NewStatesman

Spotlight

HEALTHCARE: PLANNING FOR THE FUTURE OF THE NHS

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Communities can help bridge the social care gap

Social care needs new ideas, writes Abbie Rumbold, head of public services at Bates Wells Braithwaite, and the best of those ideas could come from looking at where, how and with whom people live

This summer's election and the "dementia tax" debacle taught a sharp lesson that meddling with the status quo, despite wide acceptance that status quo is unsustainable, is politically extremely risky. Yet the traditional model of social care provision in this country continues to be under extreme financial pressure from a combination of falling local authority funding, rising wages, reduced labour supply and increased regulation.

So, if paying for care is a problem, politically and practically, we need to look more widely for solutions.

I recently spoke to Neil Woodbridge at Thurrock Lifestyle Solutions CIC, which provides services for adults with disabilities. Quizzed on how he was able to deliver impressive and much-needed savings while still providing exemplary support, he said: "We use community networks." Woodbridge says TLS CIC is founded on the concept of community solutions, using disabled people as experts by experience, and has developed ways of supporting people in lifestyles of choice in their own communities. They refer to interdependent, not independent, living – recognising that the word "independent" is often misunderstood when talking about disabled people living in communities. The TLS CIC team works with individuals to map out those interdependencies and so provide support that harnesses the power of communities.

Brendoncare, a national care provider, is moving in the same direction. It is developing a shared care project which will allow couples where one partner has dementia to live together in a supported community. By doing so, it will support the huge contribution made by unpaid carers and importantly make such arrangements more sustainable. It also means that as needs rise, the care package can seamlessly change without the often distressing need to relocate.

Both these models aim to support existing community – and family-led models of care, and as a result are financially sustainable. Most importantly they are, surely, what all of us would want if we were the recipients of care.

But if we are really to tackle the conundrum of delivering health and wellbeing in these financially constrained times, we need to look at a much wider portfolio of services.

As they struggle to make ends meet, councillors and senior council executives begin to wonder how necessary it is to invest in "other services" – libraries, parks, theatres, museums, galleries and leisure centres. Do such services really meet the needs of the community or are they, in these difficult times, a luxury? Evidence shows that it is precisely these sorts of services that can make a significant and financially sustainable contribution to our health and wellbeing. There are countless "non-health" organisations that deliver health services whether they are garden nurseries providing therapeutic employment, heritage organisations providing dementia-friendly trails or leisure centres providing stroke rehabilitation.

Such services should be at the heart of our communities, working with residents and organisations to deliver co-ordinated, financially sustainable solutions. We know people thrive when they are part of their communities and communities thrive when they care for the vulnerable. Discussions of the challenges faced by the NHS should look at how we harness the power of communities and the resources local authorities can bring to bear, beyond the adult social care budget. As Wendell Berry – a poet, not a lawyer – said: "The community… is the smallest unit of health… to speak of the health of an isolated individual is a contradiction in terms."