



Commission for
Rural Communities

Tackling rural disadvantage

Social isolation
experienced by
older people in
rural communities

The Commission for Rural Communities acts as the advocate for England's rural communities, as an expert adviser to government, and as a watchdog to ensure that government actions, policies and programmes recognise and respond effectively to rural needs, with a particular focus on disadvantage.

It has three key functions:

Rural advocate:

the voice for rural people, businesses and communities

Expert adviser:

giving evidence-based, objective advice to government and others

Independent watchdog:

monitoring, reporting on and seeking to mainstream rural into the delivery of policies nationally, regionally and locally

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Foreword

These difficult economic times have brought about reductions in spending on public services. In these circumstances, there is an increased emphasis on communities to act together to help ensure the well being of local people.

In recent years, the reduced numbers of rural shops and post offices, not to mention transport services in rural areas, have posed real challenges for rural communities. Further challenges result from discrepancies in levels of funding for services in rural areas, compared to urban. For older people, these issues can mean the difference between being actively engaged in community life, and being isolated from much of society. In this project, it is pleasing to have found communities working with service providers to ensure that such people are not forgotten, and many older people are more involved in their rural communities than ever. We have found examples of rural shops, transport services and caring facilities, designed, developed and led by local people, which are making a huge difference to the older people in their communities.

I believe that locally developed amenities such as those can be delivered in other communities too. This is a country where many people are engaged in voluntary activities. A challenge for the next few years will be to ensure that the most is made of those volunteers. That implies a need for volunteers to have a clear sense of a vision for their local community. The Commission supports the concept of local planning, and of communities and service providers working together. This report provides examples of such collaborative working, and suggests ways in which it may be enhanced further. It also highlights a number of areas of policy where rural communities face specific issues relating to policy and the delivery of services, and it makes calls for support to enhance this kind of localism.

I would like to thank the many people who have contributed to this report. In particular, the CRC undertook some excellent visits to rural communities in Lincolnshire, Cornwall, Northumberland and Cumbria during 2011, and gained valuable insights into the issues facing older

people experiencing social isolation. I warmly thank the people who hosted those visits.

Dr Stuart Burgess

Chairman, Commission for Rural Communities

September 2012

Executive Summary

Background

Introduction

For some people, the effects of not having family close to home, perhaps as a consequence of re-location or bereavement, can leave them in a position where they do not have day-to-day contact with others. This can be compounded by physical difficulties leaving the home, to a point where there is very little contact with other people. Under the Government's Localism agenda, services which can address social isolation may be delivered at as local a level as possible, and be provided by a combination of public, private and voluntary sector organisations.

This report examines the rural dimension to these issues, and assesses the impact that Government policy is having on three key areas of policy and public services: social care, transport and housing; and the extent to which they address social isolation for older people. It also identifies a number of approaches, and examples of good practice, which can maximise the benefits of community and voluntary activity. The report concludes with a series of recommendations.

Economic and policy context

The following key factors provide the context to the report:

- The current economic outlook, relatively fragile state of the UK economy, and current programme of deficit reduction.
- The Government's stated ambition to re-balance the economy away from the public sector and towards the private sector.
- The increased emphasis on the role of the private and voluntary sectors in service delivery.

Key facts

- 23% of the rural population are over retirement age compared to 18% in urban areas¹.
- The older population is also projected to rise, with the over-85 age group increasing by 186% by 2028 in rural areas – compared to 149% for the UK as a whole².
- Because the population tends to be older, crude rates of disease, disability and mortality are far higher in rural areas than urban.
- Social isolation has been found to exert an independent influence on risk for mortality comparable with well established risk factors such as smoking.

Social care

- As the All Party Parliamentary Group on Rural Services has noted³, providing care 'to rural populations entails unavoidable additional costs due to diseconomies of scale, additional travel time and related costs, and the effects of caring for an older population'.
- The 'Caring for our future' white paper introduces a mandatory policy of personal budgets for those in need of care, and encourages a mix of services provided by private, public and voluntary sector organisations. At a time when Local Authorities are increasingly expected to relinquish the delivery of adult care services, the viability of providing care services for private companies is weaker in rural than urban areas.
- Funding formulae appear to relate to historic patterns of service rather than to actual levels of need. The effect of this is to continue a situation where rural Local Authorities receive less funding per head, even though there are greater needs in rural areas because the rural population tends to be older than that in urban areas. The 2012 Business Rate Retention consultation suggests that rural areas will benefit from some modest enhancement in levels of funding in the future, but does not envisage the

¹ Oxford Consultants for Social Inclusion, for Cabinet Office, 2009

² Oxford Consultants for Social Inclusion, for Cabinet Office, 2009

³ The implications of national funding formulae for rural health and education funding, All Party Parliamentary Group on Rural Affairs, 2010

necessary re-assessment of the balance between funding and need in the funding formula for Local Authorities.

- Variations in per capita social care expenditure on older people (aged 65 or over) are extreme. Expenditure across the twelve Inner London Boroughs in 2009-10, for example, amounted an average of £1,750 per person aged 65+ compared to just £773 per capita across the 27 Shire Counties.
- This means that, despite the greater costs of delivering services, personal budgets tend to be lower in rural areas than urban.
- Faced with reduced funding levels, Local Authorities are having to restrict funded social care to individuals with more pressing needs, instead of being able to fund preventative care. This increases the risk of social isolation for others. The national minimum eligibility threshold is a welcome means to address this, but will only work satisfactorily if funding to rural Local Authorities is made fairer.
- There are opportunities for increased support to older people from community and voluntary groups. Surveys indicate that up to 30% of the population is prepared to take part in voluntary work⁴.

Transport

- The availability of transport is vital to rural areas because of the obvious challenges of travelling to friends, family and services from more remote places. As a consequence, car ownership is greater in rural areas than urban⁵, and extends to people on lower incomes.
- Those older people without access to their own transport have greater chances of experiencing social isolation in rural areas than urban, and so the availability of public transport is vital.
- Subsidies to scheduled bus services are being reduced or withdrawn. The Transport Select Committee⁶ showed that reductions made in the 2010 spending review included:
 - local authority revenue expenditure cut by 28%

⁴ Place Survey, 2008

⁵ DfT National Travel Survey, 2010

⁶ Transport Select Committee, 2011: *Bus services after the spending review*

- changes made to the DfT's formula for concessionary fare reimbursements
- Bus Service Operators Grant (BSOG) cut by 20% from 2012-13
- A recent survey⁷ indicated that 'the hardest hit places are those which are the most rural and which have the highest proportion of retired residents
- The provision of community transport is increasingly important. However, there are inconsistencies in Local Authorities' policies towards community transport including:
 - the degree to which scheduled bus services continue to be subsidised
 - the types of community transport on which concessionary passes are valid
 - the approach to using concessionary fares before 9.30am.
- These three inconsistencies create a situation where older people can experience very different levels of access to public transport in different areas, and present an opportunity to re-think how concessionary travel is financed.

Housing

- The role that social isolation plays as a risk factor for illnesses such as coronary heart disease is generally accepted. In addition, it can increase risks of falls and other injuries. Appropriate housing, in either the private or rented sectors, can help prevent falls or other injuries. Housing located close to services and friends or family is a factor in preventing social isolation.
- Preventing ill-health helps to reduce public expenditure on transport, the NHS and on benefits as well as being a clear social objective. There are therefore clear savings to be made across the public sector from the existence of dwellings, publicly or privately owned, that are more suitable for older people in rural communities.
- People tend to have changing housing needs as they age. For some, adaptations to their own home are sufficient, whilst others may move into purpose built accommodation, some needing on-site support and others able to continue without assistance.

⁷ Rural Services Network, 2011

- Changes to benefit eligibility criteria may have unintended consequences as people approaching retirement age and deemed to be under-occupying a socially rented property, may be forced to move some distance or face benefit reductions. This could lead to social isolation.
- The CRC has welcomed the arrival of the National Planning Policy Framework, which we believe will help speed up planning decisions, and encourage local people to contribute to decisions about the numbers and types of housing that are built in rural areas, including housing for local older people.

Given the decrease in public spending across the board we can expect to see reductions in the way that many services are delivered in rural areas. Much will depend on the energy, enthusiasm, and leadership qualities of local people, whether in employment in the state, private or voluntary sectors, or working on an unpaid basis, to make things happen. Localism implies that services should be increasingly designed to meet the specific needs of older people in small rural communities, and we support this concept. However, we question the extent to which this will mean that some services which can help to reduce social isolation for older people, such as some aspects of care, public transport or specialist housing, can be provided on a universal basis when localism is accompanied by unprecedented cuts in council funding. We note the commitment given in *Open Public Services 2012*⁸ that 'The Government will ensure that issues of fairness for people in rural areas accessing individual services are taken into account when developing policy'. *We hope that, regardless of where they live, older people enjoy equal opportunity of access to services for equal needs.*

Key to this is an equitable distribution of Government funding between rural and urban areas, on the basis of need. Funding decisions by central Government and Local Authorities relating to social care, transport and benefits, call into question whether need is the determining factor. A more joined-up approach, focused on the needs of older people in rural areas, would go some way to reducing the risk of social isolation and in doing so would also reduce expenditure from the public purse. This is not a call for additional

⁸ *Open Public Services 2012*, Cabinet Office

funding, but for fairness for older people in rural areas, as envisaged in the Open Public Services White Paper.

Recommendations

1. The Department for the Environment, Food and Rural Affairs and the Department for Communities and Local Government should commission research into the formula used to distribute funding for social care to Local Authorities, examining in particular whether the needs (rather than historic usage) of rural communities are treated similarly to those of urban areas.
2. The Cabinet Office should work with the voluntary sector to establish a programme, perhaps linked to the Community Organisers programme, which provides volunteers wishing to establish or manage community activities with access to mentoring and leadership training.
3. The Local Government Association and the National Council for Voluntary Organisations should develop guidance aimed at ensuring that reductions in spending do not lead to a reduction in the number of paid volunteer co-ordinators.
4. The Department for Transport should explore the feasibility of replacing the concessionary fare system with one by which older people have access to personal budgets for scheduled and community transport services.
5. Local Authorities should consider using the Community Transport Fund and other revenue sources to provide training for local people to pass minibus driving licences.
6. Following the introduction of the National Planning Policy Framework, the Department for Communities and Local Government should monitor the numbers of newly built dwellings aimed at older people in rural areas and issue a report two years after the implementation of the NPPF in spring 2014.
7. The Department for Work and Pensions should introduce a protection that ensures that people approaching retirement age will not experience a reduction in their housing benefit as a consequence of the under-occupancy provision unless suitable alternative accommodation is available to them within their own community.

1

Why we have produced this report

1. The CRC has always recognised that providing services to rural communities is often more challenging than to urban areas. This is mainly because of the costs involved, and the reduced economies of scale. The current economic difficulties have inevitably led to reductions in spending in many areas of public life. The Government has also emphasised the benefits of greater community and voluntary activity in the delivery of services. We wanted to see how policy changes and opportunities might impact on a particularly vulnerable group in rural areas: older people. We also wanted to look for creative solutions to the problems facing socially isolated older people, and where we found successful principles behind these solutions, we wanted to highlight them to Government, to those who provide services, and to people living in rural communities.

Our approach

2. Four key lines of enquiry sit behind this project, and are reflected throughout this report. These are as follows:

- i. How are the changing policies of central Government addressing issues of social isolation for older people living in rural areas?
- ii. How are the changing modes of service-delivery by sub-national bodies (Local Authorities, NHS bodies etc) addressing issues of social isolation for older people living in rural areas?
- iii. What are the implications of these policies and modes of service delivery, and how are they different in rural areas compared to urban areas?
- iv. What examples of good practice can be identified which seek to address these issues, and which might be transferable to other areas, in particular within the context of Government emphasis on increased community and voluntary activity?

3. During the last year, Commissioners and officers from the CRC have undertaken a number of visits to rural communities to talk to local people, to service managers and to decision-makers about social isolation experienced by older people in rural areas. We made

a point of talking to people in the private, voluntary and public sectors, and to older people themselves. That experience was invaluable as we obtained new insights into the problems faced by older people, and the issues that service-providers are dealing with in these more difficult economic times. In addition, the fieldwork for the project has included a substantial literature review and interviews with key people in voluntary organisations, local government, and in Whitehall. During summer 2011, the CRC also ran an on-line survey which obtained some 200 responses from providers of services in rural communities, primarily in the community and voluntary sectors. The results of that survey have also provided useful evidence for this report.

2

Context

What is it like to be older, socially isolated, and living in a rural community?

What do we mean by older?

4. People experience age-related physical changes, such as muscle strength, cognitive response and recovery from illness and there are also often reductions to people's visual and oral capabilities. This report consciously is interested in those at the older end of the age spectrum, focusing on the 75+ age group – but acknowledging that physical changes can occur at different times for different people.

Social Isolation

5. For some people, the effects of not having family close to home, perhaps as a consequence of re-location or bereavement, leave them in a position where they do not have day-to-day contact with others. This can be compounded by physical difficulties leaving the home, to a point where there is very little contact with other people. The comment 'I've gone three years without talking to hardly anyone'⁹ is a particularly disturbing reflection of such circumstances. In rural areas, these issues tend to be more acute, as friends, family and service providers are often more distant. Social isolation can be addressed by having more contact with friends, family, social groups and providers of services. In rural areas there have been disproportionate closures of shops, post offices and pubs at the same time as an increase in the number of people who commute to more distant cities to work. These more recent features of rural life tend to make social isolation more common, and indicate a pressing need for solutions for people living in the countryside.

⁹ Cattan, 2002, for Help the Aged

Links between social isolation and health status

6. The relationship between health status and social isolation is synergistic. On the one hand, poor health, physical disability, proximity to mortality and life events such as bereavement are known risk factors for social isolation. These factors are all associated with demographic ageing, the prevalence of most diseases having a more pronounced demographic than socio-economic gradient. For example, the percentage of people with severe cognitive impairment increases from 1.5% for people aged 65-74 to 3.1% for those aged 75-84, and then to 13.8% for 85-94 year olds and 40.2% for those aged 95+ (Wanless, 2006). Age is also the most significant risk factor for cancer, heart disease, arthritis and other physical disabilities.

7. 23% of the rural population are over retirement age compared to 18% in urban areas¹⁰. The older population is also projected to rise, with the over-85 age group increasing by 186% by 2028 in rural areas – compared to 149% for the UK as a whole¹¹. As a result, overall (crude) rates of disease, disability and mortality are far higher in rural areas. In 2010, for example, the highest all age, all cause mortality rates were found in Rother, Christchurch, Arun, Eastbourne, Tendring and West Somerset; while the lowest were in Tower Hamlets, Westminster, Kensington and Chelsea, Camden and Lambeth. Higher crude rates of chronic disease and disability in rural areas have important implications for rates of social isolation.

8. Social isolation is, in turn, a known risk factor for poor health status. Neuroendocrine reactivity has been identified as a possible mechanism linking social relationships and health, with particular implications for cardiovascular disease. Social isolation and high levels of psychosocial stress could also contribute directly to ill health by promoting health-damaging behaviours. A recent meta-analysis of 148 studies investigating the association between social relationships and mortality found that various measures – including social isolation – exert an independent influence on risk for mortality comparable with well established risk factors such as smoking (Holt-Lunstad et al, 2010). The fact that social isolation influences health outcomes in its own right suggests that this is an important and hitherto neglected area in the promotion of public health.

¹⁰ Oxford Consultants for Social Inclusion, for Cabinet Office, 2009

¹¹ Oxford Consultants for Social Inclusion, for Cabinet Office, 2009

Links can be made between social isolation and services

9. The case studies which follow in this section illustrate how poor access to, or availability of services can increase the risk of social isolation. Such services, customised where possible to the needs of the individual and designed with preventative purposes in mind, tend to be provided by a range of public, private and voluntary bodies, and in many cases offered within a community of good neighbours.

10. Such services might include the following:

- Social care, which follows an assessment for eligibility and can include at-home day care such as cleaning, meals on wheels, help in the home, plus the availability of day centres locally.
- Transport, including scheduled public transport services, community transport (dial-a-ride, call connect), taxis, and lifts provided by neighbours.
- Housing, including aids and adaptations in the home, private or rented accommodation designed specifically for older people, and care homes.
- Advice services including leaflets, websites, noticeboards, and services where people are employed to inform older people about the services available to them.
- Social-orientated activities such as lunch clubs, faith groups and befriending services.

11. These services should not, and very often do not, exist in isolation from each other. Often, the best care for older people in rural communities happens when services work together to meet the specific needs of an individual. The Government's localism agenda aims to ensure that such activities take place at as local a level as possible, under the direction of the local community.

The economic and policy context

12. After the recession in 2008-09, there was a modest recovery in the UK economy but growth remains historically low and unemployment high, and the economy re-entered recession early in 2012. Whilst published data tends to show that rural areas experience levels of disadvantage below the national average, there are pockets of deep deprivation. With global economic instability, especially in the Eurozone, the Office of Budgetary Responsibility¹² is forecasting growth to improve slowly to 2016, whilst accepting that there could be periods of recession too. Cambridge Econometrics¹³ are projecting that half of any new jobs created in that time will be in London, and therefore likely to be of lesser benefit to people living in rural areas.

13. In the face of high levels of debt, the Government announced in its 2010 Spending Review spending reductions of £81 billion over a four year period, and extended the period of reduced spending to 2016/17 in its 2011 Autumn Statement. At the same time, austerity measures such as a public sector pay freeze and reduced increases to tax credits were announced.

Local services: the policy response

14. In this context of spending reductions and an increased emphasis on the private sector, there are clearly going to be changes to the way that services are delivered to rural communities. The Government has promoted a pluralist approach, where services may be delivered by public, private or voluntary organisations, and where service users can choose the service which is most appropriate to their needs. Local community and voluntary activity is key to this, including for example local people offering lifts or providing care support, or on a larger scale having more influence over the services they receive. These principles are central to 2011's Open Public Services White Paper. Some are enshrined in the 2011 Localism Act, which includes provisions for local people to take more control of local facilities and services threatened with closure, to produce

¹² Economic and Fiscal Outlook, OBR November 2011

¹³ Cambridge Econometrics / UKCES Working Futures 2010-20, December 2011

neighbourhood development plans, and for Councils (including town and parish councils) to have a general power of competence. Furthermore, the aim is to encourage local organisations and groups, including town and parish councils to interact with upper tier authorities and others, thereby providing enhanced leadership to the communities they serve.

Rural Proofing

15. Within the Department for Environment, Food and Rural Affairs (Defra), a Rural Communities Policy Unit (RCPU) has been established to work with departments across Government to influence the development of policy so that it does not unfairly disadvantage the interest of rural communities. Since 2010, the RCPU has been working with other Government Departments to produce a Rural Statement, which will facilitate a commitment to rural-proofing across Government. The Government has committed to a 'limited technical update'¹⁴ of the formula used to allocate funding to local authorities. It is currently out to consultation¹⁵ on the case for changing the formula used to allocate funding to local authorities in rural areas as part of establishing a new system for funding local government from 2013-14.

Government's approach to older people

16. The lead Government Department for 'ageing' is the Department for Work and Pensions (DWP). Rather than developing a top-down cross-Government strategy for older people, DWP and Age UK have supported the establishment of the Age Action Alliance. The Alliance is a cross-sector partnership of over 200 organisations with a vision to help create neighbourhoods where all older people are secure, valued and able to make their contribution to local communities and society. DWP has also organised the UK Advisory Forum on Ageing, which consists of experts in the field and which advises Ministers.

17. DWP are also taking forward the legacy from their Ageing Well Programme which was delivered by the Local Government Association, providing sector-led support to local single tier

¹⁴ Local Gov' Resource Review, Government response to consultation on business rate retention, CLG 2011

¹⁵ Local Government Finance Business Rates Retention Technical Consultation, July 2012

authorities to meet the challenges of an ageing society. The programme encouraged local authorities to take the lead and to work in partnership with older people and community organisations, looking to create imaginative approaches to promoting well-being and to tackling social isolation.

Analysis

Creative approaches in this new spending context

18. The current constraints on public spending seem likely to continue for some time, and therefore new, sustainable solutions for improving the lives of socially isolated older people in rural communities need to be found. That implies a need for partnerships between communities and between sectors, to identify creative ways of maintaining and enhancing the quality of life of older people, as well as to achieve efficiency savings. It follows that leadership at local level is important, and we note that under the Localism Act, Town and Parish Councils have more freedom to act on behalf of their communities. This report identifies a number of examples of rural communities being pro-active in initiating improvements to local infrastructure, and in assisting and empowering older people.

Policy focus on vulnerable older people in rural areas

19. The CRC is interested to observe the outcomes of Government policy activity. For example, we hope that the Age Action Alliance takes into account the interests of older people in rural areas; and that priority is given to the oldest, the most vulnerable and those living in poverty. We hope that the Rural Statement, originally scheduled for release in the first half of 2011, will illustrate that rural proofing is a feature of the policies of spending Departments, and that it can indicate the influence of Defra over wider Government activity.

Resource allocation compared to needs

20. In particular, the CRC hopes that Government considers the methodology used to allocate resources to rural areas, for all aspects

of public spending. Research by Asthana¹⁶ indicates that revisions to Local Authority funding formulae assume that allocations will continue to be based on historic usage of services. Asthana argues that is not allocated on the basis of need; that historically the use of services in rural areas has derived from the level of service available, which in turn has been a function of resource allocation rather than being derived from an assessment of need. The CRC understands that the mechanism of historic usage is employed where it is currently the best proxy available, but calls on the Government to undertake further analysis in the context of the Local Government Finance Business Rates Retention Technical Consultation. The section of this report about social care analyses this issue further.

Case Studies

21. A number of excellent case studies were identified during this project, from the literature review and on visits. The 'Over the Hill' project, operated by the Rural Media Company¹⁷ has several good examples. The following cases studies help to illustrate the plight of older people experiencing social isolation in rural communities, and are taken from Brooks¹⁸ research.

Social Isolation: Geoffrey and Sue

Caring for his wife with dementia in the sparsely populated periphery of a lively village, Geoffrey, a retired academic, had developed health problems that contributed to his becoming isolated. On paper, he had quite a good level of social support – he had a daughter living in the next village, twice-weekly respite when his wife attended the dementia care day centre, visits from formal carers several times a week, and the services of a friend who acted as a chauffeur in exchange for the use of his car. But his commitment to his wife's wellbeing had resulted in a level of exhaustion that, combined with his peripheral location, meant he had few remaining social contacts.

¹⁶ S Asthana for CRC: Variations on access to social care for vulnerable older people in England: is there a rural dimension? April 2012

¹⁷ www.ruralmedia.co.uk

¹⁸ E Brooks for CRC: 'Social isolation as it affects older people in rural areas'

For the last four or five years, since his wife Sue's dementia had become more serious, they had stopped going out together. Geoffrey's back problems meant he no longer drove and felt that Sue had come to the point where she needed someone with her all the time. Even his groceries were ordered in by phone from the village store. It seemed that Geoffrey had always been involved in local life, acting for years as a referee at a local rugby club. However, his main social outlet at the time of the interview was occasional phone conversations with one or two former work colleagues. As Sue's main 24 hour carer, he had come to the point where given the choice, he preferred to stay in and catch up on his sleep.

Geoffrey had just come out of hospital from an operation and was trying to give up alcohol, upon which, by his own admission, he had become dependent since becoming a carer.

Social Isolation : Emily

Emily, 85, had lived for 20 years in a row of houses by a farm between two villages in Upper Teesdale, but had no long-standing connections with the area, having moved to be near her daughter – who subsequently moved 25 miles away. She had become blind and experienced painful problems with ulcers.

She lived alone in a three-storey detached house, and felt unable to move to somewhere new in case she had difficulty learning a new layout. She also feared that the value of the house would be consumed in paying the £500-a-week charge for extra-care accommodation.

With support she had managed to organise some essential needs, but she still had the problem of a lack of people on hand during the day and evening, and a lack of exercise. As well as receiving visits from the community nurse to dress her ulcers, Emily had been advised to stay active. But she had become confined to the interior of the house and was effectively inactive. A near neighbour who had offered her lifts to the shops moved away. The taxi cost for a return journey was prohibitive and the local authority could not find an economically feasible way of supporting her.

As a private home owner on a middle income, Emily was not eligible for Direct Payments or an independent budget, which might support someone less well off to remain connected. Furthermore, she had rejected those social care services she had so far tried, such as a community alarm or a care worker, because she found them both expensive and unreliable. A voluntary befriending scheme for the blind was likewise found undependable, with only sporadic visits which seemed to have dried up completely at the time of the interview.

Social Isolation: Oswald

Oswald, aged 80, a single man, had worked as a farmer all his life, and when he had to give up farming, 12 years earlier, he had retired to a bungalow right on the edge of Hexham with fields and farmland on either side: 'I didn't want to be stuffed into the middle of the town, you know, because I didn't want, the atmosphere's too crowded, even then, and now, it's a sight worse.'

Although his home was on a bus route, he had a mobility problem that led him to rely upon the car and previously this allowed him to keep him in touch with friends. However, a recent stroke meant that he had to give up driving.

He lacked any practical social support from family, and he decided to seek to move further into the town, to a for-sale sheltered housing scheme, where he would be living next door to another farmer he knew.

This suggested some relief of his current social isolation and an important contribution of specialised housing for older people. At the time we spoke Oswald had successfully organised the purchase of his sheltered flat, but was worried that he would not be able to get anyone to come and help him with the move. Because it was the lambing season, his nearest young relations were unlikely to be available to help.

Social Isolation: Bob

Bob was fortunate to the extent that his tied accommodation provided by a landed estate in Upper Teesdale continued to be

made available to him, although he had retired from his work for the estate. He had worked in a solitary job connected with land management, and had lived alone for most of his life in the tied cottage, which was connected with the nearest village, as well as to the town of Barnard Castle, by only one bus per week.

He became dependent on this service when he had to give up driving because he lost his eyesight. He used the two hours this allowed him in the country town to pick up his pension and some of his shopping. For his social life, he relied on a weekly lunch club, one of a number organised in the villages and towns of Teesdale by a voluntary sector coordinating group, based in Barnard Castle. In the course of one such lunch club, he agreed to say a few words about his situation, where he explained that because of losing his eyesight and living alone, he was particularly in need of getting out of the house and spending time in company. He also stated his reliance on fellow lunch club members to get to the lunch club. His friend at the club later added: "he'll be ringing round trying to scrounge a lift, and some days he's had to miss luncheon club, because he's no-one to bring him".

Social Isolation: Norma

Norma was a 92 year old woman who lost her husband some years ago. Partially sighted, she lived alone in the house she has occupied for decades, in a remote village in south west England, with a steeply-inclined road outside. Unable to leave the house to shop, she had no family in the village, lived on a limited income and relied on neighbours to help her in the home and to shop. Adult services had assessed her needs, by telephone, and the outcome was 'moderate'. As a consequence she was ineligible for funded social care. She expressed a strong desire to move into a local care home, but had been told that there were others with greater needs who would take precedence. She was paying £30 to be taken by Age UK to a day centre, once a week.

22. Having looked at the issues facing socially isolated older people in rural communities, and the policy and spending context, the report now looks at three public services areas that aim to respond to those needs: social care, transport and housing.

3

Social care

23. There is growing recognition that social care in England is in need of urgent reform. According to the House of Commons Health Committee¹⁹ (2010)

“... people encounter various forms of rationing, including by eligibility criteria, means-testing and charging, with much local variation. Care can be insufficiently focused on helping people to remain independent and avoid developing greater needs, as well as limited in scope and not always of good quality. In these respects too, there is marked variation between areas. All these factors mean there is a great deal of unmet need.”

The 2012 white paper ‘Caring for our future’ notes that ‘access to care varies across the country and is confusing’.

24. In 2010, the Coalition Government published its *Vision for Adult Social Care* (DH, 2010), the key principles of which include *prevention* (by developing community capacity and commissioning appropriate preventative services); *personalisation* (through personal budgets and person-centred information and support); *partnership* and *plurality* (matching the variety of people’s needs with diverse service provision supported by innovative commissioning). ‘Caring for our future’ echoes these themes, and forms much of the policy backdrop to the issues discussed in this section of the report. Published at the same time, DCLG’s technical consultation ‘Business Rates Retention’ sets out proposals for a new approach to Local Authority funding including some changes to the criteria used specifically to allocate funding to rural authorities.

25. This section of the report is divided into three sub-sections:

- Preventive social care (page 26)
- Personalisation (page 33)
- Pluralism in social care (page 38)

¹⁹ House of Commons Health Committee (2010). Social Care. Third Report of Session 2009–10, Vol 1

Preventive social care

What are the main issues?

Investing in prevention can improve quality of life and reduce NHS costs

26. Key preventive/early intervention measures such as day care, aids and adaptations, telecare products and extra-care housing can help to prevent or delay the need for more costly interventions as the Centre for Social Justice²⁰ has shown. This not only has important implications for people's independence and quality of life. An emphasis on crisis intervention is likely to result in higher costs to the NHS and social care in the longer run:

"We spend £25 to put a rail up and, okay by a big leap of imagination, we stop somebody having a hip replacement. ... Why isn't that sensible? ... Some days its hard work trying to convince people why things like this should happen, but the payback comes when you see somebody living an independent life" (Dwyer and Harthill, 2010)²¹.

27. Early findings from the Department of Health's Whole System Demonstrator programme show that, "if used correctly, telehealth can deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days and an 8% reduction in tariff costs. More strikingly they also demonstrate a 45% reduction in mortality rates"²².

Local Authority funding mainly goes to people assessed to have the greatest needs

28. One of the greatest challenges to developing a social care system that is more preventive is lack of funding. Across England, there has

²⁰ The Forgotten Age: Understanding poverty and social exclusion later in life. Centre for Social Justice (2010)

²¹ Promoting social inclusion? The impact of village services on the lives of older people living in rural England, P Dwyer and I Harthill, 2010

²² Whole system demonstrator programme: Headline findings. Department of Health 2011

been a 1% reduction in Government funding for Adult Social Services between 2009/10 and 2011/12, with the reduction for Adult Care Services for the over-65s being 6.6%²³. Neither of these reductions takes inflation into account, and yet the consumer price index has risen by around 9% over that period.

29. In response, Local Authorities have increasingly focused resources on those who, using the Fair Access to Care Services (FACS) criteria, are already assessed to have substantial or critical needs. In May 2011, the Care Quality Commission²⁴ found that 19 councils (13% of those responding) were changing their eligibility criteria for 2011/12, including 15 that were moving the threshold for funded social care from moderate to substantial need. Six councils (4%) have set the threshold at “critical” and 116 (78%) at “substantial” – an increase from 70% in 2010/11. Only twenty-two councils (15%) set their threshold at “moderate” and four (3%) at “low”.

Rural/urban discrepancies

30. There is no rural/urban breakdown of these figures. However, authorities which *relative to underlying need*, receive lower per capita allocations would be expected to target resources at those requiring intensive support, leaving little funding available for preventive activity. In an accompanying paper to this report²⁵, Asthana presents evidence that rural areas – which tend to have older populations, lower deprivation scores and lower Relative Need Formula (RNF) scores for Personal Social Services for older people – are underfunded.

31. Due to the relatively small weight assigned to demography as opposed to deprivation in the construction of the RNF formula, expenditure on social services responds strongly to the pattern of deprivation. Indeed, the relationship between expenditure and proxy measures of the physical and cognitive needs of populations is weak. Consequently, rural authorities – which have higher crude rates of

²³ Local Government Finance Settlement, 2011-12, CLG website

²⁴ The state of health care and adult social care in England 2010-11, CQC

²⁵ Variations in access to social care for vulnerable older people in England – is there a rural dimension? Asthana for CRC, 2012

disease and disability, have considerably less to spend on social services than their urban counterparts.

32. Variations in per capita social care expenditure on older people (aged 65 or over) are extreme. For example, during 2009-10, Tower Hamlets spent £2,551.69 on each person aged 65 or more, nearly five times more than Cornwall (£520.12). This reflects a more general pattern, with expenditure across the twelve Inner London Boroughs amounting to, on average, £1,750 per person aged 65+ compared to just £773 per capita across the 27 Shire Counties.

33. Because the formula that is used to set allocations for social care is derived from utilisation data, it is difficult to conclude whether this (and subsequent expenditure) is equitably capturing the needs of older people or responding to historic patterns of expenditure – which may not be equitable. The magnitude of variation and the weak (and sometimes non-existent) correlation between expenditure and several plausible indicators of need should certainly raise questions about fairness. As noted above, there is no rural/urban breakdown for FACS eligibility thresholds. However, we do note that every rural Local Authority we spoke to was providing services for 'critical' and 'substantial' needs only. This is likely to have provided a constrained context for rolling out preventive initiatives.

Policy

'Caring for our future' white paper

34. The Government has made clear its commitment to a closer integration of health and social care and the transfer to councils of responsibilities for public health and health improvement should reinforce the role that Local Authorities have to play in prevention. The 2012 white paper, draws on the work of the Dilnot Commission and the Law Commission. It states that Local Authorities will have a duty to commission and provide preventative services in the forthcoming Care and Support Bill and includes a commitment to investing up to £18million in assistive technologies over four years through the Technology Strategy Board.

35. The white paper introduces the concept of a national minimum eligibility threshold, under which individuals should expect to receive the same level of care throughout the country, subject to an assessment.

Local Authority Resource Review

36. In its Local Authority Resource Review, published in 2011, the Government committed to a 'limited technical update'²⁶ of the formula used to allocate funding to local authorities in rural areas. The 2012 consultation document 'Business Rates Retention' proposes, in relation to adult social care in rural areas, the following changes as part of a new system of Local Government funding from 2013-14:

- increasing the overall funding top-up allocated to sparse areas
- doubling the funding top-up provided for adult social services in sparse areas
- no changes to the relative needs formula used for adult social services funding

Analysis

A higher priority for prevention in rural areas

37. Against a background of spending constraints, it is important to invest resources in prevention rather than depend on a reactive crisis-driven social care system. The fact that pressures on social services budgets have impacts on NHS resources suggests that it is in the interests of both partners to place a higher priority on prevention. It is important to note, however, that, like the Relative Needs Formula for adult social services, public health funding is strongly directed towards Local Authorities with younger, more deprived populations. Thus, the funding available to develop preventive interventions for older people is more limited in rural areas.

38. There is a growing consensus on the need for reform. It is generally agreed that, due to the current focus on individuals with substantial or critical needs, people who could benefit from key preventative/early intervention measures are being identified too late. There are concerns that the current system penalises older people

²⁶ Local Gov' Resource Review, Government response to consultation on business rate retention, CLG 2011

who have built up small private pensions/savings that yield very modest incomes but that prevent them from receiving any level of support. Reports of a postcode lottery in charges, quality of services, dignity and independence is also strongly perceived as unfair. These issues have led to growing calls for the introduction of universal entitlement to at least some level of service, and the white paper appears to have acknowledged this.

Good practice

39. Despite the financial challenges, we found several innovative examples of preventative care.

Shropshire: assistive technologies

In Shropshire, the Council has committed to making assistive technologies available to all care clients, at whatever FACS level, whilst recognising that, for some people, traditionally delivered services will still be required. These might be computer-based, or include pendant-operated systems to contact a caring service in an emergency. The merits of assistive technologies were seen as including mitigation against rural isolation, as well as reducing and delaying dependency on Council services.

Hertfordshire: falls car

In Hertfordshire, the local NHS has a 'falls car', in which a paramedic and a social worker travel round to people at risk of falls, or who have recently fallen. 50% do not need to go to A&E and instead are given advice and appropriate equipment such as seat raisers. GPs are paid to assess people on a falls register, and they can check eyesight, medication, drugs, or send people to osteo-stability classes. They calculate that their £1m a year Falls Programme will save £4m over four years, based on a 10% reduction in falls. They have advertised for a private provider to run the falls service.

North Devon: pluralism in action

The NHS is also working with Social Services and the Voluntary Sector in North Devon. Here, five Complex Care Teams have been formed. These are linked to local GPs (who, on the basis of a

quantitative risk assessment tool, work with the teams to identify the people most at need of medical and care packages). After 18 months, the teams are working with 4000 people – a much higher number than would have been the case without partnership working. One focus is on providing preventive support. A paid voluntary sector coordinator works with volunteers who help members of the community to understand the services that are available from the NHS and voluntary sector. They are planning to extend this befriending approach by investing £100k in community services such as grass cutting or dog-walking. 'Virtual wards' are also used in North Devon to help people who would otherwise be hospitalised receive medical care in their own homes. The staffing structure includes a Community Matron who tours this rural area, visiting patients, with support from the GP and other healthcare professionals when the Matron advises it. This includes specialist/consultant support when it is needed.

Conclusions

40. The examples of good practice above suggest the benefits of partnership working, not least because of the opportunities this presents for co-ordinating preventive initiatives and sharing (rather than duplicating) resources. Financial challenges can provide an incentive to both NHS and Social Services to work together to find solutions that are cost-effective in the long run. Equally, however, partners may find it difficult to invest in new preventive activities where financial challenges are particularly severe.

41. Social Services Departments could explore the potential for drawing on public health funding to develop preventive interventions for older people. However, like social care funding as a whole, this funding stream is considerably smaller in rural than urban areas.

42. If proposed reforms to Adult Social Care are to achieve their desired policy outcomes, they must be supported by an adult social care formula that is fit for purpose. The role that resource allocation may play in reinforcing inequalities in access to social care has rarely been considered, perhaps because it is generally assumed that robust mechanisms are in place to ensure that statutory funding is

distributed in relation to population need. Yet, there are huge variations in social care funding which, according to research presented to the CRC²⁷ are not equitable. As inequity in the distribution of funding can remove incentives to promote key policy objectives, there are strong grounds for further exploring whether existing funding allocations are, in fact, fair. The Commission welcomes the additional funding being allocated to adult social care, and the changes proposed in favour of rural authorities in the Business Rates Retention consultation. However, these do not appear to address fundamental flaws in the methodology used to allocate funding for adult social care. These are addressed in more detail in the next section of this report.

²⁷ Variations in access to social care for vulnerable older people in England – is there a rural dimension? Asthana for CRC, 2012

Personalisation

What are the main issues?

Rural/urban service discrepancies

43. Like other measures of social care activity, rates of direct payments/personal budgets are significantly lower in rural authorities. Moreover, there is gross inequity in the personal budgets that identical individuals might expect to receive from different councils. Modelling the budgets allocated using the Common Resource Allocation System (RAS) for two hypothetical clients in 33 Local Authorities, the weekly budget awarded varied from £16 to £331 for person A and from £41 to £410 for person B. For both individuals, authorities classified by DEFRA as urban would award higher budgets than their rural counterparts. Finally, while the budgets awarded to rural dwellers are lower, charges for social care are higher in rural areas, significantly so with respect to home care charges, as Asthana suggests²⁸. Thus, rural dwellers are receiving lower budgets for comparable needs but having to pay more for the services they receive.

44. As growing numbers of Local Authorities – including rural authorities – are shifting towards the use of personal budgets, the rural dimensions of personalisation should be critically explored. There are clearly important opportunities. Manthorpe²⁹, for example, reports perceptions that rural dwellers would be expected to benefit from the greater flexibility afforded by personal budgets, particularly the ability to pay family members for support. Against this, perceived risks included levels of investment and the availability of services.

²⁸ Variations in access to social care for vulnerable older people in England – is there a rural dimension? Asthana for CRC, 2012

²⁹ Manthorpe, J. and Stevens, M. (2010). Increasing care options in the countryside: developing an understanding of the potential impact of personalisation for social work with rural older people. *British Journal of Social Work* 40: 1452-69

Policy – Caring for our future

45. The shift towards personalisation has been evolving over many years and 'Caring for our future' states that the Government will legislate to give everyone a personal budget for financing care services, which individuals will be encouraged to accept as a direct payment. The aim of personal budgets is to offer independence, choice and control to people who are eligible for support. Thus, the support-planning process (in which individuals' financial and care needs are assessed) should be sufficiently people-centred and flexible so as to allow older people to purchase a variety of support and services that meet their individual circumstances and needs. This can boost the confidence and independence of older people and help them feel less socially isolated.

46. 'Caring for our future' draws on the work of the Dilnot Commission on the funding of care and support, and the Law Commission review of adult social care law. It accepts the Dilnot recommendation that there should be a cap on the amount that individuals pay towards their own care over the course of a lifetime, but leaves the decision over the level of that cap until the 2015 spending review. It proposes that Local Authorities should make loans available to individuals who need to pay for their own care, and that the loans should be repaid from the proceeds of the sale of the individual's property after they die. It also makes it possible for care assessments to be portable between authorities if an individual re-locates. A new Care and Support Bill will be introduced which will replace the existing complex range of legislation on social care, as envisaged by the Law Commission.

Analysis

The impact of personalisation on rural areas

47. The white paper's expectation that direct payments of personal budgets should be available to all is an embodiment of the localism agenda. However, when systemic variations in funding allocations due to factors beyond the control of local authority care management

are at work there is a risk of the unintended consequence of territorial injustice.

48. The risks around availability of services, and investment, were echoed in the rural counties we visited. For example, there were serious doubts that budgets in rural areas would stretch as far as budgets in urban areas, as care workers and their employers inevitably have to factor in the costs of transport into their charges. Due to the difficulties of achieving acceptable economies of scale, concerns were also expressed about the ability of private or voluntary providers to sustain loss-making services. Thus, rather than offering greater choice, personalisation in the rural context (and the associated move from block to personal budgets) does run the risk of reducing service provision.

49. This is not to say that personalisation cannot work in rural areas. Personal budgets are clearly an important way of providing older people with choice and flexibility. However, we would suggest that, given the contextual challenges, the opportunities and risks of personalisation in rural areas should be carefully monitored. This is not least because of the conflicting evidence we amassed on conducting this research. On the one hand, two of the rural Local Authorities we visited said that they expected to reach a point where all those eligible for care would receive a personal budget. In one case, this was expected to mean the end of any social care provision by the Local Authority as services would be provided exclusively by the private and voluntary sectors. On the other hand, serious doubts were raised about the ability of the private and voluntary sector to step in and replace statutory provision (a) because the actual costs of delivering care services could not be reflected in the level of personal budgets available; and (b) because core voluntary sector providers relied on Local Authority grant funding which is being reduced or withdrawn.

50. The difficulty of assessing the potential and impact of personalisation in rural areas may have been reflected in an apparent ambivalence on the part of Local Authorities to promote direct payments of personal budgets. The CRC had the opportunity to witness a dementia cafe in operation on one visit, and we held conversations with a number of carers present – mostly spouses of older people with dementia. Very few of them were aware of the

existence of personal budgets. On a different visit, a senior officer from a charitable body expressed the view that the Local Authority was not promoting personal budgets at all. We have also encountered service managers who have expressed doubts that direct payments can be managed effectively by older people with diminishing capacities or with limited experience of managing external contacts. These are not exclusively 'rural' concerns. However, they indicate a need to put adequate mechanisms in place to ensure that care needs can and are being met by the local mixed economy of care.

Potential for small businesses

51. As noted above, one of the key benefits of personalisation in a rural context is the potential – given a generally lower level of service availability – to develop individualised service packages. Small businesses can successfully become part of the mixed economy of care services offered by the public, private and voluntary sectors, as this case study illustrates:

Case study: Shoreline companions

Shoreline Companions is a private company in Cornwall, set by up a young woman with work experience and qualifications in caring. It provides mobile outreach to older people in the Penwith area, where day centres are hard to access for many people living in rural areas. A tailored service is provided to each individual, ranging from arts and crafts, to trips to the beach. The service also provides valuable respite to full time carers. Clients pay for the service either privately or using funding from personalised budgets. Most initial contact with clients currently comes via word of mouth.

Benefits of support for voluntary and community groups

52. However, the small size of rural businesses, social enterprises and charities in this sector does present important challenges with regard to running core business functions. One solution is to provide overarching infrastructure support. For example, Cornwall Rural Community Council (a member of the Rural Community Action Network or RCAN) offers a range of services to those operating within the voluntary and community sectors, including support in business planning, governance, finance and funding, partnership development,

skills improvement (including accessing appropriate training), and the promotion of best practice.

Conclusions

53. The example of personalisation again demonstrates the vital importance of fair funding in order to realise key policy objectives. The CRC recognises that personal budgets can provide older people with greater confidence and choice about their care options. However, it would be failing in its duty if it did not highlight the gross inequity that characterises personalisation. The fact is that rural dwellers are receiving lower personal budgets for comparable needs while having to pay more for the services they receive – something which we believe would offend most people's sense of social justice. Due to difficulties of achieving economies of scale, it is also inevitable that service availability (and therefore choice) will be more limited in rural areas. Against this background, the provision of infrastructural support can make a critical difference to small businesses and social enterprises working in this sector.

54. Responses to the Business Rates Retention consultation may provide an opportunity for the Government to review this situation. The proposals around increasing funding allocations to 'sparse' areas, including for adult social care, are undoubtedly to be welcomed and may help to reduce the discrepancies we have highlighted. However, they do not appear to address the fundamental flaw in resource allocation methodology: that allocations are made on the basis of prior levels of use, rather than on an objective assessment of the level of need in individual local authority areas.

Pluralism in Social Care

What are the main issues?

A pluralist approach to care services works less well in rural areas

55. Diseconomies of scale due to small and/or dispersed population bases make service provision more costly in rural areas, as the All Party Parliamentary Group on Rural Services observed³⁰. As we have noted, it is doubtful that the funding available for social care adequately compensates for these higher costs. This is partly because rural areas already receive significantly lower per capita allocations due to the way in which *needs* are captured in the adult social care formula, and also because the sparsity top-up in the current formula makes only a small adjustment for unavoidable *additional costs*. Such factors make rural markets less attractive to larger providers. At the same time, the development of smaller businesses is constrained by factors such as limited access to capital, availability of business services, workforce shortages and the quality/training demands associated with regulation.

The internet is only part of the solution

56. Some people have suggested to us that increased use of the internet would enable older people to access information about the services available to them, and that some care services can now be delivered electronically. The internet is an effective way of making information available to a large number of people, but 23% of households in rural areas have no or slow access to broadband, compared to 8% in England overall³¹.

³⁰ The implications of national funding formulae for rural health and education funding, All Party Parliamentary Group on Rural Services, 2010

³¹ Defra Statistical Digest of rural England, Feb 2012

Policy

Focus on a 'mixed economy' of service provision

57. The idea that people want independence and choice – and services that are flexible enough to fit round their individual needs – underpins policy focusing on pluralism of provision and the development of a 'mixed economy' of services, as envisaged in 'Caring for Our Future'. Pluralism is seen as the key to offering greater choice, driving up standards and ensuring that costs offer value for money due to competition.

58. In fact, social care has been a pluralist economy for some time, with Local Authorities acting increasingly as commissioners rather than direct service providers. The main policy change lies in the ways in which the commissioning of services takes place. The personalisation agenda challenges a type of commissioning that is typified by cost and volume or block contracts. These, it is argued, reduce the scope for looking to alternative providers and/or developing more flexible packages of care. The introduction of personal budgets is thus seen as a way of supporting growth and diversity in the market through consumer power. 'Caring for Our Future' seeks to embed this approach, so that the role of Local Authorities becomes:

- to identify and assess needs
- to empower people to commission their own services, via direct payment of personal budgets
- to provide information and advice
- to ensure that care options are available

Each Local Authority will be able to produce a market position statement setting out what they are doing to promote and increase diversity of provision. However, the mechanisms open to them, beyond promotion, are currently unclear, and further consultation is promised on expanding the diversity of care service provision.

Increased broadband coverage

59. The Government's Growth Review, announced with the November 2011 Autumn Statement, includes provision for additional broadband capacity in rural areas. The intention is to deliver by 2015 superfast broadband coverage to 90% of premises in each county area, with the final hard to reach 10% areas receiving standard broadband of at least 2Mbps, and capable of upgrade to superfast in the future. In time, this should have the effect of making the delivery of electronic services to rural areas easier.

Analysis

Voluntary and community groups have the potential to deliver more...

60. The Government is looking for the Voluntary and Community Sector (VCS) to play a very significant role in the provision of rural social care and in helping older people to be independent, healthy and involved in their communities. The VCS is rightly celebrated for its innovation, expertise and efficiency; and, as we describe below, the types of community-based services that are offered by the sector (which include befriending and home visiting; lunch clubs; dementia cafes and transport schemes) play a critical role in countering social isolation.

61. Some VCS organisations have positioned themselves well to engage in public service delivery under contract and have the commercial, marketing and financial expertise to compete for business funded through personal budgets. These, however, tend to be established, financially secure and operate at national or regional levels. The vast majority of VCS organisations are not financially secure. According to Charity Commission accounts, most charities rely on short-term funding and operate at a loss, as Harthill and Dwyer³² have shown.

³² Promoting social inclusion? The impact of village services on the lives of older people living in rural England, P Dwyer and I Harthill, 2010

...but they need continued support from the state sector

62. Social Services Departments have themselves been an essential source of financial support for the VCS operating in the social care sector, through the provision of either fixed term grants (particularly for community-based organisations providing more informal type services) or contracts. Many voluntary sector organisations need paid staff both to secure future funding and organise volunteers. Although the government has provided statutory guidance to local authorities telling them not to make disproportionate cuts to the voluntary sector, the reality is that grants are being cut and in many cases withdrawn, removing local organisations' most reliable source of funding.

VCS views – CRC's on-line survey

The results of the on-line survey ran by CRC in late 2011/early 2012 confirm these concerns. Nearly one half (47%) of VCS groups (95 in total) responding to the survey were redesigning or planning to redesign services in response to changing Government policy, and all those (albeit small numbers) providing day care services, home care services and mobile care services were considering re-design. In some cases, change is in response to new opportunities (e.g. in one case, services are being redesigned in line with the National Dementia Strategy). Others, however, suggest services under pressure. Overall, of those VCS organisations responding to this question, 65% felt there was at least some risk of increasing the client contribution, 44% at least some risk of reducing levels of provision, 43% identified some risk of cutting some services, 38% at least some risk they would have to reduce staffing levels, and 33% felt that they could face closure³³.

63. Implications of the expected shift away from collective commissioning are more difficult to interpret, not least because the personalisation agenda is rapidly evolving. On the one hand, individual budgets may provide an opportunity for smaller groups to develop more individualised services, thereby securing funding that has been previously tied up in block contracts. On the other, social workers continue to play a key role in support planning and brokerage. The financial context can also put pressure on Social

³³ Note: only about half of VCS responded directly to this question, with many not being directly involved in service provision

Services Departments to try to cut costs by having fewer, larger contracts. In the new world of personalisation, VCS groups need to improve upon their tendering and marketing skills. This can create a disproportionate administrative burden on small organisations.

64. The provision of infrastructural support can make a real difference here and Rural Community Councils play an important role in providing training and back office support to small rural organisations. Yet, there are signs that this sector has also been subject to disproportionate cutbacks. The results of CRC's on-line survey found that RCAN members were highly likely to acknowledge risks to their organisation due to changing funding levels. 70% of RCAN respondents felt there was at least some risk of reducing staffing levels, 60% of cutting some services, 57% of increasing client contributions and reducing levels of provision and 30% feeling there was some risk of closure. Given concerns that the funding streams such as the Regional Growth Fund has tended to marginalise rural economies, the importance of infrastructural support to small rural businesses should not be underestimated.

Examples of good practice

65. There many people who act as volunteers in the UK. Figures from the 2008 Place Survey show that 23% of the adult population undertakes some form of voluntary activity and there are strong examples of enterprising individuals setting up privately operated services for older people. CRC's own research in 2010, drawing on data from the National Council for Voluntary Organisations, showed that 'in general, rural local authorities have more voluntary organisations per 1000 population than urban authorities'³⁴.

66. During the course of our visits and, through our on-line survey, we encountered numerous examples of social care provision by the VCS. Local branches of the national umbrella group, Age UK, are prominent in the sector. At the other end of the spectrum, Parish Councils have become a new player in this arena, as a result of having been given the general power of competence under the Localism Act. In some cases, local groups are running services that were previously provided by Local Authorities but under threat. In

³⁴ Rural Economies Intelligence Report: economic conditions for organisations contributing to the Big Society in rural England – CRC, October 2010

others, Council staff are working in partnership with volunteers. Examples such as those outlined below testify to the vibrancy and diversity of the voluntary and community sector and to the already pluralist nature of the rural social care economy.

First contact

The First Contact service, operated by a few Councils in the country and visited by the CRC in Lincolnshire, provides an example of partnership working between full time council staff and volunteers. Here, older people are asked (using a standard pro-forma) about the issues affecting them, then put in touch with relevant services. Approaches to engaging with older people include meeting them at organised events, making contact via friends, knocking on their doors, and approaching them whilst shopping, perhaps in a street market. A co-ordinator is responsible for recruiting and overseeing volunteers. This post can exist in either the statutory or voluntary sector, and is usually a paid role. As one of our respondents from Age UK told us, “there are lots of volunteers, but marshalling them to work together is harder”.

Village Agents

The Good Neighbour Service developed by Wiltshire Rural Community Council is another that rests on partnership. This is modelled on the Gloucester Village Agents programme and has been contracted as a partnership between the RCC, Age UK Wiltshire, and Salisbury and Wiltshire Council. This kind of service, although requiring funding, can bring huge dividends. In Gloucestershire, the Agents are paid for 10 hours a week but often carry out extensive unpaid work beyond this. They have a track-record of befriending socially isolated older people and bringing them to a network of services and social activities.

Parish Councils

In other cases, local organisations are taking over functions previously carried out by Local Authorities. In Shropshire, for example, Selattyn and Gobowen Parish Council has taken on a meals on wheels services that was under threat due to funding constraints at County level. A Community Meals Project has been set

up for five vulnerable older people in the area. The project provides meals and social contact in a partnership between the parish council, the United Reformed Church, the local hospital (which cooks the meals) and the volunteers.

Similarly, Audlem and District Community Action in Cheshire have taken over a local day club for older people which has reduced the cost to the local authority as well as increasing reach and scope: *“We have now taken over at a third less cost to the Local Authority. We have increased attendance by 50% per day to 18, have set up a coffee club for older people and a befriending service as well. We are also commencing a 'take me out' service with voluntary drivers. We have increased the number of volunteers.”*

Conclusions

Creative, community-led activity is helping to retain services in rural areas

67. Encouraging a pluralist approach to the provision of care services clearly puts additional onus on the active involvement of communities. On our visits, a commonly expressed view was that rural communities have been working together to remain sustainable for some time. The view that ‘we have been operating on a 'Big Society' basis here in this rural village for ten years’, taken from a response to our survey, was shared by many. As noted above, we have come across many examples of communities acting in this way, and opportunities for Parish Councils and community groups to do more to meet the needs of older people in rural communities. In Shropshire, the unitary authority is encouraging Parish Councils to mentor each other to this effect.

68. There can be important benefits in terms of continuing to operate care and other services which might otherwise have been lost. In some communities, the opening of a new community facility has been welcomed across a wider area and has been seen to re-vitalise a small settlement, perhaps ensuring that a library continues to exist in a building that also serves as a community centre and a cafe, and provides internet access. This kind of approach can make a

noticeable difference to older people, who find that they can meet socially whilst undertaking other activities in a community facility, and gain information and advice about other services available to them. Putting services together in the same building can also make them more cost effective, especially if some of the staff of the centre are volunteers. The increased emphasis on the role of Local Authorities in informing service users of the care options open to them is important in this context.

Inspirational individuals are key, and more can be encouraged to contribute

69. Creative solutions such as these bring benefits to the community as well as being more efficient to operate. Many of the initiatives we have seen have been developed and operated by local people, often over a period of years. It is important to note, however, such initiatives are often led by one or two inspirational figures, which raises questions about replicating these examples of good practice. There are also important implications for people's time. We met several recently-retired professional people who had contributed very significantly to their communities. Some had clearly found themselves committing more time than they had expected.

70. The Community Organisers Programme aims to identify and support people to be active in their Community. The CRC believes that there is a need for such people to have access, beyond the existing programme, to advice and support from others to enable them to manage their time, and the resources available to them, better. This need not require substantial Government investment; access to mentors, or training in leadership, delegation and some basic financial, people and time management skills, perhaps led by the voluntary sector, could bring significant benefits. It could also encourage more people to become involved in community leadership activities. The voluntary sector, in turn, requires some financial stability and support in tendering and regulatory functions that can present a disproportionate administrative burden. Given the enormous contribution of the VCS in rural areas, particularly in providing and supporting care services for older people, some investment could bring significant dividends.

Digital solutions can be less useful for older people in rural areas

71. The CRC welcomes the additional funding for broadband in rural areas, but continues to believe that electronic service delivery only offers part of the solution to provide information and advice to older people in rural communities. We also think there is a risk that, under a system that allocates broadband funding to the most impressive bids rather than to areas of greatest need, there may continue to be rural Local Authorities which continue to have poor connectivity. As well as concerns about digital access, we note that a 2010 report³⁵ from the Office for National Statistics indicates that 60% of over-65s had never used the internet.

³⁵ Referenced in 'Listening to you' – Campaign to End Loneliness, 2011

Social care: summary

Funding disparities should be addressed

72. As noted at the beginning of this section, the 'Caring for our future' white paper seeks to address the shortcomings of the social care system, whilst the Business Rate Retention consultation proposes changes to the way that Local Government is funded. The CRC understands the principles of prevention, personalisation and partnership and plurality. To ensure that rural communities have fair access to services, compared with urban areas, and to help ensure that personal budgets meet to service needs on an equitable basis, the evident disparity in funding allocations needs to be addressed and we question whether the current consultation is far reaching enough³⁶.

Recommendation 1

The Department for the Environment, Food and Rural Affairs and the Department for Communities and Local Government should commission research into the formula used to distribute funding for social care to Local Authorities, examining in particular whether needs (rather than historic usage) of rural communities are treated similarly to those of urban areas.

Leaders should have access to mentors

73. With the drive towards a more pluralist approach to service provision, the CRC believes that there are opportunities for enhancing the scale and scope of community activity. To maximise this there is a need to nurture people who are potential community leaders with the right advice and support; this might include access to mentors, or training in leadership, delegation and some basic financial, people and time management skills, perhaps led by the voluntary sector.

³⁶ S Asthana for CRC: Variations on access to social care for vulnerable older people in England: is there a rural dimension?, April 2012

Recommendation 2

The Cabinet Office should work with the voluntary sector to establish a programme, perhaps linked to the Community Organisers programme, which provides volunteers wishing to establish or manage community activities with access to mentoring and leadership training.

Co-ordinating the activities of volunteers

74. A number of people have told us of the valuable work undertaken by volunteers, and have stressed the importance in many areas of those volunteers being co-ordinated to maximise the benefits of their activities. First Contact follows that approach. The post of co-ordinator can exist in either sector, and is usually a paid role. A respondent to our survey from a Parish Council told us of the need for 'using more volunteers to deliver front line services. This will only work if there is a salaried volunteer co-ordinator/manager within those organisations engaging volunteers.' Similarly, a prominent Chief Executive of one of the Age UK operations told us that 'there are lots of volunteers, but marshalling them to work together is harder'. We are concerned that spending reductions are leading to reductions in the numbers of paid volunteers at a time when they are much needed.

Recommendation 3

The Local Government Association and the National Council for Voluntary Organisations should develop guidance aimed at ensuring that reductions in spending do not lead to a reduction in the number of paid volunteer co-ordinators.

4

Transport

75. The availability of transport can provide a means to reduce social isolation. Some public transport is being withdrawn from rural areas as a consequence of the reduced ability of Local Authorities to subsidise scheduled services, but there is potential for Community Transport to meet some of the demand. However, the reductions in scheduled services are impacting rapidly and many community organisations are finding it a challenge to respond so urgently. Free off-peak local bus travel has been available anywhere in England from April 2008 for older and disabled people, but Local Authority discretion on the time of day that concessions can be used, or on their usability on different types of community transport, leads to different levels of access to services in different areas.

Car usage is more prevalent in rural areas than urban

76. People living in rural areas are more likely to need to use their cars to access essential services than those who live in urban areas, largely because there is less public transport than in urban areas. The RAC's 2011 Report on Motoring provides comparative statistics from a survey which asked people whether they could only carry out certain activities using their cars. This showed that the proportion of people in rural areas who must use a car to respond to medical issues, or to maintain a social life, is more than double that in urban areas. Similarly, 80% of rural respondents have to use a car for visiting family or transporting elderly relatives, compared to 44% in urban areas, and the difference is similar with regard to needing to use a car for shopping. The Department for Transport's 2010 National Travel Survey indicates that car ownership (including ownership of more than one vehicle) in rural areas is significantly greater than in urban areas, and is more prevalent at lower income levels.

Research³⁷ for the CRC by the Joseph Rowntree Foundation in 2010 found that 'transport costs make up the single largest element of additional costs' of living in rural areas.

³⁷ Smith, Davis and Hirsch: A minimum income standard for rural households, JRF for CRC, 2010

77. Some 3.7% of UK driving licences held by over-70s are revoked each year³⁸, mainly on a voluntary basis, with similar proportions in rural and urban areas. People in rural areas are more likely to run a car than those in urban areas, but for those who do not have access to a vehicle, perhaps because they have given it up due to infirmity (for example problems with vision), the ability to access other forms of transport is vital.

Policy

Funding reductions

78. There have been significant reductions in funding to Local Authorities to supplement the operation of service buses. As the Transport Select Committee noted³⁹, the 2010 spending review reflected 'three decisions that impact funding for the UK bus industry:

- local authority revenue expenditure was cut this year by 28%
- changes were made to the DfT's formula for concessionary fare reimbursements
- the Bus Service Operators Grant (BSOG) was cut by 20% from 2012-13'.

The chair of the Transport Select Committee, Louise Ellman MP, noted that:

“Following the Government's Spending Review, we have seen a significant number of bus services withdrawn around the country and there is every indication that fares are set to rise well above the rate of inflation in some areas. We know that over 70% of local authorities have moved rapidly to reduce funding for supported bus services, forcing most operators to withdraw services or push up fares - or both - as the English bus industry adjusts to the greatest financial challenge it has faced for a generation. For the most part it is rural, evening and Sunday services that are most affected, although in some areas every scrap of funding has been withdrawn from subsidised bus services. In some cases, whole sections of the

³⁸ DVLA, 2012

³⁹ Transport Select Committee, Bus services after the spending review, 2011

bus network have been scaled back with little or no proper consultation.”

The Business Rates Retention consultation proposes to re-instate into the Local Authority funding formula a criterion around environmental, protective and cultural services ‘to reflect the higher cost of delivering libraries and bus services in rural areas’.

Concessionary fares

79. All people over 60 years of age have been eligible for free off-peak travel on buses under the English National Concessionary Travel Scheme since 2008. Local Authorities, using funding from central Government, reimburse bus operators a percentage of the cost of an adult single fare for concessionary pass holders. However, in those rural areas where the only bus operates before concessions become valid at 9.30 am, the concession cannot be used. In most Local Authority areas these concessions do not apply on unscheduled community transport services, so older people can expect to pay full fares on those buses.

White paper: emphasis on rural

80. The Government recognises that the availability of good public transport is vital for older people in rural communities. The 2011 white paper ‘Creating Growth, Cutting Carbon’, makes the point that ‘It is important that all groups are considered when planning transport. For example, people with reduced mobility, older people and those living in rural areas face many barriers in undertaking journeys – not just physical access, but also the availability, affordability and acceptability of transport.’ Whilst promoting the benefits of car transport in rural areas, and emphasising the benefits of planning transport provision at local level, the white paper also recognises that reduced use of the car, especially for short journeys, is an important way of cutting greenhouse gas emissions. It strongly emphasises growth, and notes that investment in key infrastructure projects is important to the health of the economy.

Community transport

81. The Government is putting a renewed emphasis on community transport services. These tend to be provided by not-for-profit organisations, often social enterprises, and tend to use a mix of paid and voluntary staff. Normally, there is a paid service manager who co-ordinates the activities of drivers. Many of the people we spoke to said that older people constituted their principal client group. Community transport drivers often expect to help older people onto the bus, to see them into their home afterwards, and to help carry their shopping.

Types of community transport include:

- Bus services operating to a schedule
- Demand-responsive bus services such as dial-a-ride or call connect. The latter provides a connecting service to a scheduled bus route.
- Community car services, providing a means for small numbers of people in sparsely populated areas to travel to services (often health and care services) for the cost of fuel. Such services rely heavily on volunteers, but normally require a paid co-ordinator to make arrangements.

Two new funds

82. In parallel with the publication of the white paper, the Government announced the *Local Sustainable Transport Fund*, a £560m fund over four years under which local transport authorities in England (outside London) are able to apply for funding to support the cost of a range of sustainable travel measures. These include promoting walking and cycling, encouraging modal shift, managing demands on the network effectively, securing better traffic management, improving road safety and improving access and mobility for local communities. Bidders were also expected to demonstrate benefits in terms of economic growth and reducing carbon.

83. A £10million *Community Transport Fund* was also announced in January 2011, to be distributed to rural local transport authorities to kick-start the development of community transport services in their area. The Government also announced a partnership with the

Community Transport Association to provide each rural local Local Authority in England with £2,600 worth of consultancy advice on how to establish, manage and develop sustainable community transport operations within their area. The announcement of that fund, which Authorities were encouraged to supplement with their own funds, was repeated with a further £10million in December 2011.

Case study: Lincolnshire

Through consultation held under Lincolnshire's Excellent Ageing programme, a gap around low-cost minibuses was identified. Using the Community Transport Fund, the County Council is offering community and school owned minibus groups the incentive of two grants of up to £25,000, (or 75%) towards the cost of a replacement vehicle on an annual basis, on the condition that they allow other non profit groups to hire their minibus when not in use. For older people in rural areas, this should help enable groups to access transport to take part in activities, events and day trips. In return, the minibus owning group can generate further income to keep vehicles well maintained and serviced, while the replacement grant will keep valuable community and school resources updated and available across the county. The Council has also used the 6 consultancy days offered through the Community Transport Fund, plus a further commissioned 20 days, to enable the Community Transport Association to work with car schemes and community transport providers to support the development and growth of their services.

Analysis

84. The CRC understands the need to reduce public spending in the light of the challenging economic climate, and recognises that subsidies for public transport will need to feature within this. This report focuses on the needs of socially isolated older people in rural areas, and having access to services and friends is a key means to address this. Furthermore, we have identified some transport-related issues which are making access less comprehensive than it could be, even in the current public spending climate.

Local Authority discretion

85. We note that Local Authorities have discretion about which scheduled bus services they should subsidise, and that at the present time discretion is being used to reduce or remove subsidies in some areas. Equally, they have discretion about whether to enable concessionary fares to be used on non-scheduled community transport services, and also whether they can be used before 9.30 in the morning. This situation leads to a position where older people can be better provided-for with bus services in some Local Authority areas than others.

Inflexibility

86. We are also aware that there is no flexibility within legislation to enable bus companies to request a voluntary contribution to fares from concessionary pass holders, even though some older people would be willing to make such a contribution. This inflexibility has led to services being withdrawn from routes where that may not have been necessary, as the following case study demonstrates.

Case study: East Yorkshire Motor Services (EYMS)

On one bus route which was under threat, EYMS piloted for one month a scheme whereby concession-holders were asked to volunteer to contribute something towards the cost of their journey. This practice appeared to gain some local support, but was dismissed by the DfT which took the view that 'concessionary travel legislation makes no provision ... to solicit donations from the public'.

Integrated community transport services

87. The Campaign for Better Transport told us that in Dorset, the county council were re-tendering for bus services that linked service buses with school transport and transport for adult services clients. This kind of approach, where spare capacity amongst specific transport providers can be used to meet wider needs has the potential to increase the availability of community transport services for older people in rural areas, and was much discussed during the CRC's visits in the course of this project. Although the principal of integrating services is often welcomed, barriers to closer integration

of services include inconsistent access for wheelchair users, and the administrative and management difficulties of bringing together different service providers into an integrated programme.

Creative approaches to community transport

88. The CRC has come across a number of innovative and creative approaches to the management and provision of community transport, which demonstrate how a more comprehensive service can be delivered in a sustainable way, for example by delivering several services.

Case study: NEED

NEED (North East Equality and Diversity Ltd) offers a mixture of types of community transport, which helps to maximise the viability of different services. It runs a fleet of 12 minibuses covering most of Northumberland, focusing on geographically isolated, disabled and older people. It does not compete with the commercial sector – it operates services on routes which the larger bus operators find unviable, and provides a door to door service catering for vulnerable people. There are 21 staff, including a paid Business Development manager – funded by the Social Investment Bank and Community Transport Trust – and 15 volunteers. NEED has commercial contracts with local schools and Age UK. The commercial side of the business helps to subsidise the social / community transport side.

89. The 2011 Rural Services Network survey⁴⁰ identified initiatives such as a demand-responsive taxi-link to a main bus route, support for voluntary car schemes, and a group of parish councils paying for the re-instatement of a withdrawn bus service.

Case studies: Call Connect

Lincolnshire's 'Call Connect' enables residents to call a central number, and a bus is despatched to the area to collect groups of people where there is a viable level of demand. This service has

⁴⁰ The state of rural public services, RSN 2011

been expanded recently to cover some settlements where service buses have been withdrawn. A similar approach, ShropshireLink, was launched in Shropshire in 2008, and offers 100% coverage of rural households. Since its introduction passenger trips have more than trebled compared to those undertaken on the outgoing rural services.

There is a need for more trained minibus drivers

90. Throughout this project, we have taken an interest in mechanisms which can make the delivery of services more efficient. There are cases where a small investment can lead to considerable savings, or the beneficial expansion of an existing service.

91. Some community transport providers talked about the need for more trained minibus drivers, perhaps under MIDAS (minibus driver assessment scheme). One service manager told us that he often had spare bus capacity (buses standing unused for parts of the day), which could be used to help satisfy a demand for services for older people and others in rural areas, and which he believed he could run viably with a paid driver. However, he had been unable to recruit appropriately licensed drivers. The cost of putting someone through the relevant training course is around £1000, and he felt that this kind of investment would help meet the twin needs for more transport in rural areas, and for helping unemployed people into work as minibus drivers. In Shropshire, the Community Transport Consortium is considering using Community Transport Funding to pay for some of these training sessions should they be required, in their case to increase the number of volunteer minibus drivers in the County.

Paid co-ordinators ensure that community transport capacity is maximised

92. Many voluntary community car services have used public funding to employ co-ordinators to manage their services. The cost of the co-ordinator has often been met by the Local Authority, but increasingly community car schemes are charging a booking fee, in addition to the cost of fuel, to cover such overhead costs; that additional cost will fall upon service-users who, because of the distances involved, will already be paying more to use community cars in rural areas than urban.

93. The CRC has identified a number of creative approaches to making community transport more comprehensive and economically viable, as shown in the examples on pages 43 and 44.

Conclusions

94. We are concerned that the removal of subsidies to scheduled bus services is having a disproportionate impact on rural communities. Further reductions in rural bus services are occurring in 2012/13 as the BSOG reductions are introduced, and we doubt that the proposed change to Council funding criteria which aims to address this situation will have a significant effect. Rural bus services have tended to be infrequent anyway, and have often required greater subsidies than in urban areas because the number of passengers tends to be lower than in urban areas. The removal of those services is leading to a position where fewer urban settlements are connected to bus services than previously, and those that are receive fewer services than they used to. For older people experiencing physical isolation from services, and social isolation from friends, family and community activities, the impact will be great.

Funding issues

95. The CRC supports increased community transport services in rural areas. However, we are concerned that many older people will be unable to use their concessionary bus passes on those services. We are also uneasy that Local Authority policies can vary in the following ways:

- inconsistent approach to subsidising scheduled bus services
- inconsistent approach to the use of concessionary fares on community transport services
- inconsistent approach to the validity of concessionary fares before 9.30am

96. The consequence of these variations is a situation where older people in similar circumstances have access to free bus travel in some rural areas, but not in others. We note that the Government

rejected the call of the Transport Select Committee for '*ministers to legislate to permit the use of the concessionary pass on a wider range of community transport services*' and we are concerned that this inflexibility will continue the disproportionate impact on older people in rural areas compared to urban areas.

97. We would like to see some flexibility around the scope for bus passengers who have access to concessionary fares to make voluntary contributions when travelling on buses, so that more bus routes can remain open and viable.

98. The Government has made clear that it believes that older people should have access to personal budgets to purchase social care and some health services, from a diverse range of providers. We believe that there could be merit in replacing the concessionary fare system with one by which older people have access to personal budgets for scheduled and community transport services.

Recommendation 4

The Department for Transport should explore the feasibility of replacing the concessionary fare system with one by which older people have access to personal budgets for scheduled and community transport services.

Community Transport

99. We appreciate the management difficulties around integrating currently diverse forms of community transport. Nonetheless, we believe that there is scope for greater integration, with buses being used for a wider variety of purposes at different times of the day. One barrier to more comprehensive community transport appears to be the limited number of people who are qualified to drive minibuses.

Recommendation 5

Local Authorities should consider using the Community Transport Fund and other revenue sources to provide training for local people to pass minibus driving licences.

5

Housing

100. If older people are to continue to live in their own communities, they will need to have suitable housing which makes that possible. Some will be able to continue to live in their own homes, whilst others may need to move into more specialist housing.

What are the main issues?

As older people become less mobile, social isolation becomes more likely

101. People can find it increasingly difficult to live in their own homes as they get older. This is usually a consequence of physical infirmities. Data from the General Household Survey⁴¹ indicates that between the ages of 65 and 74, 6% of people need help climbing the stairs, a percentage which grows to 12% for the 75-84 age group, and to 30% for those over 85. Similar increases are found for those needing help bathing, dressing, and going to bed. Without appropriate adaptations, or for some people, complete re-location to housing more conducive to their needs, these difficulties are more likely to result in accidents, including falls. The Department of Health has estimated that fall-related admissions to A&E will rise from 515,000 in 2008 to 735,000 by 2025⁴². Long-standing friends can begin to suffer similar problems at the same time, and if families have moved away then the resultant physical isolation can lead to social isolation as well.

The housing needs of older people vary and can change as they get older

102. Research by the CRC in 2006⁴³ showed that some people preferred re-location to a larger settlement with more services close by, but many chose to continue to live in their own community. The

⁴¹ In 'Financial benefits of investment in specialist housing for vulnerable and older people', Frontier Economics for HCA, 2010

⁴² Data quoted from Financial benefits from investment in specialist housing for vulnerable and older people, Frontier Economics for HCA, September 2010

⁴³ Housing and support needs of older people in rural areas, CRC / Housing Corporation, 2006

CRC research concluded that 'it is essential to develop a rural [housing] stock profile that is, and must be, responsive to the needs of older people'. As the population grows, and people live longer, the need for more housing that meets the needs of older people becomes more pressing.

103. There are a number of different types of housing that older people in rural areas might need. For some the need is for adaptations to their own home, such as rails to help older people avoid accidents such as falls, or assistive technologies such as warning sensors relating to temperature or movement (linked to a central help facility), or aids to hearing or vision.

104. Others may develop a need for more specialist housing, such as purpose-built bungalows for older people. These may be privately owned or rented, and some may be supported by a warden or caring service. More comprehensive care may be offered by providing small apartments within a larger building, with day centre facilities and care and medical support in-house.

Policy

Changes to the benefits regime

105. From 2013, working age residents of social dwellings in which some bedrooms are not used (perhaps because older children have left the home) will receive lower levels of housing benefit than they would if they lived in properties in which all bedrooms were used. Research from Cambridge University for the CRC⁴⁴ indicates that there is already a shortage of one-bedroom properties in rural areas.

106. A further change is the introduction of the Affordable Rent product. Under this, Housing Associations will be able to charge tenants up to 80% of market rent when they move into newly built accommodation. Tenants will be able to claim housing benefit, but for some people this change will lead to a significant increase in the cost of renting property.

⁴⁴ Rural Housing at a time of Economic Change, Clarke and Monk for CRC, 2012

Planning policy

107. The Government has abolished Regional Spatial Strategies, which set targets for the numbers and types of properties that would be built in specific areas. In their place it introduced the National Planning Policy Framework (NPPF) in March 2012, closely linked to aspects of the 2011 Localism Act. The NPPF includes a 'presumption in favour of sustainable development', aiming to ensure that plans for new building can be implemented more quickly than in the past.

108. The Act devolves responsibility for strategic planning down to Local Authorities, which in turn are expected to give some of their powers to neighbourhoods. Rural communities will be able to develop Neighbourhood Plans, and smaller scale 'Community Right to Build' schemes, drawn up by local people, and ultimately approved in a local referendum. It is at this level that plans for specialist housing for older people should be drawn up. Local Plans, drawn up and agreed by local authorities will be key strategic planning documents for local areas. Authorities which do not have a Local Plan in place have a 12-month transition period in which to publish one.

109. In the National Planning Policy Framework, Government has made clear that Local Authorities should plan for a mix of housing based on current demographic trends and the needs of different groups in the community including disabled or older people. In addition "Laying the Foundations: A Housing Strategy" suggests that a proportion of homes should include features better suited to their needs, for example wheelchair adaptable housing or housing meeting the Lifetime Homes standard.

110. 110. Other key elements of the NPPF and Localism Bill include incentives for Local Authorities to expand development, including the New Homes Bonus, and a requirement that some of the Community Infrastructure Levy should be spent locally. These provide two incentives for increasing the construction of new dwellings in rural areas. The Government's New Deal for Older People refers to a pilot scheme whereby a Council arranges for an older person to move into

rented accommodation, and then takes responsibility for letting their property; the older person receives the rental income.

Other key elements of the NPPF and Localism Bill include incentives for Local Authorities to expand development, including the New Homes Bonus, and a requirement that some of the Community Infrastructure Levy should be spent locally. These provide two incentives for increasing the construction of new dwellings in rural areas. The Government's New Deal for Older People includes a proposal for Councils to arrange for an older person to move into rented accommodation, and then take responsibility for letting their property at an affordable rate.

Homes and Communities Agency (HCA)

111. Responsibility for the funding of social housing in rural areas falls to the HCA. They told us that 9% of the HCA Affordable Housing Programme is allocated to places with populations below 3,000 people, with a further amount (not currently specified) going to 'larger villages', with populations between 3,000 and 10,000. Along with other Government bodies, the HCA is experiencing budget reductions.

'Caring for our future' white paper

112. The current white paper announces a £200million capital care and support housing fund, over five years from 2013-14, 'to encourage providers to develop accommodation options for older people and disabled adults'. No further detail on how this fund can be used, or which organisations are eligible to use it, is currently available.

Analysis

Planning policy has the potential to increase the number of suitable dwellings for older people in rural areas but the housing market is sluggish

113. The CRC has supported the introduction of the NPPF because there is a clear need for more housing in rural communities. Neighbourhood plans, developed by local people, should set out the number and types of dwellings required in rural settlements. Local people are best-placed to know about the need for housing which meets the needs of local people, and the presumption in favour of sustainable development makes it more likely that such plans can be progressed quickly. However, the current flat state of the housing market may mean that it will be some time before incentives have a material effect – and with the removal of Regional Spatial Strategy targets, there may be a temporary fall in the number of housing completions, and reductions in the size of the HCA budget will only add to this situation.

114. The Glendale Gateway Trust, in Northumberland, has shown how a community organisation can identify the need for local housing and ensure that it is built, as the following case study shows.

Case Study: Glendale Gateway Trust

Glendale Gateway Trust is a Development Trust, run by a Board of local people from the Glendale Valley near Wooler in Northumberland since 1996. Setting up as a formal development trust helped them draw down specific monies, including Market Towns Initiative funding that was put towards purchasing out of use housing units for converting into social housing, including some specialist housing for older people. The Trust was well placed to respond to the trend towards delivery of services at more local levels and negotiated with the District and County Councils, and a range of other bodies, to set the conditions for the development of social housing in Wooler. Taking over social housing initially was a risk but they were only able to do so because they were using public money from the Market Towns Initiative (which no longer

exists). If this funding had not been available and they were borrowing money against their own assets they would have been less likely to take this risk.

Local communities can develop appropriate housing for older people

115. There are examples of local people identifying a need for specialised accommodation for older people within their communities, and under the direction of inspirational individuals, leading its development, as the following case study shows.

Case study: Esk Moors Caring, North Yorkshire

Research by the local community in the 1990s identified a need for services such as care at home, independent living in supported accommodation, and 'things to do'.

Esk Moors Caring Limited was established as a community social enterprise company which provides personal and practical home care in 60 square miles of the Upper Esk Valley. It works in partnership with the private care home provider, Abbeyfield, to manage Castleton House, an "extra care" facility which includes 12 independent living flats for local over-50s with some level of need, and a community day centre for community use. The centre includes fitness, learning and leisure activities for older people, but aims to attract all ages in the community. They also provide outreach care to people in their own homes, and befriending services. They have a volunteer Board of Trustees, all local, which takes legal responsibility for the financial viability, overall functioning and forward strategy of the organisation.

Conclusions

116. The CRC recognises the benefits for older people of the availability of suitable accommodation in rural communities. As noted earlier, there can be significant benefits in terms of preventing ill-health as a consequence of adaptations to the home, or the availability of purpose-built accommodation for older people. As well as helping older people to live longer and healthier lives, therefore, the

availability of appropriate housing can also save expenditure by the National Health Service. We expect that speeding up the planning process, as envisaged in the National Planning Policy Framework, will have the effect of enabling older people from rural communities to continue to live locally.

Recommendation 6

Following the introduction of the National Planning Policy Framework, DCLG should monitor the numbers of newly built dwellings aimed at older people in rural areas and issue a report two years after the implementation of the NPPF in spring 2014.

117. The forthcoming provision by which people who 'under-occupy' a socially rented property may face housing benefit reductions will not affect people over retirement age directly. However, it is likely to affect people whose children leave home, and who are approaching retirement age. Some people are likely to find it necessary to move out of their home of many years because they can no longer afford the rent on a family-sized property. If they find that they have to move away from their locality because they are unable to find a smaller property there, they run the risk of increased social isolation and as a consequence poorer health as they get older.

Recommendation 7

The Department for Work and Pensions should introduce a protection that ensures that people approaching retirement age will not experience a reduction in their housing benefit as a consequence of the under-occupancy provision unless suitable alternative accommodation is available to them within their own community.

6

Conclusions and recommendations

118. Challenges exist for people who deliver those services in rural areas which help reduce social isolation experienced by older people. This report has examined how social care, transport and housing services contribute to addressing social isolation, and has also identified a number of ways in which changes can be made to policy, funding arrangements or the delivery of services that can help to improve quality of life for the older people in question. The CRC is very conscious of the economic and spending context, and has sought as far as possible to make recommendations which do not imply increased spending by Government or others.

Social care

119. As the All Party Parliamentary Group on Rural Services has noted, providing care 'to rural populations entails unavoidable additional costs due to diseconomies of scale, additional travel time and related costs, and the effects of caring for an older population'. At a time when the Government is promoting direct payments and a mixed economy of service provision, this is exacerbated by the tendency for personal budgets to be lower in rural areas than urban; and further exacerbated by funding formulae which appear to relate to historic patterns of service rather than to actual levels of need.

120. Faced with reduced funding levels, Local Authorities have had to restrict the thresholds at which social care is funded to individuals with more pressing needs: quite the opposite of what would be needed to prevent individuals from becoming more infirm, more confined to their own home, and therefore more socially isolated. The fact that per head funding is lower in rural areas combines with greater physical isolation to make social isolation more challenging to address in rural areas than urban. The establishment of a national minimum eligibility threshold for entitlement to care is welcome. However, it will only result in equivalent services being available to people with similar needs, at similar costs, if funding for care is allocated to Local Authorities on the basis of need; the current

approach, which allocates funding on the basis of prior use of services, is flawed and has unintended consequences.

121. There are opportunities for increased support to older people from community and voluntary groups, and the CRC supports this concept, in line with Government policy. In order to make the most of the available VCS capacity, there is a need for support and guidance to be made available, perhaps from within the voluntary sector, to those inspirational individuals who have much to offer their communities. This is a country where many people take part in volunteering, and maximum use of this resource is often obtained by having paid co-ordinators to ensure that volunteers are deployed where they are most effective. It is the view of the CRC that spending reductions that lead to such posts being deleted are counter-productive.

Transport

122. The availability of transport is vital to rural areas because of the obvious challenges of travelling to friends, family and services from more remote places. As a consequence, car ownership is greater in rural areas than urban, and extends to people on lower incomes. Those older people without access to their own transport have greater chances of experiencing social isolation in rural areas than urban, and so the availability of public transport is vital.

123. At a time when subsidies to scheduled bus services are being reduced or withdrawn, the provision of community transport is increasingly important. The inconsistencies in Local Authorities' policies towards community transport include the degree to which scheduled bus services continue to be subsidised, the types of community transport on which concessionary passes are valid, and the approach to using concessionary fares before 9.30am. These three inconsistencies create a situation where older people can face very different levels of access to public transport in different areas, and present an opportunity to re-think how concessionary travel is financed.

124. There is also scope to maximise the use of existing capacity of community transport, including by closer integration of currently disparate services such as NHS bus services or school transport.

There are clearly administrative, bureaucratic and human hurdles to overcome for this to be achieved, but the CRC believes that Local Authorities should encourage closer integration. There also appear to be opportunities to increase the number of services operated by community transport providers if more people can be trained as minibus drivers.

Housing

125. People tend to have changing housing needs as they age. For some, adaptations to their own home are sufficient, whilst others may move into purpose built accommodation, some needing on-site support and others able to continue without assistance. Appropriate housing may be in the private or rented sectors, and is a determinant of good health, as it can help prevent falls or other injuries. Housing located close to services and friends or family, is a factor in preventing social isolation.

126. This report notes that social isolation is a very serious risk to public health. Preventing ill-health helps to reduce public expenditure on the NHS and on benefits, as well as being a clear social objective, so there are clear economic and social gains to be made from the existence of a greater number of dwellings that are suitable for older people in rural communities. For these reasons, the CRC has welcomed the arrival of the National Planning Policy Framework, which we believe will help speed up planning decisions, and encourage local people to contribute to decisions about the numbers and types of housing that are built in their areas.

127. However, we are concerned that more constrained benefit eligibility criteria may lead to people feeling the need to move house as they approach retirement age. In particular, the under-occupancy provision for housing benefit for social tenants will make it harder for some people to continue to live in their own homes. If they have to relocate in order to be in an area where there are more smaller dwellings, they are more likely to face social isolation, ill health, and a need for better transport provision, all of which would imply costs to the state. This lack of joined-up thinking engenders a situation where the reduced cost of benefits leads to greater costs in other areas of public expenditure.

128. Given the decrease in public spending across the board we can expect to see reductions in the way that many services are delivered in rural areas. Much will depend on the energy, enthusiasm, and leadership qualities of local people, whether in employment in the state, private or voluntary sectors, or working on an unpaid basis, to make things happen. Localism implies that services should be increasingly designed to meet the specific needs of older people in small rural communities, and we support this concept. However, we question the extent to which this will mean that some services which can help to reduce social isolation for older people, such as some aspects of care, public transport or specialist housing, can be provided on a universal basis when localism is accompanied by unprecedented cuts in Local Authority funding. We note the commitment given in Open Public Services 2012⁴⁵ that 'The Government will ensure that issues of fairness for people in rural areas accessing individual services are taken into account when developing policy'. *We hope that, regardless of where they live, older people enjoy equal opportunity of access to services for equal needs.*

129. Key to this is an equitable distribution of Government funding between rural and urban areas, on the basis of need. Funding decisions by central Government and Local Authorities relating to social care, transport and benefits, call into question whether need is the determining factor. A more joined-up approach, focused on the needs of older people in rural areas, would go some way to reducing the risk of social isolation and in doing so would also reduce expenditure from the public purse. This is not a call for additional funding, but for fairness for older people in rural areas, as envisaged in the Open Public Services White Paper.

⁴⁵ Open Services 2012, Cabinet Office

Recommendations

1. The Department for Environment, Food and Rural Affairs and the Department for Communities and Local Government should commission research into the formula used to distribute funding for social care to Local Authorities, examining in particular whether needs (rather than historic usage) of rural communities are treated similarly to those of urban areas.
2. The Cabinet Office should work with the voluntary sector to establish a programme, perhaps linked to the Community Organisers programme, which provides volunteers wishing to establish or manage community activities with access to mentoring and leadership training.
3. The Local Government Association and the National Council for Voluntary Organisations should develop guidance aimed at ensuring that reductions in spending do not lead to a reduction in the number of paid volunteer co-ordinators.
4. The Department for Transport should explore the feasibility of replacing the concessionary fare system with one by which older people have access to personal budgets for scheduled and community transport services.
5. Local Authorities should consider using the Community Transport Fund and other revenue sources to provide training for local people to pass minibus driving licences.
6. Following the introduction of the National Planning Policy Framework (NPPF), the Department for Communities and Local Government should monitor the numbers of newly built dwellings aimed at older people in rural areas and issue a report two years after the implementation of the NPPF in spring 2014.
7. The Department for Work and Pensions should introduce a protection that ensures that people approaching retirement age will not experience a reduction in their housing benefit as a consequence of the under-occupancy provision unless suitable alternative accommodation is available to them within their own community.

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