All Party Parliamentary Group on Rural Services

3rd July 2018

Rural Services Network and National Centre for Rural Health and Care supported inquiry into the issues surrounding the publication of the Green Paper on Older People (England)

PART 1 – CONTEXT FOR THE INQUIRY

Background

In March 2018 the process set out below was agreed for the development of an APPG review into the issues surrounding the proposed Green Paper on older people's services. This paper reports on progress. It consists principally of a detailed 10-page analysis of the outcomes of a detailed survey of rural upper tier authorities and a brief summation of secondary information by way of context. This second aspect of the report will be updated in the form of a more substantive rapid evidence assessment in due course.

Introduction

During the 2017 General Election campaign, the Conservative Party made a manifesto commitment to introduce a Green Paper on older people and has since said that it will be published before the 2018 Parliamentary summer recess, which is expected to start on 25 July – it was originally due to be published during the summer of 2017.

The Government has said that the proposals in Green Paper will "ensure that the care and support system is sustainable in the long term". During the General Election campaign, the Prime Minister said that the proposals in the Green Paper would include a lifetime "absolute limit" (i.e. cap) on what people pay for social care, and the Conservative Party's manifesto also proposed changes to the means-test. The Health and Social Care Secretary has since confirmed that the Government will implement a cap on lifetime social care charges, according to reports.

Other topics that the Government have said will be included for consultation include integration with health and other services, carers, workforce, and technological developments among others. The Government will also consider domestic and international comparisons as part of the preparation for the Green Paper.

The Minister responsible is the Health and Social Care Secretary, Jeremy Hunt, who in March 2018 set out the seven principles, which will "guide the Government's thinking ahead of the social care green paper". These are:

- quality and safety embedded in service provision
- whole-person, integrated care with the NHS and social care systems operating as one

- the highest possible control given to those receiving support
- a valued workforce
- better practical support for families and carers
- a sustainable funding model for social care supported by a diverse, vibrant and stable market
- greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be

Care for younger adults, which accounts for almost half of all council spending on adult social care and includes the fastest growing element, learning disability, is to be excluded from the green paper. Instead, it will be reviewed by "a parallel programme of work" led jointly by the departments of health and communities and local government.

Rural Services Network (RSN) and National Centre for Rural Health and Care (NCRHC)

The RSN is well known to the APPG as its secretariat. The NCRHC is a new body which has been formed to address the challenges of providing Health and Social Care across Rural Settings in the UK. It is a Community Interest Company with representatives on its board drawn from: The Academic Health Science Network, Local Government, Public Health England, the Rural Services Network and the Voluntary and Community Sector. It has a lead Academic Partner – the University of Lincoln and has received funding from a number of bodies including Health Education England. The organisation has four themes associated with its mission: workforce, technology, data/insight and research. The two organisations have agreed to work together to support the APPG.

Proposed Activities

The main focus of the review will be the seven principles referenced above

It is proposed to provide an evidence base for the APPG drawn from both primary and secondary data.

The secondary data analysis will be based on a Rapid Evidence Assessment of published data. The aim of the review will be to draw together key evidence from academics, policy makers and practitioners. It will involve the collation of a range of journal articles, reports, discussion papers and think pieces from organisations and professionals involved in issues relating to the above themes. It will use a search string approach based on key words pertinent to the subject. It will include exclusion criteria, inclusion criteria and limitation criteria to enable us to hone the search as effectively as possible. A number of data sources will be used: (i) Academic databases and search engines (e.g. Web of Science, Interscience, CABI) – all subscription based (ii) Internet search engines (i.e., Google). (iii) Relevant businesses and consultancies (iv) Relevant professional and technical bodies.

The primary data review will follow the form of a call for evidence distributed amongst all first-tier authorities with a significant rural component. The call for evidence will be distributed to Directors and Portfolio Holders with responsibility for Adult Social Care by the RSN. It will also be distributed to key stakeholders involved in other aspects of rural social care by the NCRHC. The theme of the call will be their views on the how the seven principles referenced for the review manifest themselves in their operational settings.

On 23 March 2018 a Cross Party Grouping of 98 MPs prepared an appeal to the Prime Minister to set up a health and social care parliamentary commission. It identified that a "whole system" review of the issues concerning the provision of social care rather than a narrower focus on adult social care costs. Both data collection approaches will include this issue in their terms of reference.

We will particularly seek views on issues which cause significant rural disadvantage including:

- The range, availability and affordability of housing stock
- Distance/travel times to care
- Technology, e-medicine and access to broadband
- The rural premium in terms of the additional cost of living in rural areas
- Workforce issues in terms of the availability of care staff

We will also seek examples of innovation and good practice including:

- The reduction of rural health inequalities through technology
- Flexible and multi-disciplinary approaches to the provision of support through initiatives such as nurse practitioners and physician associates
- Community pharmacies

We will also have specific regard to profiled population, workforce and health trends in rural areas.

Prevention services are also important, including those provided by upper tier councils under their Public Health duties and those provided by District Councils. Specific regard will also be given to these issues and to their funding.

Finally, we will also consider the manifestation of these issues in the context of the current cost challenges facing local authorities and other providers of adult social care and their longer terms projected impacts.

Report Preparation

A report, will be prepared for consideration, setting out the findings of the above research by APPG members. It will be circulated in advance of the meeting to maximise the opportunities for engagement.

The APPG may chose to hold a hearing inviting witness to give evidence and answer questions from members.

Following the completion of the report the key findings will be prepared for publication and dissemination.

APPG on Rural Services 3 July 2018

PART 2 - Research in relation to forthcoming Adult Service Green Paper – Survey Results

Introduction

The RSN in partnership with the new National Centre for Rural Health and Care commissioned a survey of rural upper tier authorities in RSN membership to ascertain their views and experiences of the issues trailed in the build up to the Green Paper on Adult Social Care. The survey also asked a number of additional contextual questions. The results are set out below.

Respondents

12 responses were received from a good cross section of RSN members. They were:

- Cornwall
- Hampshire
- Herefordshire
- Lincolnshire
- North Yorkshire
- Northumberland
- Nottinghamshire
- Rutland
- Shropshire
- Somerset
- West Sussex
- Worcestershire

Respondents completed the questionnaire in different levels of detail. A summary of the key replies is set out below.

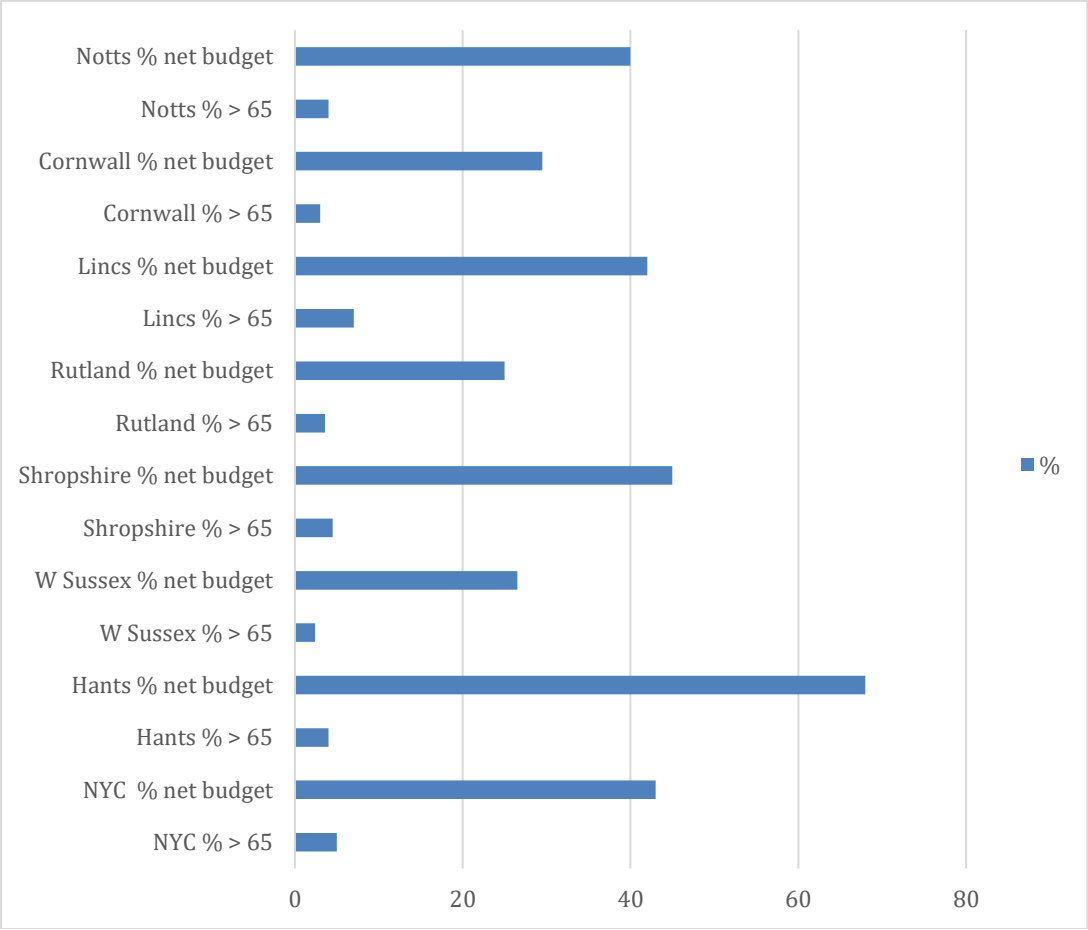
Scale

The scale of adult social care funding as a percentage of all expenditure is interestingly juxtaposed with the proportion of the over 65 funding it represents, in relation to the 8 authorities who answered this question below:

NYC % > 65	5
NYC % net budget	43
Hants % > 65	4
Hants % net budget	68
W Sussex % > 65	2.4
W Sussex % net budget	26.5
Shropshire % > 65	4.5

Shropshire % net budget	45
Rutland % > 65	3.6
Rutland % net budget	25
Lincs % > 65	7
Lincs % net budget	42
Cornwall % > 65	3
Cornwall % net budget	29.5
Notts % > 65	4
Notts % net budget	40%

This is shown in the chart below:



This demonstrates, with some modest variations meriting further analysis (West Sussex, Rutland and Cornwall) that a very significant amount of overall council funds are being spent on a relatively small proportion of the over 65 population of the authorities concerned.

Authorities reported the following increase in spending over the last 5 years:

Cornwall - 16%
Hampshire – 3%
Herefordshire – 2%
Lincolnshire – 13%
North Yorkshire – 5%
Nottinghamshire 1.5%
Rutland – 1%
Shropshire – 45%
Somerset -5%
West Sussex – 11%

Whilst there is very wide variation in these results which merits further analysis, against a background of significantly reducing budgets spending in all relevant respondents has increased and in a number of cases significantly.

7 Principles

The authorities identified their response to the deliverability and challenges of the 7 principles identified for the Green Paper as follows:

Quality and Safety Embedded in Service Provision

A lack of transport options and the distance between individuals needing care in rural settings were highlighted as the main challenges in this context. Other major order risk factors were cited as: a lack of workforce choices and limited funds to underpin the cost of an increasingly expensive service. There was a recognition in a number of authorities that they needed to meet a rural premium cost in terms of attracting a quality workforce. Supporting sustainability and choice were referenced as key challenges exacerbated by rurality. The challenge of facilitating good quality provision for self-funders was acknowledged as a general principle first and then as an issue exacerbated by rurality. Contractual approaches to setting quality and safety standards and quality assurance approaches were cited as factors underpinning quality and safety.

Whole Person Integrated Care with the NHS and Social Care Systems Operating as One

There were some examples of progress but broad unanimity that this was not in place in any of the areas we received feedback from. The complexity of the organizational framework for supporting people was cited as being exacerbated by the physical sparsity of counties such as North Yorkshire and Lincolnshire. Poor broadband was referenced as a rural challenge in using IT “connectivities” to their maximum in addressing the challenge of greater integration. Integration in a rural area was identified as being hardest for those with the most complex needs due to the dispersion of specialist providers of services. The difference in terms of funding constraints on each sector was referenced with a view from some areas that the lack of a need for a balanced budget within the NHS side

of the equation led to an unbalanced set of expectations amongst providers in terms of the affordability of care.

The Highest Possible Control Given to Those Receiving Support

The personalization agenda and the provision of direct payments were referenced as a core element of this. A lack of local options in terms of the use of personal budgets was referenced as a challenge in rural settings. Some areas also identified a non-rural specific lack of enthusiasm amongst some individuals to take on the responsibility of personal budgets. The principle of taking a person centred approach to planning provision was referenced along with the caveat that in rural settings limited provision and choice made this more difficult. The scope to increase personal support by developing volunteer based services in rural settings was identified. Managing increasing expectations of choice and opportunity for clients was referenced as being more challenging because of the limits on what is available in rural areas.

A Valued Workforce

The environment within which the workforce operate was cited as a common challenge, particularly in respect of the housing options available to low paid workers in rural settings. The role of good quality and well adapted housing for older people were cited as factors which ameliorated the pressure on care workers in relation to the intensity of personal support required by clients. The need to provide wage enhancements particularly in relation to retaining a stable workforce was referenced as a key challenge in rural settings. Working on a third party basis with the intermediary organisations providing carers was identified as a challenge. Setting minimum expectations, particularly in terms of workforce training and development was referenced as a key challenge. An ongoing lack of recognition of the value of adult social care as a profession was identified as a problem.

Better Practical Support for Families and Carers

All respondents recognized the very important role this had to play. A number of respondents cited examples of facilitated and manage networks for families and carers. In a number of cases IT approaches were being used to seek to overcome the challenges of sparsity. The development of flourishing communities in rural settings through indirect investment (i.e. in activities which weren't directly care related) was cited as an activity likely to underpin a better environment for families and carers to operate in. The provision of respite care in rural settings was referenced as a key challenge for families and carers in rural settings. The importance of providing good quality information services to promote resilience amongst rural carers was identified as an area of good practice. Profiling potential developments amongst those with the greatest likelihood of need to support preventive strategies and tailor the support available to individuals were cited as examples of good practice. This was referenced by one respondent as being about "pre-eligibility" awareness.

A Sustainable Funding Model for Social Care Supported by a Diverse, Vibrant and Stable Market

All respondents identified this as an aspiration rather than a reality. The use of preventive funding strategies to reduce the scale and growth of the level of adult care need was referenced as a general point applying in both urban and rural settings. A lack of providers, a lack of suitable housing, exacerbated by a complex operational framework, with significant distances between agencies and poor IT connectivity were all cited as severe challenges in rural settings. Identifying local and "place" specific contracting approaches to the challenge of providing services in rural settings were identified as key factors in seeking to address the problems arising from rurality.

Greater Security for All

Managing expectations about what is practical in terms of budgets, particularly in view of the additional costs of providing services in rural settings was cited as a key element of addressing this principle. The burgeoning costs of supporting people with disabilities was identified as a challenge which was as severe and as exacerbated by rurality as adult social care. The patchy operation of the direct payment system was identified as an area requiring further attention. The development of a two-tier system in terms of the quality and range of residential care choices was identified as being more starkly split between local authority and self funded clients in some rural areas. This was put down to the limited range of residential care options in some rural settings. The development of micro-providers of care (based on examples of the work of organisations such as "Community Catalysts" in Somerset) was referenced as a key innovation making care more local and more affordable in some rural areas. The challenge of predicting and therefore planning for the likely demands of older residents was identified as a general point, which is exacerbated by sparsity. The factors which made this more of a challenge in rural areas were cited as: limited choice of providers, greater distances between clients, poor IT provision in some rural areas and in many cases a lack of co-terminosity in terms of geography amongst the agencies concerned. Overall there was a strong degree of pessimism about being able to deliver this aspiration under current funding conditions.

Key Rural Challenges

Housing - The range of the housing stock was cited as a challenge by most respondents, with a view that the lack of suitable and affordable housing was definitely more acute in the most rural settings. The importance of the provision of extra-care housing as a solution in part to this challenge was referenced by a number of respondents. The desirability of increasing the amount of extra-care housing available in rural areas was identified as an important challenge.

Distance/Travel Times to Care – Seasonal issues in terms of travel to care – particularly accessibility challenges in the winter were cited alongside the broader acknowledgement that this was a real challenge in rural areas. Providing a very local contracting infrastructure was identified as one (but not

easy to achieve) solution to this problem. IT connectivity was seen to be compromised in many rural areas, which limited the applicability of "e-solutions" to this challenge. This was cited as a major factor deterring many people from seeking to work in the adult care sector. The challenges this puts on the availability of home care were cited as a major factor in delayed hospital discharges.

Technology, e-medicine and access to broadband – There was a strong consensus that the opportunities offered by technology had not been fully recognized in rural settings. Mobile and broadband connectivity were both cited as being real challenges in rural settings in the provision of adult social care. Technology was cited as a key factor in enabling vulnerable old people to remain independent in their own homes. This is particularly effective in relation to dementia. Local GPs as the starting point for technology solutions were identified as a key element of this agenda. The shrinking number of rural GPs is a challenge in this context. Technological innovations in being able to complete assessments in client's homes were cited as an important opportunity.

The Rural Premium – most respondents identified that they did provide an enhanced level of funding to take account of the additional costs of providing services in rural areas. None of the respondents saw this as an issue outside of a relatively narrow focus on additional travel times. This is interesting as issues such as a more limited workforce, a low level of good housing options for the elderly and the bigger challenges of multi-agency working are all additional cost factors in rural areas.

Workforce Issues in Terms of Staff Availability – retaining as well as recruiting staff was identified as a key issue. The challenge of coordinating staff training in rural settings was identified as a key factor. Replacement demand, i.e. finding new recruits to replace the care workers due to retire over the next 5 years was identified as a major issue, particularly in rural settings where the pool of young people is smaller and where care is often not seen as an attractive profession. The projected rise in the number of older people in many rural areas was identified as a major factor, which could make this challenge worse.

Relative Challenges

Authorities were asked to rate the relative scale of the following challenges/opportunities and their comments are summarized in the table below:

	SEVERE	SIGNIFICANT	MODERATE	INSIGNIFICANT	TOTAL
The range, availability and affordability of housing stock	0.00% 0	75.00% 6	25.00% 2	0.00% 0	8

	SEVERE	SIGNIFICANT	MODERATE	INSIGNIFICANT	TOTAL
Distance/travel times to care	37.50% 3	62.50% 5	0.00% 0	0.00% 0	8
Technology, e-medicine and access to broadband	0.00% 0	75.00% 6	25.00% 2	0.00% 0	8
The rural premium in terms of the additional cost of living in rural areas	12.50% 1	62.50% 5	25.00% 2	0.00% 0	8
Workforce issues in terms of the availability of care staff	62.50% 5	25.00% 2	12.50% 1	0.00% 0	8

The vast majority of respondents found all four challenges severe or significant. 6 of the 8 felt that technology offered a significant opportunity to enhance their service offer.

Innovation and Good Practice

Technology – the following examples were identified by some of the respondents:

Lincolnshire – investment in mobile working for social care assessment staff. Investment in remote access to GP/Medical support for care homes.

West Sussex - tele support for carers. Risk stratification tool (Docobo) which reduces the need for customers and their carers having to travel for support.

Rutland – GP video consultations. Self care toolkit – helping people to manage their own care more effectively.

Nottinghamshire – Florence Telehealth – which enables people to monitor their own conditions and liaise with clinicians.

Flexible and Multi-Disciplinary Approaches – the following examples were identified:

West Sussex – development of a multi-agency approach to supporting hospital bed discharge called “home first”.

North Yorkshire – an extra care facility in Bainbridge, which provides services to the local community in addition to residents.

Lincolnshire – multi-disciplinary neighbourhood teams – facilitating a person-centred approach to prevention and enabling more effective hospital discharges.

Cornwall – the use of health and social care data to enable a predictive analysis of the likelihood of frailty.

Somerset – Village Agents (older person befriending and support) – provide care support and navigations for vulnerable older people.

Other Examples of Innovation – the following examples were identified:

Rutland – preventive model of support for “pre-eligible” adults.

Hampshire – Connect to Support – directory of support and assistance for clients online.

Shropshire – Modular housing pilot to address the challenges of living in inappropriate housing for vulnerable older people. Use of “off the shelf” technology – e.g. “Alexa” to support people living in their homes for longer.

Lincolnshire – HomeFirst – an initiative to develop shared objectives across council and NHS providers to prioritizing home based care.

West Sussex – Shared Lives provides an opportunity for individuals to receive care in a more local setting rather than relocating to a residential care placement if they live within a more isolated rural area.

Costs

Predictions of Future Cost Increases – the impact of the living wage was identified as a key cost driver. Increasing life expectancy, with relatively higher proportions of older people in rural areas was identified as a cost risk particularly when these individuals become frail. The impact of growing costs to support people with disabilities was cited as a major challenge impacting on the availability of adult social care funding. There were major concerns that increasing costs were running alongside an ongoing decline in the overall amount of funding available to respondents. Increasing levels of dementia demands on budgets were cited by some respondents.

Resources to Meet Additional Costs – most authorities identified that they did not have the scope to meet the additional costs, which they anticipated over the next five years. There was an acknowledgment that investment in preventive strategies was part of the solution. A number of respondents

identified that other council services would have to be reduced on an ongoing basis to support these rising costs.

The Comparable of Children's Services – The cost of children's services was universally recognized as a challenge and something which should be considered alongside the adult social care agenda. One evocative and representative quote from a respondent is as follows:

"2017/18 saw significant cost pressures arising in children's safeguarding as a result of increased placement costs and agency expenditure and also in areas of Learning and Skills in particular, where Government funding has been reduced. These pressures are expected to be ongoing."

Summary/Overview

This survey reveals a number of rural specific issues, which arise in relation to the issues trailed in relation to the anticipated Green Paper. They are as follows:

The rural authorities that responded have a high proportion of their population as over 65 residents.

Dispersed population patterns lead to higher service provision costs in terms travel to care distances and reduce the contact time that can be allocated to clients. This can be exacerbated by seasonal weather fluctuations.

In many rural areas there are very few providers of social care to choose from due to the relatively high cost of providing services and the small number of clients.

Clients with complex support needs in rural areas are harder to support because of the distance between the agencies involved in providing care.

The overall demography of rural areas means there is a smaller stock of workers to support those needing adult social care.

Low wages and high housing costs make it difficult to recruit and retain care workers in rural areas.

The high level of replacement demand, linked to a higher proportion of care workers retiring compared to new ones entering the profession is a significant challenge in rural areas.

All the authorities responding have a high proportion of their net budgets allocated to supporting a very small proportion of their overall population. This is an issue, which is common to both rural and urban authorities.

Poor broadband and mobile connectivity limit the scope to deploy technological innovations to support people in their own homes for longer. They also limit the potential to deliver cost efficiencies in the management of health conditions by

both older people and their support workers accessing/providing services remotely.

Notwithstanding the practical challenges facing rural areas in terms of connectivity there is a strong consensus that technological solutions provide real, but largely unfilled potential to improve outcomes for adult social care clients.

Carers in remote settings find it more difficult and expensive to network and support each other in rural settings.

Direct payments have the potential to help stimulate very local enterprises providing care, but are not effectively rolled out, the people eligible for them are often not well supported in their use. In cases where vouchers are used rather than direct financial payments innovation and choice is further limited due to the limitations placed on the use of the vouchers.

The housing stock in rural areas often fails to match the needs of the vulnerable older population. There is an acknowledgement of the need for but a lack of adequate provision of extra care housing in many rural settings. The lack of a suitable housing stock puts pressure on smaller rural care homes and leads to the danger of a two-tier system in terms of care choices between local authority and self-funded clients.

The declining number of rural GPs has a knock on effective in terms of support for vulnerable older people in rural settings and where they have a key role in preventive strategies limits their potential impact.

Whilst preventive strategies based on mutli-agency working and early intervention offer the potential to reduce rising costs they are more difficult to deliver in rural areas. This is because of the wide distribution of clients and the greater distances, which agencies seeking to work collectively have to overcome in pursuit of integrated care approaches.

There is a strong feeling amongst respondents that the challenge of supporting people is getting worse. Very few have a long-term plan for overcoming the scale of challenge they face under the current system of providing adult social care. There is a wide acknowledgement that not only does the funding regime for providing adult social care need to change but so do attitudes about what is expected.

Respite care is more difficult to provide in rural settings due to sparsity in terms of the number of eligible clients within manageable geographical bounds.

There is a very acute cost linked to providing support for younger and disabled local authority clients, which is equally as severe as the pressures put on local authority finances by adult social care. Taken together adult social care and these costs are rapidly eroding the financial viability of many local authorities.

APPG on Rural Services 3 July 2018

PART 3 - Research in relation to forthcoming Adult Service Green Paper – Broader Context

Introduction

Upper tier local authorities are responsible for the provision of adult social care. They spend a high proportion of their net budget on providing that care for a very small proportion of their population. The recent figures published by the County Council network give a stark overview of the situation.

- Adult Social Care represents 45% of all county council expenditure 2018/19 excluding education
- County Councils anticipate a £950 million funding gap by 2021in terms of the cost of providing adult social care
- County Councils are home to 55% of the country's over 65s so have a disproportionately higher level of demand than urban areas.

In most first-tier authority areas the adult social care budget supports less than 10% of over 65s.

Looking at adult social care across the whole of England the Local Government Association has reported that an additional £1.3 billion is required immediately to stabilise the social care provider market and that adult social care services will face a funding gap of £1 billion by 2019/20.

RSN Research 2017/18

A Rural England C I C research project looking at challenges facing older people in rural areas highlighted the following issues:

Demographics and Demand

People are living longer but increases in life expectancy are not matched by increases in disability free life expectancy so there is an increasing care need. Rural areas, on average, have a higher percentage of their populations in the older age brackets. Also, those age groups are set to increase disproportionately.

Aged over 85 population as a proportion of total population (all ages)

	2015	2035
Predominantly Rural	3.0%	6.3%
Predominantly Urban	2.1%	3.7%
England	2.4%	4.5%

In predominantly rural areas there is a projected 132% increase in the number of 85+ between 2015 and 2035; the comparable figure for predominantly urban is 102% increase in numbers in the same age category.

The ageing population presents a number of care challenges. For example:

In terms of the incidence of dementia where there is a lower dementia diagnosis rate for people aged 65+ at 63.4% in Predominantly Rural (PR) and 70.8% in Predominantly Urban (PU) areas.

In terms of decreasing numbers of people in receipt of supported social care leading to increasing unmet need amongst the elderly.

In terms of the challenges of a greater reliance on family support which is increasingly unrealistic. Family sizes are smaller so there are fewer potential next generation carers. Geographical mobility means even if there is family they may be a long way away from the individual requiring support.

In terms of demography where many of these issues are more acute in rural areas as young people move away for education/ work and pensioners retire to rural settings.

Home Care Service provision in rural areas

In rural areas lower density impedes economies of scale for care providers and commissioners. Many rural areas suffer from a “penalty of distance” involving: travel costs; unproductive time; and opportunity costs arising from both factors.

Issues Facing Rural Local Authorities

There is only limited scope for shaping the care market- the private sector will only provide service where it makes a profit.

Many external provider businesses are small and localised. Remoter rural clients are the most difficult to serve and often at a premium cost.

The handing back of contracts by social care providers is believed to be widespread especially in rural areas.

Unit costs for externally provided home care in 2016/17 were £16.43 per hour in predominantly rural local authority areas compared to £14.81 in predominantly urban areas with rural costs £1.62 per hour or 10.94% more expensive than urban areas on average.

Problems also manifest themselves in delayed transfers of care. Comparison figures for 2015/16 and 2016/17 in delayed transfer of care (Average number of acute and non-acute delayed transfers of care (18+) per day) per 100,000 population (attributable to Social Care and to both social care and NHS) are set out below:

	2015/16	2016/17
Predominantly Rural	6.1	8.4
Predominantly Urban	4.1	5.5

The NHS data from which the above figures were calculated was not collected in 2017/18. However, a different NHS data set shows that during 2017/18 there has been a very significant reduction in the number of days of delayed transfer of care (DToC) due solely to Social Care. A comparison of April 2017 and March 2018 figures indicates a reduction of some 32% across England as a whole. Preliminary analysis suggests that predominantly rural local authorities achieved, on average, somewhat greater percentage reductions than did predominantly urban authorities. Nonetheless, the rural rates of DToC per head of population remain significantly higher than urban.

Issues Facing Commercial Care -Provider Businesses

In rural areas providers are mostly small and often localised. These providers face difficulties in competing with other employment sectors in both recruitment and retention. In rural settings providers face increased costs associated with travel to rural clients particularly where there is a lack of clustering and clients have complex needs.

Issues Facing Carer Workers

Care workers have low status and limited opportunities to upskill/progress in terms of a career. They have low pay. They face opportunity costs associated with travel. Many have zero hours contracts with little security.

Issues Facing Those in Need of Care

Many people in need of care are often unprepared for the need to pay for their care, which may arise suddenly and unexpectedly. Individuals often face higher costs in rural areas for both local authority supported and private clients. Many of those who pay privately, pay a premium compared to local authority rates. Accessibility to health care and to advice is a challenge for many individuals in rural areas.

Other Issues

The number of hospital beds has halved in 3 decades. The UK is now the 4th lowest of 22 European countries in this context. Clients face real problems with the rural housing stock in terms of the physical suitability and availability of supported homes. This has knock-on issues for the third sector as well as local authorities and the NHS, which are all put under severe pressure in seeking to provide services for this client group.