

**Proposed Decision to be taken by the
Portfolio Holder for Adult Social Care
on or after
23rd May 2014**

Consultation on Customer Charges for Adult Social Care Services

Recommendation

That the Portfolio Holder for Adult Social Care gives approval for a ten-week public consultation on the proposed changes to charging for Adult Social Care services in Warwickshire.

1.0 Introduction

- 1.1 In 2010, the policies for charging for Adult Social Care services in Warwickshire underwent a fundamental change. The principle that there should be no artificial subsidies was established and the principle of charging at full cost was set out. The revised charging rates are now fully embedded.
- 1.2 However, whilst the last charging review did deal with removing subsidies from the most significant high volume services (home care, day services, and transport), there remain some services that are currently still subsidised. Due to the significant complexity and rate of change in Adult Social Care services, it is necessary to regularly review the position with regard to charging and consider if any further changes are required.
- 1.3 This report sets out a number of services where further changes to charging practice are proposed, either because a service is not charged for currently, or is not charged for at the full cost rate, and proposes steps to bring these service areas into line with the fundamental policy of full cost charging.
- 1.4 Removing subsidies would make charging arrangements fairer fundamentally, and the application of the means test means that no customer would pay any charges or any increases in charges that are not assessed as being affordable to them. However, any proposal to introduce charges where there were none before, or to increase charges, inevitably leads to financial implications for existing customers who have the means to pay more.
- 1.5 For clarity, this report is focussed on current local policies and making them consistent. It is not making recommendations in response to the Care Bill, although it does have regard to the Care Bill. A section at the end of the report explains briefly some relevant issues regarding the Care Bill.

- 1.6 The One Organisational Plan does include four-year savings targets for Adult Social Care charging which reaches £600,000 p.a. in 2017/18. Any additional income generated by these changes would contribute towards that target.
- 1.7 How much additional income is generated by a given change in charging policy is difficult to forecast because the means testing of contributions reduces the income chargeable in a complex way. In general terms, contributions from older people are higher (around 30%-35% on average) as older people receiving support have mostly developed disabilities in older age and have generated savings and income during working age, whereas service users of working age tend to have less income and less savings and so contribute less (around 5%-10% on average) towards the costs of their care. Many of these proposals relate to working age service users with less means to pay.
- 1.8 In some cases the clients affected by the changes proposed below are also in receipt of other chargeable services which they are paying contributions towards. Therefore, a customer who appears to have the means to pay more contributions may in fact already be contributing the maximum against other services and therefore will not be able to contribute anything towards these additional service charges.

2.0 Options

- 2.1 There are a range of options for how to approach potential changes to charging:
- Option 1 - Do not introduce changes
 - Option 2 - Apply full cost charging to all services
 - Option 3 - Apply full cost charging to services where it is pragmatic to do so
 - Option 4 - Increase charges but not to full cost
- 2.2 A summary of the pros and cons of each option are set out in **Appendix 1**. The pursuit of Option 3 – charging at full cost for all chargeable services with some exceptions – is recommended. This would bring these services more into line with the overarching policy set out in the previous charging review. It would promote a fair and consistent approach to charging. All customers of care services are customers because of a degree of disability or dependency and this proposal is predicated upon the principle that there is no reason why any one group should be subsidised when another is not.
- 2.3 This would, however, leave some services as still not being charged for. These services and the reasons for not charging are set out in Section 9 of this report. Sections 3-8 set out the areas of service for consideration in respect of introducing changes and information about the nature of the customers affected are set out in the appendices. The appendices explain the current position in terms of the contributions of customers affected. Set out below is a key to this analysis and the implications for each category:

- 2.4 **Full Cost Payer** : This refers to the number of customers who currently assessed as able to pay the full cost of any charge without any reduction due to means, and therefore increases in charging rates would result in increases in charges payable. It should be noted however that increases in charges may over time reduce the means to pay and some full cost payers may as a result become part payers sooner.
- 2.5 **Part Payer not at limit:** This refers to the number of customers who do pay the full cost of the services they currently receive because that cost is below the amount of contributions they are assessed as being able to pay. However there is a limit on what they are assessed as having the means to pay, and that limit could be reached if further increases in charges are applied. Therefore for these customers increases in charging rates would increase the amount payable up to that limit.
- 2.6 **Part payer - at limit:** This refers to the number of customers who are assessed as having a limit on what they can pay, and they are currently at that limit. These customers would therefore not pay any further charges if rates are increased or new charges are introduced.
- 2.7 **Nil payer:** These customers are assessed as having no means to pay. They pay no contributions now, and this would not change as a result of the changes proposals.
- 2.8 **No Assessment:** These customers have not had a financial assessment and so could fall into any of the above categories when assessed. The impact therefore on this group will depend upon which of the above categories individuals fall into when they are assessed.

3.0 Take a Break

- 3.1 Take a Break is a service that provides support to customers in the form of social inclusion and day opportunities rather than home care. This service provides a benefit to families and carers by allowing them to have time off, but it is ultimately a service to the service user not the carer, and as such is a chargeable service. There are currently 148 clients recorded as receiving this service, at a unit cost of £15.54 per hour equating to a total cost of £1m p.a.
- 3.2 The existing charging policy arrangements for day services include charging for traditional day centre provision. However, where previously customers spent the majority of their day at one particular centre, there has been a move towards more flexible community based day opportunities. This arrangement impacts on the ability to charge for the more flexible services currently being delivered as individuals may be accessing a number of different day opportunities with different service providers for varying periods of time during the course of a day or week.
- 3.3 The proposal is therefore to charge the actual costs of care (currently £15.54 per hour). Administration costs will be kept to a minimum because the vast majority of costs are at this rate.

- 3.4 This method would be fair as it would allow for charging more closely in line with actual usage (customers often don't take day opportunities in chunks of a ½ or whole day but in hours), and it would be more consistent with the proposals for making learning disability day opportunities charging more reflective of actual usage (see Section 7).
- 3.5 As this would be a new charge, it is proposed to implement it in two stages. Implementing half cost charging (£7.77 per hour) in November 2014 and full cost charging in April 2015. **Appendix 2** sets out some information about the clients who currently receive these services.

4.0 Night Support

- 4.1 Night support care is homecare provided overnight and is provided in two different types: waking night support; and sleeping night support.
- 4.2 The provision of sleeping night support is defined as support required on the premises as an "on call" basis as the customer requires occasional support at night, or if leaving the customer unattended at night poses a high risk. The cost of this support averages at £4.46 per hour or £40.14 per night for a standard nine-hour night. There are currently 145 clients in receipt of sleeping night support, at a cost of £1.1m p.a.
- 4.3 The provision of waking night support is defined as support where the carer has to be awake and responsive to the customers' needs and requirements during this period. The cost of this support averages at £13.91 per hour or £125.19 per night for a standard nine-hour night. There are currently ten clients in receipt of waking night support at a cost of £309k p.a.
- 4.4 Of all these customers, a small number have their support hours delivered on a one-to-one basis, but most receive shared hours support. Sharing support also allows costs to be shared. Shared hours are defined as when one care staff member is supporting two or more people at one time. This is due to customers living in the same property or in close proximity to each other. Rates are paid on care staff hours, not customer support hours. Where night support care is shared between different clients it is proposed to share the chargeable costs equally between the benefitting service users.
- 4.5 The proposal is to charge at full cost for these services using average hourly rates to keep administration costs to a minimum (£13.91 per hour for waking night support and £4.46 per hour for sleeping night support, with costs pro-rated down where support is shared).
- 4.6 As these would be new charges, it is proposed to implement them in two stages. Implementing half cost charging in November 2014 and full cost charging in April 2015. **Appendices 3 and 4** set out information about the clients who currently receive these services.

5.0 24 Hour Live-In Support

- 5.1 24-hour support is continued support to a customer in their own home over the 24 hour period of the day by one or more care staff. The cost of this service is required to be less than the providers tendered rates for standard support over the same period (otherwise it would not be better value for money). The rates for this service vary from provider to provider, with an average cost per hour per customer of £5.17 after taking in to account sharing costs where costs are shared. There are currently nine customers identified as being in receipt of this support at a cost of £264k p.a.
- 5.2 The proposal is to charge for these services at the relevant hourly rate which varies from just under £4 per hour to just under £12 per hour, and averages at £5.17 per hour. However, 24-hour support services are being moved from the current homecare framework contract into a different contract and the pricing and charging for 24-hour care in the longer term will need to be reviewed in light of this. Because the volume of service users is low but variation in costs is high, it is proposed to charge the actual rates incurred as this would be fair but would not be too costly to administrate.
- 5.3 As this would be a new charge, it is proposed to implement it in two stages. Implementing half cost charging in November 2014 and full cost charging in April 2015. **Appendix 5** sets out information about the clients who currently receive these services.

6.0 Mental Health (Section 117)

- 6.1 A number of service users receive Section 117 mental health after care services which are not chargeable, but at the same time receive other services which are chargeable. At present however no charges are made for any costs relating to customers with any element of Section 117 services in their care package. There are approximately 200 service users currently in receipt of Section 117 services at a cost of approximately £6m p.a., of which approximately 128 are in residential care and the remainder in community care.
- 6.2 It is proposed to consider Section 117 services in two stages. Firstly, reviewing case law and government guidance to define exactly what can and cannot be charged for, and then to review Section 117 customers in light of that information to assess the potential impact. Following this work, specific proposals for charging would be consulted upon.
- 6.3 A small number of Section 117 residential care packages are jointly funded with health services. For these services the costs are shared and so the cost to the local authority is less than the full cost, and the element of the cost that is health related cannot be charged for. Discussions with health partners will be undertaken to consider the implications of this.
- 6.4 **Appendix 6** sets out information about the clients who currently receive residential care services under Section 117. Detailed information about clients receiving community care services is not available for this report but is being compiled.

7.0 Learning Disability Day Services

- 7.1 The learning disability market has been shifting from a traditional core of council-operated, building-based services (“day care”), towards a more diverse, varied market with greater access to universal services within local communities such as leisure activities, community groups and opportunities for volunteering or work (“day opportunities”).
- 7.2 There are currently 263 learning disability clients in receipt of day opportunity services at a cost of £2.4m p.a., and 399 learning disability clients in receipt of day care services at a cost of £1m p.a.
- 7.3 The current charging mechanism for learning disability day services however is based on a daily rate for traditional day care (£46.74). However, because the day opportunity market is more complex, and because the variation in unit cost for different services is high, it is proposed to move away from using an average day rate towards a policy whereby the actual cost of the services received is more accurately reflected by using hourly rates for charging for day opportunity services.
- 7.4 It is proposed to introduce an hourly rate charging basis for learning disability day opportunities, applying the actual hourly rates for the services received. The hourly rates vary significantly with an average rate of £12.65 per hour.
- 7.5 It is also proposed to continue to operate a day rate so that this facility remains available to those customers who still choose to receive traditional day care services, but due to the very wide variation in rates, it is proposed to move away from an average rate of £46.74 and onto charging the actual rate for each service.
- 7.6 It is proposed to implement these changes in full in April 2015. The reasons for this timing are:
- These proposals will not generate additional income but will result in charging more accurately.
 - Some customers would start to have higher charges and some lower. Phasing increases to have regard to where charges increase would require a floors and ceilings approach in order to avoid causing a loss of net income which would be very complex to explain and implement and would only perpetuate inequality. It would be simpler to understand and implement to provide more notice of the change and have one simple change at one point in time.
 - Implementation in April would help to spread the workload involved in implementing all of the changes in this report and avoid causing a bottleneck of work that becomes unrealistic to deliver.
- 7.7 **Appendices 7 and 8** set out information about the clients who currently receive these services.

8.0 Respite Care

- 8.1 At present residential respite care is charged at £51.80 per day. However, this cost is based on a historic residential care rate which is lower than the current cost of residential respite care. The costs of residential respite care vary from under £50 per day to over £400 per day. The lower end of the range is where the majority of costs lie and relate mostly to older people, the upper end of the range is for smaller volumes of more specialist care mostly for adults with learning disabilities and physical disabilities.
- 8.2 There are currently approximately 800 customers in receipt of residential respite care, at a cost of £1.8m p.a.
- 8.3 The proposal is to base future charges on the actual cost/rate of the respite care provided, subject to the means test. This would be fairer than an average rate which does not reflect the large variation in costs, and it would remove the subsidy that the current charging rate provides as the current rate is lower than the current average cost (which is £63.57 per day or £445 per week).
- 8.4 As this would be an incremental change and not a new charge, it is proposed to implement this in one stage. However, as some charges will increase significantly, it is proposed to implement initially with a cap of £100 per day in November 2014 and remove the cap in April 2015.
- 8.5 **Appendix 9** sets out information about the clients who currently receive these services.

9.0 Services Not Charged For

- 9.1 These proposals would still leave some services that are not charged for as a matter of policy. For example, reablement, community equipment, and advocacy/appointee services.
- 9.2 Equipment and reablement cannot be charged for by law. However, whilst reablement is being provided, care support or domestic support may be provided at the same time and that could potentially be charged for. However, at this time it is not proposed to pursue this option. This is because the Reablement service is at the heart of a number of changes under way in social care and such a change would distract from other changes that need to be focussed on. It would create an additional administrative workload to deliver which may not be deliverable alongside the other changes proposed in this report, and it could create a disincentive to customers to take reablement and therefore create perverse financial outcome in that the additional income that is gained is more than offset by the loss of the savings that reablement creates by promoting independence.
- 9.3 Charging for advocacy and appointee services may create a disincentive to their use and result in customers taking inappropriate decisions that lead to higher costs and worse outcomes in the long run. There would also be an administrative cost to charging that would be significant in comparison to the cost of the service, and

implementing changes in this service at the same time as the other proposals would increase the chances of not delivering the changes due to trying to do too much at once. Therefore it is not proposed at this time to consider charging for these services.

- 9.4 However, whilst it is not proposed to consider charging for those services at this time, they may be appropriate to consider in the future. It is also the case that over time new services and circumstances will develop which may result in services being provided free or subsidised when they do not have to be. Services will be reviewed periodically to identify if/where this is the case.

10.0 Costs and Savings

- 10.1 The estimated additional income from each proposal will be calculated based on data about current and expected clients, but calculating additional income is complicated by the following factors:

- Many clients will already be paying charges towards other services and already be at or some way towards their means test limit – therefore they may not have any more available income to pay further charges.
- Changing charging rates has the potential to change customer choices, so in addition to seeing changes in income rates there may be changes in the services chosen.
- The customer base and service usage levels are constantly changing.

- 10.2 The charging savings target is £600,000 p.a. by 2017/18. The changes proposed in this report would potentially deliver savings in the range from £200,000p.a. to £600,000p.a., depending upon (1) their impact on client choices, (2) how much chargeable income is already used up contributing towards other care services, and (3) what proportion of services provided to Section 117 customers is chargeable.

- 10.3 The cost of administration is a factor, and any administration costs will offset savings. The proposals have regard to balancing administration costs against the principle of fairness and against the levels of income generated. Administration costs arise both from an increase in charging activity and from an increase in charging complexity (for example moving from daily rates to hourly rates).

11.0 Timescales

- 11.1 To have regard to the impact on customers, a general principle is proposed that implementation should be phased to have regard to the impact on customers.

- 11.2 The table below summarises the proposals and the proposed implementation phasing.

Charging Proposal	Current Arrangement	November 2014	April 2015
Take A Break	No charge	£7.77 per hour	£15.54 per hour
Sleeping Night Support	No charge	£2.23 per hour (pro rata when shared)	£4.46 per hour (pro rata when shared)
Waking Night Support	No charge	£6.95 per hour (pro rata when shared)	£13.91 per hour (pro rata when shared)
24 Hour Live In Support	No charge	50% of actual cost (average is £2.58 per hour) (pro rata when shared)	100% of actual cost (average is £5.17 per hour) (pro rata when shared)
Section 117 (non-care element of costs)	No charge	Further investigation into section 117 and non-section 117 costs and the options for charging under government guidance and case law, followed by proposals and consultation as appropriate	
Learning Disability Day Opportunities	£46.74 per day		Introduce hourly rates (actual rates)
Learning Disability Day Care	£46.74 per day		Remove average daily rate and replace with the individual actual daily rates
Respite Residential Care	£51.80 per day	Introduce charging at the actual daily rate, but capped at £100 per day.	Remove the charging cap and charge all services at full cost

11.3 The amounts above are at current prices but would be automatically increased in line with inflation year by year.

11.4 The consultation process is proposed to take 10 weeks. This will allow a reasonable timescale for consultation and then time to consider the feedback, make decisions, and provide reasonable notification for implementation starting from November. These timescales also need to allow for the development of any administrative changes that are required to actually deliver the changes in practice.

11.5 A consultation plan will be developed having regard to appropriate methods of engaging different client groups. The consultation process will adopt the following principles:

- Ensuring that people who are affected, and their carers or representatives are made aware of the proposals.
- Ensuring that people affected have the opportunity to understand what it would mean for them individually.
- Ensuring that comments and feedback are appropriately captured and considered.

- 11.6 An Equality Impact Assessment was undertaken at the time of the charging review savings plan being finalised as part of the one organisational plan. That assessment will be reviewed and updated in light of the consultation.
- 11.7 For any proposed changes that are implemented, reasonable notice will need to be given of the changes (4 weeks is proposed). In addition to this the proposed implementation dates will be shared in the consultation process.
- 11.8 Feedback and findings from the consultation and proposals for implementation will be reported to Cabinet for approval.

12.0 Links to the Care Bill

- 12.1 The changes proposed in this report will put more services under the standard umbrella of charging at full cost. This will make the implementation of the Care Bill simpler as Warwickshire will have less variation in policy.
- 12.2 The capital thresholds for charging will be increased under the Care Bill. This will shift many customers towards paying lower contributions. From the perspective of some customers therefore, a charge may appear and/or increase, and then may reduce in 2016/17 when the new thresholds become applicable, and charges would cease when the cap is reached.
- 12.3 The cap on care costs will be lower for younger adults and this will reduce the amount payable by younger adults.
- 12.4 The implications of the Care Bill on these proposals will need to be explained to customers in the consultation.

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Option	Advantages	Disadvantages
1 Do not introduce changes in charges	<p>Avoids short term customer dissatisfaction</p> <p>Avoids the short term costs and workload related to planning and implementing the change</p>	<p>Perpetuates long term unfairness and inconsistency in approach to charging</p> <p>Shortfall in delivery of savings targets</p>
2 Apply full cost charging to all services	<p>Promotes consistency in the long term</p> <p>Promotes fairness in the long term</p> <p>Contributes towards savings targets</p> <p>Any adverse impact on individuals is mitigated by the means test – increases in charges will only occur where there is an assessed ability to pay</p>	<p>Adverse financial impact for some existing customers – but only where there is the means to pay</p> <p>Some services provide savings by reducing dependency so gains in income may be offset by increases in costs</p>
3 Apply full cost charging to services where it is pragmatic to do so	<p>Promotes consistency in the long term</p> <p>Promotes fairness in the long term</p> <p>Contributes towards savings targets</p> <p>Any adverse impact on individuals is mitigated by the means test – increases in charges at the level of the individual will only occur where there is an assessed ability to pay</p> <p>Avoids creating perverse financial incentives or outcomes</p> <p>Allows the possibility of phasing the implementation of changes so that they are realistically manageable and deliverable</p>	<p>Adverse financial impact for some existing customers – but only where there is the means to pay</p>
4 Increase charges, but not to full cost	<p>Contributes some additional income</p> <p>Moves towards a fairer approach</p> <p>Reduces the impact on some of the individuals affected</p>	<p>Perpetuates long term unfairness and inconsistency in approach to charging</p> <p>Adverse financial impact for some existing customers</p> <p>Contributes less towards savings targets</p>

Take a Break Service

Appendix 2

Age Analysis

	Age Group									
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	Total
Numbers	59	24	12	16	13	8	6	5	5	148
Average Hours Per person	6.6	10.5	8.0	8.3	8.9	10.3	12.8	6.0	14.8	8.4

Client Split

	Male	Female	Total
White British	85	55	140
Not Stated - Adults only	1	0	1
Other Asian	0	1	1
Other Ethnic Group	1	1	2
White & Bkck Carib	0	1	1
Not Recorded	0	3	3
Total	87	61	148

District Split

District	Total
Nuneaton and Bedworth District	83
North Warwickshire District (B)	31
Rugby District (B)	31
Cotswold District	1
Warwick District	1
Stratford-on-Avon District	1
Total	148

Charging Status and Client Group

	Learning Disabilities	Physical Disabilities	Total
Full Cost Payer	0	0	0
Part payer - not at limit	24	0	24
Part payer - at limit	21	1	22
Nil Payer	34	2	36
No Assessment	64	2	66
Total	143	5	148

Sleeping Night Support

Appendix 3

Age Analysis

	Age Group											Total
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70+	
Numbers	13	19	12	10	11	12	20	16	10	13	9	145
Average Hours Per person	33.5	34.5	35.6	32.6	47.6	28.3	20.8	36.1	23.3	30.2	51.3	33.0

Demographics

Client Split

	Male	Female	Total
White British	79	57	136
Pakistani	0	1	1
Indian	1	0	1
Caribbean	1	0	1
Not Recorded	0	3	3
White & Bkck Carib	2	0	2
African	1	0	1
Total	84	61	145

District Split

District	Total
Nuneaton and Bedworth District	61
North Warwickshire District (B)	16
Rugby District (B)	34
Warwick District	23
Stratford-on-Avon District	11
Total	145

Charging Status and Client Group

	Learning Disability	Physical Disability	Mental Health	Total
Full Cost Payer	0	0	0	0
Part payer - not at limit	0	0	0	0
Part payer - at limit	89	2	0	91
Nil Payer	47	1	0	48
No Assessment	5	0	1	6
Total	141	3	1	145

Age Analysis

	Age Group											Total
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70+	
Numbers	0	0	1	2	2	1	3	2	0	0	2	13
Average Hours Per person	-	-	14.0	48.3	26.3	21.0	35.0	24.0	-	-	44.9	32.8

Demographics

Client Split

	Male	Female	Total
White British	8	3	11
Pakistani	0	0	0
Indian	0	1	1
Caribbean	0	0	0
Not Recorded	0	1	1
White & Black Carib	0	0	0
African	0	0	0
Total	8	5	13

District Split

District	Total
Nuneaton and Bedworth District	4
North Warwickshire District (B)	1
Rugby District (B)	5
Warwick District	3
Stratford-on-Avon District	0
Total	13

Charging Status and Client Group

	Learning Disabilities	Physical Disabilities	Older People	Total
Full Cost Payer	0	0	0	0
Part payer - not at limit	0	0	0	0
Part payer - at limit	6	0	1	7
Nil Payer	4	1	0	5
No Assessment	0	0	1	1
Total	10	1	2	13

Live In Support

Appendix 5

	Age Group							Total
	18-25	25-30	30-40	40-50	50-60	60-70	70+	
Numbers	1	1	0	1	2	3	1	9
Average Hours Per person	168.0	84.0	-	41.2	124.7	129.1	50.1	108.9

Demographics

Client Split

	M	F	Total
White British	0	9	9
Pakistani	0	0	0
Indian	0	0	0
Caribbean	0	0	0
Not Recorded	0	0	0
White & Blck Carib	0	0	0
African			
Total	0	9	9

District Split

District	Total
Nuneaton and Bedworth District	1
North Warwickshire District (B)	0
Rugby District (B)	0
Warwick District	5
Stratford-on-Avon District	3
Total	9

Charging Status and Client Group

	Learning Disabilities	Physical Disabilities	Older People	Total
Full Cost Payer	0	0	0	0
Part payer - not at limit	2	0	0	2
Part payer - at limit	2	0	1	3
Nil Payer	1	1	2	4
No Assessment	0	0	0	0
Total	5	1	3	9

Section 117 (Residential Care Only)

Appendix 6

Age Analysis

	Age Group										Total
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65+	
Numbers	1	1	3	6	4	9	7	11	11	75	128

Demographics

Client Split

	Male	Female	Total
Not Recorded	4	0	4
White British	48	67	115
Caribbean	1	0	1
Other White	1	2	3
Not Stated - Adults only	1	0	1
Chinese	0	1	1
Gypsy/Roma	1	0	1
African	0	2	2
Total	56	72	128

District Split

District	Total
North Warwickshire District (B)	10
Stratford-on-Avon District	17
Rugby District (B)	17
Nuneaton and Bedworth District (B)	18
Warwick District	21
Out of County	45
Total	128

Client Group

	Learning Disabilities	Mental Health	Older People	Total
No Assessment	30	41	57	128
Total	30	41	57	128

Day Opportunities (other than Take A Break)

	Age Group										Total
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65+	
Numbers	24	20	28	26	37	39	33	16	20	20	263
Average Hours Per person	11.6	10.9	10.5	22.3	15.6	17.3	15.6	13.7	11.8	13.6	13.7

Demographics

Client Split

	Male	Female	Total
White British	133	114	247
Other Mixed	0	1	1
Pakistani	0	1	1
White & Asian	0	1	1
Not Recorded	2	2	4
Other Ethnic Group	1	0	1
Indian	3	0	3
Other White	0	1	1
Not Stated - Adults only	1	3	4
Total	140	123	263

District Split

District	Total
Nuneaton and Bedworth District	65
North Warwickshire District	35
Rugby District	49
Out of County	1
Warwick District	50
Stratford-on-Avon District	63
Total	263

Charging Status and Client Group

	Learning Disabilities
Full Cost Payer	0
Part payer - not at limit	75
Part payer - at limit	91
Nil Payer	77
No Assessment	20
Total	263

Day Care Centres

Appendix 8

Care Packages	426
Unique Clients	399
Number of packages on Blocks	120
Unique Clients not on blocks	288
Average age of Clients	79
Unit Cost	£15.96

	Age Group										
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65+	Total
Numbers	0	2	0	4	2	5	8	6	17	244	288
Average Sessions Per person	-	2.5	-	8.8	7.0	40.2	9.2	3.3	2.9	3.5	4.3

Demographics

Client Split

	Male	Female	Total
White British	77	127	204
Indian	11	53	64
Other Asian	2	4	6
Other Black	0	0	0
Not Stated - Adults only	1	2	3
White Irish	0	2	2
Not Recorded	2	1	3
Pakistani	1	2	3
Caribbean	0	0	0
Other White	2	1	3
Total	96	192	288

District Split

District	Total
Nuneaton and Bedworth District	127
North Warwickshire District	41
Rugby District	30
Out of County	1
Warwick District	53
Stratford-on-Avon District	36
Total	288

Charging Status and Client Group

	Learning Disabilities
Full Cost Payer	5
Part payer - not at limit	64
Part payer - at limit	69
Nil Payer	135
No Assessment	15
Total	288

PII (Adult Social Care) – 23rd May 2014

Respite

Appendix 9

Age Analysis

	Age Group									Total
	18-25	25-30	30-40	40-50	50-60	60-70	70-80	80-90	90+	
Numbers	78	48	70	67	47	34	138	220	98	800
Average Weeks Per person per year	2.2	3.6	3.0	2.9	3.1	2.8	2.0	2.3	2.5	2.5

Demographics

Client Split

	Male	Female	Unknown	Total
White British	329	423	1	753
Indian	5	8	0	13
White Irish	1	4	0	5
Not Stated - Adults only	0	4	0	4
Other Ethnic Group	2	0	0	2
Other White	4	3	0	7
Other Black	1	1	0	2
Other Asian	0	3	0	3
Not Recorded	6	5	0	11
Total	348	451	1	800

District Split

District	Total
Nuneaton and Bedworth District	192
North Warwickshire District (B)	161
Rugby District (B)	98
Warwick District	140
Stratford-on-Avon District	198
Out of county	11
Total	800

Charging Status and Client Group

	Learning Disability	Physical Disability	Mental Health	Older People	Total
Full Cost Payer	2	4	0	119	125
Part payer - not at limit	0	0	0	0	0
Part payer - at limit	226	28	0	327	581
Nil Payer	60	13	1	10	84
No Assessment	0	1	0	9	10
Total	288	46	1	465	800