

Draft

V1.0

In Confidence



Dedicated to giving practical and emotional support to all in the Debenham area who care for those with Dementia.

18th July 2018

A Vision of Caring (A Rural Solution)

For some time, we have been reflecting upon the direction that care for the elderly frail in Suffolk is taking. In the light of Suffolk's decision to "commission" rather than to "provide" care, and following discussions at a recent meeting in Westminster with Lord Richard Best, Baroness Greengross and others, we believe that opportunities might exist to develop what we might think of as a "Rural Solution". In fact we believe that without such a "strategic steer" which encourages development of "next generation" care solutions in communities such as ours, that a very high percentage of the county's elderly population will be seriously disadvantaged in terms of their health and social care. We fully understand the imperative being placed upon Suffolk CC to make large-scale savings, and the evidence for transferring residential care provision into the private sector. However, in our submission to the consultation we expressed our concern that the trend in very sheltered, residential, nursing and dementia care was towards substantially larger schemes (100 to 200 units and, in some areas, up to 350), and that this would lead to significantly greater problems for the elderly frail in rural areas than for those in towns.

To summarise our thoughts: In rural communities similar to ours, and in which about 52%** of the Suffolk (UK: 41%) population have their home, there comes a point when it is no longer possible for an elderly person to live safely, securely, and comfortably in their existing home. Increasing frailty inevitably means having to leave the community in order to access suitable accommodation and care. Apart from the GP and the Community Nurse, receiving health and social care involves distances of 7, 10, 14 miles. For carers of those with dementia and physical frailty, and the elderly people concerned, this creates major difficulties, excessive pressure, and distress. When someone is no longer able to live safely and securely in their own home they have to give up their daily contact with family, friends, neighbours, and familiar

professional carers in order to move into an extra-care facility which is at least several miles distant. Inevitably, their relationships rapidly diminish with time and it is very difficult for them to develop new ones. Frequently, this is initiated by a hospital episode and is the start of an irreversible downward spiral in their health and wellbeing - the anecdotal evidence is very convincing.

The more we examined the problem, the more it seemed that the current trends and economic drivers will lead to care facilities becoming more concentrated in and around the larger urban areas. We believe that this will accelerate as the local authorities take a more "hands off" approach. **The net effect will be to substantially disadvantage the elderly frail living in rural areas and mitigate against community-based approaches.**

If the sort of concepts proposed by The Debenham Project (http://www.old.the-debenham-project.org.uk/downloads/steeringdocs/A_Vision_of_Caring_rltse7.pdf) are to develop and spread to other communities across the East of England there must be some strategic force which encourages investment in them. **Thus our request for a "steer" from the government, the local authorities, and the national agencies - "A Rural Solution".**

It is very clear that no new money (at least not much) will be available and any such "steer" will involve working within the current financial constraints. However, it seems perfectly possible to move some way ahead by:

- a) rebalancing the distribution of the existing money that the HCA provides in the form of housing development grants,
- b) strengthening and simplifying the planning guidelines to encourage / require projects to demonstrate how they will respond to "whole" individual and community needs,
- c) creating national community health and wellbeing aspirations / targets to give people the choice of remaining within their community when they may be unable to remain in their current home,
- d) offering tax breaks (these would hardly impinge on the national economy for 5 years!) to enhance the profitability of rural schemes,
- e) introducing, for example, a tax-free debenture scheme as a way of investing in one's future health and social care, and
- f) creating a number of exemplars of best practice.

I am sure we will be able to think of other possibilities. It is these sorts of ideas that we would hope for in a strategic "steer" coming down from government and aimed at encouraging the private sector (independent care providers, housing agencies, social enterprises, charities, etc) to invest in the smaller community-based schemes which are much more appropriate for the rural environment. We are convinced that, for almost no near-term cost to the public purse, such a shift in emphasis will make a significant difference, not only in health and wellbeing, but also in offering local employment in rural

areas. Agreed, it will take time but at least it is something positive to aim for whilst we have to deal with the financial strictures.