

Issues facing Providers of Social Care at Home to Older Residents in Rural England

- The Key Messages



Rural England's research (which includes case studies of North Yorkshire, Shropshire and Cornwall) shows that rural areas are facing some specific, or particularly acute, challenges related to demographics, service provision and costs.

Demographics

Older people make up a significantly higher percentage of the total population in rural areas. In some rural counties over 20% of the population is already aged over 65 years. The percentage of the population aged over 85, the group most likely to need care, is also markedly higher in rural areas than in urban (3% in predominantly rural areas compared to 2% in predominantly urban). Projections suggest that, nationally, the number of people aged over 85 will more than double between 2014 and 2034 compared to an increase of just under 14% for the population as a whole over the same time period.

"It has long been the case that increases in life expectancy have outpaced improvements in disability free life expectancy, however the gap is now growing faster..... As a result, more of us are spending more time in later life with multiple long-term conditions, frailty, dementia and social care needs." (Age UK,2017³)

The sparsity challenges

From an economic perspective, research carried out for Defra⁵ identified ‘two key challenges’ for rural service delivery:

1. Lower population density impeding economies of scale resulting in higher per unit costs for service delivery.
2. The penalty of distance. The distance from providers to rural service users involves higher travel costs, opportunity costs and unproductive time for staff.

The same report observed that those challenges are compounded by the acute pressure on Local Authorities to achieve cost savings and “the perception by service providers that government funding models are not sensitive to rural services.”

The ‘two key challenges’ were very evident in our case studies.

- In all three areas many of the care provider businesses are small scale
- Two local authorities specifically referred to weak local markets for home care
- Higher travel costs
- Unproductive travel time
- Mismatch between staff locations and those of clients
- Difficulties presented by the lack of clustering of clients.

Rural councils, on average, pay significantly more per hour for externally provided home care than do urban councils. In 2015/16 predominantly rural councils averaged £15.61, some 13% higher than predominantly urban Councils (£13.78)⁶. Service providers and commissioners reported particular cost issues in serving clients in deeply rural locations and this seems to be reflected in the problems two of the Councils experience in the handing back of contracts.

Delayed Transfers of care from hospital (DToC), described by the Kings Fund as being “the most visible manifestation of pressures on health and social care budgets”, is notably higher in rural areas than urban ones. Although it is difficult to assess how far hospital discharge practices may influence the figure, statistics for 2016/17⁸ indicate that predominantly rural areas experienced some 28% more monthly average days of DToC per 100,000 adults than the national average.

There is evidence too of some rural councils facing difficulties in carrying out timely assessments of need.

The financial context is also extremely challenging. Age UK³ calculate that “by 2020/21 public spending for older people’s social care would need to increase by a minimum of £1.65 billion to £9.99 billion in order to manage the impact of demographic and unit cost pressure alone.” It also notes that Local Authorities face additional pressures on their Care budgets arising from Implementation of the Care Act, National Living Wage and the costs of new requirements for care services.

Recruitment and retention issues

In all three areas we looked at businesses providing domiciliary social care and reported issues relating to recruitment and/or retention. Contributory factors were frequently thought to include:

- A small pool of potential employees locally
- Dislike of zero hours contracts
- Low pay
- No career/ upskilling opportunities
- Increasingly complex needs of clients
- Competition from other employment sectors
- A mismatch between the locations of carers and those of rural clients

Other factors

In many rural areas the demographic and sparsity challenges of providing home care are compounded by other factors including:

- Difficulties for clients in accessing health services, which are likely to be further away and often inaccessible to them by bus., resulting in first contact with social services being at a ‘moment of crisis’
- An older housing stock, which may be of inappropriate design (e.g. steep stairs)
- Fuel poverty more prevalent in rural areas with older housing and off the mains gas grid
- A shortage of suitable housing options, both in terms of house types (e.g. as small bungalows) and support (e.g. sheltered housing, supported living and extra care)
- Older people are often geographically separated from family
- Potentially hidden need
- Isolation

There are questions too about the extent to which genuinely integrated approaches across home care, health, and housing provision are hampered by the pressures on individual budgets

References and information sources

1. Defra (2016) 2001 to 2015 rural urban population data
2. ONS (2015) 2014 based principal projection. Table A2-4 England Population by Age Groups
3. Age UK (2017) Briefing: Health and Care of Older People in England 2017
4. LGA and PHE (2017) Health and Wellbeing in Rural Areas
5. TNS BMRB with the International Longevity Centre (2013) research for Defra. Rural Ageing Research Summary Report
6. NHS (2016) Personal Social Services: Expenditure and Unit Costs, England 2015-16 Hourly rates for home care
7. The Kings Fund (2016) Social Care for Older People
8. NHS (2017) Local Authority ASCOF performance Indicators 2016-17

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