

Understanding the Model of Care – Sidmouth / Axminster / Seaton Cluster

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.

Visits

The following councillors undertook visits to the community health and care teams in Sidmouth, Axminster and Seaton, which were led by Richard Anderson, Health and Social Care Community Services Manager (Sidmouth, Axminster and Seaton):

22 May 2019 - Seaton Community Hospital

- Cllr Sara Randall-Johnson, Chair
- Cllr Hilary Ackland
- Cllr Sylvia Russell
- Cllr Andrew Saywell
- Cllr Richard Scott
- Cllr Jeff Trail
- Cllr Phil Twiss

22 May 2019 - Axminster Community Hospital

- Cllr Sara Randall-Johnson, Chair
- Cllr Hilary Ackland
- Cllr Sylvia Russell
- Cllr Andrew Saywell
- Cllr Richard Scott
- Cllr Jeff Trail
- Cllr Phil Twiss
- Cllr Nick Way

22 May 2019 - Sidmouth Community Hospital

- Cllr Sara Randall-Johnson, Chair
- Cllr Hilary Ackland
- Cllr Sylvia Russell
- Cllr Andrew Saywell
- Cllr Richard Scott
- Cllr Jeff Trail

Issues Identified by Members

For the purpose of this brief report, and the candid nature of the discussions that were held with staff in each of the three settings, 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

Preventing ill health and unnecessary hospital admissions, and promoting wellbeing is fundamental. Each of the towns within the cluster are a self-reliant unit:

- Band 7 matrons in every town
- Long-term approach: Ways to Wellbeing – Health coaches linked with Health and Social Care Teams and GP Practices (Social Prescribing)
- Close GP communications
- Band 6 Rehabilitation Nurses & strength and balance groups
- Dementia Matron and Admiral Nurse

Proactive

Try as a Cluster to pick up those people that are moderately frail, before it escalates. Mostly through the GP often linked into loneliness and isolation, who are then visited and screened. Around the frailty agenda, have wellbeing meetings where those people they want to avoid coming into the system are discussed and look to work with some of these. Strength based, asset-based approaches, where people are engaged cognitively and socially. After a fall there are strength and balance groups, that people can be supported along with use of a gym to access. People need to be encouraged to be as independent as they can be at home. Key is recognising as early as possible where there is an issue. A lot of education and health promotion is being undertaken in the community – holistically assessing someone, building resilience.

Hospital Admissions

Most hospital admissions relate to falls, long term and neurological conditions. The model of care has been designed to keep people in their own beds and out of hospital, with the average length of hospital stay reducing from 28 days to 14 days. The Standardised Admission Ratio in Devon has reduced to 82% and is one of best in England, for the Sidmouth / Axminster / Seaton Cluster it is 66% and is the fastest in the County at both getting people out and keeping them out of acute settings. Staff are constantly refining practice and improving ways of working. In April 2019 alone there were over 100 episodes of admission avoidance within the cluster with the Urgent Community Response Team working with GPs. While the performance data is very good for the Cluster the focus is always on patient outcomes.

Recruitment

The Cluster was struggling in terms of recruitment but following a big drive they are now fully recruited. There is a significant focus on staff morale and career progression with opportunities for staff to progress through the bands.

Staffing

In terms of invest to save, the Cluster can evidence that for every £1 spent on management, £145 has been saved in commissioned costs. Locally managers cannot do anything however to increase the number of posts in each area. It can be frustrating for staff, who do not always have the capacity to intervene earlier, before crisis point is reached and more resources are directed towards these people.

Multidisciplinary Team

One of the strengths of working in multidisciplinary teams is the opportunity and flexibility to tailor care and support for the individual by drawing on the expertise each discipline offers by working in partnership. Building relationships amongst the different partners and working together is key, and inevitably there remain some challenges in this regard.

Voluntary Community Sector

The voluntary community sector (VCS) is full of contacts, connection and enthusiasm. Members were advised that supporting these VCS groups with a little bit of seed money to pay key VCS staff in each market/coastal town would be hugely beneficial in supporting communities to flourish.

Voluntary Community Sector Case Study - Light Up Axminster

Light Up Axminster, a community interest company, try to be a strategic organisation for the town, getting involved in as many initiatives as possible. It is about doing and creating community activities together, bringing services together and those people. Light Up Axminster champion the offer from the wider health and wellbeing services, organisations, groups and businesses within the town and how these can be better linked into the medical provision from the hospital and medical practice, how resources might be better shared and how groups can work together to increase the offer to the community. This might be as simple as getting involved with the Ways2Wellbeing initiative, increasing the social prescription offer, or working together to share resources and information. Light Up Axminster looks to create the links and networks needed in the town to ensure that each person in the community can access as easily as possible services, organisations, activities and events.

Light Up Axminster started a Health and Wellbeing Forum for the town. Working with a focus group about this hospital in terms of social prescribing and the what might be done with the bed space. Light Up Axminster play a crucial role as community connectors and seek to bolster the gap between social care and Health. Light Up Axminster work incredibly hard with the other organisations – probably 99% of voluntary groups in the area.

The local community gets infinite value from this group, and Light Up Axminster are looking at ways to further support the community voluntary sector. Try to feed into other voluntary groups – have been given remit from other organisations to be their voice at a higher level. Light Up Axminster has only been in existence for 3 years and are being asked to take on more work, but this is challenging with very limited finances.

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, promoting both peoples 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.

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](#)

Contact for Enquiries: Dan Looker
Tel No: (01392) 382232

<u>Background Paper</u>	<u>Date</u>	<u>File Ref</u>
--------------------------------	--------------------	------------------------

Nil

There are no equality issues associated with this report