UNDERSTANDING THE IMPACT OF TRANSFORMING LIVES IN 2015-16

To:	**Adults Committee**
Meeting Date:	**17 May 2016**
From:	**Adrian Loades, Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key decision:* **No**
Purpose:	**To provide information on the impact of Transforming Lives on services, outcomes and financial commitment in adult social care in 2015-16 as requested by the Committee**
Recommendation:	**The Committee is asked to note and comment on the analysis undertaken to assess the impact of Transforming Lives.**

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1.0   BACKGROUND

1.1   In 2014, the Council's Cabinet and the Adults Service Committee agreed that a new strategic framework for adult social work and social care in Cambridgeshire should be developed to 'transform the lives' of the individuals, families and communities within Cambridgeshire. This framework aimed to ensure that we are meeting our legislative duties and are able to respond to future national agendas, and will help to reduce demand on our services, enabling us to work towards making the savings that are required.

1.2   Transforming Lives represents an approach that is proactive, preventative and personalised and will enable the residents of Cambridgeshire to exert choice and control and ultimately continue to live, to the fullest extent possible, healthy, fulfilled, socially engaged and independent lives.

1.3   The vision for this new way of working is to:
- Enable people to live independently
- Support people in a way that works for them
- Support the development of strong, connected communities
- Recognise the strengths of individuals, families and communities and build upon these
- Work in partnership to achieve this

1.4   The programme started with a pilot in October 2014 when East Cambridgeshire Learning Disability Partnership started working in a 'Transforming Lives' way. Other teams in Learning Disability Partnership and Disability Services (including Physical Disability) starting attending training and were encouraged to make use of Transforming Lives approaches from April 2015, and in October 2015, the Transforming Lives approach was formally rolled out to those teams. This roll-out has involved staff training, changes to processes and procedures, changes to information systems, the introduction of different financial approaches and work with the voluntary and community sector. This remains a work-in-progress. The implementation in Learning Disability and Disability Services is still underway, and work is ongoing to implement the model in Older People's Services, as previously discussed by the Committee. An account of the changes involved in implementing aspects of the Transforming Lives in East Cambridgeshire has just been published by Community Care and can be found at: http://www.communitycare.co.uk/2016/05/03/three-conversations-changed-way-social-work/

1.5   At the meeting of Adults Committee on 1 March 2016, the Committee requested that a report containing evaluation data about Transforming Lives be presented to the Committee at the earliest opportunity. This report therefore provides information about the changes in services and outcomes for people who have been supported in a 'Transforming Lives' way.

1.6   Understanding the impact of Transforming Lives is a complex question. The information and analysis presented in this report focuses on using forecast commitment as a way of making comparisons, and makes a number of other assumptions that will be noted in the body of the report. It is only an incomplete picture of the impact of Transforming Lives and should be supplemented with quality assurance information, the results of

the annual service user survey, information about complaints etc.

2.0 UNDERSTANDING THE POPULATION

2.1 The analysis focuses on the group of people who had some involvement with Learning Disability Partnership, Physical Disability or Disability Services in 2015-16. This includes service users who received a service like home care or assistive technology, carers of people who are service users who are known to the teams and may have received a carer support service, and people who received an assessment but did not go on to receive a service. It will not include anyone supported by Older People's Services or Mental Health as those services were not formally operating according to Transforming Lives principles in 2015-16.

2.2 There are approximately 3500 people in this group, as shown in the table below:

Group	Number of service users	Number of carers	Total
Disability Services	122	44	166
Learning Disability Partnership	1683	557	2240
Physical Disability	816	306	1122
Grand Total	**2621**	**907**	**3528**

'Carers' are defined as people who have received a carer's service only (typically respite, Carer Breaks, Carer Grant). Some people will have received a carer's service and be a service user in their own right also, and they have been included in the 'service user' category. 'Disability Services' is defined here as people supported by the Autism and Adult Support Team, Sensory Services and Specialist Disability teams. These have been distinguished from people supported by the Physical Disability team.

2.3 The way that these teams work and the characteristics of the people they support are slightly different. Understanding these differences helps to contextualise the comparisons presented below.

2.4 The Disability Services group is has relatively fewer service users than the other groups. The teams in this group tend to provide specialist support to people with particular needs, most commonly people with sensory impairment or who have autism. The Autism and Adult Support Team is new, and through 2015-16 transferred people from other teams (particularly Learning Disability). This level of change in the group means that there are not many people included from these teams in the comparisons below.

2.5 The Learning Disability Partnership is the largest group, with 2240 people supported during 2015-16. It has a relatively low turnover of people (approximately 4% in 2015-16) because most of the people they support are born with a disability (so transfer from Children's Disability Services) and do not typically move around the country. This group has a younger age profile than other groups as a result. There is a wide spread of levels of need within this group, as shown by the cost distribution graph, with some people on relatively low cost packages and others (who could have multiple and profound support needs) on some of the highest cost packages the Council supports.

2.6   Physical Disability is a middle-sized group in this analysis, supporting 1122 service users during 2015-16. It has a relatively high turnover of people (21%) annually compared to Learning Disability. This is because often people supported by Physical Disability have a degenerative condition that they have had for some time, and they may only be supported for a few months before they pass away. However, there is also a cohort of people within this team who are supported for a longer period of time. Generally, people supported by Physical Disability do not transfer from Children's Disability Services, but become eligible for support as they get older, or following an injury. Packages are typically smaller than those found in Learning Disability, although there are a small number of high cost packages where people have multiple and profound needs.

2.7   The teams' formal contact with service users often takes place through an assessment of need or a review. There are different types of assessments and reviews, ranging from full-blown social care assessments to specialist occupational therapy (OT) or assistive technology (ATT) assessments.

2.8   In total the teams did 458 assessments and 2225 reviews in 2015-16. On average the teams did 38 assessments and 185 reviews per month, with more assessments at the beginning of the year. 35% of all assessments were social care assessments of need, and 40% were specialist OT or ATT assessments. 80% of all reviews were social care reviews.

2.9   Data relating to this population and the associated activity is shown in Appendix 1.

3.0   DEFINING COMPARISON GROUPS

3.1   In order to compare people who have been worked with in a Transforming Lives way with those who have not, to see if there are any similarities and differences, it is necessary to divide the population into groups, in the way a full-blown trial would define a 'treatment' group and a 'control' group. This analysis uses the presence of a particular type of case note on an individual's file to define whether they should be in the 'Transforming Lives' cohort or the 'non-Transforming Lives' cohort. These will be called the TL cohort and the non-TL cohort from here on.

3.2   The analysis focuses on change over the year for each cohort in order to measure the impact of Transforming Lives over time. The forecast commitment cost is useful for this purpose, and provides a proxy for the number and intensity of formal services that the person needs. This gives an estimate of what a full year's worth of the current package would cost. Different estimates made at different times (the beginning and end of the year, described as 'T1' and 'T2') should show differences in the amount of support that a person needs (a cost was not available for every service user so these have been shown separately in the table below). A hypothesis might be that the level of formal care support required by people in the TL cohort should be lower than the level of formal care support required by people in the non TL cohort.

3.3   Applying these two conditions to the population gives the following groups:

	Not TL	TL	Grand Total
No cost at T1 and / or T2	1530	109	1639
Disability Services	124	12	136
Learning Disability Partnership	870	67	937
PHYSICAL DISABILITY	536	30	566
Cost at T1 and T2	1606	283	1889
Disability Services	24	6	30
Learning Disability Partnership	1074	229	1303
PHYSICAL DISABILITY	508	48	556
Grand Total	**3136**	**392**	**3528**

The group that will be used for the comparison is shown within the box above, and totals 1889 people, of which 283 are in the TL cohort and 1606 are in the non TL cohort. The need for a cost at T1 and T2 means that Transforming Lives work with 109 people cannot be included in this analysis (shown in the shaded cell). This is unfortunate, because smaller sample sizes have larger margins of uncertainty, so this reduces the confidence we should have in the findings of the comparison. However, it is unavoidable, because without two commitment estimates the strategy of comparisons over time cannot be used.

3.4   This approach uses administrative data that has not been collected specifically for the purpose of evaluating Transforming Lives, and as such has limitations that it is important to acknowledge. There are three important assumptions that are made in using this approach. Firstly, there is an assumption that the presence of a Transforming Lives case note on a person's file accurately identifies the group of people who have received the Transforming Lives 'treatment'. Since Transforming Lives is the way that all of the teams are working, it is likely that there are people for whom the Transforming Lives principles of strength-based assessment, support focused on community and informal networks, and outcome-based support planning have been used in developing their care and support plan, but where a Transforming Lives case note has not been recorded. If there are commitment estimates at the beginning and end of the period available for these people, they will be included in the non TL cohort and will make it harder to discern any differences between the two cohorts.

3.5   Secondly, there is an assumption that forecast commitment is a good proxy for package size, and that changes in the package are shown in the forecast commitment promptly and reliably. This relies upon the business processes of the administration of care and support, and some of the changes that are part of Transforming Lives fall outside the scope of the 'usual' business process. For example, a short-term or time-limited service that is focused on a particular outcome may not be accurately recorded in the commitment record, because the business process to collect this information is not sensitive to this change that has been introduced by Transforming Lives. It should also be noted that it is not possible to infer

anything about savings from the forecast commitment estimates used here, as they relate only to a part of the overall group of supported services, and not at all to anyone who was opened or closed during the year, whereas ensuring that the budget is on target involves consideration of all of these things.

3.6   Thirdly, this approach assumes that success is defined by a reduction in the amount of committed services. Whilst this may be true overall, it is not necessarily true in the context of any given individual. People's needs change all the time, and successful Transforming Lives work might involve maintaining stability when a situation is threatening to get much worse, or increasing support slightly but maintaining a community setting rather than moving someone to a placement in accommodation with 24/7 support. Some of the implications of this are explored below.

3.7   Data about the number of Transforming Lives case notes recorded during 2015-16 and a diagram showing the construction of the comparison groups with an explanation of the assumptions is shown in Appendix 2.

4   COMPARISON

4.1   Having established the cohorts, there are a number of comparisons that can be made. This section will go through the results of a comparison of
- Service use
- Activity
- Change in services
- Forecast commitment

Further information on these areas can be found in Appendix 3.

4.2   The Service Profile report contains information about the number of services of different types that have been open at some point during the year. In the year, approximately 5200 services were open at some time, 4330 for the non TL cohort and 880 for the TL cohort. A comparison of the services opened for people in the TL cohort to the people in the non TL cohort shows that community based services are slightly more common in the TL cohort than for people not in the TL cohort. The biggest differences are in day care, occupational therapy, and home care, all of which are slightly more common services in the TL cohort than the non TL cohort. This fits with the principles of Transforming Lives working.

4.3   The instances of formally recorded activity to support a service user could be regarded as a proxy for the amount of work that is done with that person. When the average number of different types of involvement is derived from the activity report, it is clear that the TL cohort benefited from a higher level of activity by social workers and care managers (see shaded pairs). This could be evidence of the Transforming Lives principle 'stick like glue', i.e. provide intensive, strengths-based, problem-solving support when needed.

		Average of:					
	Case Notes (All)	Contacts	Assessments (All)	Plans	Provisions	Reviews	Total
Disability Services	37.3	0.7	0.2	0.9	1.1	0.7	40.9
Not TL	31.7	0.5	0.0	0.8	1.1	0.8	35.0
TL	59.7	1.2	0.8	1.0	1.2	0.7	64.5
Learning Disability Partnership	25.4	0.4	0.1	0.4	0.6	0.7	27.5
Not TL	20.6	0.3	0.1	0.3	0.5	0.6	22.5
TL	48.0	0.7	0.1	0.5	0.9	1.0	51.2
Physical Disability	44.1	0.8	0.1	0.5	0.7	1.1	47.2
Not TL	42.3	0.8	0.1	0.4	0.6	1.0	45.2
TL	63.6	1.1	0.1	0.6	1.2	1.5	68.1
Grand Total	31.1	0.5	0.1	0.4	0.6	0.8	33.5

4.4 This activity resulted in some changes to packages. Generally the TL cohort seems to have been more likely to change the package, as a smaller proportion of packages were unchanged and larger proportions decreased or increased in value. In Learning Disability, a larger proportion of package decreased in value, with nearly 1 in 4 packages in the TL cohort decreased in value compared to around 1 in 7 decreasing in the non TL cohort. However, in Physical Disability and Disability Services a larger proportion of packages increased in value.

4.5 The comparison between the TL and non TL cohorts in terms of overall commitment is shown below.

Cohort	Number of service users	Sum of T1 cost (£)	Sum of T2 cost (£)	Sum of Difference (£)	Percentage change
Not TL	1606	57,701,140	59,787,802	2,081,625	3.62%
TL	283	11,239,553	11,359,957	120,403	1.07%
Grand Total	1889	68,940,693	71,147,758	2,202,029	3.20%

This shows that against a background of an overall increase, the TL cohort commitment did not increase by as much, proportionally.

4.6 The same table can be shown by team (see Appendix 3 for the detail). In Cambridge City, East Cambridgeshire, Fenland and Huntingdonshire LD Partnership teams, the TL cohort has increased by less than the overall figure and the non TL cohort. In Disability Services, South Cambridgeshire LD Partnership and Physical Disability, the TL cohort has increased by slightly more than the non TL cohort.

4.7 These figures also show the proportion of service users in each team who have had a TL involvement (that has been recorded as a TL type case note). These figures show wide variation. In East Cambridgeshire LD, which was an Innovation Site and has been operating in a Transforming Lives way for the longest, 73% of the service users who have a cost at T1 and T2 have had a TL involvement. However, in Fenland LD,

Huntingdonshire LD and Physical Disability, only 8 or 9% of the eligible service users have had a TL involvement recorded on their file.

5.0   SAMPLE OF PRACTICE AND OUTCOMES

5.1   We reviewed interventions with a sample of 18 people who are recorded on the system with frequent interactions, to document the common approaches used that were different as a result of using the Transforming Lives approach. We then considered what would have been done had a more traditional approach been used, to highlight if there was avoided cost.

5.2   The sample of 18 people lived in the following situations:

Type of accommodation	Number of people
At home with parents	6
Hospital	1
Independent in community	5
Specialist placement	2
Supported living	4
Total	**18**

5.3   They had the following key issues:

Key issue	Number of people
Challenging behaviour	5
Family finding it difficult to cope	4
Mental health issues	4
Hospital discharge	2
Court process regarding accommodation	1
High needs placement required	1
Physical health issues	1

5.4   In these 18 cases, four types of interaction were found which typified the Transforming Lives approach:
- Team Formulation - Working together with other professionals, partners, the entire family and community to identify the best solution or solutions for that person (demonstrated in 56% of the cases reviewed);
- Risk Management - Taking a more tolerant approach to risk, actively managing risks, whilst ensuring defendable decision making (demonstrated in 44% of the cases reviewed);
- Sustaining Positive Situations - Where a person is in the community, or receiving limited support, sustaining this for as long as possible (demonstrated in 72% of the cases reviewed); and
- Assuming Capacity - Listening to people and their families about what they feel able to do and what is important to them, working with people when they say they wanted limited or no support and doing everything we can to enable that (demonstrated in 50% of the cases reviewed).

5.5   The work has resulted in the following outcomes:

Outcome	Number of people
Positive - living where they have chosen	8
Positive - living where they have chosen, lots of choice and control	2
N/A	1

Positive - able to maintain stability	1
Positive - living where they have chosen, not in hospital	1
Positive - lots of choice and control	1
Positive - reduction in social isolation	1
Positive - temporary extra support now not necessary	1
Unsettled - as least restrictive as possible	1
Unsettled - in temporary placement	1
Total	**18**

5.6 As a result of these types of interactions we found that, when compared to the results had we taken a more traditional approach, the following scenarios were avoided or postponed:

- Residential/Nursing Care: 17% of cases
- Specialist Service/1-1 care: 33% of cases
- Supported Living: 11% of cases
- Hospital/Secure Setting: 22% of cases
- A cost to another CCC service (including services not in scope for this report) by supporting person to remain a carer:
  - Physical Disability: 6% of cases
  - Older Peoples: 6% of cases

5.7 These descriptions of practice and the outcomes support the picture presented in the numbers, especially around Learning Disability, that Transforming Lives practice is most helpful for supporting stability and helping people to maintain their situation even when experiencing a crisis; and this has a positive effect on the total package value because it does not escalate as much as non-Transforming Lives practice.

6.0 CONCLUSION

6.1 Only tentative conclusions can be drawn from the evaluation of the impact of Transforming Lives. Transforming Lives is one of a number of variables that will impact on the level and type of support that people will receive, ranging from changes in personal circumstances to other measures that the Council is taking to reduce costs. However, the findings with all caveats in place begin to support the starting assumptions of the positive impact of the Transforming Lives approach potentially at reduced costs. The work illustrates the need for ongoing evaluation in order that the impact of Transforming Lives is measured over time and as the model is more formally adopted across all services.

7.0 ALIGNMENT WITH CORPORATE PRIORITIES

7.1 Developing the local economy for the benefit of all

7.1.1 Transforming Lives is based on recognising the strengths and assets of individuals and of those within our communities. It is therefore a model which has progression at its core, and aims to ensure that people with social care needs are able to make an active contribution to the local economy wherever possible.

7.2 Helping people live healthy and independent lives

7.2.1   Transforming Lives aims to encourage people to live healthy, fulfilled, social engaged and independent lives. It is an increasingly proactive, preventative and personalised way of delivering services to adults and aims to enable the residents of Cambridgeshire to exert choice and control over their lives and to support family carers.

7.3   Supporting and protecting vulnerable people

7.3.1   The Transforming Lives approach will better ensure that we continue to use our resources to support the most vulnerable and those most in need of our support in our communities.

8.0   SIGNIFICANT IMPLICATIONS

8.1   Resource Implications

8.1.1   See conclusion at section 6 above. This paper concludes that the implementation of the Transforming Lives approach is likely to contribute to the delivery of the business planning savings proposals by helping to prevent, delay and reduce the need for care and support. Community based interventions focused on prevention and targeted short term activities to increase independence and reduce ongoing packages will be particularly important.

8.2   Statutory, Risk and Legal Implications

8.2.1   The Transforming Lives approach will help us to meet our statutory duties outlined in the Care Act 2014.

8.3   Equality and Diversity Implications

8.3.1   The Transforming Lives approach aims to maintain access to support by the full range of communities in Cambridgeshire. The implications for fairness, equality and diversity are being considered throughout the development of this approach.

8.4   Engagement and Consultation Implications

8.4.1   There are no significant implications within this category.

8.5   Localism and Local Member Involvement

8.5.1   There are no significant implications within this category.

8.6   Public Health Implications

8.6.1   The Transforming Lives approach seeks to have a positive impact upon the health and wellbeing of Cambridgeshire residents. Public Health colleagues will be involved in the development of the work. The emphasis on prevention of ill-health and preventing, reducing or delaying people's need for statutory social care support is aligned with public health objectives.

Source Documents

Source Documents	Location
Adults Finance Module Commitment Record	The activity and finance data upon which this report is based are available from Strategy and Commissioning, CFA. These data contain confidential service user information.
Learning Disability Commitment Record	
Social care activity information	
Social care Service Profile extract	

Appendix 1 – Understanding the population

Movements in and out of services 2015-16

	Started in year and still in	Already in and still in	Started and finished in year	Already in and finished in year	Grand Total
Service user					
Disability Services	7	80	2	33	122
Learning Disability Partnership	74	1549	6	54	1683
Physical Disability	76	595	39	106	816
Carer					
Disability Services	5	33		6	44
Learning Disability Partnership	27	517		13	557
Physical Disability	13	257	1	35	306
Grand Total	202	3031	48	247	3528

	Already in	Starts	Finishes	Average number	Turnover
Service user					
Disability Services	113	9	35	100	35%
Learning Disability Partnership	1603	80	60	1613	4%
Physical Disability	701	115	145	686	21%
Carer					
Disability Services	39	5	6	38.5	16%
Learning Disability Partnership	530	27	13	537	2%
Physical Disability	292	14	36	281	13%
Grand Total	**3278**	**250**	**295**	**3255.5**	**9%**

Starters and leavers are defined by services starting and ending (not referral or closure dates). Turnover is calculated as (Number of finishes / Average number in service at any given time).

Source: AIS, Service Profile 2015-16 Interim 1, Management Information Team, Strategy and Commissioning

Distribution of costs for service user packages

Not all of the people have a cost associated with them in the main commitment records. For example, people who have started later in the year may not have a cost at the beginning of the year. The chart shows the breakdown of those costs.
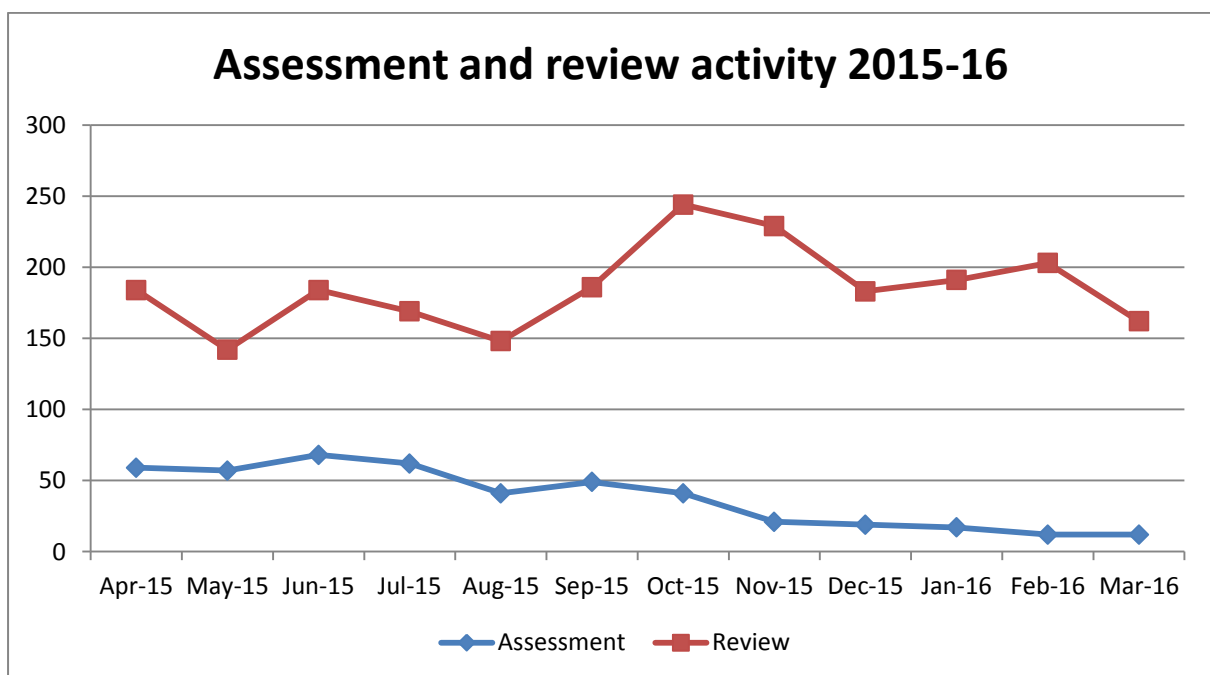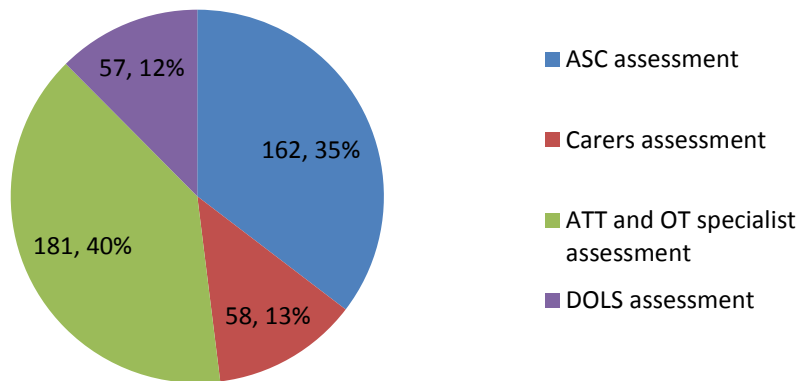
Support plan costs at T1
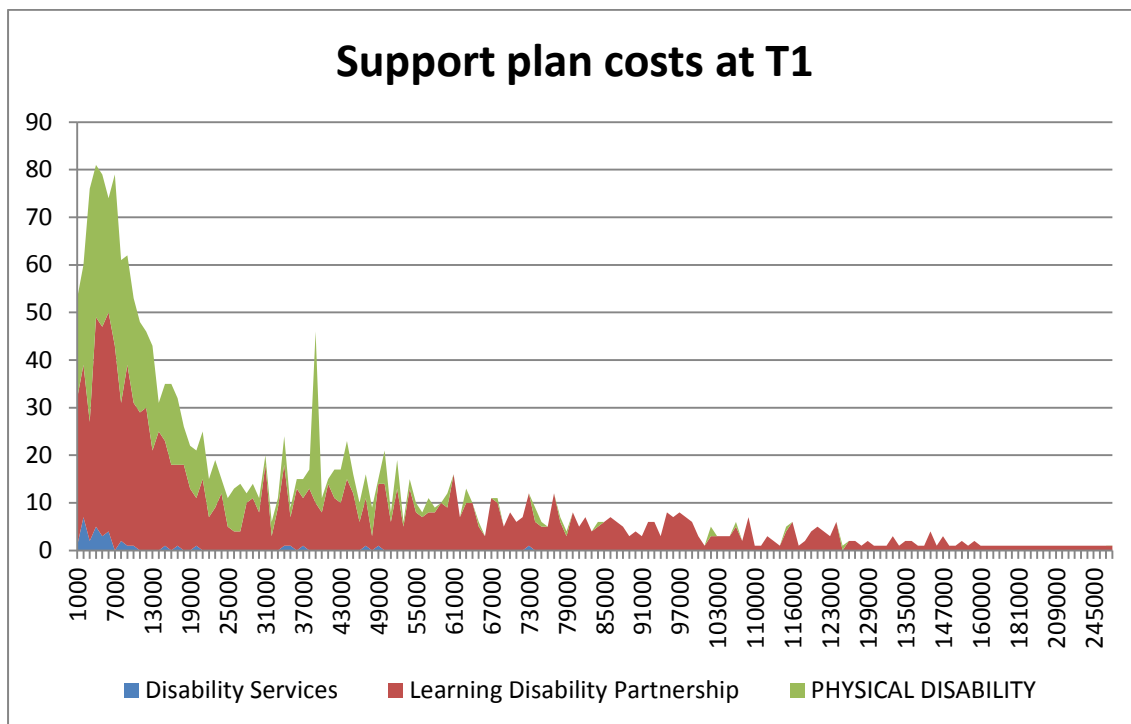
Source:

Disability Services and Physical Disability – 'support plan amount' field (weekly * 52), AFM commitment record, wk 2 2015-16

Learning Disability Partnership – 'Gross cost 2016-17' field, monthly manual commitment record snapshots
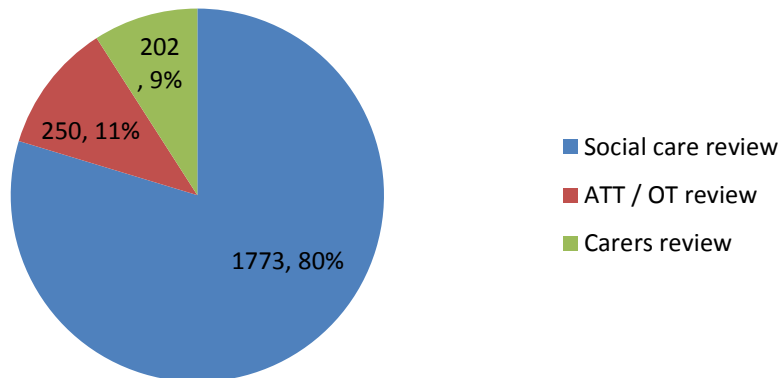
Assessment and review activity 2015-16

Assessment and review activity 2015-16

Assessment types 2015-16

- ASC assessment — 162, 35%
- Carers assessment — 58, 13%
- ATT and OT specialist assessment — 181, 40%
- DOLS assessment — 57, 12%

Review types 2015-16

- Social care review — 1773, 80%
- ATT / OT review — 250, 11%
- Carers review — 202, 9%

Source: AIS, activity data, produced by Management Information Team

Appendix 2 – Defining comparison groups

The flag in the system that has been used to define a 'TL' cohort is the 'TL case note' – a type of case note used by teams to record an action, event, or other involvement on a person's record. 1075 TL case notes were recorded in 2015-16. The following chart shows the number recorded by team:

The number of Transforming Lives case notes recorded 2015-16, by team
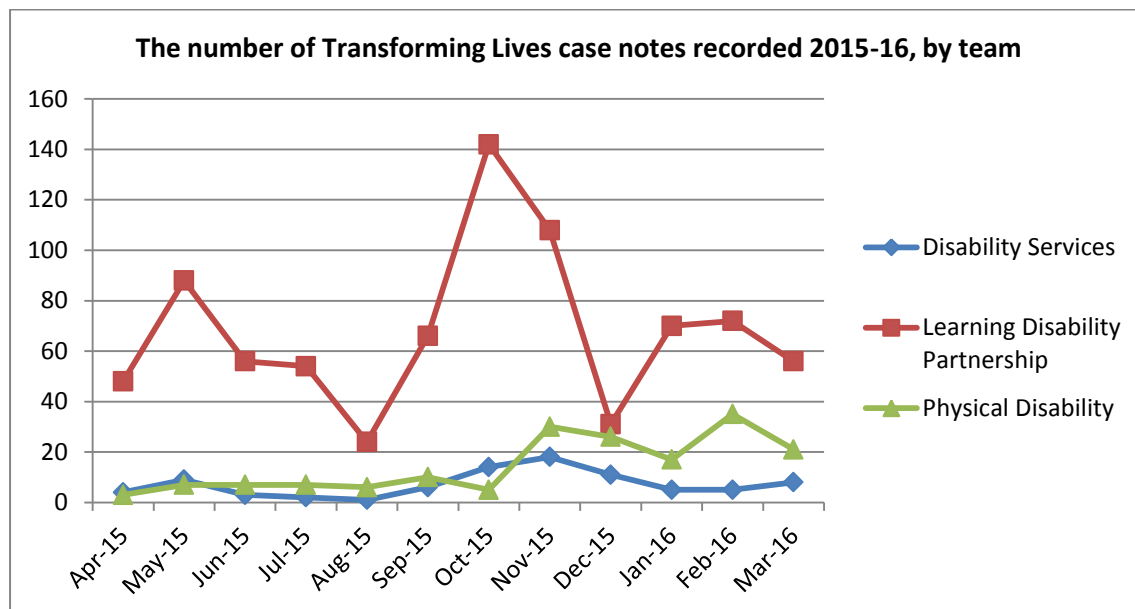
Source: AIS, activity data, produced by Management Information Team

Anyone with a TL case note on their record has been included in the 'TL' cohort. This method may not capture everyone who has been worked with in a Transforming Lives way, as the diagram below shows. If staff have not used the TL case note system but have done TL work, those people will be included in the 'non TL' cohort if they have a cost at T1 and T2. This could skew the analysis.
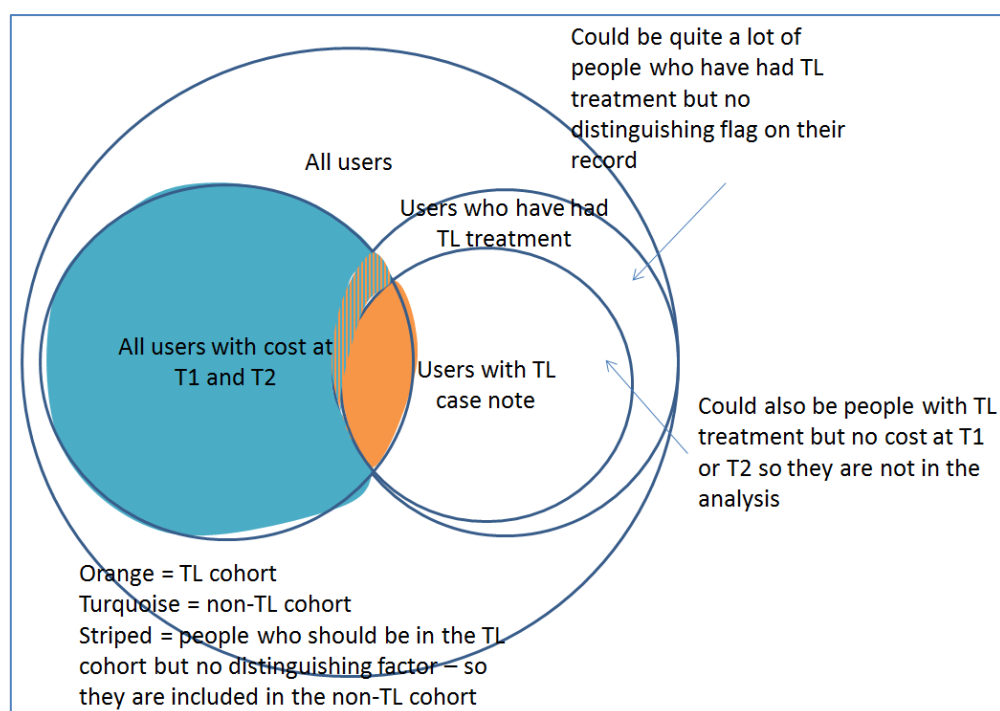
Appendix 3 – Comparisons
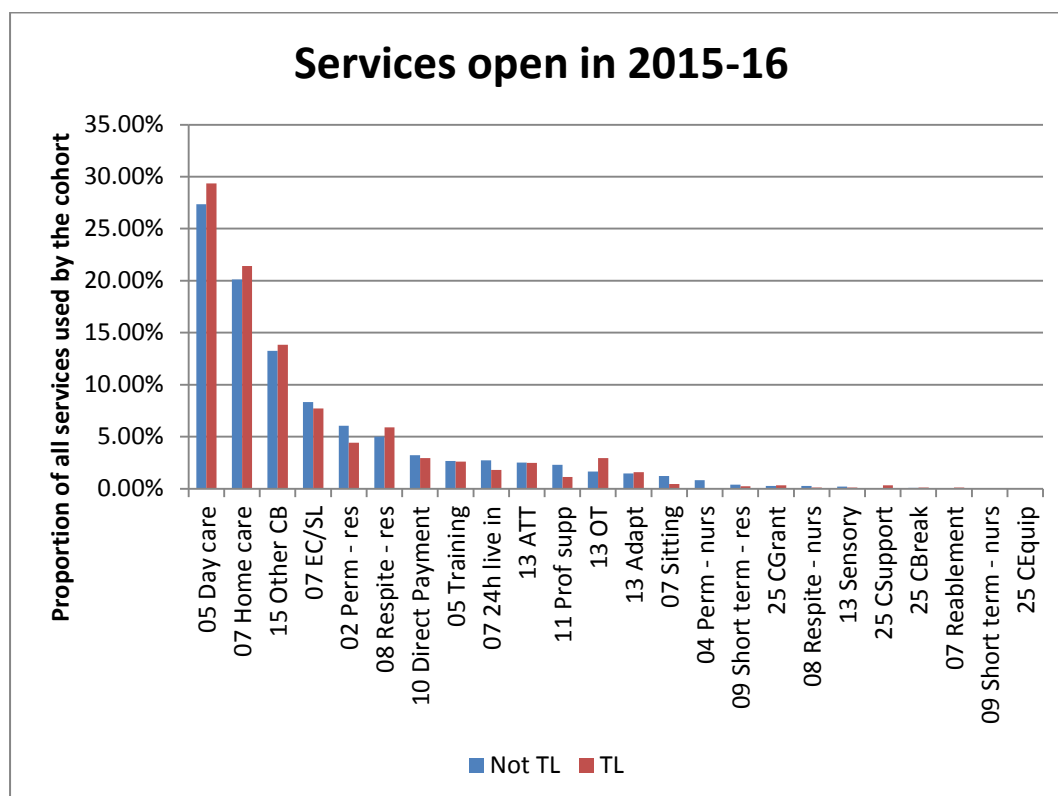
Services open in 2015-16

Source: AIS, Service Profile 2015-16 Interim 1, Management Information Team, Strategy and Commissioning

Disability Services	Not TL	TL
Cost decreased	5	0
No change	15	3
Cost increased	5	4
As percentages		
Cost decreased	20%	0%
No change	60%	43%
Cost increased	20%	57%

Physical Disability	Not TL	TL
Cost decreased	74	9
No change	295	20
Cost increased	140	19
As percentages		
Cost decreased	15%	19%
No change	58%	42%
Cost increased	28%	40%

Learning Disability Partnership	Not TL	TL
Cost decreased	156	55
No change	743	133

Cost increased	176	41
As percentages		
Cost decreased	15%	24%
No change	69%	58%
Cost increased	16%	18%

Source: Disability Services and Physical Disability – 'support plan amount' field, AFM commitment record

Learning Disability Partnership – 'Gross cost 2016-17' field, monthly manual commitment record snapshots

	Count of Name	Sum of T1 cost	Sum of T2 cost	Sum of Difference	% difference to T1 (positive is cost increase)	% of service users in TL cohort
Disability Services	30	422,380	471,039	43,622	11.52%	
AUTISM & ADULT SUPPORT TEAM	25	322,255	362,169	34,878	12.39%	32%
Not TL	19	269,651	299,801	25,114	11.18%	
TL	6	52,603	62,368	9,764	18.56%	
SENSORY SERVICES	4	92,254	100,998	8,744	9.48%	
Not TL	4	92,254	100,998	8,744	9.48%	
SPECIALIST DISABILITY SERVICE	1	7,872	7,872	0	0.00%	
Not TL	1	7,872	7,872	0	0.00%	
Learning Disability Partnership	1303	57,341,362	58,481,293	1,139,931	1.99%	
CAMBRIDGE CITY LD PARTNERSHIP	238	9,259,034	9,119,718	-139,316	-1.50%	32%
Not TL	180	7,092,025	7,051,056	-40,969	-0.58%	
TL	58	2,167,009	2,068,662	-98,348	-4.54%	
EAST CAMBS LD PARTNERSHIP	187	8,488,530	8,713,026	224,496	2.64%	73%
Not TL	108	5,004,264	5,182,284	178,020	3.56%	
TL	79	3,484,266	3,530,742	46,475	1.33%	
FENLAND LD PARTNERSHIP	231	11,221,192	11,321,864	100,672	0.90%	8%
Not TL	214	10,434,366	10,560,477	126,111	1.21%	
TL	17	786,826	761,387	-25,439	-3.23%	
HUNTINGDONSHIRE LD PARTNERSHIP	338	14,516,432	15,134,114	617,682	4.26%	9%
Not TL	310	13,455,954	14,078,678	622,725	4.63%	
TL	28	1,060,479	1,055,436	-5,043	-0.48%	
LDP YOUNG ADULTS	1	23,482	24,770	1,288	5.48%	
Not TL	1	23,482	24,770	1,288	5.48%	
SOUTH CAMBS LD PARTNERSHIP	308	13,832,690	14,167,801	335,111	2.42%	18%
Not TL	261	11,149,745	11,389,554	239,809	2.15%	

	TL	47	2,682,946	2,778,247	95,301	3.55%
PHYSICAL DISABILITY		556	11,176,951	12,195,427	1,018,476	9.11%	
PHYSICAL DISABILITY		556	11,176,951	12,195,427	1,018,476	9.11%	9%
	Not TL	508	10,171,527	11,092,311	920,784	9.05%
	TL	48	1,005,424	1,103,116	97,691	9.72%
Grand Total		**1889**	**68,940,693**	**71,147,758**	**2,202,029**	**3.20%**

The shaded cells highlight a comparison of the change in package of the two cohorts.