

Further developing budget for Adult Social Care.

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1. Purpose This paper has been developed out of discussions by members of the Adult Services Scrutiny Panel of Swansea and is intended to explore further how information about the range and costs of adult social care, and demands for such care, might be better understood and improved. As well as the benefits that should accrue from a deeper and shared understanding of what the Local Authorities seek to provide, at what cost, and with what resources, such information would improve the ability of the adult social care services to argue for further resources either from within their Local Authorities and partner bodies, or from the wider public purse.

2. Background

It is understood that currently Wales has no agreed compendium and descriptors of what comprises adult social care services that local government should fund and / or operate. Further it is understood that there is no agreed set of service definitions or cost allocating formula across Wales that can inform any all Wales analysis of what adult social care is being provided (or not) by each Local Authority, and at what cost. Whilst most Councils have some understanding of residential and domiciliary care for the elderly, residential and day care (and employment) for people with learning disabilities, support services for people suffering mental illness, the equipment and care needs of the young disabled and others, and perhaps the needs of the carers of such individuals, there is often little data about the numbers being looked after, the purpose of such care, and its costs in financial and other terms. Such lack of dynamic detail inhibits an informed and data driven analysis of the benefits of investing in, or dis-investing from, service A as opposed to service B.

3. The proposal

3.1. The proposal is that innovative work described below be done in Wales to build upon recent analyses of activity and cost data in selected adult social services so that, in due course, agreed budgets for many, if not all, elements of adult social care may be determined.

3.2. In this context, a “budget” is defined a financial representation of an agreed input/ process/ outcome, for an agreed period of time. The “currency” employed must aid the management of the service concerned and be easily compiled from existing, (or easily created) financial and statistical data systems.

3.3. The action or activity might be defined in terms of:

- a) inputs, e.g. £x is intended to fund y care hours for z number of people / clients per month / year)
- b) processes, e.g. £x is intended to provide y 20 minute visits to the homes of y clients for z weeks in order to assist with dressing and washing for a month / year,
- c) outcomes e.g. £x is intended to fund interventions aimed at rehabilitating a given number of people per month / year.

3.4. To move forward on this proposal the following work needs to be done.

3.4. 1. A statement of the agreed/ eligible components of adult social care in Wales should be created and signed off by Welsh Government (or Welsh Local Government and its partners). It is likely that such a statement will be based upon:

a) a list of the characteristics of adults likely to need to access adult social care services that are available.

b) the kinds of services which comprise adult social care (as distinct from other services such as housing, employment, health care etc).

c) the different settings in which such care might be delivered.

3.4.2. An example of such a statement is given in Appendix 1 that offers 260 different “ descriptors”. It is proposed professional colleagues and others adapt and refine the example so that it more accurately describes the range of services currently accepted (by Welsh Government, local government, and interested others) as comprising Adult Social care in Wales.

3.4.3. Financial data should be collected about the services that are agreed as those comprising Adult Social care. This might be done in several local authorities (but using a common cost apportionment system) to estimate approximate costs. This would require spending on adult social care to be coded as such and be allocated to the appropriate component from the total components available. Clearly this will require some cost accounting system that can apportion spending across different spending heads; such apportionments will be increase in accuracy as greater understanding is gained about the “best” apportionment of costs – including “overhead costs” - to front line services. It is recognised that this activity will require some skilled cost accountancy resource to design and then refine the necessary coding and data capture systems.

3.4.4. Welsh Local Government, Welsh Government, and other partners such as Universities and Health Boards should be advised about this proposal with a view to seeking their involvement and support in developing this initiative as one with potential for helping the whole of Wales.

4. Next steps

1. If the ideas in this paper have merit, readers should share with others who might be in a position to take them forward.
2. If support for a project, in some form, is forthcoming, Welsh Local Government and / or Welsh Government should oversee the work on this initiative

Appendix 1

An example of possible dimensions that might be combined to create 260 agreed descriptors of what comprises adult social care in Swansea

Dimension 1 : Adult client categories (9)

Young adults (18-50) with learning disabilities
Older adults (51 plus) with learning disabilities
Young adults with physical disabilities
Older adults with physical disabilities
“Vulnerable” adults in need of safeguarding (e.g. refugees, asylum seekers)
Young adults with mental health issues
Older adults with mental health issues
Young single parents
Carers

Dimension 2: List of services / interventions (6)

Emotional and social support / advice
Care equipment and housing adaptations
Personal care
24 hour alarm / remote monitoring services
Carer support, respite care , and advice
Protection and safeguarding services (DOLS, POVA)

Dimension 3: care settings (4)

Client’s “home” (owned or tenanted, or shared with family or friend
LA owned premises whether residential or day care
LA commissioned services via contracts or grants
Services provided by a partner body, including NHS, Prison services, criminal justice system, and approved third sector bodies