

**EFFICIENCY IMPROVEMENT AND
TRANSFORMATION PROCESS**

BASELINE REPORT

CHILDREN EDUCATION AND SOCIAL CARE

CARE HOME SERVICES

06.07.2009

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1. DESCRIPTION OF CURRENT SERVICE

1.1. Who provides the service?

A combination of Local Authority and preferred Independent Providers commissioned by the Authority on a block or spot contract basis.

1.2. Why does the service exist?

The service exists to provide permanent, respite and short term care and support to clients living in the Borough of Stockton-on-Tees who have been assessed as requiring this level of care.

See appendix 1 for numbers of residents supported by the council at 31 March for past 3 years.

The Council's in house service comprises two care homes, one for older people and people who require re-ablement services (Rosedale) and the other for adults with physical disabilities (Blenheim).

As detailed above, there are two care homes remaining in the Borough where permanent care is provided directly by the Local Authority, although new, permanent residents are not accepted in either care home and have not done so for some time.

Rosedale ceased new permanent admissions in ? as a result of a need to move away from this mode of service delivery and develop joint working with health partners. As the numbers of permanent residents reduced, each unitised facility that became fully vacant was utilised to provide alternative care to support discharges from hospital and prevent unnecessary admissions.

Blenheim historically transferred clients who reached the age of 65 to more appropriate older person's Care Homes where their increased care needs could be accommodated. Following a review in 1994, involving all current permanent clients at that time, and Heads of Service, it was agreed that the permanent status of the current clients would continue but that all admissions following this time would be restricted to medium or short term only. The aim was to assist people with disabilities to return to the community following either adaptations to their homes or taking up an alternative placement in extra care or supported living. Respite breaks for carers could also be offered as previously permanent beds became available.

Rosedale has capacity for up to 44 clients and care is provided in one of four separate units. Only 6 permanent residents remain at this Home, the bulk of the clients staying at Rosedale receive either rehabilitation as part of the overall Intermediate Care Service, discharge support, assessment or carer respite.

Blenheim provides a service to adults and older people with profound physical disabilities and/or sensory impairment for the unitary authorities that historically made up Cleveland County. There are 29 beds and of these 15 are currently occupied by permanent clients.

1.3. How is the service provided?

The Care Home sector offers twenty-four hour accommodation and support for a service user in a structured, supervised, living environment that incorporates professional care. The Care Quality Commission (CQC) registers and inspects care homes that provide personal care, nursing or both.

The type of care offered in facilities varies and there can be confusion on the detail of provision. 'Care homes' are colloquially referred to as 'residential homes' and 'Care Homes with nursing' as 'nursing homes'. Care Homes are registered with CQC to provide one or more of the following categories of service.

Care homes	Care homes with nursing
Old age, not falling into any other category Dementia, over 65 years Physical disabilities Learning disabilities Mental health, excluding learning disabilities and dementia	Old age, not falling into any other category Physical disabilities Dementia, over 65 years

Table 1

In the case of Care Homes that have a registration for more than one type of provision, such as a 'Care Home with personal care and nursing', adjustments to staffing levels are made in relation to the number and needs of people in each category. This is known as a 'dual' registration and can allow people going in at the 'residential' level to remain in the same care home when they have increased needs, for example when they require nursing care.

The council is monitored on its admissions to the Care Home sector by CQC and there is an expectation that we reduce the reliance on the Care Home sector over time as other services such as extra care and additional support services expand and the uptake of alternative funding sources increases.

The majority of Care Home provision is with the independent sector, which provides 37 Care Homes for older people, 6 for people with mental health problems and 11 for people with learning disabilities, 3 of which are also registered for people with physical disabilities.

For admissions to all Care Homes, clients are assessed by a Care Manager to determine their needs and how these can be met. If respite, short term or longer term care is required, the client will be provided with the details of all facilities where this level of service is available. Client and carer choice is encouraged and when the selection of establishment is made, a full assessment is sent to the care home and a placement booked where possible.

Both Rosedale and Blenheim have single occupancy rooms but all other facilities are shared. This includes toilets and bathrooms. A typical stay would be from a few days up to 6 months and even longer when home adaptations are being carried out for the client.

Both Homes provide 24 hour care and there are in excess of 100 employees (see 1.6) providing this service across both establishments although most are part time

workers. Staffing levels are set by the Care Quality Commission, (CQC) and are monitored by inspection and self assessment.

Care Homes for older people in the independent sector are categorised as grades 1 to 3 in relation to environmental standards, with a grade 1 Care Home meeting all current new building regulations, such as size of resident rooms and en-suite facilities.

1.4. What influences impact on the service?

Political

The In House Services are supported by Elected Members. For some time Central Government has promoted the move away from permanent placements to the care home sector, to community based services such as home care and Extra Care.

The majority of admissions to Care Home's in the independent sector are where provision is mature and both personal care and nursing needs across all client groups are catered for. There is an over capacity in Care Home provision for older people at the 'residential' level and vacancies across the Borough at general nursing level. However, some clients with specialist needs continue to be placed outside of Stockton, such as clients with learning disabilities.

Social

The In House Service has enjoyed continued popularity and support from clients and carers. Satisfaction surveys, internal audits and inspection outcomes have identified the service as safe, reliable, and of a high standard. Clients using the services do not change provider readily. However the provision of permanent care by the Local Authority is in decline as independent provision increases.

Economic

Independent sector providers of older people's Care Homes are currently going through a procurement exercise as part of introducing a fee structure that incorporates quality, environmental standards and fixed costs components. A new contract and service specification are being developed, to be in place by 1.10.09.

The quality indicators for the first year of the contract (1st October 2009- 30th September 2010) will be:

- 1) The Care Quality Commission (CQC) star rating of the Care Home as at June 2009 (1 star or above).
- 2) PCT medication audit score (satisfactory benchmark to be determined; currently the average is 81%).
- 3) Result of accreditation in relation to quality.

A 'snapshot' of these quality indicators, which will be considered to have equal weighting in the first year, will be taken in July 2009.

The fee will continue to comprise a component for accommodation and personal care ('residential') and the NHS funded nursing care rate, with additional weighting for dementia residents at both levels of care.

A member of the Council's finance team is currently calculating the potential Care Home fee uplift for 2009-2010 using the same methodology as for 2008-2009. Current figures indicate that fees should be reduced by 3.36% from October 2009 but the current fee will be offered, with the 3.36% linked to one of the quality indicators.

The NHS funded nursing care rate was uplifted to £106.30 per week on 1.4.09 and the current care home fees are detailed in the table below.

Weekly rates of payment from 1 APRIL 2009 for care Homes and care Homes with nursing

Grade	'Residential'	'Residential' dementia	General nursing	Dementia nursing
1	£420	£440	£532.30	£552.30
2	£381	£400	£493.30	£512.30
3	£356	£374	£468.30	£486.30

NB: The fees for nursing residents include a £6 weekly payment for continence products

Table 2

In 2008/09 the total net cost for Independent placements for Elderly and Physical disability placements was £11,566,908. The budget for 2009/10 has been set at £11,998,474. The gross costs paid to Independent providers in 2008/09 was £17,005,000 and £210,500 for Elderly and Physical disability placements excluding nursing costs which are met by the health Authority.

Service costs are extremely high for both Rosedale and Blenheim and significantly higher than comparable independent sector facilities. Blenheim has remained within its managed budget during the 2008/9 financial year although a reduction in referrals from other Authorities, as well as an increase in Stockton clients, has had a detrimental impact on income and the unit cost. The projection for 2009/10 is more optimistic with out of area referrals increasing.

Shared funding for elements of the service provided by Rosedale help to off set costs but under utilisation of beds while exploring alternative services has increased them disproportionately.

Technological

The Care Home sector is reliant on manpower and there have been few opportunities to introduce technological alternatives in these settings. However The use of Telecare monitoring methods at Rosedale was introduced as a pilot scheme two years ago and does provide clients with an opportunity to experience this form of monitoring as an aid to independence and promotion of dignity should they have it installed when they return home.

Telecare is the term given to offering remote care of elderly and vulnerable people, providing care and reassurance needed to allow them to remain living in their own homes. Use of sensors allows the management of risk and as part of a package that can support people with dementia, people at risk of falling or at risk of violence and prevent hospital admission.

By using sensors, a range of potential risk situations can be managed including wandering (particularly useful for people with dementia), falls and intruders as well as environmental issues such as floods, fire and gas leaks. When a sensor is activated

it sends a radio signal to a central home unit, which then automatically calls a 24-hour monitoring centre where highly trained operators can take the most appropriate action, whether it is contacting a local key holder, doctor or the emergency services. It is anticipated that this service will continue to grow and expand into areas such as Telehealth to cover monitoring of aspects of health such as epilepsy, blood pressure and blood sugar levels.

1.5. How does the service perform and what does inspection tell us about the service?

The In-House services were first registered under CSCI, now CQC, in 2002. Since that time annual inspections have been positive with only minor issues to address. Grading of the services was undertaken in 2005 when both were given a three star excellent status. This status has been retained by both care homes since that time.

Monthly internal inspection of both facilities monitor service delivery and care standards takes place. Client/carer surveys have shown high levels of satisfaction with the services.

1.6. What resources and assets are used to deliver the service?

Rosedale: has approximately 65 Social Care employees (35.88 wte), and a small therapy team.

The overall budget is set at £974,033. Rosedale is a purpose built establishment at Bishopsgarth Stockton-on-Tees. It is a single storey facility offering self contained, unitised living. The Home is near a small row of shops and it has mature gardens. Car parking is problematic given the number of visitors it receives each day.

Blenheim: has a staff team of approximately 40 Social Care Employees (26.3 wte)

The budget for 2009/10 is set at £337,528. This includes anticipated income of £397,234 from Other local authorities, Health and client contributions, making a gross budget total of £734,762. The Home is situated in Thornaby near the local shopping complex. It is predominantly ground floor with independent living space on the first floor for rehabilitation or to increase daily living skills of clients prior to their return to the community.

1.7. Are there any limitations or barriers affecting the delivery of the service?

CQC regulations govern the numbers, needs and provision of clients accessing Care Home Services. Local Authorities cannot provide nursing care, but closer working with health partners has seen the development of intermediate care services at Rosedale with therapy input, and there are plans to build on the success of this partnership.

Limitations on the buildings at both Rosedale and Blenheim prevent clients and residents from having anything more than a bedroom as personal space. While this is less of a problem to respite and short stay clients, permanent residents are not able to enjoy the independence of a self contained unit in which to live.

1.8. If the service was outsourced or provided by a third party, how are service standards monitored?

All Care Homes are registered with CQC and subject to at least annual inspections against National Minimum Standards. In addition, the commissioners of the services carry out an annual audit of each service as a minimum (the frequency of audits is dependent on performance against the contract) and meetings can be convened at any time at the request of the provider or commissioner, for example if an adult safeguarding concern is raised. The aim of monitoring services against contractual arrangements is to prevent or detect, as early as possible, aspects of poor performance and to put action plans in place to improve standards.

The information that is collated by the contract managers, who are part of the commissioning team, complements the work of CQC and includes activity figures in relation to the service provided, adult safeguarding alerts and complaints. Each contracted service provider also submits notifications of death, illness and other significant events under regulation 37 of the Care Standards Act. Care homes with nursing are also subject to the Healthcare Commission Core Standards and the requirements of the Nursing and Midwifery Council for the nursing services provided. The contracts managers also liaise with outside agencies as relevant in order to obtain a full picture of a service's performance, particularly when investigating complaints.

1.9. Could the service be provided through a different mechanism?

The move away from permanent admissions to the care home sector will continue.

Rosedale's diversification into alternative services is established. As each unit of between 10 and 12 beds became vacant, the use of these rooms has moved to more health based services of rehabilitation, and assessment. As clients prefer to live in the community rather than more institutionalised care settings, the need for respite breaks increases and this is another alternative service offered by Rosedale. This move and evolution to alternative services while still utilising the skills and experience of the staff group is likely to continue as diversification and change in general is met with enthusiasm and an ability to adapt.

Blenheim is less equipped to move onto alternative care provision and it has been long recognised that care of adults with physical disabilities does not have to be in an institutionalised setting. This client group would be able to lead more independent lives in the community through extra care schemes with care delivered as and when it was required in the clients own home.

2 CUSTOMERS

2.1. Who are the customers and what are their needs now?

Rosedale: Adults and older people over the age of 55 who live in the Borough of Stockton-on-Tees and require one of the services specified above.

Blenheim: Adults (over the age of 18) who are living in the Borough of Stockton-on-Tees, Middlesbrough, Redcar and Cleveland or Hartlepool and have been assessed as requiring the services provided by this Home. Clients who are disabled, may also have sensory impairment and learning difficulties.

Admissions to the independent sector are to all levels and types of provision, as detailed in table 1.

Clients at Care Homes may require one or more of the following: personal care, assistance with mobility, food preparation, medication, shopping, communication and daily living skills.

2.2. How are service users consulted and how do their views shape delivery?

Client and carer surveys are conducted regularly and at least annually for permanent clients and their carers. People who receive services on a time limited basis are also asked to complete a customer satisfaction survey after they leave. An analysis of the findings is used to develop services. The survey covers all aspects of service delivery, facilities and amenities.

Clients and carers are encouraged to raise any service issues they are concerned about, with the manager or Care Assistants at any time, face to face, by letter, telephone or e-mail.

Where the manager has to seek approval for some changes or recommendations, the outcome will be made known to clients and carers as soon as possible but in most instances the manager will respond promptly by following the policies and procedures that regulate the service.

Clients and carers are made aware of the complaints procedure and are supported to make a complaint if this is their preferred action.

2.3. How satisfied are the customers.

Analysis of surveys for the past 12 months show the following:

Rosedale

Number of clients/carers surveyed	Unknown
Number returned	58
Number satisfied with service	58
Issues raised	Meal portions and menu choices revised at client request

Blenheim

Number of clients/carers surveyed 25
Number returned 17
Number satisfied with service 17

Issues raised

- Not sufficient room in dining area when using electric scooters
- Preference to access independent hairdresser from locality rather than visiting service
- Preference not to take part in scheduled activities.

2.4. Communication

Collective communication is through client meetings, letters to clients and carers. Telephone communication if appropriate to individuals and, where relevant, e-mail. Care Assistants will also act as communicators for their clients in passing and receiving information.

2.5. How is this service promoted or marketed?

Details about the service are held on the SBC web site. This information is currently being updated. Due to the cessation of permanent referrals, this information is primarily a way of advising people how they can contact the Home for further information regarding specific issues. A Welcome pack is available and explains to potential clients and carers what the service aims and objectives are, who the staff members are and what to expect from the service.

Commissioners keep the brochures of Care Home provision up to date and available to Care Managers.

2.6. What do Viewpoint Surveys and Internal Audits tell us about the service?

Internal Audits have not identified any problems or concerns of a significant nature. Recommendations have been made in the past and implemented.

2.7. Are there customers who could use the service but don't?

Yes.

Rosedale: Respite care is provided to older people, but not those with dementia as this would require mixing client groups which is unsatisfactory and contrary to Care Standards. Service costs are higher than comparable independent providers and the choice not to use this service may be a financial one. Rehabilitation clients receive a free service for up to 6 weeks as this is funded by the PCT.

Blenheim: Clients from neighbouring Authorities who could access the service are reliant on funding from their respective Social Care budgets and again, the high unit cost could be a barrier.

2.8. Are there customers using the service who should not?

Rosedale: There have been difficulties at times with clients who access the free service repeatedly and to the maximum number of weeks. A strategy to address this problem has been developed but is still under pressure occasionally.

Blenheim: As discussed above, it is not appropriate for adults with disabilities to be living in institutionalised settings and more independent provision should be available.

2.9. Who are the customers of the future and what are their needs?

Customers of the future can only be determined by service development.

Rosedale's continued move to short term stay for specific conditions is likely to continue and develop further as space becomes available. Clients' needs will include social care but are likely to be health and therapy led.

Blenheim will possibly see a reduction in the client base as alternative provision is developed for this client group by other authorities.

2.10. What is likely to impact on demand for these services in the future?

Reduction in demand due to:

Raised FACS banding
High cost of contribution
Alternative provision and funding: Extra Care or personalisation initiatives
Political will for change.

Increase in demand due to:

Health concerns in older age as people live longer
Demographic trends
Increased partnerships with Health.
Reduction in availability of comparable services
Move away from hospital based care

2.11. What do complaints/compliments tell us about the service?

Rosedale: In the past 12 months:

There has been 1 formal complaint regarding time that a client was assisted on a morning.

There have been 22 compliments/commendations

Blenheim: In the past 12 months

There has been 1 formal complaint regarding standard of care. An investigation found the allegations to be unsubstantiated.

There have been 8 written compliments/commendations.

3. AIMS AND OBJECTIVES

3.1. Is the service required by statute and is there a statutory level of service?

The Local Authority has a legal duty to meet assessed needs of clients living in the Borough of Stockton-on-Tees under the NHS and Community Care Act 1990. This requirement is subject to the criteria applied through Fair Access to Care. All intervention with clients and carers must take account of Human Rights legislation Articles 1 to 14. The service can be commissioned and provided by an alternative source if necessary. The level of service provision is determined by need.

3.2. Is the service responsive, proactive or both?

Rosedale has the capacity and established partnership working that enables them to be responsive to changing care trends. There is scope for development, and management are receptive to this. Pro-activity is possible within existing services to adjust or respond to client/carer ideas.

Blenheim responds to market forces and customer requirements but is reliant on client demand for the service following assessment of need and as alternative sources of care are developed, Blenheim is likely to struggle.

3.3. Is the service needed?

Rosedale: When the current 6 clients no longer require services at Rosedale they will not be replaced. The service as a whole is needed as it provides the link with Health and is able to deliver comparable care to hospital based services but in a more conducive atmosphere.

Blenheim: Currently provides permanent care to 15 clients from differing Unitary Authorities. As other Authorities develop community based services for adults with physical disabilities it is likely that funding for Blenheim will be withdrawn. An alternative to Blenheim will need to be considered for the remaining clients and for future demand.

3.4. What would happen if the service was not provided either in part or in whole?

Rosedale would be likely to increase its Health funding and partnership working. Health care providers value our staff for their training and experience and are likely to want to retain that for future services.

Blenheim If Local Authority provision was reduced or withdrawn, services to support adults with physical disabilities would need to be developed and provided in a more modern independent way.

Development of alternative services or funding sources such as personalisation will increase innovative methods of delivery, constrained only by the imagination of the client and the flexibility of providers.

3.5. How would the service react to new pressures and what capacity would be required to deal with additional/new demands?

As with all resource provision, the concept of change and development is not new or unique. Services have adapted to deal with crisis situations at comparatively short notice.

The pressure of an increase in demand would necessitate a full review of current clients to remove those who had lower level needs or who could be cared for in an alternative way. Flexibility is built into the staff structure to allow for fluctuations and to respond to service requirements.

Longer term increase would necessitate an increase in staff and budget.

In terms of new demands, if these were amendments to the basic service they would be addressed through the normal change management systems. Radical changes would need to involve consultation and careful planning taking account of financial, human and material resources.

3.6. Who provides a similar service to this using a different delivery mechanism?

Although there are a number of independent sector service providers of care homes they are similar to those provided by the Local Authority and apply the same delivery characteristics. The care of adults with physical disabilities is moving to provision through extra care schemes

4. RELEVANCE/CONTEXT

4.1. How does the service fit with the overall aims of the Council

These services provide a safe and caring environment for clients but they do not fully promote independent living in the same way that other citizens of Stockton Borough enjoy that concept. These care homes have shared communal facilities, and group living is not acceptable to many people other than in their normal home environment. Although unlikely to be affected by changes in FACS banding, the drive to deliver longer term care in a more appropriate setting is evident. The use of alternative payment methods is also being promoted and this enables clients to select the mode of delivery themselves.

4.2. What policies, plans and strategies impact on the service?

Care Quality Commission requirements
Safeguarding adults
Older People strategy
National Service Framework for older people
Our Health our Care our Say
Health and safety
Dementia strategy
Valuing People Now

Staff work to recognised policies, procedures and practice guidance of Stockton-on-Tees borough Council and Children Education and Social Care specifically.

4.3. Are there any political judgements or decisions involved in determining the level of service

The CQC has standards for all aspects of the care Home sector and both In-House and independent sector care homes work to these standards.

5. FINANCIAL AND RESOURCE CONSIDERATIONS

5.1. What are the costs of the service?

Rosedale and Blenheim are in-house residential services. The current budgets for these services in 2009/10 are as follows:-

Rosedale - The overall budget is set at £974,033.

Based on full occupancy the weekly cost of Rosedale is £633.

Blenheim: The budget for 2009/10 is set at £337,528. This includes anticipated income of £397,234 from Other local authorities, Health and client contributions, making a gross budget total of £734,762.

Based on full occupancy the weekly cost of Blenheim is £563.

Blenheim has a Service Level agreement with other Local authorities in the area. This includes Middlesbrough Borough Council, Redcar & Cleveland Borough Council and Hartlepool Borough Council and charges are made to these authorities for clients receiving residential or respite care at Blenheim House. Prices for these services are calculated at the start of each financial year and sent to the other authorities. The current rates are as follows:-

	Block 2009/10 £	Spot 2009/10 £
Long Term (Permanent)	612	713
Medium Term	658	747
Respite Care	691	768
Independent Living	667	756

The collection of client contributions towards the cost of their service is currently carried out by Stockton Borough Council. Charges to other Local authorities are reduced by this income.

Independent residential placements are commissioned from Independent care providers. The weekly costs are shown at paragraph 1.4 table 2. The budgets for these placements have been set based on the budget position as at October 2008 plus an estimated increase in fees from October 2009 which are currently being negotiated with Independent care providers. The net budgets set for 2009/10 are as follows:-

Elderly placements	£11,620,088
Placements for people with Physical disabilities	£ 378,386

Based on information from the PSSEX1 form for 2007/08 the average gross weekly cost per person on supporting older people and people with physical disabilities in Local authority residential care, Stockton Borough Council is high in comparison to our statistical neighbours – see information below.

	Average gross wkly Expenditure per person on supporting older people in own provision residential care	Average gross wkly expenditure per person on supporting people with physical disabilities in own provision residential care
Stockton on Tees	1,209	885
Bolton	884	150
Doncaster	547	699
Oldham	467	563
Rochdale	1,357	1,455
Rotherham	623	510
Wakefield	1,204	n/a
Walsall	857	1,092
Darlington	n/a	n/a
Derby	429	n/a
Middlesbrough	1,367	n/a
Peterborough	514	516
Telford and Wrekin	712	n/a

5.2. What is the level of 3rd party expenditure?

Residential placements are commissioned from Independent care providers. The gross costs to Independent Providers for residential placements for elderly people and people with Physical disabilities is budgeted at £1.8 million excluding nursing payments which would be met by the Health service.

5.3. What contracts or other arrangements are in place (spend analysis)?

Contracts with Independent care providers regarding care fees are currently being negotiated and are subject to renewal on 1st October, 2009

5.4. What is the Council's commitment to contracts or other arrangements?

Independent care home providers are offered individual placements within a preferred providers contractual arrangement.

5.5. What is the charging policy?

The charging for residential services is ruled by Government legislation and falls under the Department of Health Charging for Residential Accommodation Guide.

5.6. How have Gershon efficiency savings impacted on the service and how are the services planning to meet future Gershon efficiency targets

Supplies & Services budgets have remained at 2008/09 prices in order to meet budget pressures in 2009/10. There is also efficiency of £382,000 within Adult services which has to be achieved during 2009/10. Planning is ongoing as to how these savings will be met..

5.7. How will the current financial climate affect the services?

The accreditation of current providers will highlight any issues relating to potential financial difficulties.

6. SERVICE DRIVERS

6.1. What do we need to change and why? What are the main drivers of change?

6.1.1 Alternative accommodation/Improved facilities

Service delivery does not need to be in a residential setting. Clients should be as independent as possible with care being delivered at a rate and time that fits a normal life style. They should have a home to call their own with furniture and fittings suitable to their needs but reflecting their choice. They should not have to share facilities unless by choice.

6.1.2. Personalisation

Clients currently in the care home sector should have access to self directed budgets in the same way as other clients.

6.13 The EIT review of FACS banding will need to be considered in any service changes.

06.07.09

Appendix 1: Residents supported by Stockton LA as at 31 March

2006/07						2007/08						2008/09					
		RESIDENTIAL CARE			NURSING CARE			RESIDENTIAL CARE			NURSING CARE			Residential care		Nursing Care	
		Local Authority Staffed	Registered Homes Voluntary	Registered Homes Private	Registered Homes			Local Authority Staffed	Registered Homes Voluntary	Registered Homes Private	Registered Homes			Local Authority Staffed	Independent residential care	Registered homes	
People with Physical Disabilities																	
Permanent	18 - 64	6	0	16	11	152	18 - 64	8	0	13	8	Permanent	18-64	9	16	6	
	65 and over	27	0	403	132		65 and over	21	0	357	132		65 and over	10	360	123	
	All Ages 18+	33	0	419	163		All Ages 18+	29	0	370	140		All ages 18+	19	376	129	
Temporary	18 - 64	10	0	8	2	Temporary	18 - 64	15	0	7	1	Temporary	18-64	10	6	1	
	65 and over	6	0	45	12		65 and over	6	0	39	10		65 and over	6	60	12	
	All Ages 18+	16	0	43	14		All Ages 18+	21	0	46	11		All ages 18+	16	66	13	
People with Learning Disabilities																	
Permanent	18 - 64	6	5	116	6	Permanent	18 - 64	6	6	129	4	Permanent	18-64	6	127	5	
	65 and over	0	0	2	0		65 and over	0	0	2	0		65 and over	1	3	0	
	All Ages 18+	6	5	118	6		All Ages 18+	6	6	131	4		All ages 18+	7	130	5	
Temporary	18 - 64	14	1	9	0	Temporary	18 - 64	12	0	13	0	Temporary	18-64	9	2	0	
	65 and over	0	0	0	0		65 and over	0	0	0	0		65 and over	0	0	0	
	All Ages 18+	14	1	9	0		All Ages 18+	12	0	13	0		All ages 18+	9	2	0	
People with Mental Health problems																	
Permanent	18 - 64	0	0	34	4	Permanent	18 - 64	0	0	31	3	Permanent	18-64	0	34	1	
	65 and over	7	0	181	104		65 and over	5	0	183	88		65 and over	0	178	67	
	All Ages 18+	7	0	215	108		All Ages 18+	5	0	214	91		All ages 18+	0	212	68	
Temporary	18 - 64	11	0	0	0	Temporary	18 - 64	13	0	6	0	Temporary	18-64	11	6	0	
	65 and over	6	0	11	4		65 and over	2	0	9	2		65 and over	3	14	3	
	All Ages 18+	17	0	11	4		All Ages 18+	15	0	15	2		All ages 18+	14	20	3	
Alcohol/Drug misusers and Others																	
Permanent	18 - 64	0	0	0	0	Permanent	18 - 64	0	0	0	0	Permanent	18-64	0	0	0	
	65 and over	0	0	0	0		65 and over	0	0	0	0		65 and over	0	0	0	
	All Ages 18+	0	0	0	0		All Ages 18+	0	0	0	0		All ages 18+	0	0	0	
Temporary	18 - 64	0	0	0	0	Temporary	18 - 64	0	0	0	0	Temporary	18-64	0	0	0	
	65 and over	0	0	0	0		65 and over	0	0	0	0		65 and over	0	0	0	
	All Ages 18+	0	0	0	0		All Ages 18+	0	0	0	0		All ages 18+	0	0	0	
People aged 65 and over not allocated by client group																	
Permanent	65 and over	0	0	0	0	Permanent	65 and over	0	0	0	0	Permanent	65 and over	0	0	0	
Temporary	65 and over	0	0	0	0	Temporary	65 and over	0	0	0	0	Temporary	65 and over	0	0	0	