

Rural Solutions and Geographic areas. How can we meet the challenges of Rural West Sussex?

Juliette Garrett and Debbie Young
Workshop 2

The West
Sussex
population is:

58%
urban



rural
42%

The rural population is:



69%
rural town



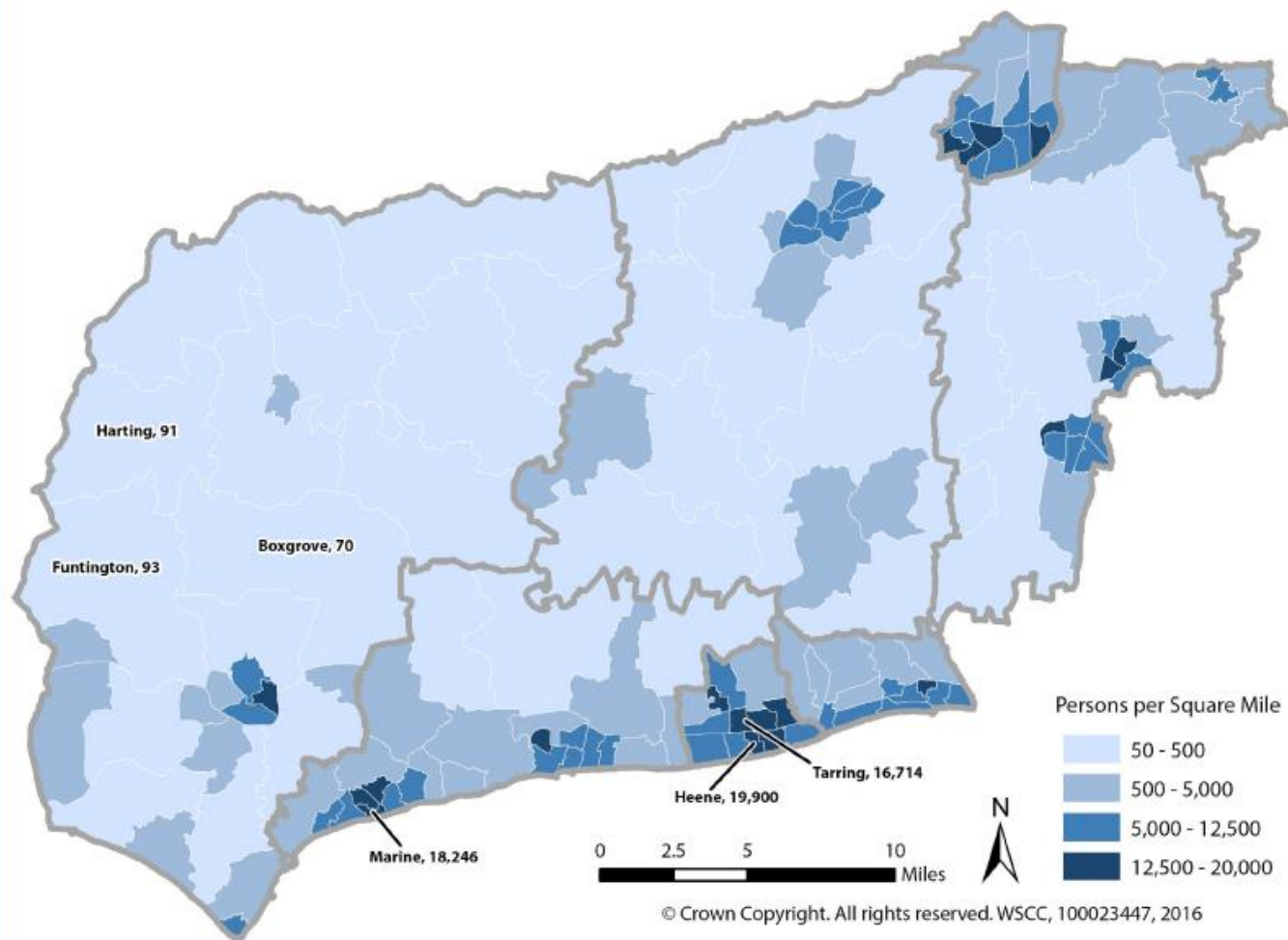
18%
village



13%
dispersed

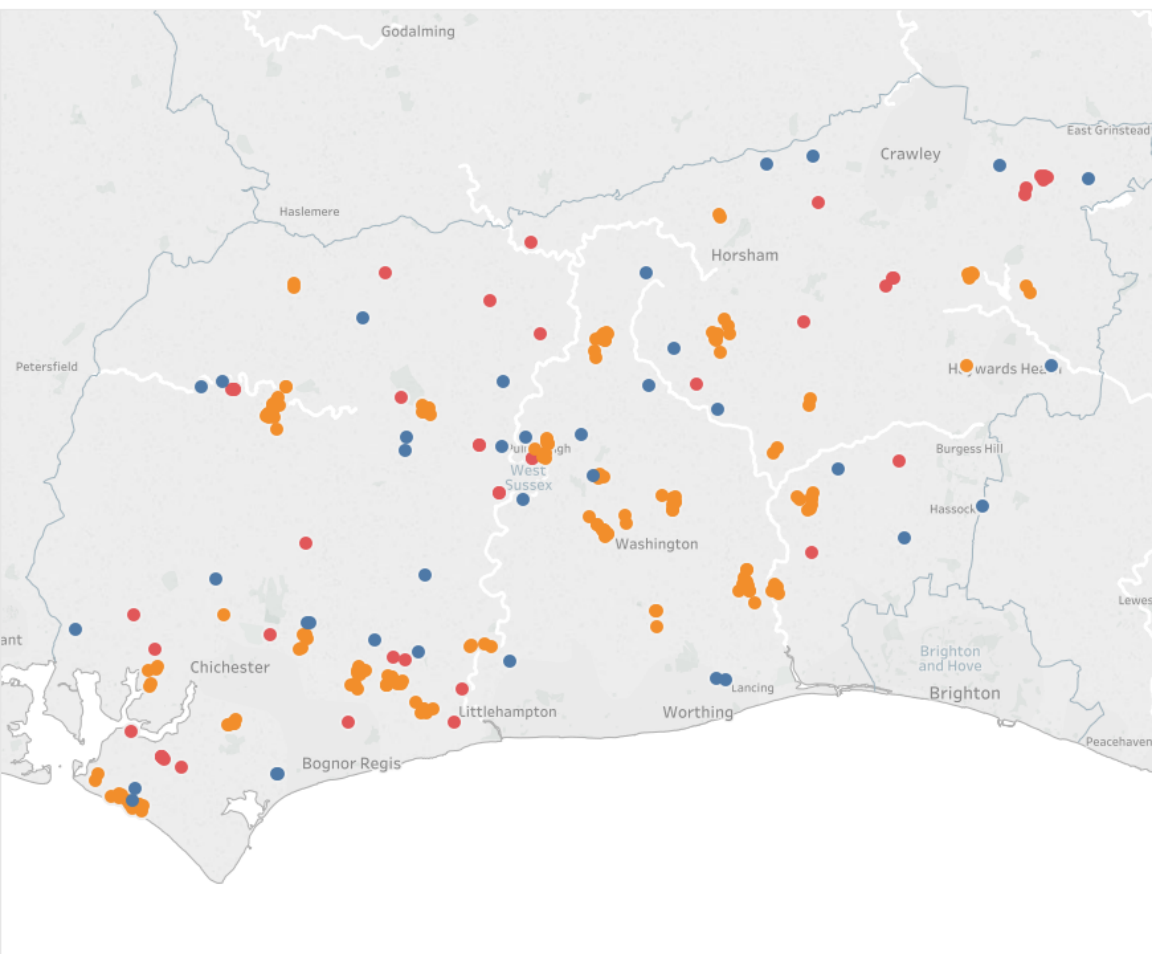
Source: Defra Rural and Urban Area Classification

Figure 1.7: Population density by ward, the three highest and three lowest highlighted



Source: West Sussex County Council

Rural Dom Care Customers



Parish
All

Rural or Urban
 ■ Rural hamlets and isolated dwellings
 ■ Rural town and fringe
 ■ Rural village

Rural or Urban
Multiple values

Provider Customer Counts by Resident Parish

Parish

Aldingbourne	8
Ardingly	2
Arundel	4
Ashington	7
Balcombe	4
Barnham	3
Bersted	1
Billingshurst	12
Birdham	6
Bosham	5
Boxgrove	6
Bramber	1
Climping	1
Coldwaltham	2
Colgate	1
Cowfold	2
Cuckfield	1
Easebourne	2
East Dean	1
East Grinstead	1

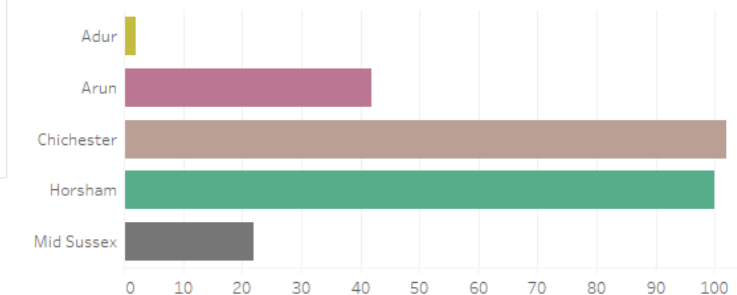
Parish

East Wittering	13
Eastergate	6
Fernhurst	2
Findon	3
Fittleworth	2
Ford	2
Funtington	2
Hassocks	1
Henfield	9
Hunston	6
Hurstpierpoint ..	1
Kirdford	2
Lavant	1
Lindfield Rural	1
Lower Beeding	1
Loxwood	1
Lurgashall	1
Lyminster and C..	1
Madehurst	1
Midhurst	20
Newtimber	1
Northchapel	1
Pagham	2
Parham	1
Petworth	10
Pulborough	13
Reigate and Ba..	1
Rusper	2

Parish

Shipley	4
Slaugham	3
Slinfold	1
Sompting	2
Southwater	9
Stedham with Iping	4
Steyning	8
Stopham	1
Storrington and Sul..	11
Tangmere	2
Thakeham	1
Tillington	1
Trotton with Chithu..	1
Turners Hill	6
Upper Beeding	6
Walberton	3
Warnham	2
West Chiltington	5
West Dean	1
West Grinstead	2
West Itchenor	1
West Lavington	1
West Wittering	6
Westbourne	1
Westhampnett	1
Wisborough Green	1
Worth	1
Yapton	7

Rural Customers within Districts



Current Customers

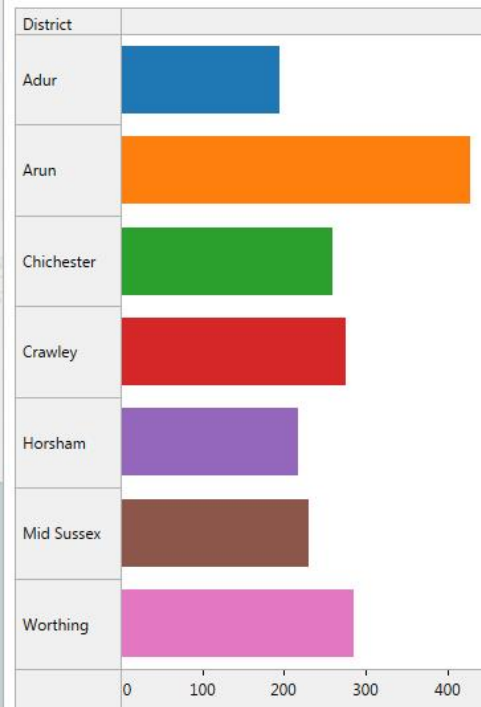
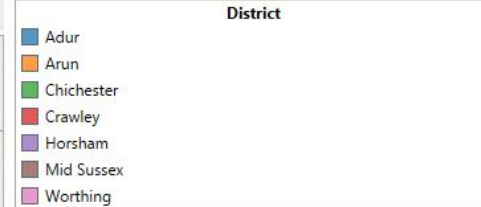
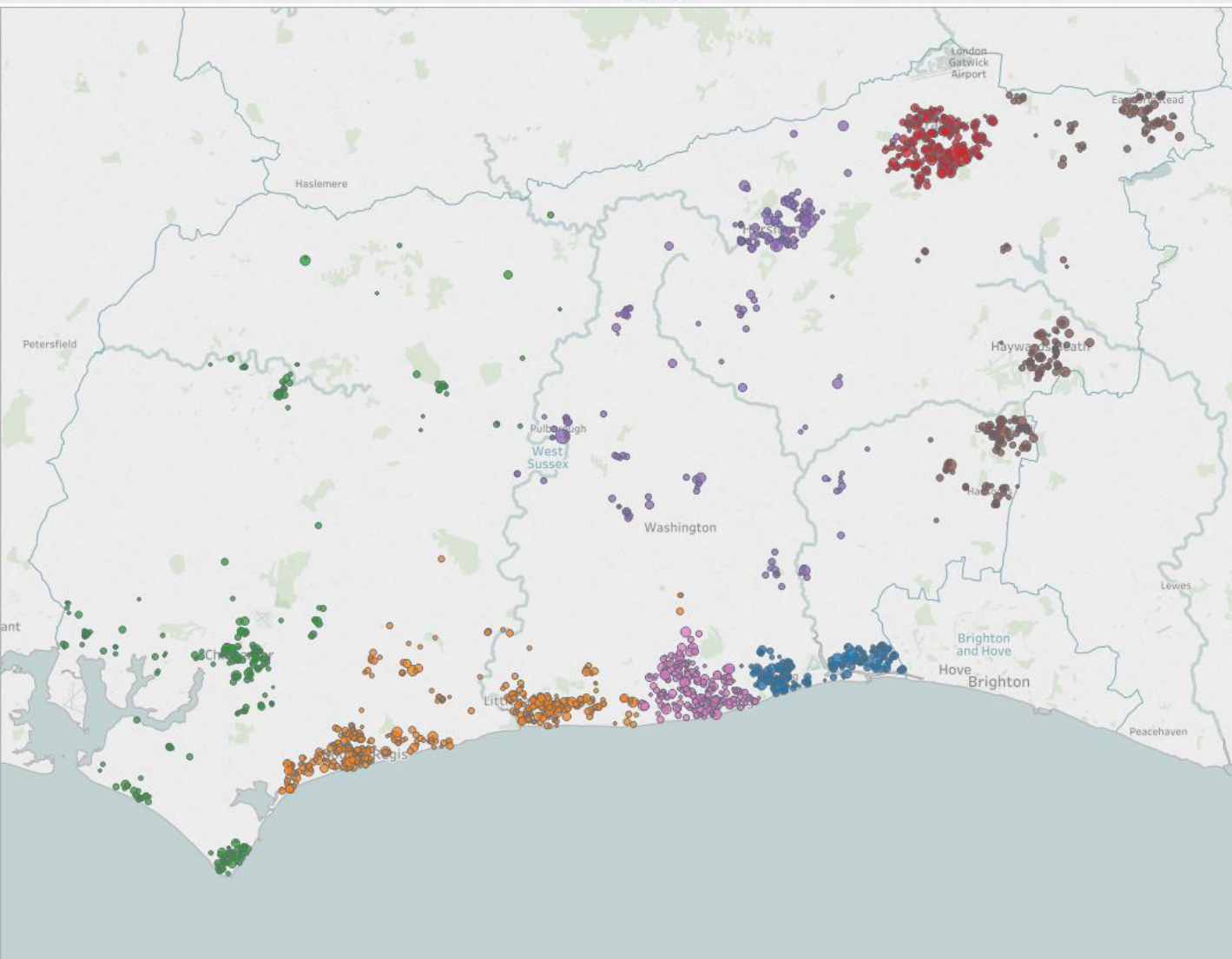


Table 4.29: Average house prices by district 2011 - 2016

	July 2011	July 2016	% growth
Adur	£201,238	£301,028	49.6%
Arun	£201,369	£267,474	32.8%
Chichester	£286,712	£361,999	26.3%
Crawley	£179,642	£274,985	53.1%
Horsham	£265,307	£360,619	35.9%
Mid Sussex	£254,542	£367,793	44.5%
Worthing	£183,881	£268,074	45.8%
West Sussex	£223,161	£311,327	39.5%
South East	£222,005	£313,315	41.1%
England	£177,164	£232,885	31.5%

Source: Land Registry

- Rural areas have higher house prices.
- Care workers are relatively low paid.
- Evidence suggests that care workers do not like to travel more than 6 miles to deliver care
- If Care workers are unable to afford to live in rural areas and are not able to travel far, how can we ensure care workers are available to deliver in rural areas?

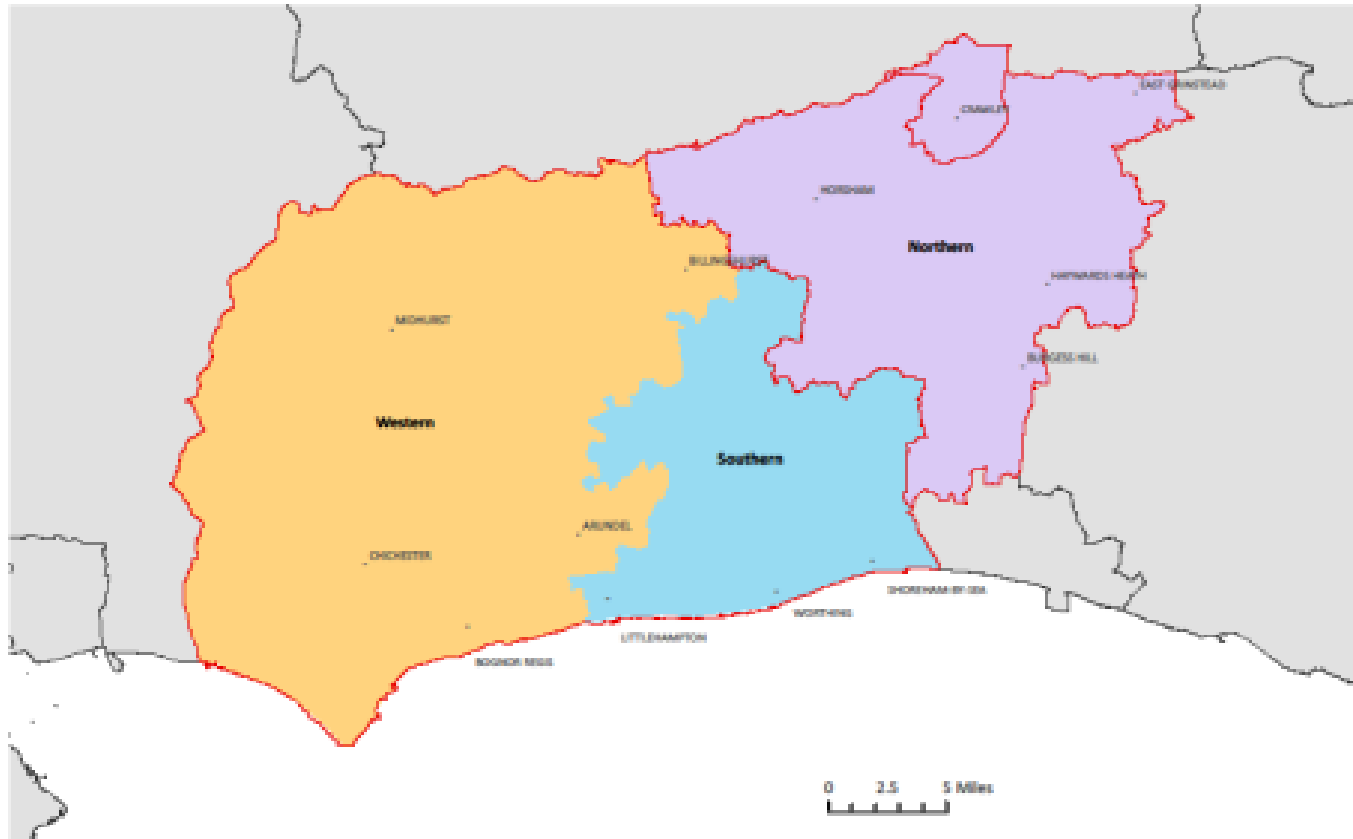
Questions for Consideration:

How can domiciliary care services deliver a viable and sustainable service across rural villages and hamlets?

What other models might be able to deliver in these areas?

Current Commissioned Areas

West Sussex - Adult Social Care Areas and CCGs (Red Boundary Lines)



Potential Areas:

[Interactive map](#)

How could future commissioning identify geographic areas to ensure full coverage across County and areas that could work for the market?

What's more important when developing areas? Voting opportunity!

- 1) That the areas are small in square miles, to enable providers to be able to deliver across the whole area?
- 2) That the areas are co-terminus with social care teams / district and boroughs / Clinical Commissioning Groups
- 3) That the areas are large to cover both rural and urban areas and ensure providers have to deliver across all areas.
- 4) That the number of customers and volumes of hours are considered when creating areas to include optimum numbers of hours and volumes?

So what is the optimum number of hours
and customers?

And what is the optimum geographic area?

Anything else we should be considering?

Workshop feedback

The following slides incorporate the feedback from all of the table discussions in the rural solutions and geographic areas workshops throughout the engagement day

How can domiciliary care services deliver a viable and sustainable service across rural villages and hamlets?

- Localised/targeted Recruitment
- Pay for travel time as well as contact time. Pay for mileage
- Higher Rural rates, pricing zones, or freedom on pricing in these areas
- Zoned areas, clusters, post code areas for lead provider
- Hub approach – building based, radius outside cluster, town/large village at the centre
- Rounds with a specific area effective runs and purposeful meaning
- Map/broker private customers
- Information on areas - Population levels, travel time/distance, total hours in area
- Blocks and guaranteed hour contracts – financial security and allow for salary's
- Localised community level services
- Offices – satellite/ shared space/ community venues/ 'pub hubs' free space for providers
- Budgeted areas with flexibility –provider autonomy. outcomes based, person centred
- Technology and telephone calls/prompts
- Staff – pay enhancements, shifts, focus on values, incentivise rural, pay more than supermarkets, rural cover condition of employment,
- Time – avoid short calls, longer call durations. Minimum call durations
- One/small numbers of providers delivering the whole of an area. certainty of customers, priority bidding
- Flexible budgets – quarterly or longer instead of weekly,
- Technology and telephone
- Transport - Drivers/mini buses/cars utilise transport services., full mileage allowances, parking charges
- Workforce development team to start off whist recruiting
- Get customers together – social events
- Providers working together to provide cover
- Expectations on time – time bandings
- Prevention services
- Joined up partnership working – community's
- Accommodation – key worker housing, B&B, extra care accommodation,
- West Sussex rural network for providers and carers
- Move customers to providers with more volumes in area

What other models might be able to deliver in these areas?

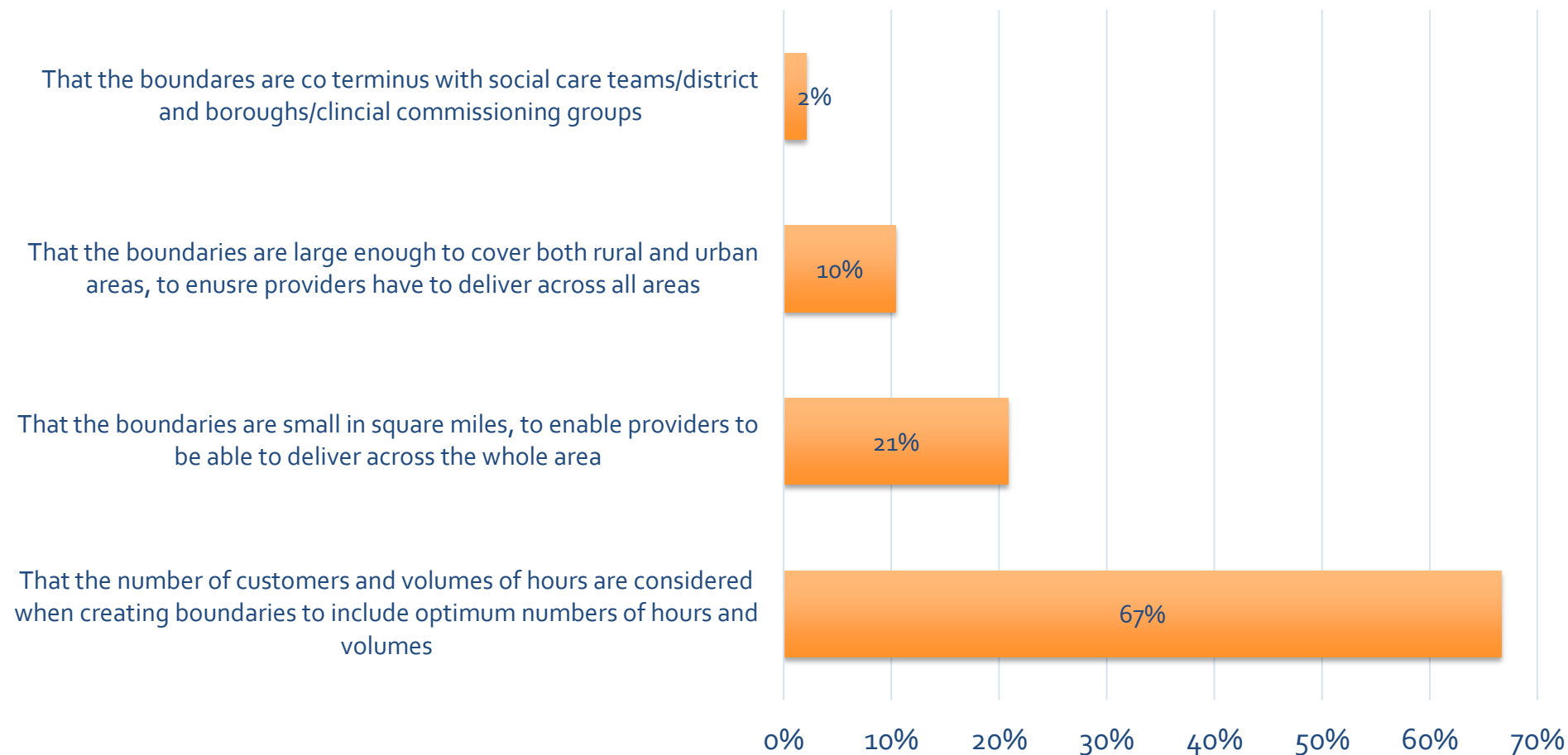
- Live in
- Respite hours
- Utilise PAs more - network
- Cluster of packages
- Rounds
- Extra care and domiciliary care together with accommodation for care workers
- Volunteers as community links – build on community navigators
- Rapid teams
- Community based teams
- Longer term contracts

Other points....

- Increase in hours for providers
- Encourage brokerage service for private funders to identify preferred providers
- Ease for providers to get on the framework – more efficient concise process
- Link in with whole of social care, housing benefits, GP surgeries, MDT approach
- Church's, doctors, communities
- Consider Redcar and Cleveland approach
- Numbers and hours shouldn't be focus, - needs to be more customer and outcome focused
- Provider needs autonomy to be flexible
- Areas need to be linked with health – one lead commissioner
- WSCC needs to consider providers as individual services not a whole
- Tendering onerous – welcome simplification or support
- Cross over of client groups – include LD/PD/OP

What is more important when developing Boundaries?

(48 Responses)



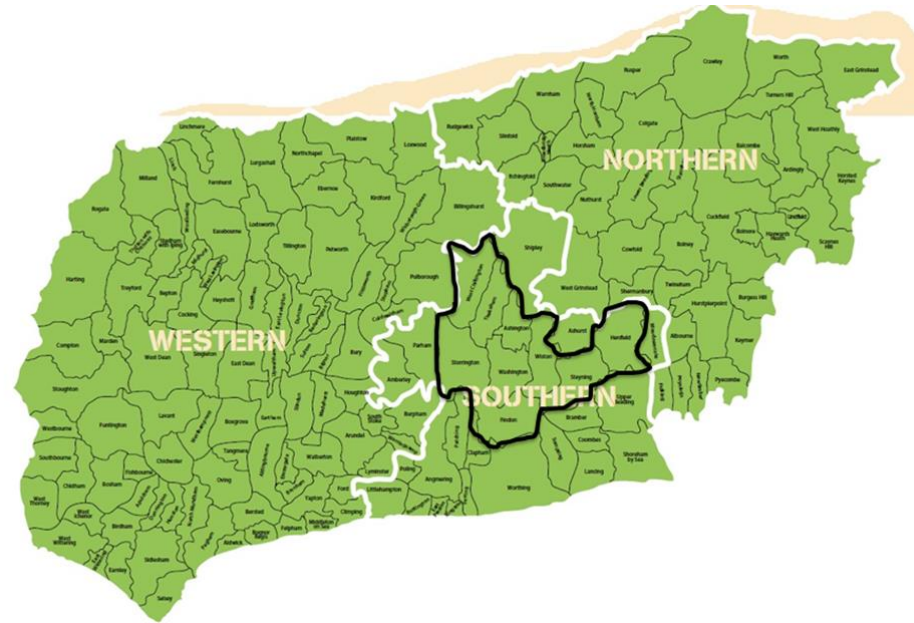
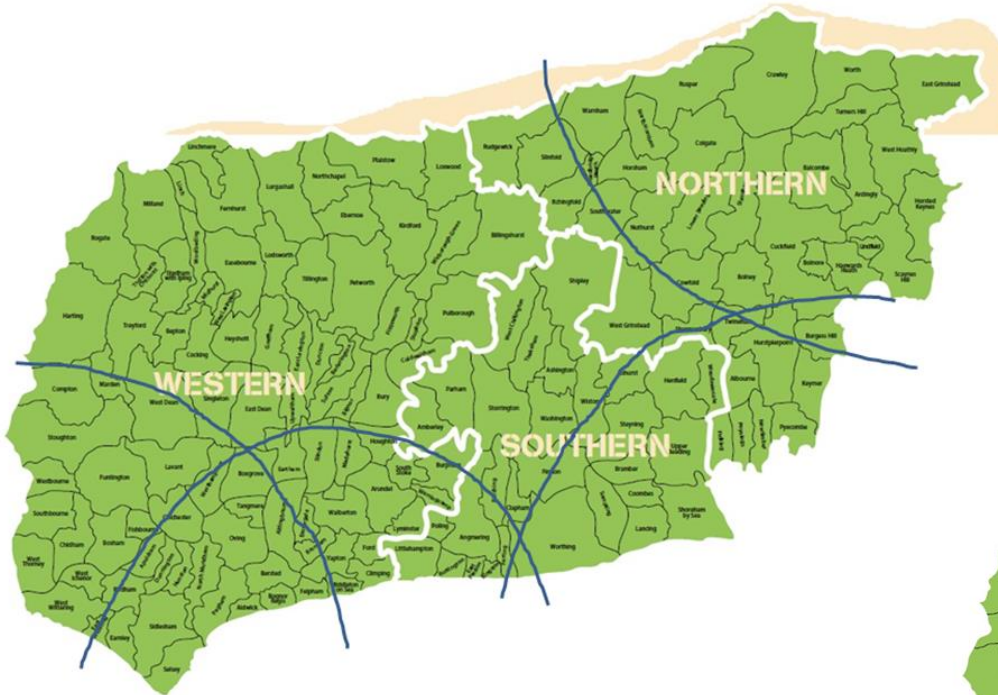
So what is the optimum number of hours and customers?

- 175 hours per week
- Average 10 customers
- Ideally 4/5 customers per day
- In rural areas 1/ 2 customers
- 150 hours starting round
- Once established – 750 hours
- Bulk roster – at least 30 hours per week (per worker)
- 50 customers and 1000 hours per week max
- At least 1000 hours per week for sustainable service
- Hours and numbers not such an issue – easier to group clients into areas.

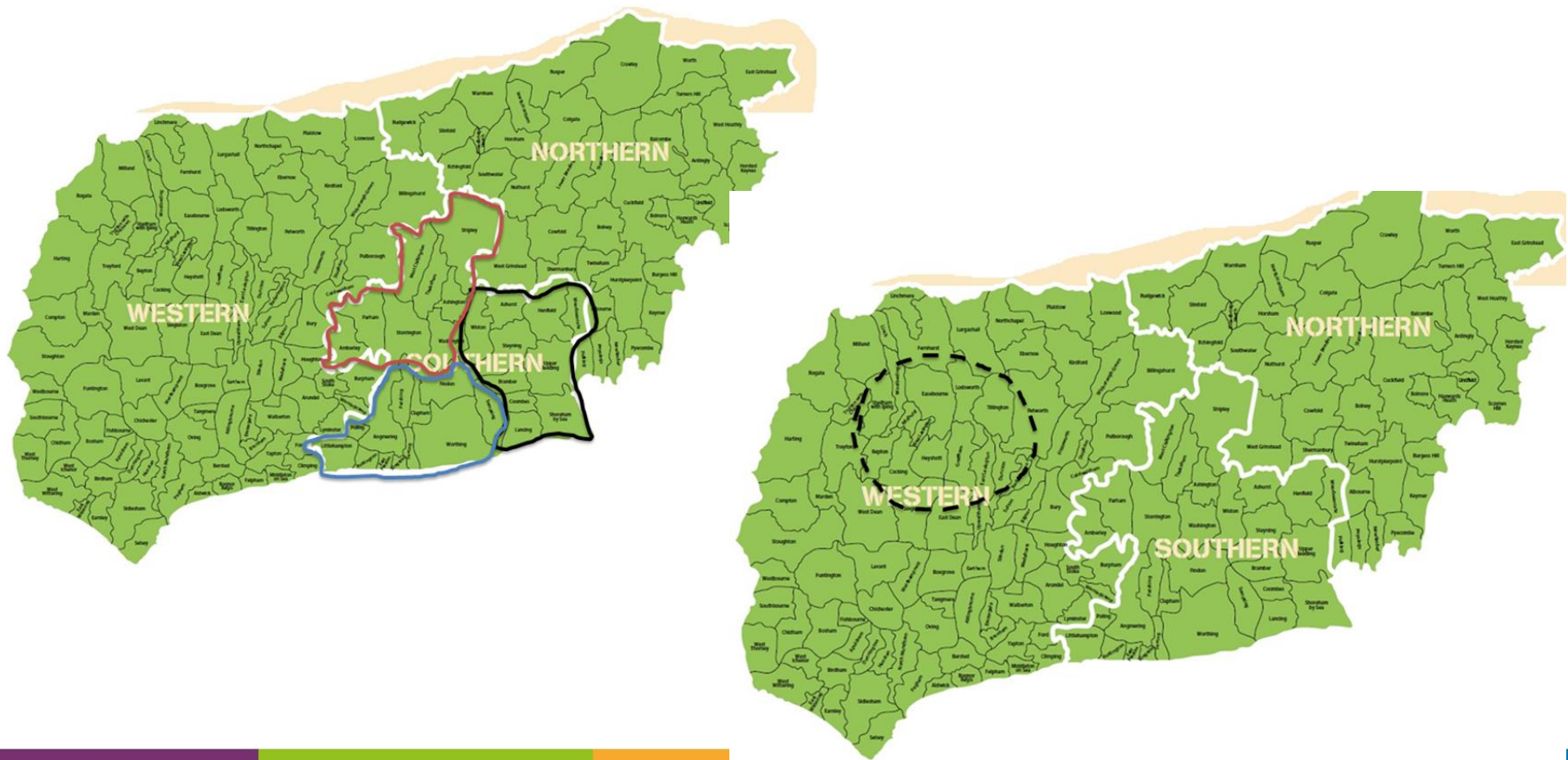
And what is the optimum geographic area?

- 5-7 miles
- Local Community Network areas – GP practices
- North/West/South – too big – needs to be broken down more
- Consider the roads and traffic
- 15 minute travel time maximum
- Vast areas are unsafe

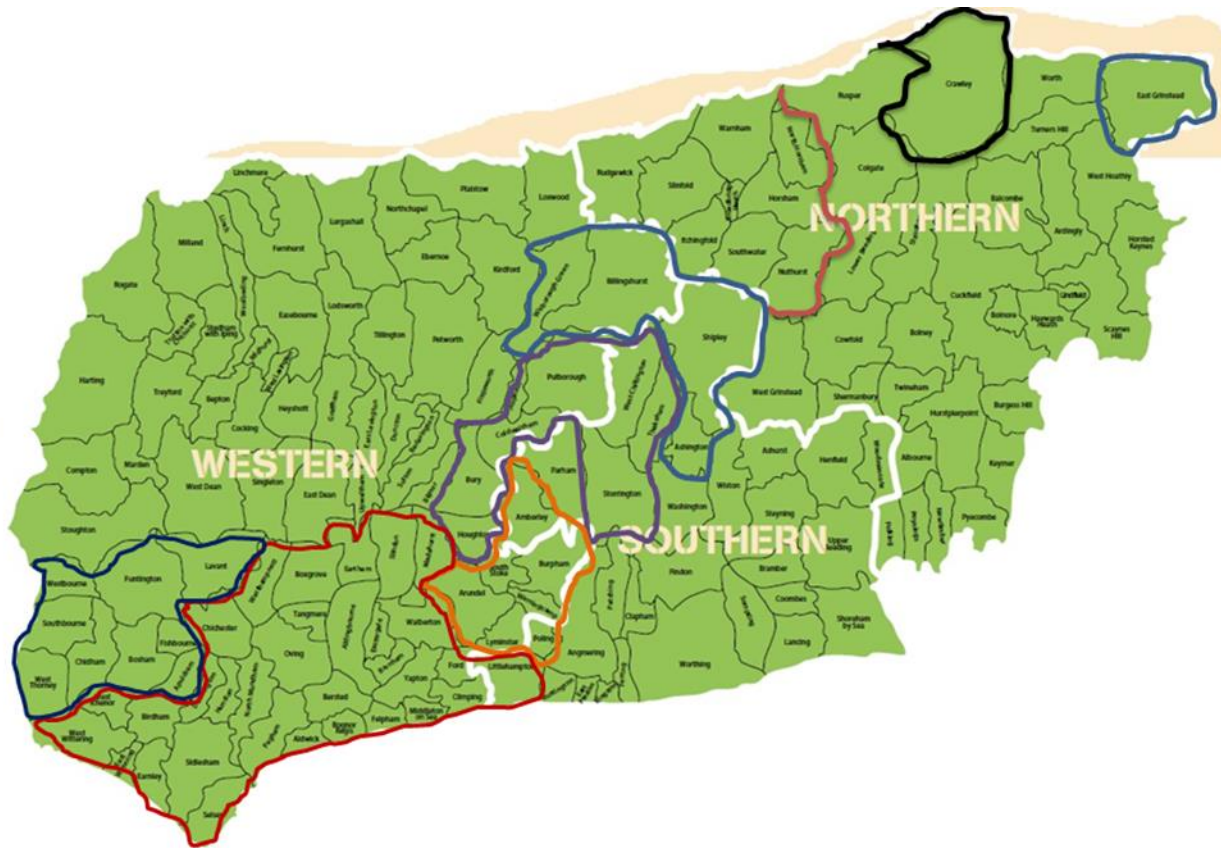
Suggested areas



Suggested areas



Suggested areas



Thank you for your time
and input