

## Understanding the Model of Care – Site Visits to West Devon Community Services / The Ness Dementia Centre

### Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

#### Recommendations:

that the Committee shares the learning from the visits to inform its future work programme.

#### Background

Following the 22 March 2018 Health & Adult Care Scrutiny Committee it was agreed that members would undertake a series of visits to health and care settings across the County. Councillors wanted to get a first-hand account from staff of where the system is working well, how supported they feel and where there may be issues of concern. The visits were about members getting a better understanding of the way in which the model of care in Devon is working operationally and the key issues affecting services from a frontline perspective. Members have undertaken visits to various health providers including to psychiatric units, community health and care teams, residential care homes, personal care providers and South Western Ambulance Foundation Trust over the last 18 months.

#### The Model of Care

The model of care in Devon is built upon the premise that people should be treated in their own homes wherever possible and that conditions that had previously required hospitalisation may no longer need it or may not need it for as long. Staying any longer than necessary in hospital causes harm to patients – muscle function reduction, reduced independence & risk of infection. It particularly affects people who are frail and people who have dementia. The model also enables improved use of resource by transferring resource and workforce from the provision of community hospital beds to the provision of enhanced home-based care services more people can be supported.

- Comprehensive assessment to identify and support those most at risk of being admitted to hospital in an emergency
- Single point of access and rapid response service - front and back end of the pathway - admission avoidance and expedited discharge
- Building on what is already taking place; each intervention is an extension of work that is already happening in parts of Devon
- Changing how we think and act - changes in system & process only part of the change – ‘doing the same, better’.
- Leading to changing the focus to prevention, population health & wellbeing. New focus & roles that span health, care and rehabilitation = ‘doing things differently’.
- Trust, mutual understanding of risk and ability to share information are essential for successful integration.

## **2 July 2019 – West Devon Community Services Site Visit**

The following councillors undertook visits to Tavistock Community Hospital, the West Devon Community Health and Care Team, as well as the Tavistock Wellbeing Hub which were led by Lou Higgins, Community Services Manager, Livewell and Sarah Mackereth, South Hams and West Devon Assistant Director:

- Cllr Sara Randall-Johnson, Chair
- Cllr Hilary Ackland
- Cllr Andrew Saywell
- Cllr Jeff Trail
- Cllr Debo Sellis (Children's Scrutiny / Local Member) – 1<sup>st</sup> part of session

### **West Devon Profile**

- Higher proportion of 65+, and 85+ than England and Plymouth
- Lower proportion of children / working age population
- Life expectancy equivalent to Devon and England, higher than Plymouth
- Lower levels of deprivation than Devon, England, Plymouth
- Fewer elective (planned, non-urgent) hospital admissions than Devon, England, Plymouth
- Significantly fewer urgent attendances than Plymouth and Devon.
- 120 older people in funded residential/nursing care / 145 older people supported to live at home
- 64 adults with disabilities under 65 in funded placements / 116 people supported to live at home

### **Pressure in System**

- Sufficiency and quality of affordable social care
- Growth in demand; static or shrinking workforce
- Future cost pressures for health care
- Growth in demand on urgent care

### **Tavistock Strengths and Solutions**

- Integrated community services
- Support for community strengths and development
- Local solutions for local people
- Enterprise and innovation
- Tavistock Area Support Services (a charity dedicated to improving the health and wellbeing of older people to ensure they can remain independent and are able to make their own choices on how they live their life.)

### **Integrated Working**

- Health & Social Care Hub
- Devon Onward Care Team
- Community Health & Social Care Team
- Therapies including Home First, Intermediate Care and Rehabilitation
- District Nursing
- Long-term Conditions Nursing
- Reaching for Independence
- Integrated management
- Community Hospital
- Social Care Reablement and Rapid Response

### **Whole System Response**

- West Devon Primary Care Network

- Flow management from Derriford back to the community
- Tavistock Health & Well-being Alliance brings together representatives from statutory agencies working in, or responsible for, health and social care and local voluntary groups across the area to improve communication and good practice in the interests of the health and wellbeing of local people. The Alliance identifies where there are gaps and how these can be filled.

## **Challenges and Successes**

- One team approach
- Use of voluntary sector to incorporate into care planning and delivery of services
- Renewed relationships with GP practices
- Existence of social care staff in Devon Partnership Trust Adults Team
- Inter-agency approach to safeguarding; both individual and whole-service.
- Provision of domiciliary care and agency in outlying areas
- Currently working collaboratively to improve reviews and see what solutions can be utilised

## **New Developments**

- 2 Queen's Nurses in West Devon
- Length of stay improvements at Tavistock Hospital
- Admiral Nurse
- Reinvigorating the Dementia Support Worker role
- New Frailty Co-ordinator Nurse
- Improved access for primary care
- Single assessment process

## **Tavistock Hospital**

The Tavistock Hospital provides diagnostic and screening procedures, family planning services, surgical procedures, treatment of disease, disorder or injury, and caring for adults under 65 years. The Tavistock Hospital site also includes a minor injuries unit, run by Derriford Hospital, has X-ray facilities and a wide range of outpatient clinics. Tavistock Hospital's operating theatre had a recent major refurbishment, and as a result can now carry out more than 2,000-day surgery procedures a year. The hospital specialise in dermatology but also offer the following, under local or general anaesthetic:

- Colorectal
- Ear, nose and throat
- Plastic surgery
- Urology
- Orthopaedics
- General surgery

## **Issues Identified by Members**

For the purpose of this brief report, and the candid nature of the discussions that were held with staff in the various settings attended by members, it was not felt to be helpful to attribute comments to either the individuals or the team's concerned but rather use the visits to highlight broad themes and issues.

## **Prevention**

The focus in West Devon is more about prevention and proactive approach to working with people before needs escalate, linking in closely with GPs. A huge amount of work and development is undertaken to actively prevent admissions.

## **Housing**

Issue with a lack of housing in Tavistock for people to be supported to live independently at home.

## **iBCF**

Issue of iBCF money coming to an end at end of financial year 19/20. This will need careful management and contingency plans if resource not there.

## **Proud to Care**

It is a struggle to recruit personal care staff. Cannot get staff for some of the packages of care, even in central Tavistock. Need to get more people into being carers through a Proud to Care approach to promoting caring. There needs to be better linkage with schools to ensure caring is recognised as a sensible professional choice. Aspiring that 10% of students at 15/16 should have work experience in health and social care.

## **Integrated Working**

26 more people a month currently that are being supported who would otherwise have been admitted to Derriford as part of integrated working with the Health & Social Care Hub.

## **Tavistock Wellbeing Hub**

Exploring different ways to deliver the Wellbeing Hub. Members raised the idea of bringing different hubs together in terms of learning from each other and developing their offer through best practice.

## **Day Care**

There is a shortage of day care services in Tavistock. There are then also issues surrounding the transport of people to sessions given the rurality of the area.

## **Voluntary Sector**

Members agreed that there is a need to challenge health and social care about grant funding to VCS, and whether commissioning arrangements are always needed. VCS funding needs to be a 3-year minimum, rather than having to operate from hand to mouth. The VCS can do a lot for very little.

## **Co-location**

Colocation is very helpful. Health and ASC teams are separate but through good communication work efficiently together.

## **Transitions**

The aim is to start preparing for adulthood at 14, although ASC are probably not picking up young people until 17. Some children with autism are not identified until very late.

## **Tavistock Hospital IT**

It is frustrating for staff that Tavistock Hospital does not have the same IT system as Derriford. Tavistock Hospital comes under Derriford when patients are on the *Choose & Book* pages on the website. It would be useful if Tavistock Hospital was listed separately in terms of giving people better choice and the knowledge that such provision exists closer to home than they might otherwise think. Tavistock Hospital is good at providing individual care and the best experience for patients. The use of Tavistock reduces the lengthy journeys patients would have to otherwise make to Derriford.

## **5 August 2019 - The Ness Dementia Centre, Teignmouth**

The following councillors undertook a visit to the Ness Dementia Centre in Teignmouth which was founded by Jonathan Hanbury, Managing Director, Atlas Respite & Therapy:

- Cllr Sara Randall Johnson, Chair
- Cllr Hilary Ackland
- Cllr Marina Asvachin
- Cllr Sylvia Russell
- Cllr Richard Scott
- Cllr Phil Twiss

### **Dementia Centres**

Jonathan Hanbury advised that with a 20-year background in nursing, 2 years ago he left his role as a Deputy Director of Nursing to set up Atlas Respite & Therapy. The challenge Jonathan had identified was that communities were being faced with an ageing population and an increasing prevalence of dementia set against a lack of options to provide enough support to individuals, families and care givers in the community.

Jonathan undertook extensive research on dementia visiting provision around the world. He particularly liked the Dutch model of dementia meeting centres, which launched in the mid-90s. The model puts the family very much at the heart, as well as the community and is the principle way Holland supports people with the disease. The model was trialled as part of Alzheimer's society research in the North of England, however, although successful a lack of funding halted any centres continuing until recently. The Teignmouth Dementia Meeting Centre is the first in the South West to use the model (Worcester University has recently won a grant last year to spread the model across the UK) and are very much leading the way in this innovative approach.



The Ness is not a day centre, but a therapeutic specialist space designed to support the family and individual. The social aspect is central to creating a positive outcome for people with dementia. There is no TV at The Ness. It is about socialising and connecting and enabling those living with dementia to remain active and independent. Jonathan worked with architects to design the space to make it as interesting and engaging for those living with dementia as possible. They see roughly 15 people a day in the main space and more use the workshop and attend courses. The Ness has some users with advanced dementia, as well as those with much lower needs. The centre has a fully equipped workshop for woodworking, pottery etc.

The business has a strong social purpose but had to be set up as a limited shares company to raise the funding to get off the ground. The Ness has been open 18 months, and sustainable after 6 months and a profit in the first year. Atlas Respite & Therapy's vision is, within 5 years, to have reached, and had a positive impact on half of all people living with dementia across Devon and the South West.

## **Issues Identified by Members**

The following themes were raised in discussion with councillors:

### **Early Intervention**

Most clients come in to the centre at a point of crisis, when ideally they would start earlier. Around 50% of referrals are from social care and 90% get part funding. Evidence from multiple sources is continually reinforcing the importance of early and sustained intervention.

### **Care Homes**

Atlas Respite & Therapy work synergistically with care homes, rather than against them. The domiciliary care sector, however may feel that dementia centres are competing with them for business. There are significant cost savings from the dementia centres model, which provides a way of doing things that does not rely on domiciliary or residential care.

### **Staffing**

The Ness has not experienced any particular recruitment issues. The centre is currently open Monday – Friday, which helps. Another significant factor in terms of staffing is that they do not provide personal care, one of the boundaries is that everyone must be able to use the toilet, rather the focus is on dementia and maintaining people in their own homes. Staff are trained to be experts in their field.



### **Hub & Spoke Model**

Atlas Respite & Therapy utilise a hub and spoke mode, which allows people to be supported in the main hub at The Ness with activities and therapies but to also work with more challenging people in their own homes, building a relationship and trust.

## **Future Expansion**

Atlas Respite & Therapy has received a grant for a second dementia centre. Suitable spaces are still being sought across East Devon, Mid Devon and Dartmoor. Struggled in Torbay to find premises, but now looking to buy land and build a centre subject to raising the funding.

## **Carer Dependency**

There can be issues in terms of dependency with the carer, the spouse or family member. The Ness offers a resilience course to carers and care professionals, and they are developing a wider dementia course for care professionals.

## **Primary Care Networks**

Members highlighted PCNs and opportunities to link up with social prescribing.

## **Conclusion**

Members agreed that the site visits were highly illuminating and provided invaluable insight into the way in which the model of care is working from an operational perspective. The key objective is to keep people living safely at home and promote their independence. Resources should rightly be spent on prevention and keeping people well, promoting both good physical and mental health. As part of this approach, it is essential that the voluntary community sector is recognised and resourced to fulfil its invaluable role connecting and supporting the most vulnerable, lonely and isolated.

Members welcomed Atlas Respite & Therapy's innovative dementia specialist social enterprise with its mission to enable people living with the disease to remain active, socially connected and independent for as long as possible. It was apparent to members that the adoption of dementia meeting centres can help to support Devon's vision of a model of care in the County in helping people to continue to live in their local community, working with not only the individual but the informal carer through courses, emotional support, activities and respite.

The Committee should continue to consider further visits in line with the work programme to broaden members understanding on complex topics.

## **Councillor Sara Randall Johnson, Chair Health & Adult Care Scrutiny Committee**

Electoral Divisions: All  
Local Government Act 1972  
List of Background Papers

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There are no equality issues associated with this report