



Economic and Social Research Council



What is the innovation in rural social care (or prevention/wellbeing) and who delivers it?	How can it help people living in rural areas?	How can it be commissioned and supported?
<p>Individual Service Funds (delivered by independent brokers or care and support organisations)</p>	<p>ISFs offer people a wider range of support options and the ability to access personalised support without having to manage the budget themselves. We know that uptake of Direct Payments is lower for older adults and ISFs represent a way of offering more flexibility and of changing how procurement is done (allowing different types of support to be commissioned of reexample micro providers)</p>	<p>Local Authorities can shape their local markets to encourage ISF service providing organisations to develop an offer covering rural areas.</p>

<p>Care Micro-Enterprises (or CMEs) - care delivered by sole traders or small businesses of up to 8 staff.</p>	<p>In many rural villages there are few or no income generation opportunities for those of working age or retirees wishing to continue working. CMEs also represent a reduction in carbon footprint by stimulating emergence of hyper-local provision in each community, reducing car miles traveled by care workers. A further benefit for service users is the longevity of relationships of trust with those providing care, often spanning years.</p>	<p>Organisations like Community Catalysts can be contracted to prove the concept or lay foundations for CME development work to be brought in-house, where staff resourcing budgets allow. For LA-funded clients to make use of this extra capacity, both Direct Payments and potentially some CQC-exempt (sole trader) procurement can be undertaken, potentially without a tender, under new Procurement Act (2023) regs.</p>
<p>CQC-exempt (sole trader) Trusted Provider List, so LA-funded clients without a DP can be supported by CMEs.</p>	<p>Some people in small villages prefer to be supported by local care workers who know their community. The LA can pay the sole traders directly, once they have been selected by the client, for those who don't want a direct payment.</p>	<p>Inclusion of sole traders who meet minimum quality assurance standards set by the LA on a list of Trusted Providers. Brokerage then share the list with clients who have eligible care needs and client chooses a provider, who then invoices the LA for care and support delivered to client.</p>
<p>Place-Based commissioners</p>	<p>Helps build relationships of trust when commissioners can focus on a smaller geographical area and attend regular meetings and boards with Health, District Councils and VCSE orgs etc. These "local specialists" can make connections between stakeholders and identify gaps to feed into commissioning/market shaping plans. They also lead on place-based element of grants and contracts e.g. tenders broken into localised lots.</p>	<p>This requires a commitment to and investment in place-based commissioning and a staff structure that allows for enough capacity in each sub-area within the county (usually district or city council footprints).</p>

<p>Town Council</p>	<p>A small town council in Cambridgeshire is investing in a community connector whose role it is to liaise and meet with community group leaders, everything from a shop that runs knitting and crochet groups to volunteers who do driving, small charities and CICs and individuals who want to make a difference. This means that all the community groups can work together to support people and know their community well, what else is on offer and start to refer across. The community connector role is meeting with all elements of services including the individuals in the community helping to reduce loneliness being a safe person to speak with that is in the know. They run a weekly hub for a day in a community centre. The connector went door to door to introduce herself for those we knew were in need.</p>	<p>This requires the town council to have funds to pay for this person. It is not a full time role although could be for larger communities. Smaller councils could replicate this with ease as long as they can see the benefits in financially supporting it.</p>
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