



## Evaluating the Provision, Availability, Cost, and Quality of Health and Social Care for the Elderly Frail in a Rural Community

**Introduction.** In recent years the thinking in Government, the NHS and Social Care has recognised that the success or failure of the way we care for our ageing population will be governed by how we promote, resource, manage and deliver health and social care in our communities. It will involve the intimate cooperation between primary and acute health care, social care and public health, housing and benefits, charities and community support groups, etc. at the local level i.e. “those that do the job must work together”. Critical to achieving this aim lies in engaging with individual communities and understanding their particular needs, (in terms local health and well-being), their strengths, weaknesses, and potential for delivering the best quality of care (and outcomes) that are financially possible.

Hitherto, the success (or failure) of the NHS, Social Care and other providers has been judged by the impact, primarily, on individual specialisms (cancer, coronary disease, A&E, mental health, etc.) in the acute (hospital) sector and intervention (crisis, residential, nursing, etc.) in the social (adult care) sector. The story is one of statistics that relate to these specialisms (a top-down pyramid viewpoint) meeting a myriad of objectives/targets/outcomes. However, the reality for the elderly and frail is simply how the local Health and Care services respond to their individual and everyday (usually multiple) chronic illnesses and continuing social care needs. To do this suggests a bottom-up tree-like strategy with services (the branches) structured to combine, work together and focus directly on the person.

We also believe that the success (or failure) of the acute sector is totally governed by the ability of the NHS primary sector and the local authorities, in concert with its partners in the community, to limit demands upon the hospitals by competently handling most minor and less serious conditions and more effectively managing chronic ailments of the elderly without recourse to hospital admissions.

**Proposal:** We would like to carry out a study that aims to look at one well-defined community to initially establish the total provision and quality of Health, Social, Housing, Community, and Voluntary Care being offered to those living with dementia and other chronic ailments in its catchment area - a typical rural community. By conducting this research we hope to create a quantitative analysis of “care in the community” which can, not only highlight the strengths, weaknesses, and shortcomings in this community, but also generate a model with which to compare the situation between other rural communities across Suffolk, other rural counties, the UK, and allow a comparison with the provision of care in urban and metropolitan conurbations. In addition, the study will help Suffolk and other rural counties, to assess the need for affordable investment in local care initiatives.

**Potential benefits:** The study will provide an overall local viewpoint of the Health, Care, and Well-Being of the elderly frail in one well-defined population. We believe that this will assist/advise in:

Understanding the strengths, weaknesses and potential of individual communities

Planning local resourcing to meet current/anticipated demand

Providing a model that can be used in analysing the potential of local and county-wide initiatives

Creating a person-centred database of health and social care provision in individual communities

Enabling individual communities to express their wishes and plan their development with regard to their elderly residents

**Methodology:** The project will create a current and detailed person-centred image and analysis of the health, social care, and wellbeing of the elderly frail residents of Debenham and its surrounding villages by:

#### Phase 1

1. Acquiring all available statistical demographic, health, social, 3<sup>rd</sup> sector, voluntary and local data relevant to the Debenham community.
2. Normalising this to a recent reference year and to the local population's over 65 demographics.
3. Creating a database of the community's elderly person's health and social care resources and their statistics of usage.
4. Developing a draft statistical model of the current use, and future demand, of these resources by residents who are over 65 at this time.
5. Building a draft cost/revenue model of health and social care in the community.
6. Assessing the overall availability, achievement, quality and cost of delivery of health and social care to elderly members in this community.

#### Phase 2

Expanding the above with qualitative and anecdotal data by:

1. Local presentation(s) of the above findings and assessment, and engagement with stakeholders and individuals.
2. Gathering of qualitative and anecdotal data by survey and personal interview.
3. Reviewing the draft assessment and preparing a report which "Characterises the Health and Care of a Typical Rural Community in Suffolk".
4. Assessing the conclusions against the overall county, regional and national norms, and one-to-one comparisons with situations in metropolitan, urban and other rural communities.
5. Presenting and publishing the results of the study in the professional domain.

**Resourcing/Funding:** It is hoped that the project will attract support (financial and/or in kind) from NHS, SCC, charitable funds, and community-based organisations.

1. The Debenham Project: The project is prepared to fund the project with a grant of up to a maximum of £10,000.
2. SCC Public Health: To offer their expert capability in acquiring and analysing demographic and health and social care statistics.
3. NHS IEES and WS CCGs: To facilitate access to Phase 1 statistical data and Phase 2 surveys and interviews.
4. SCC Adult Care: To facilitate access to Phase 1 statistical data and Phase 2 surveys and interviews.
5. Suffolk University: To carry out the research, analyse results, prepare reports, and make presentations.
6. Healthwatch Suffolk: To work with Suffolk University on Phase 2 surveys and interviews.
7. Suffolk Community Foundation: To facilitate additional grant funding to cover research staff costs and other expenses.

It is anticipated that Phase 1 can be conducted, with the assistance of Public Health, the CCGs, and Adult Care significantly within a budget of £10,000. However, Phase 2 will depend additional grant funding. It is felt appropriate to bid for a “matching” £10,000 grant.

**Timescales:** Assuming that the above stakeholders are prepared to support the project in the way suggested, it is believed that a starting date of July 1<sup>st</sup> is just about achievable, Phase 1 could be delivering a draft report by mid-October, and initial Phase 2 findings around the middle of 2020.

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