SKS

Case Study: A Community-Led Approach to Care at Home in Rural Scotland

Empowering rural, remote communities to create sustainable care at home services

The Challenge:

Rural and remote communities in Scotland struggle to access care at home and other vital social care services, particularly for older and vulnerable people.

With an ageing population, demand is rising while current delivery models don't work in many areas.

How can we think differently, work together, and explore new ways of helping people support one another?

RANNOCH Community Trust

Scottish Government Riaghaltas na h-Alba

SRDP Scottish Rural Development Programme

CLLD Community-Led Local Development

Perth & Kinross Council

Charitable Foundation

SKS

Context

National

Self-directed support (SDS) is the way social care is delivered in Scotland, provided by local authorities. SDS gives individuals choice and control over their social care. Improvement plans prioritise the needs of rural and remote communities, emphasising the important role of the third sector and care providers.

Local

In some rural areas, such as parts of Perth and Kinross, SDS Option 3, where the local authority arranges support, is not available. The current model of commissioning private providers doesn't work, as it is only economically viable in more populated areas. This leaves those unsuited to self-managing care with only SDS Option 1.

SDS OPTIONS

1 **Direct Payments** Choose, organise and purchase your own support.

2 **Individual Service Fund** Payments made to service provider.

3 **Arranged Services** Services arranged by LA

4 **Combination of options** 1,2,3

What is the problem?

Rising demand: Scotland's ageing population means the problem will worsen without urgent action. Recruiting care staff is difficult, as working-age people often choose better-paid jobs in other sectors.

Long waits: Scotland wide, by the end of 2023, over 5,000 people were waiting for an initial assessment and 3,400 for care. In Perth and Kinross alone, 246 adults were still awaiting assessment.(1)

Critical delays in care: The number of elderly people dying in Scotland while waiting for care more than doubled in six years, reaching 632 in 2022 (likely an underestimate).(1)

Bed blocking crisis: Hospital beds are occupied by people who could be cared for at home - straining the NHS and delaying treatment for others.

Economic & social impact: Families face growing pressure to support loved ones, while a stronger social care system could create jobs and help communities thrive.

Geographic isolation: In small, rural and remote communities, long travel distances, low population and dispersed homes make care delivery more costly and complex.

Lack of access to services: Rannoch and Tummel, Dunkeld and Birnam rank among Scotland's 10% most access-deprived areas (SIMD).

Why doesn't the current system work?

- **The Perth and Kinross HSCP model** is only economically viable in populated areas, leaving rural communities underserved.
- **Rising demand** makes relying on unpaid carers unsustainable.
- **Lack of resources** to train, upskill, and retain personal assistants.
- **SDS Option 1** is too complex for some, managing and recruiting personal assistants.

"We will work with communities to develop bespoke care and support models of delivery, develop new models of rural service provision to develop a sustainable solution." (2)

The Perth and Kinross Council's Health and Social Care Partnership (PK HSPC) outline for future home care delivery.

1 The Times online, 10/1/2024
2 PKC HSCP Strategic Commissioning Plan 2020-2025

Addressing the problem: Creating 'Heartland Cares'

The communities of **Rannoch and Tummel, Dunkeld and Birnam** have come together to establish **Heartland Cares,** a community-led charity run on social enterprise principles, that will provide social care services in their local areas.

This innovative model will improve health, wellbeing, employment and resilience across these communities. As it grows, other Perthshire communities facing similar challenges may join, further extending its impact.

This development work has been funded by the Perth and Kinross Community Led Local Development Fund.

Work to solve the problem

Community needs

With support from consultants SKS Scotland CIC, community and stakeholder engagement highlighted:

- 98-100% of respondents supported the option of receiving care at home.
- A well-recognised unmet need for care at home services.
- Heavy reliance on informal care from family, friends and neighbours, but reliance on this is unsustainable.
- Delayed hospital discharge due to lack of care providers, affecting patient wellbeing and blocking admissions.
- Lack of end-of-life care prevents people from returning home.
- Social isolation and loneliness are widespread.
- Volunteer drivers are essential for hospital transport.

Community support

Research shows Community Trusts are focused on securing sustainable futures for their areas and already deliver initiatives like befriending and hospital transport. There is strong interest in paid and voluntary roles within Heartland Cares, though the current limited access to training will need to be addressed by the new organisation.

Organisational support

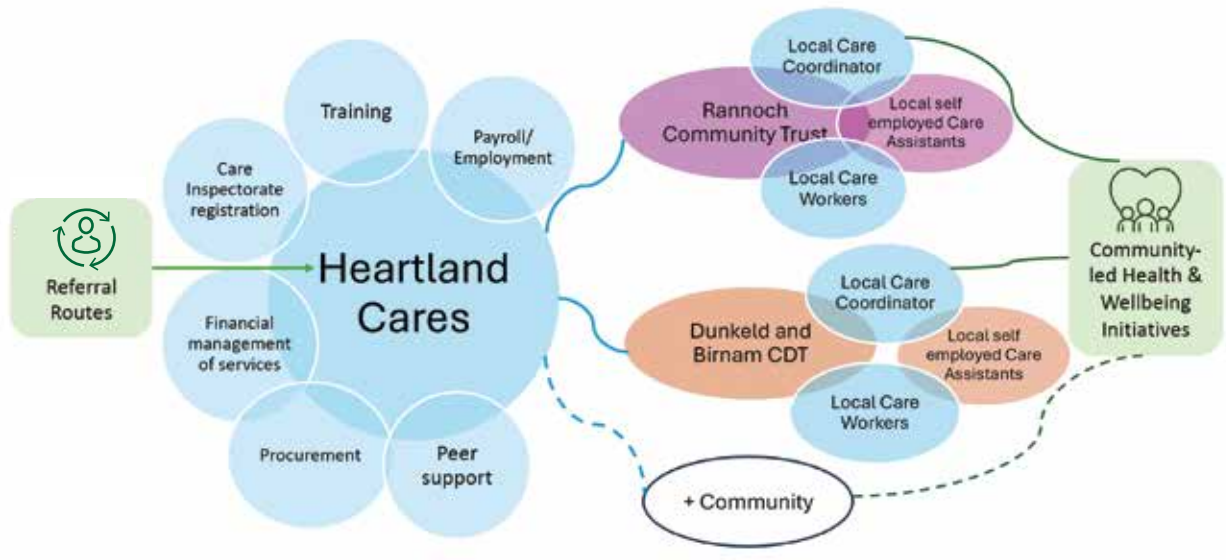
Endorsed by the PKC HSCP and PKC Integration Joint Board. Supported by local GPs, PKC, GrowBiz, Health Improvement Scotland, Support Choices.

Solution & progress

Heartland Cares draws strongly on the Boleskine and Sunflower Home Care models. A 'hub and spoke' approach will provide central services to local Community Trusts, oversee local care coordination, and link with other community assets and services.

Strengths

- Aligns with PKC HSCP commissioning arrangements or alliance contracting model, ensuring **core revenue from statutory service provision.**
- **Growth potential** as a scalable model enabling more communities to join.
- Operates as a **social enterprise and charity**, diversifying income streams and building on community assets.
- **Coordinates with existing community initiatives** such as befriending and hospital transport.
- **Generates income** from SDS funding, private fees, grants, and charitable funds.
- **Creates local jobs** in care, management, and admin, offering flexible work options.
- **Volunteers** will play a key role, supported with training.



Challenges

- Securing start-up funding.
- Cultural change - building partnerships between communities and HSCP.
- Developing community skills, capacity and resilience.
- Recruiting and retaining staff.
- Meeting regulatory and quality standards.
- Ensuring long-term financial sustainability.

Early successes

- **5-Year Business Plan** produced and instrumental in securing funding and support.
- **Funding** secured: PKC (£125k per year for 2 years) and NHS Tayside Charitable Foundation (£75k per year for 2 years).
- **Governance:** Registered as a charity, with Care Inspectorate registration in progress.
- **Leadership:** A well-qualified Board of Trustees has been recruited. Lead staff recruitment in progress.

"This is a unique opportunity to lead Scotland into a new era care model benefitting rural communities and hospital services alike."

Dr D Shann, GP Kinloch Rannoch

Key outcomes

Health and wellbeing

- People can live independently at home.
- Improved health, wellbeing and quality of life.
- Fewer people need to move to residential care.
- Faster hospital discharge, freeing up NHS beds.
- Choice to receive end of life care at home.

Local economy

- 39 local jobs created by 2027-28 and training.
- opportunities. People to stay living and working locally.
- Growth of micro-enterprises and self-employed carers.
- A community-led care enterprise aligned with PKC's
- Economic Action Plan (2024-28).

Community resilience and community wealth building

- Stronger social connections and reduced isolation.
- Delivers key priorities in Community Action Plans.
- Support for Age-Friendly Communities in rural areas.
- Strengthened local economies through Community Wealth Building principles.

Public Sector sustainability

- Lower residential care costs for PKC.
- Reduce pressure on hospital beds and care homes.
- Community-led care services take on non-medical tasks, easing NHS strain.
- Early intervention reduces health deterioration, cutting long-term care costs.

Next steps

- **Infrastructure**: Set-up in 2025–26, with care at home services starting in 2026–27.
- **Capacity:** Building operations through training and establishing service delivery teams.
- **Growth:** Engaging other rural and remote communities to adopt the model.

For more information on this project, please contact:

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