Rural Services APPG

All-Party Parliamentary Group on Rural Services
11TH SEPTEMBER 2018 at 4.00 pm
Meeting Room R, Portcullis House

INQUIRY INTO THE FUNDING OF ADULT SOCIAL CARE IN THE RURAL CONTEXT – 2ND HEARING

The Purpose of the Meeting was the second discussion on matters relating to the funding of Adult Social Care (ASC) in the rural context. The APPG had decided to conduct an Inquiry into this matter in the light of a proposed Government Green Paper on the subject across both urban and rural areas.

1.0.   IN ATTENDANCE

MPs

Philip Dunne, MP - Chair
Alan Mak, MP

THE MEETING WAS NOT QUORATE

Parliamentary Assistants to/ from the Offices of MPs

Josh Boughton (to Philip Dunne MP)
Arthur Virgo (Philip Dunne's Office)
Jonny Haseldine (to Anne Marie Morris MP)
Holly Bragg (to Ruth George MP)
Andrew Smyth (to George Eustice MP)
Jack Davies (to Rebecca Pow)
2 people from Jo Churchill's Office

Secretariat

Graham Biggs, MBE

Others

Tim Goodship - Defra Rural Policy Team

Speakers

Sian Lockwood OBE - Community Catalysts
Cllr Liz Fairhurst - Exec Member of Adult Social Health & Care – Hampshire County Council
Mark Allen – Head of Strategic Commissioning & Lead for TECS Adults Health & Care – Hampshire County Council

2.0 APOLOGIES FOR ABSENCE

Rebecca Pow MP – Co Chair
Anne-Marie Morris MP
Dr David Drew MP
Scott Mann MP
Tim Farron MP
Julian Sturdy MP
Rt Hon Geoffrey Cox MP
Ruth George MP
Lord Cameron of Dillington
Bishop Alan (St Albans)
Baroness Byford
Martin Gorringe (Defra)
Paul Blacklock (Calor/Rural England CIC)
Ivan Annibal (Secretariat – National Centre for Rural Health and Care)

3.0 MINUTES

The Minutes of the Meeting held on 3rd July, 2018 had been circulated and were noted.

4.0 PROPSED GOVERNMENT GREEN PAPER ON FUNDING ADULT SOCIAL CARE

The Chair reported that it was now clear that the proposed Green Paper would not be published until after the budget and therefore more time was available for the APPG's Inquiry.

5.0 PRESENTATION FROM SIAN LOCKWOOD OBE – COMMUNITY CATALYSTS: SUPPORTING THE DEVELOPMENT OF RURAL COMMUNITY CARE ENTERPRISE – A CASE STUDY

The Chair welcomed Sian Lockwood to the meeting.

A copy of the slides prepared by Sian is attached to these minutes (Attachment 1)

Some of the key points from the presentation and questions were-

- 2- year initial funding support from Somerset County Council.
- 3rd year funded by the Local Government Association, St Margaret's Hospice and the Fieldhouse Trust. 4th year funded again by Somerset County Council.
- 58% of clients supported are from higher need category. 42% from lower needs/prevention categories
- The principle was one of community led care and Support by local people for local people, with the community enterprises forming network groups working with local authorities, GPs etc.
- Community Catalysts works across the UK and has helped 5000 community enterprises across England and Scotland benefitting 15000 people

- Community Catalysts role was to assist local people to set up local community enterprises as care and support organisations with them being available as a point of central expertise to assist small organisations to set up legal, high-quality and sustainable organisations
- 56% of clients of the networks used personal benefits providing direct savings to the councils of more than £500,000 p.a. The costs to the client was £10 - £12 an hour compared to circa £23 an hour from commercial organisations.
- Community Enterprises work with Commissioning Bodies to provide tailored care to meet individual needs whilst also meeting the needs of the providers
- The "legacy framework" is to support the Community Enterprises into local networks for mutual aid and support.
- The Health & Social Care world is technical regarding regulations and Community Catalysts has experience and knowledge useful to people wanting to set up a care or health enterprise. At any one-time Community Catalysts has 12-15 projects round country. Central core of Community Catalysts is 6 people.
- Evaluation Impact Assessments are underway from Birmingham University (looking at the business case for Supporting Community Enterprise) and a study by the New Economic Foundation looking at local economic impact.
- Now starting to work in Dorset, Shropshire, Norfolk, Leeds and Birmingham with the involvement of a Technology Partner in Dorset and Shropshire
- The specific rural dimension was to offer choice where none existed – meeting previously unmet need and the provision of a more flexible and responsive service (for both clients and providers) than traditional offerings.
- Scaling – Locally scale through many different organisations, each supporting a small number of people. More resilient if many organisations working in same way so others can step in where one leaves. Nationally scale as Community Catalysts is capacity building
- Community enterprise initiatives often result of an individuals' energy and passion. How to make endure? each enterprise is run by an individual. but where there is a community response the enterprises have been sustainable. A different approach to thinking about sustainability - networks. They give a loudspeaker of sorts to local opinion.

The Chair thanked Sian for her excellent and inspiring presentation.

6.0 PRESENTATION FROM HAMPSHIRE COUNTY COUNCIL: EVIDENCE OF THE BENEFICIAL IMPACT OF TECHNOLOGY ON SOCIAL CARE

The Chair welcomed Councillor Liz Fairhurst – Executive Member Adults Health & Care and Mark Allen – Head of Strategic Commissioning & lead for TECS Adults Health and Care from Hampshire County Council.

A copy of the two sets of slides prepared by Hampshire is attached to these minutes. (Attachment 2 and 3).

Alan Mak MP for Havant in Hampshire said that in his view Hampshire was very innovative. He was interested in the use of Technology across health to improve care. He referred to a publication he had written (with a foreword by the Rt Hon Jeremy Hunt MP) entitled "Powerful Patients, Paperless Systems: how new technology can renew the NHS"

Councillor Fairhurst opened the presentation. She said that Argenti were Hampshire's technical partner and the contract had been constructed in such a way that other local authorities, NHS and other public organisations were able to purchase off the contract. A lot of the applications of technology had been developed through working with Housing Associations, District Councils (from Supporting People) and was often Alarm based.

Mark Allen then went through the next part of the presentation. Some of the key points from the presentation and questions were-

- Care needs more expensive in rural areas. The way Hampshire works is a way of ensuring money goes further.
- Technology gets around some of the barriers to services being delivered like actually being there and the distance barriers.
- It is important from the very beginning define outcomes which included changing behaviours.
- Small charges for Tec services often cost quite a lot to manage and collect and can be a deterrent to take up.
- It should not be innovation for innovations sake.
- Performance must be monitored against the outcomes being sought.
- Hampshire's TEC programme predominantly delivers services to people who have assessed care needs. However, 50% of those receiving a service have TEC only, with no other need for other social care services.
- In more densely populated areas there is more use of technology.
- Hampshire/Argenti use AMAZON technology to enhance people's lives in their own homes, specifically, the LGA funded Amazon Echo pilot.
- A lot of the systems work through telephone systems (rather than broadband). When all telephony goes to IP voice over then broadband will become more critical. Narrow band can transmit "alerts" even if conversations cannot be supported. Hampshire are looking at how they can use this technology effectively in a social care setting.
- The possible application of technology is reflected in decisions regarding discharge from hospital. Social Workers assess needs and then pass to colleagues to see where technology could help.
- The "Isolation Project" had made such a beneficial impact on people's lives that it had been mainstreamed in Hampshire despite the project/project funding having ended. Councillor Fairhurst then concluded the presentation by referring to the "Isolation Project". Some of the key points were-
  - At the beginning money was a driver but the project does make a real difference.
  - Hampshire were now looking at a similar project in respect of Children's Services.
  - Local Authorities could purchase from Hampshire without going through a Procurement Process.
  - 700 users in Hampshire could borrow technology devices like tablets. Volunteers helped them work devices - their goal was to learn what the user wanted to use the device for. Laptop too complicated. Breezy has e.g. large buttons to make it easier.

- Services under the scheme were available to "self-funders" but were free of charge if delivered in response to assessed care needs.
- Hampshire were always looking at new areas of activity. Including exoskeleton devices to help lifting. Or to help carers to work longer.

The Chair thanked Councillor Fairhurst and Mark Allen for their extensive and very informative presentations.

7.0 WORK IN DEFRA

The Chair invited Tim Goodship of DEFRA's Rural Policy Team to say a few words on related work within DEFRA.

Tim said that DEFRA's Rural Policy Team consisted of some 25 posts – including 4 statisticians.

In respect of Adult Social Care they were looking at the implications of an ageing society in the rural context for the Industrial Strategy and to help inform the Department of Health and Social Care in respect of the proposed Funding of Adult Social Care Green Paper.

8.0 PROGRESS ON ISSUES FROM THE LAST MEETING

➢ The Joint Secretariat had agreed to seek to gather further data and evidence, including contacting the county trade associations in each county, particularly in the 12 rural areas where responses to the evidence call were received to find out about rural staff costs (and how these compare to costs in urban settings) and any cost challenges in rural areas. **THIS WAS ONGOING**

➢ The 12 Local Authorities responding to the evidence call be asked to confirm their increase in spending on social care.**TO DATE - 4 DETAILED FOLLOW UP DISCUSSIONS HAD TAKEN PLACE. A SUMMARY OF THOSE DISCUSSIONS IS ATTACHED TO THESE MINUTES** (Attachment 4)

➢ The Chairs of the APPG ask the House of Commons Library for data on ageing population projections by each Local Authority area, including the 12 areas that submitted information to the evidence call. **SPREADSHEET ATTACHED TO THESE MINUTES** (Attachment 5)

➢ Recently published "Local Area Performance Metrics" showed that delayed discharges from hospital per 100,000 of the 18+ population were 15.4 in Predominantly Rural Areas compared to 10.9 in Predominantly Urban areas

9.0 NEXT STEPS

The Chair and Secretariat agreed to meet and agree the next steps.