52 9.8% 87% 0.0x	£1.08 -46%
Triple Point	Social Housing	UK	£0.48 £191	50% -49%	191 234 425 35,337 10.9% 0% 0.0x	£1.06 -55%
<b>MEDIAN</b>					<b>395</b>	
<b>MEAN</b>					<b>266</b>	
<b>MARKET INDEX</b>					<b>732</b>	
<b>FTSE 250</b>				<b>89%</b>	<b>655</b>	<b>8.8%</b>
<b>FTSE 100</b>				<b>-9.3%</b>	<b>1,406</b>	<b>7.7%</b>
				<b>98%</b>	<b>7,148</b>	<b>59.3%</b>
					<b>1,406</b>	<b>1.99</b>

**NOTES**  
 TTM TRAILING TWELVE MONTHS. EBITDA EARNINGS BEFORE INTEREST, TAXES, DEPRECIATION AND AMORTISATION. YTD YIELD-TO-DATE. PE CURRENT SHARE PRICE DIVIDED BY NON-FULLY DILUTED EARNINGS PER-SHARE. EPRA IS THE EUROPEAN PUBLIC REAL ESTATE ASSOCIATION. THE INDUSTRY BODY FOR EUROPEAN REITS. EPRA NTA EPRA NET TANGIBLE ASSETS. LOCAL CURRENCY REFERS TO THE CURRENCY THAT THE STOCK IS LISTED IN.  
**DATA CORRECT AS OF 24 APRIL 2023**

## Health and care indices compared to the FTSE on a TTM basis May 2023



**CMUK** CareMarketsUK AMBEA, ATTENDO, HUMANA, KORIAN, LNA SANTE, MATERNUS-KLINIKEN, ORPEA, DIGNITY, ACADIA HEALTHCARE, UNIVERSAL HEALTH SERVICES, CAPITA, CARETECH & SERCO  
**HMUK** HealthcareMarketsUK CVS GROUP, UDG HEALTHCARE, DEDICARE, CRANWARE, FEELGOOD SVENSKA, TERVEYSTALO, GHP SPECIALTY CARE, LIFE HEALTHCARE, MEDICAL PARK HOSPITALS, MEDICLINIC INTERNATIONAL, MEDICOVER, PIHLAJALINNA, RAMSAY HEALTH CARE, RHÖN-KLINIKUM, SPIRE HEALTHCARE, HEALTH ITALIA, COMPUGROUP, EMIS, MEDICA, MLP SAGLIK HIZMETLERI, INTEGRATED DIAGNOSTICS, ACADIA HEALTHCARE, UNIVERSAL HEALTH SERVICES & IHH HEALTHCARE (EXCL. FRESENIUS MEDICAL CARE & FRESENIUS SE & CO)

DATA CORRECT AS OF 24 APRIL 2023

## Health and care indices commentary May 2023

### FTSE

The FTSE100 index grew 3% since last month reaching to 7,829.69 points, while the domestically-focused mid-cap FTSE 250 index, which is more aligned with the health of the UK economy, jumped 1% to just over the 19,000 point mark. After the news that the UK's economy did not grow at all in February, there was renewed signs of a recession. In the month, GDP did not grow at all and fell short of what was expected to be a 0.1% expansion, leaving the UK trapped in its stagflation cycle with double digit inflation. Statistics from the ONS show that, with strikes by teachers and civil servants in late winter, business growth once again has been hampered by a wave of strikes contributing to the disappointing GDP figure for February. The most recent US inflation figures caused the dollar to drop, causing the pound to rise back above \$1.25, reaching its highest level in almost a year. Sterling is currently trading at \$1.2515, above the levels it achieved earlier this month.

### CareMarketsUK

The CMUK index is following the market trend and increased by 7% in April since the previous month. The Korian Group announced the closing of its acquisition of the Spanish mental health provider Grupo 5, after obtaining the necessary regulatory and antitrust approvals. Capita plc announced it had agreed to sell its resourcing businesses Capita Resourcing, HR Solutions and ThirtyThree to Inspirit Capital for £21m on a cash free, debt free basis. Serco, the international supplier of services to governments, announced it had acquired ORS, a specialist provider of immigration services to public sector customers in Switzerland, Germany, Austria and Italy.

### HealthcareMarketsUK

The HMUK is also following the market trend and grew 5% since last month. In the UK, investors of Integrated Diagnostics Holdings plc saw shares fall 9% after the consumer healthcare group reported a 31% fall in revenues and a 54% tumble in underlying profits. Medica Group plc periodic dividend will be increasing on 21 July to £0.0188, with investors receiving 5% more than last year's £0.0179. This will take the annual payment to 1.8% of the stock price, which is above what most companies in the industry pay. In the US shares of Universal Health Services Inc reached to \$134.08, on what proved to be an all-around poor trading session for the stock market, with the S&P 500 Index. In Germany, Fresenius SE will slash costs and proceed with plans to cede strategic control over struggling dialysis group Fresenius Medical Care as its new CEO seeks to simplify the diversified healthcare group.

## Adlington Management Services adds communities to portfolio

**Adlington Management Services (AMS) has taken on six more retirement communities, in addition to the half-dozen it already manages.**

The management arm of Adlington Retirement Living (ARL) took over from MHA at Adlington House in Otley, West Yorkshire, Adlington House in Urmston, Lancashire, and Brooklands House in Stafford, Staffordshire, in April. Elsewhere, it took on the management of The Bridges in Macclesfield, Cheshire, and The Chimes in Cheadle, Greater Manchester, from Kingsdale Group.

ARL is also opening The Spindles, its latest community in Menston, West Yorkshire, which AMS will manage.

'In 2019 we formed Adlington Management Services as our own management organisation, to ensure the long-term investment and sustainability of all future communities. By taking the operations in-house, we can provide a consistently outstanding service to our homeowners and be absolutely confident that we are delivering the lifestyle they chose when they moved in,' said Dr Ed Gladman, ARL chief executive.

The growth of its management division is part of the group's wider strategic expansion.

Adlington Retirement Living is launching a resale service to support homeowners and their families wanting to sell their apartments.

Adlington Estates will be led by Simon Crewe, a director at the developer and operator, and managed by Tim Crichton, who has been appointed to a new role of resale manager.

Crichton joins the business with ten years' experience as an estate agent in Congleton, Macclesfield, Northwich and Holmes Chapel in the North West.

Adlington Estates customers will have their properties mar-



Adlington homeowner with Adam Tomlinson, general manager at The Chimes

keted on the Adlington Retirement Living website, as well as general property portals such as Rightmove. Viewings will be managed by Adlington at each retirement community.

'Adlington Estates will complement our growing business and provide another high-quality service to our homeowners and their families,' said Gladman. 'Another important aspect of this new service is to help retain the best value for our customers. The resale value matters to Adlington to ensure our communities thrive today and in the future.'

Since 2008, it has launched 15 integrated retirement communities across the North West, Yorkshire, Wales and the Midlands.

## Optima

**Optima Care Holdings Ltd has reported falling revenue and EBITDA, as it delivers on a recovery programme.**

The specialist care provider, which supports people with complex needs, operates six services across the South East but 'encountered issues' raised by the regulator, its latest result said.

During the year ended 31 May 2022, it posted a drop in turnover to £4.7m (2021: £8.2m), while pre-tax losses grew to £1.5m (2021: loss £164,287). EBITDA slipped to -£367,005, from £830,326.

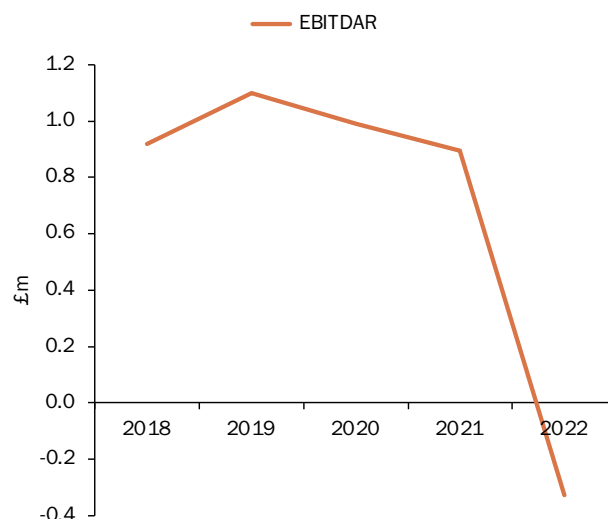
Its financial report said:

'During the year, the group has encountered issues identified in Care Quality Commission reports, which has led to some of the locations being archived and still remain archived...'

The group has since been delivering a recovery programme, which includes appointment of a new managing team, revised governance and regulatory framework, as well as introduction of a training and development programme for workforce.

'The group's business plan seeks to achieve normalised trading with some modest organic growth by 2024,' it said.

### OPTIMA EBITDAR, 2018-2022



SOURCE LAINGBUSSON DATABASE

# Optimo Care Group continues to grow portfolio with two additions

**Optimo Care Group has grown its portfolio with the acquisition of two providers.**

It has acquired Allcare Community Care and Support and Local Care Services, which combined provide over 2,000 of assistance per week to 85 clients. Together, they bring 100 employees to Optimo.

Pauline Oakden founded Allcare, which offers homecare and supported living services in Southport in Merseyside, and Trafford in Greater Manchester, while Jason Bedford set up Local Care Services in 2000, a company that offers homecare in Calderdale, West Yorkshire.

Optimo Care Group was co-founded by Mark Hales and Richard Walker in 2010 and is backed by Oxygen Enterprise Partners. It is made up of several subsidiaries, and delivers over 21,000 hours of care per week, employing around 1,000 people, operating across the North. These two deals follow on from Optimo's acquisitions of Mayday Homecare, Safe-hands Support, My Life Choice, and Stepping Stones.

'It's a credit to our team and advisers that we were able to close both of these acquisitions in the space of a month,' said Ben Hales, head of M&A at Optimo.

'These companies geographically complemented the group while fostering further expansion of our primary homecare and supported living services. As a result of our performance over the previous 12 months, these acquisitions further support the group's ongoing strategy and a continuation of our activity as buyers in the market.'

Mark Hales, executive chair at Optimo, added: 'These two acquisitions take our total to six businesses acquired since September 2022 and expands our workforce to over 1,000.



Ben Hales,  
head of M&A, Optimo

As we continue to expand, I'm also pleased to have welcomed a number of new directors to the board, all of whom bring a wealth of experience and knowledge of the sectors in which we operate, which positions us well to achieve our future growth plans.'

The directors are Ryan Brummit, managing director of specialist services division; Tracy Walshaw, regional director (elderly care – Yorkshire); Darren Guy, regional director (elderly care – North West); and Lesley Charlesworth-Hart, group director of people and culture. Optimo was advised by Oxygen Enterprise Partners (M&A) and Freeths LLP (legal) on the transactions.

## Puma

**Puma Property Finance has provided funding to LNT Care Developments to finance three properties in Wisbech, Broadstairs and Southampton.**

The homes will each be built to LNT's standardised, ESG 66-bed blueprint, with features including solar energy production, battery storage and ground-source heat pumps. The design enables the management of each home, staffing requirements and utilities to remain consistent across sites, helping with predictability of costs for operators.

Construction of the Wisbech development is in

progress, with Broadstairs and Southampton due to be on-site over the next few months, with a target completion date in 2024.

Financial details of the three loans have not been disclosed but Puma Property Finance has funded over 2,000 care beds with a combined value of nearly £500m to date.

'This funding represents Puma's continued support for the care home sector, and we are filled with such confidence in the process given LNT's strong track record of high-quality developments. We are proud to work in the care sector, and as life expectancy and the demand for good quality



CGI of Wisbech development

homes also increases, we hope that these developments go some way in responding to that demand and addressing this growing issue,' said Tony Throp, director at Puma Property Finance.

Matt Lowe, LNT chief ex-

ecutive officer, added: 'With an ageing population in the UK, there is a huge requirement for an increased volume of care facilities to be developed over the coming years, to ensure the nation's elderly are properly cared for in their later years.'

## Diversification key to National Care Group's growth strategy

Acquisitions and organic growth will continue to form a key part of National Care Group (NCG)'s strategy.

Posting its latest results, the group said 'diversifying its geography' across the UK and focusing on supporting people with more complex needs would be a 'key aim'.

It grew its presence last year, opening services in Wiltshire and North Somerset. This followed its acquisition in June 2021 of Stepping Stones Care Homes Ltd, which operates three facilities in Northamptonshire.

Owned by founders Jamil Mawji and Faisal Lalani, NCG was established in March 2016 and provides care and support for people with learning disabilities, mental health issues and acquired brain injuries in residential and supported living settings in England and Wales. It also operates educational services in a specialist college in the Midlands.

At the end of March last year, NCG consisted of 16 companies operating more than 250 residential and supported living services to more than 1,000 people.

Turnover for the year ended 30 March 2022, grew 10% to £72.6m (2021: £66m), while operating profit rose 15% to £2.3m, from £2m. Pre-tax profit went up to £1.5m, from £1.4m, with LaingBuisson data showing EBITDAR slipped to £6.3m (2021: £7.3m).

Its financial report said directors were 'pleased' with performance, which saw rising revenue and operating profit. 'The group continued the investment in systems and people required to build a successful, sustainable and scalable business,' it said. 'As such a significant amount was invested in overheads which the directors are confident will benefit the business in the forthcoming year and beyond.'

As part of its growth plan, the group continues to 'invest heavily' in its core compliance functions, such as finance, learning and development, HR, quality and IT. 'While this will continue to be a further key objective for the directors to



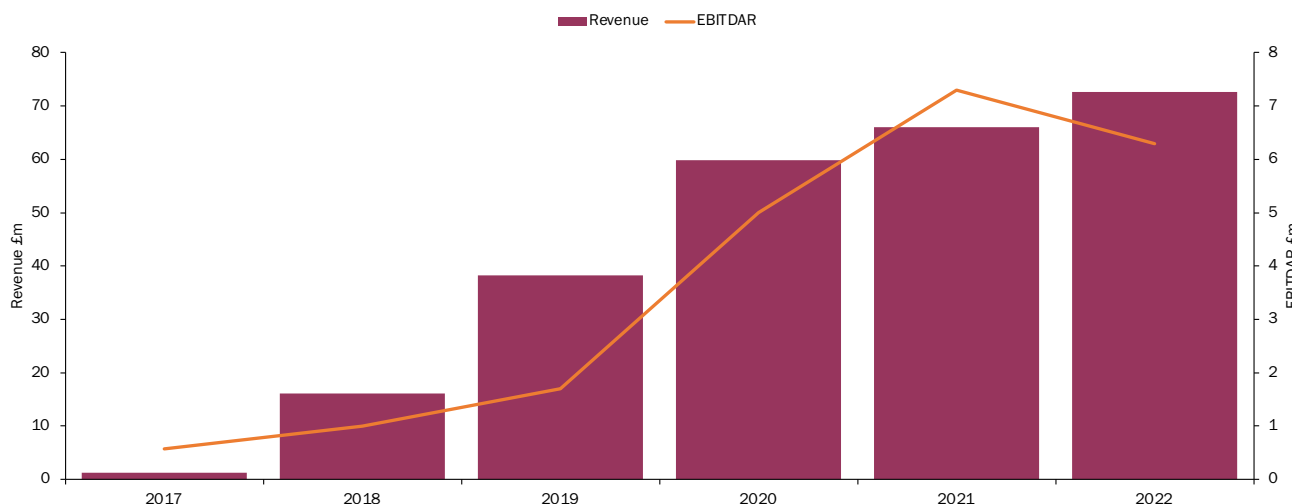
ensure best value for all stakeholders, further investment will be made in commercial, marketing and property development functions to drive revenue growth and ensure the NCG proposition is clearly understood in the marketplace,' the report said.

Post reporting period in January this year, the provider partnered with Engage Solutions Group to launch an employee engagement app for its 2,400 staff members working across its sites.

As part of a wider digital transformation project, the 'Engage' app allows workers to check company updates, book holiday, look at their payslip, read and acknowledge policies, tap into wellness resources, and 'pre-board' as a new starter.

The financial report said as part of its people strategy, NCG also offers learning and development opportunities and medical insurance for 'key management colleagues'. As well as a group-wide satisfaction survey, it also has a 'freedom to speak up guardian' scheme and external whistleblowing in place for colleague feedback.

**NATIONAL CARE GROUP**  
REVENUE AND EBITDAR, 2017-2022



SOURCE LAINGBUISSON DATABASE

# RVG's 'urban' projects to be launched under Thrive Living brand

**Plans to develop 40 'urban' communities by Retirement Villages Group (RVG) will be launched under a collection called Thrive Living.**

As previously reported, the group announced plans in 2021 for a £2bn ten year development programme targeting 40 sites across the UK to create more than 5,000 homes within retirement community settings in more urban locations.

Owned by AXA IM Alts, RVG's concept is 'urban' or 'peri-urban' developments that aim to regenerate local communities and town centres around the UK.

Launched as Thrive Living, the first five integrated retirement communities being developed are in Surrey, Cheshire, Kent, and Greater London.

The first community, Botanical Place, with 196 apartments, is under construction at West Byfleet, Surrey, and building work has also started in Boughton Heath, Chester, delivering 155 homes.

Planning consent has been granted for a third site at Tunbridge Wells, while

an application at West Malling, both in Kent, is expected to be approved soon. Both sites are due to start construction within the next year. The fifth Thrive community is in Chigwell, Essex. Negotiations to acquire the site have concluded and the process of planning approval has started.

Each community will be designed to be net zero carbon across their entire development and operational lifespans, with amenities and outdoor spaces open to locals.

RVG is also committing £100m in its existing portfolio of communities, with plans to provide additional homes and improve restaurants, cafes, bistro, and wellbeing facilities.

'Our team is using their decades of experience to set new standards, and build state-of-the-art, sustainable communities that are connected to thriving local centres, to revolutionise independent retirement communities,' said Will Bax, RVG chief executive.

'We're incredibly excited for Thrive Living and the essential change it can



CGI of West Byfleet development

drive in this country, helping address the national housing supply shortage whilst regenerating town centres. But, most of all, we are committed to rolling it out at a scale that will enable thousands of older people to live amazing, purposeful lives, as active members of thriving local communities, for many years to come.'

## New Forest Care

**New Forest Care reported a 'marked increase' in the number of referrals since the end of lockdown but placements were affected by staffing struggles.**

The provider of residential, education and therapeutic services for vulnerable children and young people operates 12 small-scale homes and has the capacity to educate up to 80 pupils across three schools, two farms and an outdoor learning centre.

Its residential capacity remained at 29 plus ten shorter-term placements, according to its financial results for the year ended 30 June 2022. Average placement numbers for the year were 23.3 and 8.6 re-

spectively. 'Placement levels have been affected by difficulties in recruiting staff, which has been an issue felt across the whole sector,' the report said.

It has applied for an extra 12 education places and a reduction in the minimum age intake from eight to seven years old. It had been cautious about accepting new placements during Covid, which resulted in the average number of young people in education at 61.

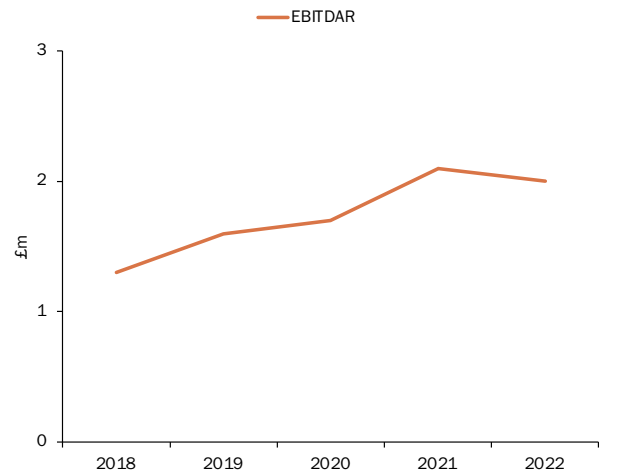
New Forest Care, which employs an average 307 people, invested over £360,000 during the reporting period on improving provision. It posted rising revenue last year to £14.9m (2021: £14.3m), while pre-tax profit fell to £804,160, from £1m.

LaingBuisson data showed EBITDAR slipped to £2m, from £2.1m in 2021.

The financial report added: 'We look forward to

the year ahead, confident in the talent we have employed and our collective ability to deliver on putting the needs of the children we look after first.'

### NEW FOREST CARE EBITDAR, 2018-2022



SOURCE LAINGBUISSON DATABASE



## Company results round up

A summary of the latest results available in the care sector, revenues over £1m

Organisation	Year end	Revenue £m	%Δ	EBITDAR £m	%Δ	EBITDAR margin	Net debt £m <sup>1</sup>
Blossom House School Ltd	2022	14.0	13%	2.7	13%	19%	1.0
CSN Care Group Ltd	2022	33.6	13%	1.5	-47%	4%	-1.7
Cupio Healthcare Ltd	2022	33.0	9%	5.3	-8%	16%	0.7
Highgate Care Services Ltd	2022	23.7	-7%	5.1	-29%	21%	-1.1
Korian UK Ltd <sup>2</sup>	2021	0.0	-	-1.3	-	-3,200%	-50.0
Mental Health Care (U.K) Ltd	2022	29.5	17%	2.2	266%	7%	-4.4
National Care Group Holdings Ltd	2022	72.6	10%	6.3	-14%	9%	18.1
New Forest Care Ltd	2022	14.9	4%	2.0	-4%	14%	-0.0
Optima Care Holdings Ltd	2022	4.7	-43%	-0.3	-137%	-7%	8.0
Radis Limited	2022	50.2	25%	-0.7	-27%	-1%	0.1
Rangeford Holdings Ltd	2022	0.2	39%	2.0	239%	1185%	-1.1
South Coast Nursing Homes Ltd	2022	21.2	17%	3.5	2%	16%	16.0
The Disabilities Trust (nfp)	2022	53.0	2%	-1.4	-132%	-3%	-6.2
Young Foundations Ltd	2022	14.4	3%	2.4	17%	16%	-2.0

**NOTES** Δ CHANGE FROM PREVIOUS YEAR **1** NET DEBT = INTEREST BEARING DEBT + FINANCIAL LEASES - CASH. % IN (-) DENOTES DECREASE, NET DEBT IN (-) DENOTES CASH  
**2** EBITDAR MARGIN OF -3,200% IS INFLATED DUE TO EBITDAR TO REVENUE VALUES BEING NEGATIVE AND LOW, RESPECTIVELY.  
**N/A** NOT AVAILABLE **nfp** NON-FOR-PROFIT ORGANISATIONS WHERE REVENUE INCLUDES INCOME FROM TRADING ACTIVITIES ONLY



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## Margins hit at Radis Community Care despite growing revenue

**Growth in extra care provision and acquisitions in supported living helped pump up revenue 24.6% at Radis Ltd, but margins were hit due to inflationary pressures and reduced Covid-19 funding.**

The group achieved revenue growth in 2022 through ‘limited fee increases’ on existing contracts, ‘significant’ uplift in extra care, as well as new partnerships and deals in supported living, and full annual trading of acquisitions that were made in the previous year, which included Focus Care Services Ltd and Lucy Glyn Support Services Ltd.

However, its results for the year ended 31 August 2022, showed gross profit margin fell to 24.8% (2021: 27.7%). ‘On existing contracts, margins continued to experience pressure as costs continue to rise, particularly the additional increases in the cost of the national living wage and associated

employment costs,’ its financial report said.

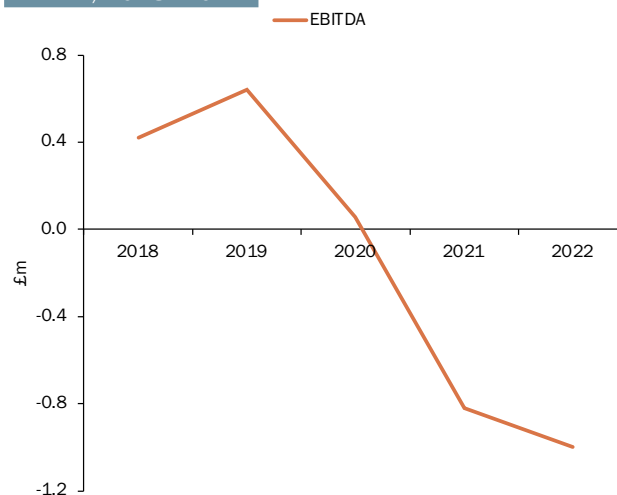
The provider, which trades as Radis Community Care, received £2.2m of Covid-related funding during the period, down from £2.5m the year previous. ‘This income is now substantially finished and will curtail significantly in the next financial year,’ it said.

Radis posted revenue at £50.2m last year (2021: £40.3m), while costs of sales rose 29.5% to £37.8m, up from £29.2m. It posted a pre-tax profit of £919,427, down from £1.5m, while EBITDA fell to £1.5m (2021: £1.8m).

LaingBuisson data showed EBITDA was -£1m, from -£821,245 in 2021. LaingBuisson has accounted for exceptional income from Covid-19, plus government grants in its calculation.

‘The outlook for 2022/23 will be affected by further erosion of margins in all services due to inflationary

**RADIS LTD**  
EBITDA, 2018-2022



SOURCE LAINGBUISSON DATABASE

pressures and the reduced Covid-19 funding,’ its report said. ‘As a result the business will be reviewing all its contracts and taking appropriate actions to ensure continued profitability.’

However, it added that due to demand it expects to grow organically over the

next 12 months.

Established in 2001, Radis started as a small provider for older people before growing across England and Wales, supporting individuals of all ages with a wide spectrum of needs in community settings.

### Impact

**Contracted rent roll rose 13.6% at Impact Healthcare REIT, with deals driving performance despite volatility in financial markets.**

Annual rent grew to £43.1m last year (31 Dec 2021: £38m), with the acquisition of 12 properties, contributing £4m and reviews on 107 homes adding £1.3m, representing a 3.5% increase on the associated portfolio. Disposals cut contracted rent by £300,000.

It collected 100% of rent due for the year, with no changes to any lease terms or payment schedules. Col-

lection for Q1 this year was 97% including 1% from rent deposits. The overdue rent (£400,000) is owed by a single tenant, with the investment manager in active discussions regarding payments.

At the end of 2022, the group had a portfolio of 135 properties with 7,416 beds (2021: 124; 6,720). These figures include homes it owns directly and 12 properties it has invested in through loans to tenants, where Impact has options to buy the assets.

Last year, it committed £11.8m to projects, which helped increase rents and



asset values.

Results for the 12 months ended 31 December 2022, showed its property investments were valued at £568.8m at the end of the period, up 14.3% (31 Dec 2021: £496.9m), reflecting acquisitions, offset by the

downward valuation movements. The 12 properties added 764 beds for £69.2m.

Its pre-tax profit fell to £16.9m, from £32m, and was impacted by changes in ‘fair value of investment properties’.

## Bolt-on transactions help drive up turnover at CSN Care Group

**Organic growth and bolt-on acquisitions helped drive up revenue at CSN Care Group Ltd, with plans for further deals as they arise.**

The homecare provider, which was bought by Clece Care Services Ltd last year, delivered an average 35,710 hours of care per week in the 12 months ended 31 March 2022 (2021: 35,489).

As well as domiciliary care, it offers live-in provision, supported living and specialist support services to more than 3,000 clients through its three brands – Carewatch, MyLife and New Directions – across central Scotland and England, working with over 70 different commissioners.

During the reporting period, it had strengthened its position, financial results said. ‘In the last 12 months the business has achieved sustained organic growth and supplemented this with further bolt-on acquisitions,’ it said. ‘The business has acquired the trade and assets of three subsidiaries during the period further strengthening the group’s position in the sector.’

While its operating platform was tested during the pandemic, the provider proved itself to be ‘highly resilient’, supported by investment in technology. ‘Over the last 12 months we finished implementing the PASS solution, a field operating system that digitises all aspects of the care delivery process, out across our branch network.’

Results showed turnover grew 13% to £33.6m last year, up from £29.7m in 2021, while its pre-tax profit slipped slightly to £1.9m, from £2.2m. Data from LaingBuisson showed EBITDA more than halved to £1.1m, from £2.5m in 2021.

Its financial report said ‘significant opportunities’ exist for growth and that through careful management, the group has a ‘robust’ balance sheet to support further investment. ‘In the period ahead, the directors expect continued investment in its people, systems and infrastructure which in turn should

**CSN CARE GROUP**  
REVENUE AND EBITDA, 2020-2022



SOURCE LAINGBUISSON DATABASE

drive organic growth, margin and quality improvement,’ it said. ‘They also plan to complete further acquisitions should good opportunities present themselves.’

CSN Care Group was incorporated in 2019 as the management buyout vehicle for the Carewatch business, backed by £4m investment by private equity investor BGF. Carewatch, which was founded in 1993 in Brighton, East Sussex, had grown to a national homecare business.

## Target

**Target Healthcare REIT has sold four care homes in Northern Ireland for £22m, exiting its presence in the country.**

While the properties were originally acquired as long-term investments and delivered ‘strong returns’, disposing of them was part of its commitment to ‘pro-actively manage’ its portfolio, said Scott Steven, head of asset management at Target Fund Managers.

The disposal forms part of the group’s wider asset

management activity and represents around 2.5% of its overall portfolio value.

Results for the six months ended 31 December 2022 showed the value of its portfolio fell 4.8% to £867.7m (June 2022: £911.6m), mainly because of like-for-like movement of 5.5% and net acquisitions of 0.7%.

Its operational homes were let to 33 tenants, providing 6,701 beds and generating contractual rent of £57.1m per annum (June 2022: £55.5m), including like-for-like rental growth of 1.8%. At the end of last

year, it had 100 properties within its portfolio (June 2022: 34 tenants and 101 properties).

Resident occupancy and rent covers for the mature homes were 84% and 1.5 times respectively, its half-year report said.

‘The recent increases in interest rates have impacted on earnings but our tenants’ underlying trading performance is improving and maturing, with this property sector benefitting from significant tailwinds of demographic change and needs-based demand

for care,’ said Alison Fyfe, company chair.

Total revenue rose to £34m for the half year, up from £26.5m in the corresponding period last year, while it posted a pre-tax loss of £34.2m, from a profit of £18.7m in 2021. This was driven by losses on properties caused by ‘revaluation movement’.

The REIT said visa programmes were helping tenants sponsor overseas staff to fill vacancies, and that providers were willing to help in discharging patients from hospitals.

# Performance at The Disabilities Trust dampens as it shifts focus

**Difficulties experienced in staffing and occupancy resulted in The Disabilities Trust moving from a net surplus in 2021 to a deficit last year, with a fall of £10.8m.**

Lower care fee income and staff shortages limited admissions in services as well as keeping agency costs high, its financial results for the year ended 31 May 2022 said. In addition, the rising cost of living impacted performance because of increasing energy bills, food, transport, and national insurance.

‘Work is being undertaken to improve staffing levels as well as a drive to increase occupancy levels by increasing referrals and admissions and reviewing service models,’ the report said. ‘The trust’s strategy was agreed in March 2022, but none of these changes have come into effect within the 2021/22 financial year.’

It posted a net deficit of £4.3m in 2022, from a surplus of £6.5m.

Fall in occupancy resulted in operating income slipping £2.3m to £49.2m last year, from £51.5m. Total income reached £53m, from £52.4m in 2021, while expenditure increased to £57.4m (2021: £51.1m).

Figures in 2021 were boosted by gains on investment assets worth more than £5m due to the recovery of the stock market post-Covid, which inflated results for that period.

LaingBuisson data showed EBITDAR was posted at -£1.2m, from £4.3m in 2021.

Net assets of the group at the end of the reporting period were £96m, a fall of £4.1m from in 2021. Its investment managers are Rathbones Investment Management Ltd, Cazenove Capital and CCLA Fund Managers Ltd.

The charity, which supports more than 850 people living with acquired brain injuries, autism, learning or physical disabilities, has more than 1,300 members of staff.

It has expanded services around the UK, doubling capacity to 24 at its Eastfields service in Glasgow and opened supported living services in Birmingham and Liverpool.

A £24m hospital will replace its existing specialist neurobehavioural assessment and post-acute rehabilitation setting at York House, North Yorkshire. It will have 36 beds across four wards and four assessment flats, with

three private, internal courtyards and a therapeutic garden. The hospital is due to open in autumn this year.

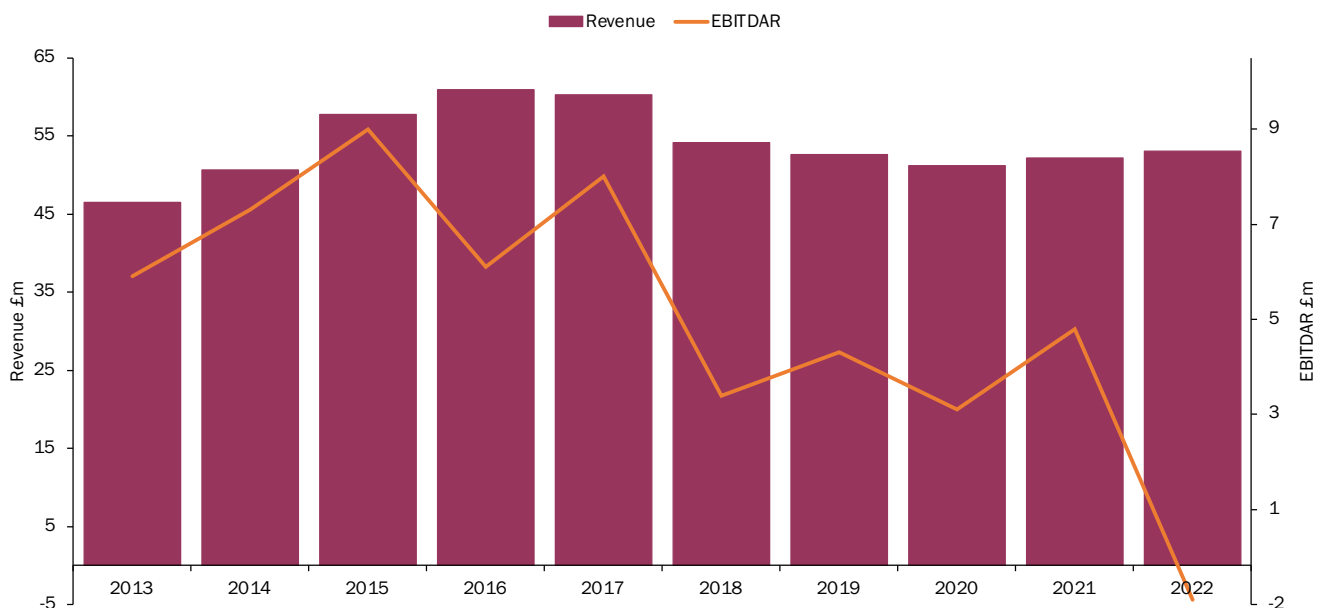
The trust plans to extend services at Butt Hill in Leeds, adding eight self-contained apartments to the six that are already there. It has also purchased a property in Hertfordshire, which will provide registered accommodation for up to 15 people with a brain injury.

In May, it launched its strategy to position itself as the UK’s leading charity for people living with brain injuries. ‘Our new brand will be launched in 2023 and will help us deliver on the strategy, increasing our profile. How we are seen and heard is vital. Our brand is key to this,’ the report said.

As a result, post-reporting period, it sold its adult learning disabilities and autism services to Voyage Care in September for £4.2m.

It has also sold Heathermount School for children with autism and learning disabilities to Cavendish Education Group. It has also closed two services for adults living with learning difficulties and autism in Lindfield, West Sussex, and Tokers Green, Essex.

**THE DISABILITIES TRUST**  
REVENUE AND EBITDAR, 2018–2022



SOURCE LAINGBUISSON DATABASE

## Major UK providers of residential care – third sector May 2023

Provider	# Care Homes	# Care Home beds	Year end	Revenue £m	PBT £m	EBITDAR £m	EBITDAR as % of revenue	Total net assets £m
Anchor	125	6,598	2022	526	24	115	22	572
Sanctuary Housing Association	126	5,645	2022	813	59	260	32	1,214
MHA	89	4,796	2022	251	18	48	19	346
Orders of St John Care Trust	64	3,370	2022	143	1	12	8	53
Abbeyfield Society Ltd	52	1,619	2022	47	-15	-14	-29	119
Somerset Care Limited	26	1,429	2022	72	2	6	9	25
Quantum Care Ltd	22	1,427	2021	63	0	8	13	9
Greensleeves Home Trust	27	1,253	2022	54	-5	4	7	44
Leonard Cheshire	64	1,251	2021	154	-7	0	0	98
RMBI Care Co	17	1,055	2022	54	-5	-1	-1	118
Care South	15	877	2022	47	6	9	20	57
Nazareth Care Charitable Trust	14	819	2021	29	0	3	9	8
Hica Group	17	784	2021	34	0	2	6	18
The Fremantle Trust	14	685	2022	43	0	6	15	5
Avante Care & Support Ltd	10	653	2022	31	2	3	11	57
Coverage Care Services Ltd	11	629	2022	31	2	4	12	14
Cornwall Care Ltd	15	624	2021	40	3	4	10	18
Borough Care Ltd	13	612	2019	14	0	1	7	4
WCS Care Group Ltd	13	587	2022	25	2	4	18	21
Belong Limited	8	575	2021	32	0	5	14	30
Elizabeth Finn Homes Limited	10	551	2022	29	2	6	21	0
Jewish Care	9	551	2022	83	25	30	36	173
CrossReach (Church of Scotland Social Care)	22	542	-	-	-	-	-	-
Leicestershire County Care	12	490	2021	14	-1	2	11	25
The Royal British Legion	6	487	-	-	-	-	-	-
Hafod Care Association Ltd	9	475	-	-	-	-	-	-
Salvation Army Social Services	13	462	-	-	-	-	-	-
Sheffcare Ltd	9	458	2022	12	0	0	4	5
Friends of the Elderly	9	414	2022	20	-1	0	-2	40
Little Sisters of the Poor	9	407	-	-	-	-	-	-
One Housing Group Ltd	7	406	2022	179	29	50	28	389
Ambient Support Limited	20	383	2022	40	-1	2	5	10
Brunelcare	7	382	2022	40	2	3	7	30
St Monica Trust	4	380	2021	45	-2	2	4	332
Mencap	54	379	2022	240	6	18	8	112
Brendoncare Foundation	8	358	2022	24	-2	0	-2	19
The Disabilities Trust	18	347	2021	52	1	4	8	100
Accord Group	16	335	-	-	-	-	-	-
Nightingale Hammerson	2	331	-	-	-	-	-	-
Livability	25	312	2021	46	-2	0	1	33
Pilgrims' Friend Society	10	308	-	-	-	-	-	-
Erskine	4	300	-	-	-	-	-	-
Community Integrated Care	50	289	2021	142	-5	-1	-1	34
Presbyterian Board of Social Witness	9	288	-	-	-	-	-	-
Christadelphian Care Homes	8	285	-	-	-	-	-	-
Hft	29	278	2022	90	1	4	4	74
Milestones Trust	32	278	2022	30	0	0	1	21
Rapport Housing & Care	5	277	2020	14	1	5	35	15
Radius Housing	8	269	-	-	-	-	-	-
Lilian Faithfull Homes	5	267	2021	12	0	1	10	10
St Anne's Community Services	31	251	2021	45	-1	1	1	-5

DATA CORRECT AS OF 24 APRIL 2023

**Stuart Savidge**, fund managing director at Henley, explains why a hands-on approach is needed



# Close partnerships

**UK adult social care services are severely undersupplied and there is immense pressure on local authorities to deliver suitable housing to support the most vulnerable in society. To adequately meet this demand, there is a necessity for a wide spectrum of housing options that cater to different needs and different parts of the country.**

Providing homes that are well-designed, well-managed and adapted to meet the needs of vulnerable adults is critical to providing everyone with the opportunity to live independent and safe lives.

Dedicated housing for adult social care ensures that people's health and wellbeing are prioritised, alleviating pressure elsewhere in the country's health service.

It is well-understood that pre-emptive measures around both physical and mental health can be critical to providing better life prospects for individuals and prevent an escalation in a person's individual situation. Added to this, NHS hospitals are not suitable environments for individuals to be in long-term, come at an elevated cost to the public purse and long-term stays prevent people accessing hospital beds for urgent care.

Despite the recognised and urgent need for suitable housing to meet the needs of vulnerable adults, it can be a challenging sector for private sector capital to break into. Understanding the market and working with a complex web of stakeholders can also be a deterrent to new entrants.

## Pressure

Specialists supported housing provides accommodation for people with learning and physical difficulties, mental health challenges and autism. Although the government has had an unexpected boost in the form of a £5.4bn surplus in

its public finances recently, this is not a silver bullet, especially with the current high inflationary environment and public sector debt levels continuing to put the funding of social housing, care and support under scrutiny.

Private sector capital is instrumental in plugging the gap, as it provides wider benefit to the public purse and crucially provides vital homes at a time when they're urgently needed.

Although there are risks for investors that attempt to enter the space without the required expertise, a significant opportunity exists to provide high-quality, well-managed homes that local authorities feel are adequately resourced to provide suitable levels of support.

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PRE-EMPTIVE  
MEASURES  
AROUND BOTH  
PHYSICAL AND  
MENTAL HEALTH  
CAN BE CRITICAL

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Long leases, typically around 25 years, have dominated the sector to date, making it an appealing proposition from an investment perspective, but they can put pressure on housing associations, especially when properties are below target occupancy levels.

To mitigate some of these risks, it is important to work closely with local authorities and it is critical to understand underlying demand before pressing ahead with a property acquisition.

By developing strong working relation-

ships with local authority referral teams, it can help reduce the risk of properties being empty, which in turn reduces the long-term risk to the housing association.

As well as ensuring those critical relationships are in place with referral teams, new lease clauses have been established to formalise risk sharing to help provide both housing associations and tenants with long-term security.

## Long-term stability

From a practical perspective at Henley this has meant, amongst other initiatives, the retrospective implementation of a 4% cap on annual rent increases and a 10-year contribution to capital expenditure requirements based on stock condition surveys.

From an investment perspective these new lease arrangements could have a short-term impact on returns, but they ultimately ensure long-term stability and have long-term benefits to operators and end users.

Counter to other traditional long-lease housing models, portfolio management in the specialist supported housing sector requires a much more hands-on approach from a team with specific sector knowledge. For the model to work effectively all the various stakeholders – housing association or charity, local authority, property owner and the vulnerable adult – need to work in close partnership and be completely transparent.

Although there continues to be challenges to address in specialist supported housing, the sector has evolved rapidly, and incredible progress has been made in the last five years to increase supply.

Private sector capital has a vital role to play in filling gaps in demand and while the most important element is providing secure and safe homes for vulnerable adults, the model also provides genuine social benefits for all stakeholders and a secure income stream.

**Care Monitor, England**  
May 2023

**CQC ratings of care home providers for older people including dementia (by beds)**

Rank	Provider	# homes	% good or outstanding	% not inspected
1	Signature Senior Lifestyle	39	97%	15%
2	Excelcare	31	94%	0%
3	Aria Care	42	93%	0%
4	Sanctuary Housing Association	92	92%	0%
5	Care UK	145	92%	3%
6	MHA	81	91%	0%
7	Orders of St John Care Trust	64	89%	0%
8	Ideal Carehomes	34	88%	26%
9	Healthcare Homes	47	87%	0%
10	Anchor	125	86%	4%
11	Barchester Healthcare Ltd	213	84%	4%
12	Bupa UK Care Services	116	81%	0%
13	Avery	64	79%	11%
14	HC-One	215	78%	0%
15	Bondcare Group	57	72%	5%
16	Minster Care Group Ltd	63	71%	0%
17	Maria Mallaband & Countrywide Group	73	69%	3%
18	Runwood Homes Ltd	60	65%	0%
19	Advinia Health Care Ltd	23	61%	0%
20	Four Seasons Health Care	99	59%	0%

**CQC ratings of nursing care home providers for older people including dementia (by beds)**

Rank	Provider	# homes	% good or outstanding	% not inspected
1	Signature Senior Lifestyle	25	95%	20%
2	Excelcare	16	94%	0%
3	Crown Care Group	18	93%	17%
4	Sanctuary Housing Association	40	93%	0%
5	Orders of St John Care Trust	25	92%	0%
6	Aria Care	36	92%	0%
7	Care UK	122	91%	3%
8	Barchester Healthcare Ltd	152	86%	0%
9	Healthcare Homes	30	83%	0%
10	MHA	29	83%	0%
11	Bupa UK Care Services	110	80%	0%
12	HC-One	143	72%	1%
13	Maria Mallaband & Countrywide Group	60	71%	3%
14	Avery	24	67%	0%
15	Bondcare Group	45	65%	4%
16	Care Concern Group	20	65%	15%
17	Advinia Health Care Ltd	16	63%	0%
18	Four Seasons Health Care	85	58%	0%
19	Minster Care Group Ltd	20	55%	0%
20	Hill Care	23	52%	0%

**CQC ratings of residential care home providers for older people including dementia (by beds)**

Rank	Provider	# homes	% good or outstanding	% not inspected
1	Care UK	23	100%	0%
2	The Cinnamon Care Collection	16	100%	31%
3	Signature Senior Lifestyle	10	100%	10%
4	MHA	52	96%	0%
5	Greensleeves Home Trust	22	95%	5%
6	Quantum Care Ltd	21	95%	5%
7	Somerset Care Limited	20	95%	0%
8	Sanctuary Housing Association	52	92%	0%
9	HC-One	72	89%	0%
10	Ideal Carehomes	34	88%	26%
11	Avery	40	88%	18%
12	Orders of St John Care Trust	39	87%	0%
13	Anchor	124	86%	4%
14	B & M Care Group	26	85%	0%
15	Abbeyfield Society Ltd	40	83%	0%
16	Country Court Care Homes Limited	18	82%	6%
17	Barchester Healthcare Ltd	61	81%	15%
18	Minster Care Group Ltd	43	79%	0%
19	Runwood Homes Ltd	50	66%	0%
20	Burlington Care Ltd	17	50%	6%

### CQC ratings of adult specialist care home providers (by beds), top 20 largest<sup>1</sup>

Rank	Provider	# homes	% good or outstanding	% not inspected
1	Mencap	51	100%	0%
2	Consensus	57	95%	0%
3	Salutem	66	94%	0%
4	Voyage Care	257	93%	1%
5	Choice Care	66	91%	2%
6	Priory Group	179	88%	0%
7	Allied Care Ltd	34	88%	0%
8	Accomplish	53	87%	0%
9	PrimeLife	30	87%	0%
10	Elysium Healthcare	39	86%	5%
11	Cygnets Health Care	57	85%	5%
12	CareTech	133	85%	0%
13	Exemplar Health Care	32	84%	3%
14	Active Care Group	27	81%	0%
15	Select Healthcare Ltd	16	81%	0%
16	Leonard Cheshire	46	80%	0%
17	involve Group	66	76%	0%
18	Lifeways Group	53	72%	0%
19	Achieve Together	163	70%	2%
20	Valorum Care Group	17	47%	0%

### CQC ratings of homecare providers (by number of services)

Rank	Provider	% good or outstanding
1	Home Instead Senior Care	100%
2	MHA	100%
3	Sanctuary Housing Association	100%
4	Right at Home UK	98%
5	YourLife Management Services Ltd	98%
6	Voyage Care	97%
7	Bluebird Care	96%
8	Carers Trust	95%
9	Creative Support Ltd	94%
10	Helping Hands	94%
11	SureCare	94%
12	Mencap	93%
13	Caremark Ltd	92%
14	Housing 21	91%
15	Clece Care Services	91%
16	Radis Community Care	87%
17	Lifeways Group	86%
18	City & County Healthcare Group	84%
19	Achieve Together	83%
20	Cera Care Ltd	81%

**NOTES** LAINGBUISSON HAS UPDATED THE CALCULATION OF ITS CQC RATINGS TABLES TO COMPENSATE FOR SERVICES THAT ARE YET TO BE INSPECTED. WE BELIEVE THIS TO BE A MORE ACCURATE AND FAIRER REPRESENTATION OF HOW PROVIDERS ARE PERFORMING. <sup>1</sup> INCLUDES ADULTS UNDER 65, BRAIN INJURY REHABILITATION, EATING DISORDERS, LEARNING DISABILITIES, MENTAL HEALTH, PHYSICAL DISABILITIES, SENSORY IMPAIRMENT AND SUBSTANCE MISUSE; TO KEEP IT TO A MANAGEABLE SIZE, THIS TABLE IS LIMITED TO THE LARGEST 20 ADULT SPECIALIST CARE PROVIDERS BY BED CAPACITY

SOURCE LAINGBUISSON'S CARE MONITOR

DATA CORRECT AS OF 24 APRIL 2023



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A major refresh of LaingBuisson's care quality portal tool...

## Major transactions in UK social care May 2023

Date	Target (owner)	Sub sector	Acquirer (owner / country)	Deal value (£m)	EV (£m)	Transaction type	Comments
Significant transactions							
Dec-22	CareTech	Specialist care	Civitas Investment Management	200.0	UD	PE	Civitas Investment Management (CIM) has invested £200m in a portfolio of specialist care properties from CareTech under a sale and leaseback deal.
Sep-22	Balhouses Care Group	Care homes	AcalisCare	UD	UD	M&A	Balhouses Care Group which has 26 care facilities in Scotland has been bought by the Belgium-based firm AcalisCare in a multi-million-pound deal.
May-22	Hamberley Group	Specialist care	Octopus Real Estate	100.0	UD	Property	Octopus Real Estate has entered the specialist care market by acquiring six of Hamberley Group's assets. The assets are part of a sale and leaseback deal.
Apr-22	Hamberley Group	Care home	Rynda Healthcare	100.0	UD	Property	Hamberley Group has sold five care homes to the real estate investment firm.
Mar-22	Caring Homes Group from DigitalBridge	Care homes	Santerre Health Investors	UD	UD	M&A	Santerre Health Investors, a joint venture between Highgate Capital Investments and Aurora Health Network, has acquired 49 Caring Homes Group care homes from DigitalBridge.
Feb-22	Avery Healthcare	Care homes	Reuben Brothers' Real Estate Investment	UD	UD	M&A	Reuben Brothers has entered a joint venture with Welltower Inc with an acquisition of Avery Healthcare.
Jan-22	Voyage Care	Specialist care	Wren House Infrastructure	UD	UD	PE	Voyage Care Group has been acquired by London-based Wren House Infrastructure from Partners Group and Duke Street.
Smaller/other transactions							
Apr-23	Allcare Community Care and Support and Local Care Services	Homecare and supported living	Optimo Care Group	UD	UD	M&A	Optimo Care Group has grown its portfolio with the acquisition of two homecare and supported living providers.
Apr-23	Jeesal Residential Care Services Group	Adult specialist	Liaise	UD	UD	M&A	Specialist support services provider Liaise has grown its presence after acquiring eight homes in Norfolk.
Mar-23	Target Healthcare REIT	Care homes	Undisclosed	22.0	UD	Property	Target Healthcare REIT has sold four care homes in Northern Ireland for £22m, exiting its presence in the country.
Mar-23	Zero Three Care	Care homes and supported living	Montreux Capital Management	UD	UD	M&A	The Montreux Fixed Yield Fund is set complete the acquisition of Zero Three Care, previously Project Sycamore, an Essex-based business specialising in providing care for young adults with learning disabilities and complex needs.
Mar-23	Craigard Care Ltd (Three care homes)	Care homes	Parklands & Renaissance	UD	UD	Property	Administrators of Craigard Care Ltd have agreed to sell three care homes. Weston View Care Home in Keith and Wakefield House Care Home in Cullen will be sold to Parklands. Riverside Care Home in Aberdeen will be sold to Renaissance.
Mar-23	Sonnet Care Homes	Care homes	Gold Care Homes	UD	UD	Property	Gold Care Homes has purchased Sonnet Care Homes, which operates St Mary's Court and The New Deanery in Bocking, Essex. August Equity had been an investor in Sonnet since 2013.
Feb-23	Marion Lauder House	Care homes	CareConcepts	4.3	UD	M&A	Care home provider CareConcepts has expanded its portfolio, acquiring Marion Lauder House with support from Shawbrook Bank.
Feb-23	Stepping Stones Services Ltd	Supported living services	Optimo Care Group	UD	UD	M&A	Optimo Care Group has grown its portfolio of subsidiaries with the acquisition of Stepping Stones Services Ltd.
Feb-23	Mulberry Manor (Impact Healthcare)	Care homes	UD	1.3	UD	Property	Impact confirmed it has exchanged on the sale of Mulberry Manor, a 49-bed care home in Mexborough, South Yorkshire acquired as part of the seed portfolio in May 2017.
Feb-23	Oomph Wellness	Digital health	Person Centred Software	UD	UD	M&A	Backed by Cow Corner, digital care planning provider Person Centred Software acquired Oomph.
Feb-23	Nobilis Care Group	Care homes	Cera Care	UD	UD	M&A	Cera Care Ltd completed the acquisition of the Nobilis Care Group Ltd in September 2022.
Jan-23	Land in Hindhead, Surrey	Care Homes	Hamberley Development	UD	UD	M&A	Hamberley Development has completed a deal to buy land in Hindhead, Surrey, with plans to build a 74-bed care home.
Jan-23	Cavendish Care	Adult Social Care	ivolve Group (formerly Envivo Group)	UD	UD	M&A	Envivo Group has officially rebranded to ivolve with the acquisition of Cavendish Care and the appointment of three MDs to cover different regions.

NOTES UD UNDISCLOSED

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# UK HEALTHCARE MARKET REVIEW

THIRTY-FOURTH EDITION

## Will government funding materialise to meet the high demand of diagnostics?

The thirty-fourth edition of LaingBuisson's *UK Healthcare Market Review*, sponsored by Avison Young, is vital reading for independent providers, commissioners, advisors and investors active in the UK's independent healthcare and social care sectors.

Published in February 2023, and written during the winter 2022, the *Review* reflects on how the independent healthcare and social care sectors have emerged from the Covid-19 crisis.



LaingBuisson's *UK Healthcare Market Review* gives a valuable overview of the operating landscape for health and social care service providers across all parts of the market. It looks at current market values and capacity, recent trends, market concentration, leading players and funding sources, as well as key issues for the future.

LaingBuisson figures demonstrate how the independent sector, whether as a provider of services directly to private payers or as a partner to local authority and public health services, continues to play a vital role in our healthcare economy.

### What the report covers

- Private acute medical care
- Health cover
- Care homes for older people
- Adult specialist care
- Homecare and supported living
- Mental health hospitals
- Children's residential care
- Foster care
- Special education
- Dentistry
- Primary care
- Community health services
- Occupational health
- Workforce and recruitment

### Who is the report for

- C-suite professionals from right across the independent healthcare and social care environment
- CCG and local authority commissioners
- Directors of Adult Social Services
- Directors of Children's Services
- NHS Foundation Trusts
- Independent hospitals/hospital groups
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## Major UK providers of long term care<sup>1</sup> May 2023

Provider	# Care Homes	# Care Home beds	Year end	Revenue £m	PBT £m	EBITDAR £m	EBITDAR as % of revenue	Total net assets £m
HC-One	282	16,940	2021	672	-83	87	13	343
Barchester Healthcare Ltd	239	15,640	2021	676	4	202	30	180
Care UK	153	10,679	2021	352	-31	68	19	-79
Bupa UK Care Services	122	7,400	-	-	-	-	-	-
Four Seasons Health Care	120	6,781	2018	635	-229	76	12	-888
Anchor	125	6,598	2022	526	24	115	22	572
Sanctuary Housing Association	126	5,645	2022	813	59	260	32	1214
Avery	64	4,885	2021	174	-11	68	39	-86
MHA	89	4,796	2022	251	18	48	19	346
Maria Mallaband & Countrywide Group	78	4,542	-	-	-	-	-	-
Care Concern Group	76	4,239	-	-	-	-	-	-
Runwood Homes Ltd	60	4,136	2021	154	31	42	27	232
Signature Senior Lifestyle	39	3,807	2021	55	-7	0	-1	-5
Myriad Group Ltd	68	3,786	2021	155	-44	24	15	45
Bondcare Group	69	3,763	-	-	-	-	-	-
Minster Care Group Ltd	68	3,440	2022	105	6	26	25	10
Orders of St John Care Trust	64	3,370	2022	143	1	12	8	53
Advinia Health Care Ltd	36	3,156	2021	96	2	15	16	44
Priory Group	227	3,026	2021	721	-52	127	18	-184
Healthcare Homes	48	2,512	2021	114	2	25	22	2
Ideal Carehomes	34	2,130	2022	48	-3	13	26	3
Shaw Healthcare	55	2,125	2022	120	13	17	15	40
Voyage Care	266	2,088	2022	293	-26	37	12	-149
PrimeLife	56	2,074	2021	80	9	21	26	23
Excelcare	31	2,065	2022	24	3	5	21	-2
Hill Care	36	1,949	2022	17	3	3	18	47
Country Court Care Homes Limited	35	1,924	2022	15	3	3	23	33
Burlington Care Ltd	30	1,901	2021	26	4	7	28	6
Akari Care	33	1,762	2021	57	-1	6	10	10
Gold Care Homes	27	1,644	2022	40	3	4	9	0
We Care Group	31	1,623	-	-	-	-	-	-
Abbeyfield Society Ltd	52	1,619	2022	47	-15	-14	-29	119
Larchwood Care	31	1,539	2021	59	0	-5	-9	1
Beaumont Care Homes Limited	31	1,534	-	-	-	-	-	-
Hallmark Care Homes	20	1,524	2021	81	10	16	20	72
Achieve Together	186	1,479	2022	209	-24	35	17	74
Roseberry Care Centres	29	1,448	2021	44	4	5	11	4
B & M Care Group	26	1,444	2021	57	16	17	30	121
Somerset Care Limited	26	1,430	2022	72	2	6	9	25
Quantum Care Ltd	22	1,427	2021	63	0	8	13	9
Kingsley Healthcare <sup>2</sup>	33	1,372	2021	49	5	11	22	50
Meallmore Ltd	27	1,354	2022	67	8	11	17	39
Crown Care Group	19	1,347	2020	32	9	12	36	48
Healthcare Ireland Group	32	1,340	-	-	-	-	-	-
CareTech	145	1,291	2021	489	66	109	22	381
Hamberley Care Homes	18	1,289	-	-	-	-	-	-
Abbey Healthcare	16	1,284	2021	9	1	2	23	-9
Orchard Care Homes	23	1,281	2022	40	1	4	9	6
Harbour Healthcare Ltd	20	1,265	-	-	-	-	-	-
Greensleeves Home Trust	27	1,253	2022	54	-5	4	7	44
Leonard Cheshire	64	1,251	2021	154	-7	0	0	98

NOTES 1 NUMBER OF REGISTERED CARE HOMES AND BEDS OWNED/LEASED BY INDEPENDENT SECTOR 2 CONSOLIDATED ACCOUNTS

DATA CORRECT AS OF 24 MARCH 2023

## Finance director appointed at Athena Care Homes

**Athena Care Homes has recruited Ben Wright as its finance director to lead the provider through a period of growth.**

Wright joined Athena Care Homes earlier this year and has already launched tender processes for business expenses to lock in prices and protect the operator from future rises.

He brings 15 years' experience within the health and social care sector and has worked in both finance and operations roles. He has previously worked for Care UK and most recently Practice Plus Group.

'During my time in the sec-

tor I have helped companies grow successfully via acquisition, redevelopment and new builds, keeping internal and external stakeholders well informed throughout,' Wright said.

'I will use this experience to help Athena maintain its high standards, while ensuring we have the financial resources, processes and reporting to help us grow as an organisation and as a team.'

Mala Agarwal, Athena Care Homes managing director, said: 'This is an important time for Athena. We have recently completed the refurbishment of our Milton Lodge community at Ashlynn



Ben Wright joins Athena

Grange in Peterborough and are ready to look ahead to our next project.

'Ben's role is central to our ongoing growth and we have already seen how, with

his guidance and negotiation skills, we can continue to deliver the high standards of care we are passionate about within budget.'



Alan Edgar, Churchill

tion projects in London.

Churchill has built and manages over 200 retirement developments across the country.

### McCarthy Stone

**McCarthy Stone has promoted Shane Paull to the role of chief operating officer.**

He has worked at the business for the past 23 years and worked up to become land director of its southern division in 2006 and then divisional managing director (DMD) in 2012, a position he has held for the past 11 years. He has been responsible for the development of more than 100 retirement communities during his time



Shane Paull, McCarthy Stone

as DMD.

Paull started his new role in April and is responsible for McCarthy Stone's strategic development functions, including land, planning, build, construction and health and safety, as well as group sales and marketing. He will also be responsible for its multi-tenure strategy, following the launch of its rental offering in 2019, as well as delivering modern methods of construction.

He will report to the group's chief executive John Tonkiss and will continue as a member of McCarthy Stone's executive committee, supporting the company's four DMDs.

### Orbis

**Danielle Coakley has been appointed head of education at an Orbis Education and Care service, months after her own autism diagnosis.**

She believes her diagnosis gives her a better understanding of the needs of the children and young people at Ty Bronllys in Brecon, Powys. 'With my diagnosis, I think of it as very serendip-



Danielle Coakley, Orbis

itous that I have ended up working in an area where I can drive the changes that help to overcome the barriers I faced growing up in a neurotypical school in the 90s,' she said.

Coakley joined Orbis 11 years ago as a learning support assistant in Ty Coryton, Cardiff, and has studied for a PGCE at USW Coleg Morgannwg. She moved to Ty Bronllys as a teacher, before being promoted to senior teacher and, most recently, deputy head.

Orbis is a UK provider of specialist schools and homes, supporting children and adults with complex needs associated with autism.

### Churchill

**Churchill Retirement Living has appointed Alan Edgar as its regional managing director for the East of England.**

He joins the operations board and will work with chief operating officer Martin Young, and chair and chief executive Spencer J McCarthy to develop the group's eastern presence. He will lead the team at Churchill's regional head office in St Albans, Hertfordshire.

Edgar brings industry and regional knowledge, with over 25 years' experience in the property development, design and construction sector. An architect by training, he most recently led the development of several major residential construc-

# Untold Living recruits Herbert as director of operations

**Untold Living has appointed former charity leader Amy Herbert as director of operations as the company targets sites for acquisition and development.**

Herbert, former director of nursing homes at St Monica Trust, will oversee the management and operation of Untold Living's pipeline of retirement communities across the UK. As reported in January, it is targeting a gross development value of £300m for its initial pipeline and is looking to buy other sites across the country.

Herbert has experience of working across the health and care sectors, having been responsible for driving financial

performance, quality of care and occupancy targets at St Monica Trust.

'Britain is on the cusp of a later living revolution, and it is progressive, forward-looking companies like Untold Living that are leading the charge,' she said.

Untold Living, which is backed by investor Matter Real Estate, is led by AEW's former head of private equity funds Russell Jewell and launched in January.

'Amy joins at a pivotal moment for Untold Living as we work at pace to acquire and develop new sites across the UK,' Jewell said.

'The benefits of a greater number of retirement commu-



Amy Herbert, Untold Living

nities in the UK are extensive and well known. But while the sector is primed for rapid growth, that growth must

be managed properly and, crucially, by the right people and experts.'

## Apposite

**Apposite Capital has recruited Christine Chang as head of impact at the health-care-focused private equity firm.**

Chang joins Apposite from investor Big Society Capital, where she was a member of the executive and investment committees. She is also on the board of Thera Trust, a national charity that supports over 1,500 people with learning disabilities, and the investment committee of Snowball, a diversified multi-manager impact fund.

At Apposite Capital, Chang will work with the leadership, limited partners, deal teams, and portfolio companies to develop and

enhance the firm's initiatives around health impact. It has a set of six objectives that aim to deliver and measure positive health impact at both portfolio and company levels.

## Enable Support

**Jessica Weatherall has been promoted from community services manager to divisional director at Enable Support Services.**

The move comes as the Somerset-based provider plans to expand with a supported living service launching later in the year. Weatherall will be leading the service as well as developing community provision for clients.

Since joining Enable in 2021, Weatherall has worked to strengthen the community support delivered and expand its client base.

She has over 13 years of experience in the support sector and helping those with mental health conditions, learning disabilities and autism.



Jessica Weatherall, Enable Support

## Mansfield Advisors

**Mansfield Advisors has promoted two clinicians in the continuing development of its clinical fellow programme.**

The programme aims to encourage clinicians at the start of their career to experience an alternative commercial profession in

strategy consulting.

Molly Llewellyn-Smith is senior associate, having joined Mansfield three years ago from Vets4Pets. Dr Stephanie Yeung is senior analyst. Yeung joined Mansfield having practiced as a dentist for three years in the NHS and at several private practices.



Christine Chang, Apposite Capital



Molly Llewellyn-Smith (left) and Dr Stephanie Yeung, Mansfield

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# HEALTHCARE WORKFORCE AND RECRUITMENT UK MARKET REPORT

FIFTH EDITION

## Temporary healthcare recruitment market set to bounce back post-Covid

LaingBuisson has published the fifth edition of its Healthcare Workforce & Recruitment UK market report. The report draws inspiration from and is informed by the author's interviews with over 100 NHS, adult social care, voluntary sector and independent acute sector CEOs and workforce and HR leaders.

Written during the Covid-19 pandemic, the report gives an all-round view of the state of the market, and while taking account of what has happened during the pandemic, considers the underlying market drivers and what is being done to address the resulting challenges.

The report is vital reading for anyone involved in temporary recruitment in healthcare and social care, including recruitment agencies, investors, advisors, policy makers as well as anyone concerned with day-to-day staffing in hospitals, primary care settings and care homes.

The report estimates the temporary healthcare and recruitment market to be worth £4.32 billion. The number of temporary staff reduced through the pandemic, though there was co-operation between the recruitment sector and the NHS to ensure the efficient provision of staff where required. Demand is expected to bounce back as we emerge from the pandemic owing to record hospital waiting lists.

The report highlights the staffing challenges faced by the NHS, the social care sector and the independent private acute sector. These include growing numbers of patients and patients with changing and more complex clinical needs, together with a failure to grow staff numbers at the required pace and a preference among some staff for flexible working.

The report looks at what is being done to address these issues, for example through the NHS People Plan and the role of NHS Professionals in reducing agency spend. It also looks at the potential for this highly investible market.

### What the report covers

Market  
Recruitment Sector  
Market Size  
Impact of Covid-19 Pandemic  
NHS Workforce in Context  
Demand for Temps  
Supply of Temps  
Politics and Regulation  
Efficiencies and NHS Budgets  
Staffing in the NHS  
Introduction of the Agency Rules  
Payors  
Major Providers  
Investors  
Market Potential

### Appendices

Glossary  
Regulators  
Trade Bodies and Associations  
Major Provider Profiles  
CEO Interviews

## Who is the report for

- Healthcare recruitment agencies
- Central government
- CEOs and Boards of NHS Trusts and independent healthcare and social care providers
- Procurement leads in NHS Trusts and social care providers
- Regulators
- Banks and investors
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