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Published 29 July 2014

#caringplymouth

CARING PLYMOUTH

Thursday 7 August 2014
2 pm
Council House (Next to Civic Centre), Plymouth

Members:
Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Bridgeman, Sam Davey, Dr. Mahony, Mrs Nicholson, Parker, Dr. Salter, John Smith, Stevens and Jon Taylor.

Members are invited to attend the above meeting to consider the items of business overleaf.

Tracey Lee
Chief Executive

CARING PLYMOUTH

PART I (PUBLIC COMMITTEE)

1. APOLOGIES

To receive apologies for non-attendance by Caring Plymouth members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items in this agenda.

3. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. MINUTES (Pages 1 - 6)

To confirm the minutes of the last meeting held on 19 June 2014.

5. COMMISSIONING STRATEGY FOR MATERNITY SERVICES 2014-2019 (DRAFT) (Pages 7 - 84)

The panel to review the final draft of the Maternity Services Strategy 2014-2019.

6. NHS 111 ASSURANCE REPORT/URGENT CARE (Pages 85 - 108)

The panel to be provided with an update on the current status of NHS 111 and Urgent Care.

7. DEVON DOCTORS OUT OF HOURS (Pages 109 - 118)

The panel to receive a report on Devon Doctors Out of Hours.

8. CARERS STRATEGY (Pages 119 - 140)

The panel to review the Carers Strategy.

9. DEMENTIA STRATEGY (Pages 141 - 156)

The panel to review the Dementia Strategy and to receive a Dementia Friends Session.

10. TRACKING RESOLUTIONS (Pages 157 - 162)

The panel to review and monitor the progress of tracking resolutions and receive any relevant feedback from the Co-operative Scrutiny Board.

11. WORK PROGRAMME (Pages 163 - 164)

To review the Caring Plymouth work Programme for 2014 – 15.

12. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE COMMITTEE)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

Nil.

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Caring Plymouth

Thursday 19 June 2014

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor James, Vice Chair.
Councillors Bridgeman, Jarvis, Jordan, Dr. Mahony, Mrs Nicholson, John Smith, Sparling, Stevens and Jon Taylor.

Apologies for absence: Councillors Sam Davey, Parker and Dr Salter.

Also in attendance: Councillor Tuffin – Cabinet Member for Adult Social Care, Carole Burgoyne – Strategic Director for People, Dave Simpkins – Assistant Director for Co-operative Commissioning, Nicola Jones – NEW Devon CCG, Craig Williams – Interim Director for Integrated Health and Wellbeing, Candice Sainsbury – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 1.00 pm and finished at 3.20 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

1. TO NOTE THE CHAIR AND VICE CHAIR

The Committee noted the appointment of Councillor Mrs Aspinall as Chair and Councillor James as Vice Chair for the municipal year 2014/15.

2. DECLARATIONS OF INTEREST

In accordance with the code of conduct, the following declarations of interest were made –

Name	Subject	Reason	Interest
Councillor Jon Taylor	Minute 7 – Community Services for the 21st Century Minute 8 – Roadmap to Integrated Health and Social Care.	Employed by NEW Devon CCG	Private

3. CHAIR'S URGENT BUSINESS

There were no items of chair's urgent business.

4. MINUTES

Agreed that the minutes of the meeting held on 3 April 2014 be confirmed.

5. **TERMS OF REFERENCE**

The panel noted the Caring Plymouth Terms of Reference and requested that the membership is changed from 12 members to 11 members.

6. **CABINET MEMBER FOR ADULT SOCIAL CARE AND STRATEGIC DIRECTOR FOR PEOPLE**

Councillor Tuffin, Cabinet Member for Adult Social Care, Carole Burgoyne, Strategic Director for People and Dave Simpkins, Assistant Director, Co-operative Commissioning provided the panel with an overview of the priorities for the next 12 months. It was reported that –

(a) one of the main key priorities for the forthcoming year was the Care Act and the fundamental changes for adults. The act would affect the way the local authority responds to people's needs and the challenging agenda to have everything in place by 1 April 2015;

(b) this would be an exceptionally challenging year for adult social care, with the largest and most challenged budget within the council;

(c) there was an increasing demand with people coming into care with very complex needs adding to the demands for both for the local authority and health;

(d) there was a need for the local authority and health to work together with an absolute focus on the budget, transformation and performance;

(e) there was an exciting programme of work over the next 3 years. This panel to help the programme focus on the important issues, make the challenge and to provide support over the next 3 years;

Councillor Tuffin emphasised the importance of scrutiny on moving this work forward and to provide him with support in his new role as Cabinet Member for Adult Social Care.

In response to questions raised, it was reported that -

(f) when services are co-commissioned this would ultimately have an effect on staff. As part of the efficiency savings this would result in staff losses. Support was being provided to staff with regular communications and consultations, and were clear and honest with staff on the reasons why this was taking place;

(g) until services are brought together they were not aware of how many redundancies would take place;

(h) there was a statutory obligation to provide needs assessment and to respond to those needs to provide the right support and package. There was also a need to protect front line services who manage the statutory obligations and there were clear efficiencies to be made when the local authority merges with health, they would look at back office and management functions to make those efficiencies;

(i) Caring Plymouth would be undertaking a review on 2 and 3 July 2014 looking at the more detailed business case and for officers to begin to describe the journey of travel;

(j) they were working closely with the commissioning teams and the Dignity and Care Forum to ensure that care workers are of the required standard, by co-designing training provision and to ensure the safeguarding of vulnerable adults.

7. COMMUNITY SERVICES FOR THE 21ST CENTURY

Nicola Jones, NEW Devon CCG provided the panel with an overview on Community Services for the 21st Century. It was reported that the strategy sets out the proposed direction for community services and the views of public, service users and stakeholders were important to shaping community services for the 21st century.

In response to questions raised, it was reported that -

(a) there were no blueprint yet for the health and wellbeing hubs. NEW Devon CCG were keen to have discussions with public health on what these hubs would look like. There were examples of HWB Hubs across the country and they were working to capture what works;

(b) the minor injuries unit at the Cumberland Centre would be bundled up into a wider service for urgent care. This offer would go out to the market and we may have one organisation or an alliance putting in a tender to take on that service;

(c) they have procurement expertise as part of the programme of work and all officers were up to date on the current legalisation. There would be future opportunity to scrutinise this work further on the procurement of the service model (review);

(d) they were looking to reduce stays in the acute hospital and try to ensure that patients should not stay longer than they have to. They were looking to commence the discharge process when a patient is first admitted and more use of technology in the provision of healthcare;

(e) the Cumberland Centre was a well receive service which has led to capacity issues which reflects the high demand.

Agreed that –

1. the panel send comments to the Lead Officer on the strategy so that a response to the draft strategy is prepared and the for the panel to look at on 2 July 2014 prior to submission to NEW Devon CCG on 8 July 2014;

2. NEW Devon CCG to bring back the draft locality plan for health and wellbeing hubs to include the service model and procurement process to select community providers (once developed but before it is undertaken). Timescale to be confirmed;

3. provide further information about the adequacy of personalised budgets and regularity of reviews/assessments.

(Councillor Dr Mahony left the meeting at 2 pm).

8. ROADMAP TO INTEGRATED HEALTH AND SOCIAL CARE

Craig Williams, Interim Programme Manager for Integrated, Health and Wellbeing provided the panel with an update on integrated health and social care. This is a joint venture across the council and the clinical commissioning group (ccg) with the aim of achieving efficiencies and how to work more creatively in the future.

In response to questions raised it was reported that -

(a) the Better Care Fund (BCF) requires us to measure against 7 key indicators. These measures will be built into the programme and will measure the changes in activity that we want to see. It was pointed out that this is not new money it's about how we use existing money more creatively;

(b) Caring Plymouth on the 2 and 3 July 2014 will look at Fairer Charging with the panel having the opportunity to undertake a deep dive and help co-design;

(c) that money was the biggest challenge, with budget pressures on social care teams. The more we start to think about the person and helping them as a whole person. This is the right time for Plymouth to make the changes and to start the integration;

(d) reducing health inequalities was important and public health were integral to this process. The commissioners and public health need to be at the heart of this and we won't achieve the changes if we do not involve public health.

(Councillor Dr Mahony returned to the meeting at 2.50 pm).

9. **WORK PROGRAMME**

The panel noted the work programme and agreed that the following to be added to the work programme -

- Maternity Services review jointly with Devon and Cornwall;
- CAMHS pathway to services;
- Transformation – additional meeting in November;
- Healthwatch Contract;
- Imagining at Derriford Hospital – delays.

10. **FUTURE DATES AND TIMES OF MEETINGS**

Future meeting dates for the Caring Plymouth scrutiny panel in 2014/15 were noted as follows –

- 7 August 2014
- 11 September 2014
- 11 December 2014
- 29 January 2015
- 5 March 2015

11. **EXEMPT BUSINESS**

There were no items of exempt business.

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Northern, Eastern and Western Devon
Clinical Commissioning Group

PRESENTATION :
COMMISSIONING STRATEGY FOR MATERNITY SERVICES

2014

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to present the final draft of the Maternity Services Strategy to the Caring Plymouth Scrutiny Meeting.

1.2 To briefly outline the processes utilised to ensure commitment from the three Clinical Commissioning Groups (CCGs) to agree the direction for maternity services via the development of a set of Commissioning Intentions.

1.3 To reassure the meeting by the inclusion of the Needs Assessment (as appendices) undertaken to ensure the commissioning intentions are not only based on National Good Practice, Statutory Guidance and Guidelines, but firmly grounded in Local Data.

1.4 To outline the robust processes employed to ensure comprehensive Stakeholder engagement, particularly from Service Users.

1.5 To outline the proposed Way Forward for consideration.

2.0 CONTEXT

2.1 Methodology
This commissioning strategy has been developed with the inclusion of commissioners from across the three CCGs, NHS and Public Health Services via Local Authorities, Service Providers, and Stakeholders & Service Users. It aims to ensure that families across the peninsula receive equitable and consistent service outcomes whilst ensuring the local voice/ context is heard.

2.2 The process has been led by the Maternity Strategy Programme Group chaired by the Associate Deputy Chief Nursing Officer, with a wide range of stakeholder engagement.

2.3 It was agreed at the June meeting of the Maternity Strategy Programme Group that this draft Strategy should now (following agreement with the Board) go forward for discussion with a wider range of stakeholders.

2.4 The meeting is requested to consider and give their agreement to the Commissioning Intentions, additional comments and priorities. These comments will be collated on a feedback form (Appendix 1) which will ensure we can accurately collate responses and maintain a robust audit trail.

2.5 These discussions will not only ensure that all of the above services are aware of the document, but to reassure them that the views they have contributed to the process in its development, have been heard. It will also ensure that the document is fully reflective, inclusive and signed up to.

2.6 Following agreement of the final Commissioning Intentions, it is anticipated that Provider organisations will undertake a bench-marking exercise to clearly identify service gaps and pressures which will then be included within an overarching Implementation Plan.

3.0 ACTION

3.1 The Caring Plymouth Scrutiny is requested to:-

- Note the draft Strategy
- Confirm or otherwise agreement to the draft Commissioning Intentions.

Author: **Gwen Pearson**

Job Title: **Commissioning Lead,**
Children & Young People and Maternity Services
NEW Devon CCG

Date **28.7.14**

COMMISSIONING STRATEGY FOR MATERNITY SERVICES 2014-2019

This feedback form seeks your agreement with each of the areas covered in this Maternity Strategy and seeks your comments. Where you wish to make additions please evidence or reference them, so that content can be verified. You are not required to give your details or comment on all sections.

Name	
Department/Organisation	
Your contact information	
Title and date of meeting	

Section	Section Heading	Comments / additions
3.0	**CURRENT SERVICE PROVISION**	
4.0	**COMMISSIONING PRINCIPALS**	
5.0	**SCOPE / DEFINITION OF STRATEGY**	
6.0	**SERVICE USER/ STAKEHOLDER/ CLINICAL ENGAGEMENT**	
7.0	**COMMISSIONING CONTEXT**	
8.0	**COMMISSIONING INTENTIONS**	
9.0	**PARTNERSHIP WORKING**	
10.0	**STRATEGIC NATIONAL FRAMEWORK**	
11.0	**CHANGES IN DEMAND OF MATERNITY SERVICES**	
12.0	**REDUCING HEALTH INEQUALITIES AND PROMOTING HEALTH**	

Section	Section Heading	Comments / additions
13.0	**ENABLING CHOICE**	
14.0	**PRECONCEPTUAL CARE**	
15.0	**ANTENATAL CARE**	
16.0	**INTRAPARTUM CARE**	
17.0	**POSTNATAL CARE**	
18.0	**WORKFORCE**	
19.0	**PUBLIC SECTOR EQUALITY DUTY**	
20.0	**FINANCIAL FRAMEWORK**	
21.0	**DATA COLLECTION**	
22.0	**GOVERNANCE ARRANGEMENTS**	
23.0	**WAY FORWARD / ACTION PLAN**	

Any other Comments:

Please return by 22.8.14 to:
Jane.jeyes@nhs.net

Commissioning strategy for maternity services 2014 - 2019

Change Cornwall picture

Northern, Eastern and Western Devon Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

Kernow Clinical Commissioning Group

Delivering *"Excellence in Maternity Care"*

(NHS Institute Maternity Improvement Programme, 2011-12)

Our shared vision for maternity services in the South West Peninsula is a service where all maternity related services work closely together to promote pregnancy and childbirth as an event of social and emotional significance where women and their families are treated with dignity, respect and compassion.

For every mother wherever they live and whatever their circumstances, pregnancy and childbirth will be a safe and positive experience so that mother and their partner can begin parenting feeling confident, capable, well supported and able to give their child a secure start to life.

Foreword

Maternity services and the care they provide to women, babies and families are of the utmost importance to society. It is key that women have a safe and emotionally satisfying experience during pregnancy, having their child and the postnatal period.

The coming together of the three Clinical Commissioning Groups (CCGs) with service providers, clinicians, children's centres, voluntary organisations and most importantly service users to develop this commissioning strategy clearly underlines our commitment to the maternity service in the wider context of maternity care.

The coming two - five years will present new challenges and opportunities for the services to develop and shape the future whilst consolidating existing good practice.

We hope etc

Signatures

……..

……..

……..

Executive summary

This maternity services commissioning strategy strives to ensure responsive NHS maternity services are available within Northern, Eastern and Western (NEW) Devon, South Devon and Torbay and Kernow CCGs, that are centred on the needs of women and their families.

It sets out the strategic direction for the next five years and places maternity services within the wider context of maternity care.

The strategy links needs assessment work with national policy, statutory obligations, evidence bases and commissioning intentions of all three CCGs.

There is a considerable body of evidence that has highlighted the enormous influence that the earliest experiences in a baby's life can have on later life chances. It is key therefore that all of those services working with mothers and families work towards the over-riding aim of continuing to improve the quality of services, concentrating on safety, better outcomes and satisfaction for all women and their babies.

This aim is supported by the following four key principles:

1. **Pregnancy and birth**: These are essentially normal physiological processes, therefore for the majority of women a culture of normalisation of pregnancy and birth offer the best chance of a successful outcome and positive experience.

   The majority of healthy women can give birth with a minimum of medical procedures and most women prefer this provided they and their baby are safe.

   To this end midwives will take a key role in maternity care by encouraging early and direct access, and risk assessment throughout pregnancy and postnatal period to ensure that women who are at a higher risk are detected as early as possible to ensure that specialist care appropriate to their needs is provided.

2. **The National Choice Guarantee**: We will aim through this commissioning strategy to support the importance of the National Choice Guarantee providing choice of how to access maternity care, choice of antenatal care, and choice of place of birth whenever possible, practical and safe.

3. **Continuity of care**: All women and their partners, however complex the pregnancy, need to know and trust the midwives who are caring for them. We will work towards every woman being supported by a midwife she knows and trusts throughout her pregnancy and after birth, and to strive to achieve one-to-one midwifery care in established labour.

4. **Safety:** It is of paramount importance that services are available to secure the safety and wellbeing of women, their family and baby.

This commissioning strategy will aim to ensure that all services commissioned will deliver the most equitable outcomes in areas of deprivation. It will be responsive to, and targeted at the specific needs of mothers, partners and babies known to be at risk of poor outcomes

This strategy has five key measurable outcomes linking to the NHS outcomes framework indicators and national public health outcomes framework. They will be delivered through the maternity services implementation plan, an example of which can be found in Appendix 1. (NHS outcomes framework indicators and national public health outcomes framework)

- An improvement in maternal health – this includes improvements in rates of early access to midwifery care, reduction in maternal obesity and rates of smoking
- A reduction in infant mortality
- A reduction in infant morbidity
- An improvement in women and their families' experience of maternity services.

Details of how the commissioning intentions of this strategy will be achieved will be detailed in a comprehensive implementation plan.

Vitally important also is that services recognise the need to listen empathically and sensitively to service users to ensure they become true partners in deciding and agreeing on their care throughout the maternity pathway.

This strategy has been written with the aim that the voice of women and their families are key to delivering future service provision.

Contents

Foreword and executive summary

1.0 Glossary / abbreviations.....5

2.0 Introduction…… 6

3.0 Current service provision 9

4.0 Commissioning principles 10

5.0 Scope / definition of commissioning strategy…… 10

6.0 Service user / stakeholder / clinical engagement……. 11

7.0 Commissioning context 12

8.0 List of commissioning intentions 13

9.0 Partnership working 16

General practice.....16
Working with maternity networks.....18
Working with Public Health 18

10.0 Strategic National Framework.....18

11.0 Changes in demand for maternity services…… 20

12.0 Reducing health inequalities and promoting health. 21

Health inequalities 21
Substance misuse in pregnancy 22
Maternal obesity 22
Smoking in pregnancy 23
Infant feeding 24
The benefits of breast feeding are widely evidenced and include for the infant: ..24
Perinatal maternal / infant mental health 24
Safeguarding / domestic violence 25
Female Genital Mutilation (FGM).....25

13.0 Enabling choice 26

14.0 Pre-conceptual care.....27

15.0 Antenatal care.....28

Access.....28
Continuity.....28
Fetal medicine 29
Loss in pregnancy.....29
Good Practice in Plymouth 30

16.0 Intrapartum care 31

17.0 Postnatal care, new born and neonatal care…… 32

New born and neonatal care.....32
Transition to the health visiting service 32

18.0 Workforce…….. 33

19.0 Public sector equality duty..... 34

20.0 Financial framework 34

21.0 Data collection……35

22.0 Governance arrangements..... 35

23.0 Way forward / implementation plan . 35

25.0 Acknowledgements 36

26.0 References…… 37

1.0 Glossary / abbreviations

BME	Black, Minority and Ethnic
BMI	Body Mass Index
CC	County Councils
CC	Complications and Co-morbidity
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CMACE	Centre for Maternal and Child Enquiries
CNST	Clinical negligence scheme for trusts
CO	carbon monoxide
CPD	Continuing Professional Development
CYP	Children and young people
DCC	Devon County Council
DERRIFORD	Derriford Hospital, Plymouth
DOH	Department of Health
FGM	Female Genital Mutilation
GOV	Government
GP	General practitioners
HCP	Healthy child programme
HRG	healthcare resource groups
HSCIC	health and social care information centre
HV	Health Visitors
IMD	index of multiple deprivation
IQ	intelligence quotient
LA	Local Authorities
MLU	Midwifery led units
MSLC	Maternity Services Liaison Committee
NCT	National Childbirth Trust
NEW Devon	Northern, Eastern and Western Devon
NDDH	North Devon District Hospital
NDHCT	Northern Devon Healthcare NHS Trust
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NMC	Nursing and midwifery council
NRT	Nicotine Replacement Therapy
NSF	National Service framework
ONS	office for national statistics
PBR	Payment by Results
PHAST	Public Health Action Support Team
PHE	Public Health England
PHN	Public Health Nurses
PHNT	Plymouth Hospitals NHS Trust
PMIMH	Perinatal Maternal and Infant Mental Health
RCHT	Royal Cornwall Hospital Trust
RCM	Royal College of Midwives
RCP	Royal College of Physicians
RD&E	Royal Devon & Exeter Hospital
RGOC	Royal College of Obstetricians & Gynaecologists
SD&T	South Devon & Torbay
UCL	University College of London
UK	United Kingdom
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation
YTD	Year to Date
<	less than
>	more than

2.0 Introduction

This commissioning strategy sets out the strategic plans for the commissioning of maternity services for the period 2014 to 2019.

The birth of a baby is a significant event and in the South West Peninsula women and their families generally experience high quality safe maternity care.

A new born baby deserves the best start in life that its parents and society can give it.

This commissioning strategy recognises the wider determinants of health and the links between maternity and the broader social and public health agenda.

There is strong evidence that good maternal and paternal health contributes to positive health outcomes in babies and onwards throughout their childhood into later life *(Delivery Excellence in Maternity Care and Kuh Dt, Ben-Schlomo, Y1997[1]).* The promotion of healthy lifestyle behaviours around the time of a pregnancy is therefore particularly important.

An integrated approach to public health, pre-conception and maternity care is vital to improve pregnancy outcomes and reduce health inequalities.

Through the provision of universal information, early intervention and support, parents and their families can make better life choices. This will ensure they are better prepared for pregnancy, for birth, and the continued care of their baby.

Commissioners and providers of health services are committed to ensuring that women and their families are at the heart of this commissioning strategy. The need to place women in control of their own pregnancy and support proactive choice underpins its direction.

We are committed to promoting the 'Normalisation Agenda'. *(Promoting Normal Childbirth, NCT 2010[2])* However, some women, particularly those with more complex needs, will require midwifery care and care from a consultant and from specialist midwives.

Women told us that the key to a positive experience was being treated with dignity, empathy and respect, being listened to - whatever their situation or age - and being enabled to feel 'in control'.

This maternity services commissioning strategy will aim to ensure maternity services meet both local and national guidance and requirements. The strategy links needs assessment work with national policy, statutory obligations, evidence based commissioning intentions and importantly, reflect the views of service users and stakeholders. The NHS England *Mandate for Maternity[3]* and its focus on personalised maternity care is embedded in this strategy.

It should be noted that the context for future commissioning is set by the significantly challenging financial environment being faced by the NHS.

In addition, in 2013/14 the National Payment by Results (PbR) guidance changed the funding for maternity services.

It will be vital for maternity services to ensure the resource is used effectively with highly skilled clinicians managing their resources by doing what only midwives and doctors can do.

This will lead to commissioners considering options for future service models that make full use of an integrated approach to the wider concept of maternity care and all appropriate services in the community.

Commissioners from the three CCGs were supported by a number of task and finish groups to produce this overarching commissioning strategy.

This strategy aims to ensure women receive an equitable service and service outcomes, whilst recognising there will be a need to reflect local variation within the area of each CCG's own strategy.

What you told us about maternity services

Add Cornwallc

The surgeon who performed by caesarean section was fantastic, he came and saw me after surgery, which was nice.
Torbay

"Baby groups at Children's Centres are brilliant"
Devon

My midwife kept me informed, was supportive of breast feeding, and gave useful techniques - I am still breast feeding now
Torbay

Cornwall

Specialist perinatal team really helped me when I started to get depressed.
Devon

Good being able to contact midwives by 'phone.
Devon

I loved my midwife – she explained everything to me – she knew I was worried about being judged because of my age.
Torbay

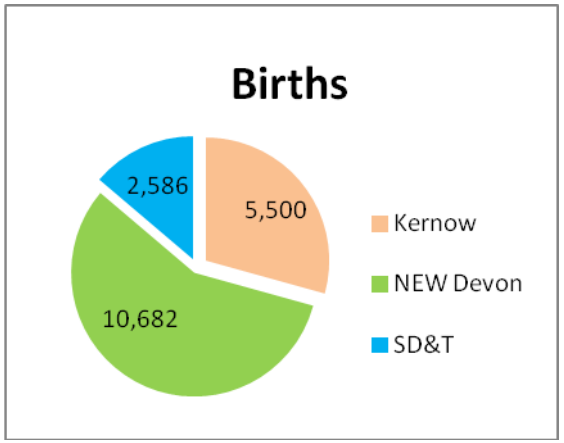
Cornwall

3.0 Current service provision

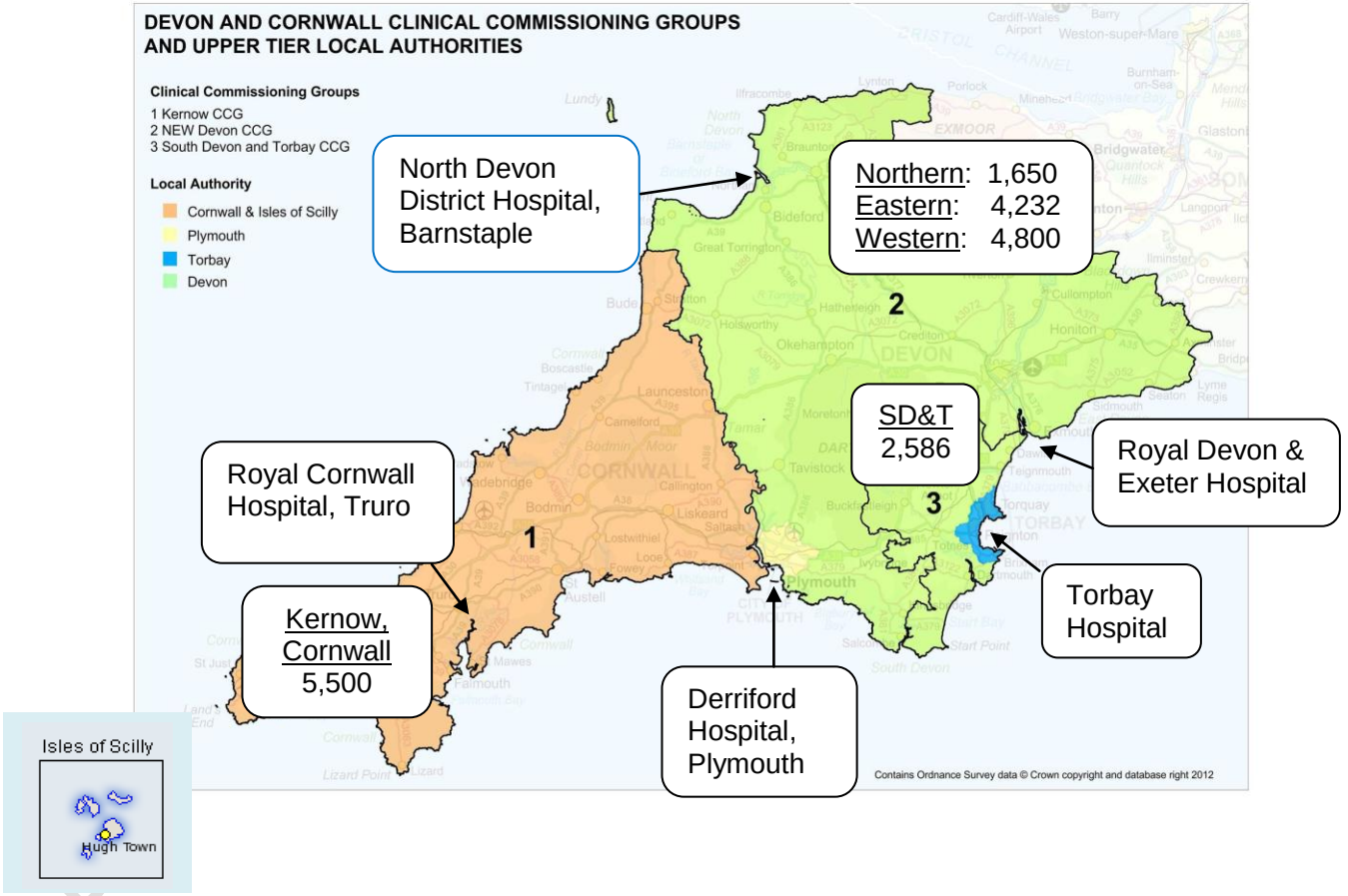
Maternity services provide care for women once they become pregnant until transfer to the Public Health Nursing Service.

In Devon, Torbay and Cornwall, midwifery services are provided by midwives and doctors based within District General Hospitals/ Teaching Hospitals, and with services provided by midwives in the community, within midwifery led units, children's centres, GP practices, and in the home.

For a synopsis of maternity services provided across the three CCGs, *(see Appendix 2)*



Number of births 2012/13



All five maternity units in the South West Peninsula are commissioned by one or more of the Peninsula's three CCGs. In addition, whilst Cornwall CCG is coterminous with Cornwall Council, the geographical county of Devon has two CCGs that are not conterminous with the Local Authority boundaries of Plymouth City Council, Torbay Council and Devon County Council. By working together to produce this commissioning strategy the three CCGs wish to provide consistency in provision wherever possible.

4.0 Commissioning principles

The key values and principles for commissioners and providers of maternity services are based on the commitment of putting women, their partners and babies at the heart of this commissioning strategy, we will work together to ensure that services:

- Are of a high quality, providing safe, accessible, equitable and sustainable service outcomes for women and their families
- Place the woman and their family at the centre of care and supporting the principal of normalisation (Promoting *Normal Birth (DHS 2011)*[4]
- Are based upon best practice and national guidance
- Are commissioned and delivered, reflecting and listening to service users throughout the process
- Are responsive to change, recognising the need to be open and transparent and reflecting the lessons learnt from incidents and events *Introducing the Duty of Candour* (*Gov.uk, 2014)*[5]
- Uphold the six fundamental values identified in *Compassion in Practice (DoH 2012)*[6] recognising the unique midwifery and nursing contribution.

Care
Compassion
Competence
Communication
Courage
Commitment

5.0 Scope / definition of commissioning strategy

For the purposes of this document, 'maternity services' refers to professional care delivered to women, and the support provided to their partners in the pre-conceptual, antenatal, labour and birth (intrapartum), and the postnatal period (up to 28 days). These include midwives, obstetricians, anaesthetists and neonatologists / paediatricians, all working collaboratively with other specialties as required.

'Maternity care', on the other hand, is a broader concept and refers to care provided throughout the maternity pathway. This can be delivered through various models of care: by maternity professionals (as identified above), primary care professionals (including general practitioners), public health nurses (health visitors), and colleagues from mental health services, children's centres, social care and the voluntary sector.

This commissioning strategy defines the strategic commissioning direction for maternity services whilst recognising the need for the wider maternity care agenda to be considered.

6.0 Service user / stakeholder / clinical engagement

We recognise that strengthening and enhancing the contribution and involvement from women and their families in the design, planning and decision-making process will result in service users working as partners, ensuring their experiences of maternity services are taken into account.

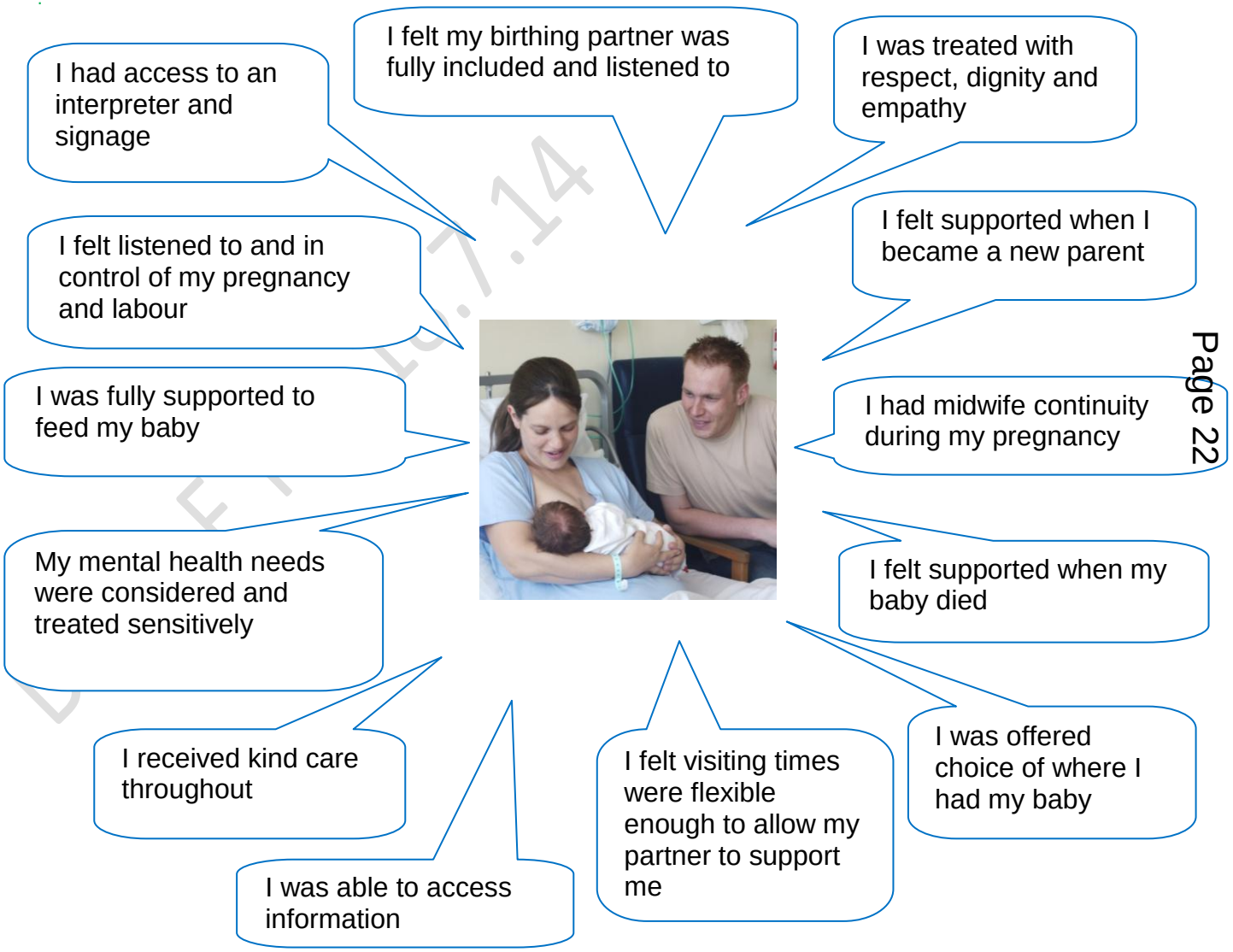
The commitment that has been shown by service users, stakeholders and commissioners has provided an excellent foundation for this strategy.

All three CCGs already support locality-based Maternity Services Liaison Committees (MSLCs) which provide an important link of maternity services with local communities and voluntary organisations. The key element here is that there will be on-going commitment for the continuation of MSLCs in the coming years.

We are committed to ensuring that women and their families are at the heart of developing maternity services.

We will therefore work together in a meaningful way to support local MSLCs and ensure service user participation in the commissioning process.

The outcomes of this commissioning strategy will enable women and their families to say:



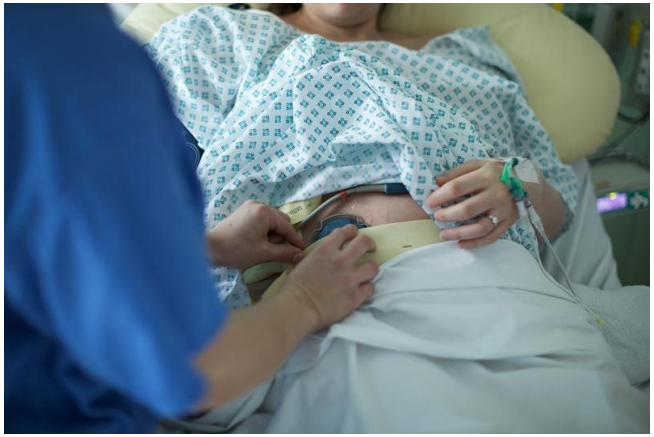
For detailed analysis of stakeholder involvement *(see appendix 3)*

7.0 Commissioning context

There are a number of commissioning organisations involved in commissioning the maternity care pathway.

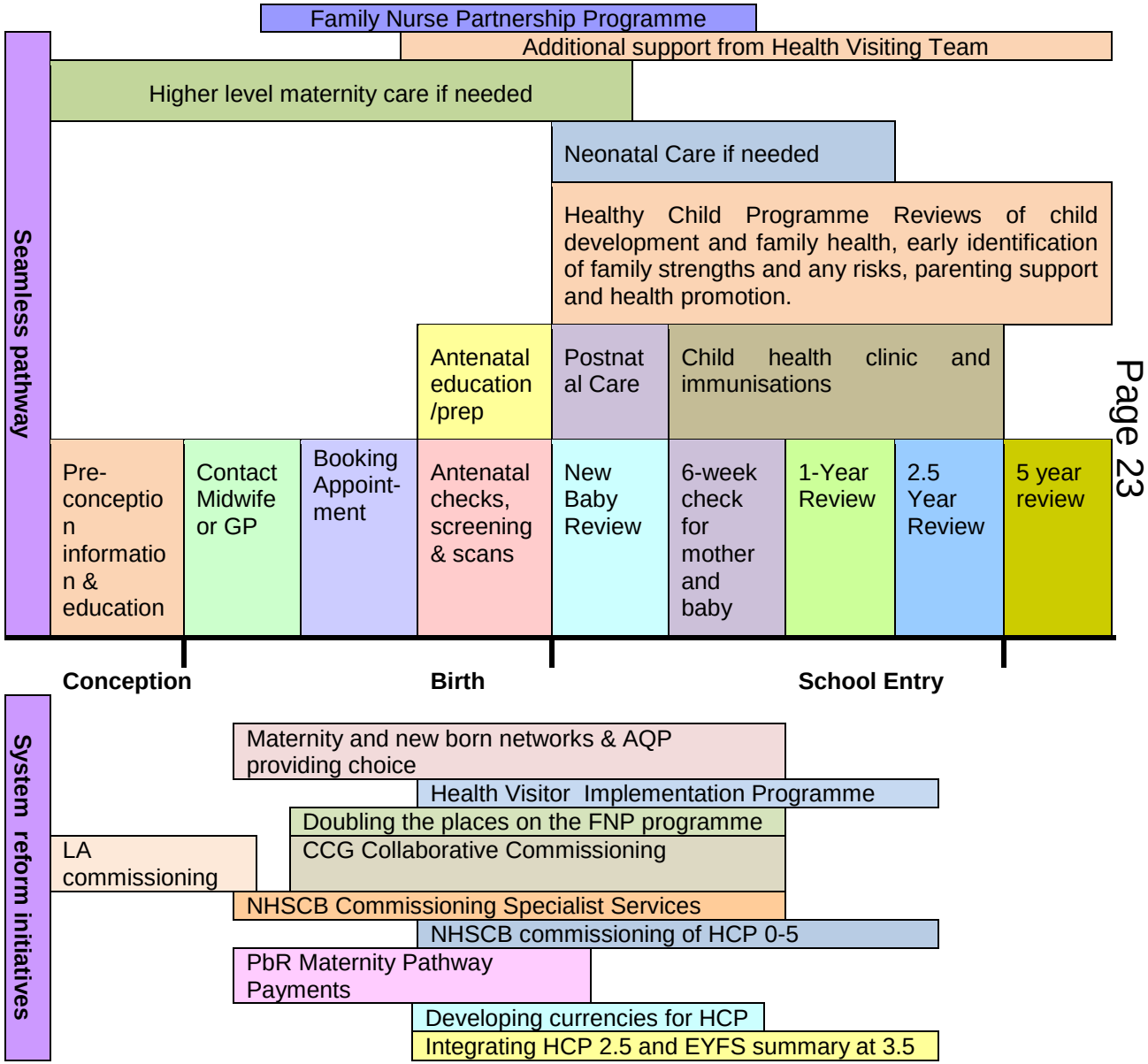
Whilst the CCGs are responsible for much of this pathway, Local Authorities, County Councils and until 2015 NHS England, are responsible for commissioning specialised maternity services, general practitioners, health visitors, education support, children's centres and Public Health services.

We will aim to work with our commissioning colleagues across the pathway to develop seamless co-ordinated maternity care.



Commissioning framework

(Commissioning Maternity Services, 2012)[7]



8.0 List of commissioning intentions

Stakeholder engagement (p.11)

Women and their families will be at the heart of developing maternity services.

We will develop and support local MSLCs

Commissioning context (p.12)

We will aim to work with our commissioning colleagues across the pathway to develop seamless co-ordinated maternity care

Partnership working (p.16)

The maternity pathway will include all disciplines to work towards achieving the best outcomes for parents and babies.

We will:

- work with GPs to discuss the role of primary care
- ensure that GPs are involved in line with local and national guidance
- work with all our partners to develop a strategic approach to children's centres, and ensure commitment to each area's Early Years Offer.

The pronoun "We" used throughout this document describes the three commissioning organisations

Maternity networks and Public Health (p.18)

We will work with:

- the South West Maternity and Children's Strategic Clinical Network to develop best practice
- Public Health to promote a whole systems approach, ensuring relevant Public Health initiatives including the midwifery contribution.

Strategic national framework (p.19)

We will work to ensure services are delivered in line with national directives and regulatory standards and local requirements.

Changes in demand for maternity services (p.20)

We will ensure services are non-stigmatising, equitable, fair and accessible.

Reducing health inequalities and promoting health (p.21-25)

We will work with:

- all relevant providers to reduce health inequalities and promote health and wellbeing
- colleagues to ensure the 'Quit Smoking' programme is a high priority for maternity services
- service providers to develop, support and implement the principles of the UNICEF Baby Friendly initiative
- providers to ensure there is an equitable and seamless pathway of care for all women who require perinatal infant health services
- all appropriate organisations to ensure the safeguarding needs of children and young adults are met, including girls and women at risk of FGM
- providers to ensure all midwifes are trained to recognise and act on domestic abuse
- our providers to ensure a regional wide dashboard will be implemented.

Substance misuse in pregnancy (p.22)

We will work with providers to ensure better recording of data on BMI.

Then we will work with colleagues to ensure an audit of compliance against the recommendations in NICE guidance PH27, 'weight management before, during and after pregnancy' is undertaken and the findings used to inform our action plan.

Enabling choice (p.26)

We will work with local providers to ensure the development and implementation of the Choice Guarantee.

Pre-conceptual care (p.27)

We will work with the relevant providers to scope the current arrangements for pre-conceptual care to inform future service provision.

Antenatal care (p.28-30)

We will work:

- with our providers to reduce the number of women who access services later than 12 weeks and six days
- to ensure women receive individualised / personalised care during their pregnancy, including women with complex medical problems
- with providers to ensure access to appropriate fetal medicine services
- to ensure those women and their families experiencing loss in early or late pregnancy, receive the support they need
- with service providers to ensure there is a parent-centred approach to the provision of parent education.

Intrapartum care (p.31)

We will work with our service providers to address the challenge of meeting the Choice Agenda regarding place of birth and to ensure all women receive one-to-one care where possible, enabling a positive birth experience.

Postnatal care, new born and neonatal care (p.32)

We are committed to ensure that postnatal care gives a positive experience for women, their partners and babies, including vulnerable families, and that there is a safe transfer process to public health nursing services.

Workforce (p.33)

We will work with our service providers to ensure the long-term sustainability of maternity services which are flexible to meet changing demands.

Public Sector Duty (p.34)

We will seek assurance that providers follow Public Sector Quality duty (EHRC 2011)

Please note

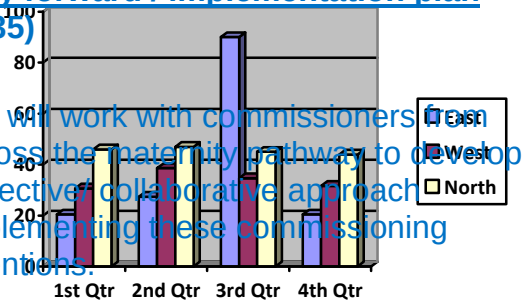
High level commissioning intentions can be found in boxes throughout the document. These will be supported by a more detailed action plan identifying the actions, outcomes and monitoring arrangements.

Data collection (p.35)

We will continue to work with the South West Maternity and Children's Strategic Clinical Network, County Council, Public Health colleagues and provider units to ensure there is a consistent methodology for collecting, monitoring, utilising and sharing maternity data.

There is an expectation that a regional-wide dashboard will be implemented.

Way forward / implementation plan (p.35)



We will work with commissioners from across the maternity pathway to develop a collective collaborative approach to implementing these commissioning intentions.

9.0 Partnership working

It is recognised that the health and wellbeing of parents and babies is a shared endeavour. This involves working in full partnership with parents and families, communities, community and voluntary services, early years and primary care services, and other statutory services to deliver the best outcomes for parents and babies.

We will work collaboratively to ensure the maternity pathway includes all disciplines and provides clarity regarding their individual contribution, and work towards achieving the best outcomes for parents and babies.

Public Health nursing (health visiting)

Health visitors link with midwifery services in the antenatal and postnatal periods to provide additional and on-going support to families contributing to early help, including intervention support and referral ensuring readiness for parenthood through working with mothers and their babies and families (as recommended in the *Healthy Child Programme).*

General practice

General practitioners (GPs) are well placed to know individual patients and their families, and may be managing women for certain clinical conditions such as diabetes and high blood pressure, which could have a significant impact on pregnancy and may share care with the midwives.

GPs are also in a key position in identifying those women who may be socially isolated or vulnerable for whatever reason.

GPs may also be involved in:

- pre-conceptual care (e.g. staying healthy, folic acid supplement, obesity, smoking, rubella, amniotic fluid screening, genetic counselling, etc.)
- some antenatal care (e.g. sharing of relevant medical history, continuity of care especially for those women with complex medical conditions / family history)
- some postnatal care.

"Nationally the role of the GP has reduced due to the development of more midwifery-led services." (*The role of GPs in maternity care – what does the future hold? - Kings Fund 2010)*[8].

We will work with service providers to identify and clarify the primary care role in the provision of maternity care locally.

We will ensure that where GP's are involved in the provision of maternity care that they provide care according to local and national guidelines.

Children's centres

Children's centres (commissioned by County / City Councils) provide early childhood services to prospective parents during pregnancy and until a child is five years old. They are at the heart of delivering the early help and other related strategies.

The All Party Partnership Survey Strategy Groups *'Best Practice for a Sure Start: The Way Forward for Children's Centres' (2013)*[9] makes a number of recommendations that reflect on maternity services *(Appendix 4).*

Currently children's centres both nationally and locally are subject to review the outcomes of which may affect their model of delivery with a reduction in the number of buildings.

We will work with our partners in Local Authorities / County Councils and the voluntary sector to:

- develop a strategic approach to services through children's centres where it is possible and appropriate
- ensure commitment to each area's early years offer

Working with maternity networks

The Way Forward: Strategic Clinical Networks (NHS England, 2012)[10] states that:

"Clinical networks combine the experience of clinicians and the input of patients. They have supported and improved the way we deliver care to patients.

We are committed to the South West Maternity and Children's Strategic Clinical Network to work with maternity services across the South West to contribute to and develop best practice.

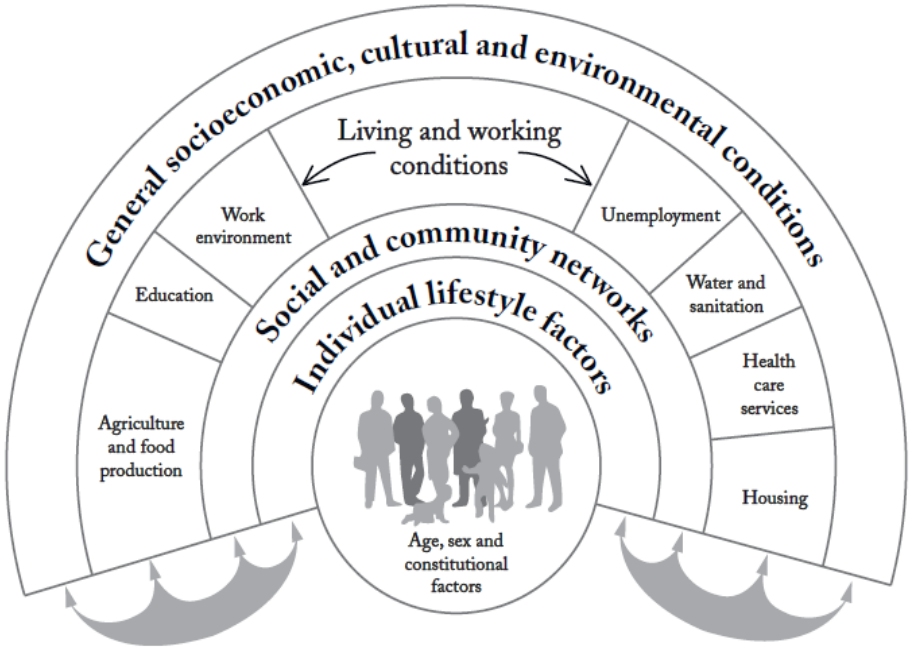
Working with Public Health

The *Department of Health Mandate April 2013-2015*[3] has identified that improving Public Health is one of their key priorities and that it is the business of every nurse and midwife. There are two clear directives with relevance to midwives. These are:

- develop the nursing and midwifery contribution to "No health without mental health"
- developing a new model for the public health role of midwives.

Public Health as a whole system approach

(Health Knowledge Education CPD and revalidation from PHAST)



We will work with partners in Public Health to promote a whole systems approach to ensure the midwifery contribution is included within relevant Public Health initiatives.

10.0 Strategic National Framework

The national policy context on the improvement and development of maternity services is detailed in *Midwifery 2020 (DoH 2010)*[11], *Towards Better Births (2008)*[12], *Standards for Maternity Care (RCOG 2008)*[13], *Safe Births : Everybody's Business (Kings Fund 2008)*[14], *Maternity Matters (2007)*[15], the *NSF for Children, Young People and Maternity Services (2004)*[16], *Choosing Health (DoH, 2004)*[17], *CNST (litigation for maternity cases)*[18], NICE guidance on place of birth, and other NICE clinical guidelines.

The national policies including *'No Health without Mental health (2011)*[19] recognises that maternal mental health problems during pregnancy increase the risk of adverse pregnancy outcomes as well as neuro-developmental problems for the child both before and after birth.

Maternity Matters (DH, 2007)[15] outlines the focus on commissioning high quality, safe and accessible maternity services through the implementation of a choice guarantee for all women and their families, ensuring that women will have choice about the type of maternity care that they receive. This remains the Department of Health current position.

The National Choice Guarantee is to offer all women:

- choice of how to access maternity care (direct booking with midwife or via GP)
- choice of type of antenatal care
- choice of place of birth: depending on their circumstances
- choice of place of postnatal care.

The *Joint Planning and Commissioning Framework for Children, Young People and Maternity Services (2006)*[20] has been designed for people working in all sectors of children, young people and maternity services and aims to help local planners and commissioners design a unified system making the best use of resources and joining services where appropriate to provide better outcomes.

Additionally, *Our Health Our Care Our Say (2006)*[21] sets out a vision of an individualised maternity service comparable with other maternity policies with a focus on access, choice and information.

Promoting normal Childbirth (NCT 2010)[2] showed that a focus on promoting normality and birth is associated with a lower rate of medical intervention such as instrumental deliveries and caesarean sections. This results in better quality and care for mother and baby allowing midwives to spend more time caring for them.

Making Normal Birth a Reality (RCM, RCOG, NCT 2010)[22] confirmed a shared view about the need to recognise, facilitate and audit normal birth.

The NHS Outcomes Framework acts as a catalyst for driving up quality of care and encouraging a change in culture and behaviour *(See appendix 5)*.

The Pledge for better health outcomes for children and young people, (2013)[23] sets out shared ambitions to improve physical and mental health outcomes for all children and young people. It commits signatories to putting children, young people and families at the heart of decision-making and improving every aspect of health services – from pregnancy through to adolescence and beyond.

The Government, NHS England, Public Health England (PHE), Royal Colleges, local government organisations and others have signed up to The Pledge.

We will work collaboratively with providers to commission a service that will be delivered in accordance with national directives, relevant clinical and regulatory standards and local requirements.

11.0 Changes in demand for maternity services

The number of births nationally has increased by almost a quarter in the last decade and is currently at its highest level for 40 years, placing increasing demands on NHS maternity services.

In Cornwall & Isles of Scilly (CIOS), Torbay and Plymouth the number of births are expected to remain static over the next seven years *(see Figure 1, Appendix 6).*

In Devon numbers of projected births in Exeter and North Devon are expected to rise over the next 10 years before a gradual decline towards 2030, with other district areas static or showing a gradual decline in numbers of expected births *(see Figure 2, Appendix 6)*.

There is a substantial variation in fertility rates *(see Figure 3, Appendix 6)* across the Peninsula. Rates in Exeter and South Hams are statistically lower than National and South Western rates. Rates in Torbay and Mid Devon are above the South West average.

Over recent years there has also been an increase in the proportion of 'complex' births, such as multiple births (for example twins) and those involving women over the age of 40 years.

Nationally the number of babies born to women aged 40 or over rose by 85 per cent between 2001 and 2012. This pattern is mirrored locally *(see Figure 4, Appendix 7)*.

Teenage pregnancy rates are declining across the South West Peninsula although rates in Plymouth and Torbay are still above the South West and England average *(see Figures 5, Appendix 7).*

We know that pregnant teenagers and young families often have complex needs outside the remit of maternity services. We will need professionals to take innovative approaches to developing care to promote enjoyment, rapport and engagement when working with young families.

Women who were previously not having babies because of their complex pre-existing medical conditions are also now embarking on pregnancy. These women often require sub-specialized clinical involvement in their maternity care adding extra demands on maternity services.

Maternity services should be responsive to the needs of:

- ethnic minorities
- recently arrived families
- travelling families
- substance abusing women and their families
- Children in need of protection.

The ethnicity of mothers in a local area has an impact on the kinds of services needed - for instance certain conditions are known to be more common in particular ethnic groups. Families who have recently moved to the UK may have difficulties reading or speaking English, and therefore require additional support.

The Peninsula, when compared to the rest of the UK, has a very low representation of black and minority ethnic (BME) groups.

A table outlining the percentage of deliveries by the ethnicity of the mother is in *(Appendix 8)*. This information does not however capture diversity within ethnic categories. For example the ethnic category 'White' would include mothers from Eastern Europe some of whom may not speak English and therefore need support with translation services.

We will work with partner organisations to deliver non-stigmatising, age-appropriate, equitable, fair and accessible services that meet the needs of parents and their families.

12.0 Reducing health inequalities and promoting health

"It is clear that a good start make a crucial difference in securing good outcomes for children / adults." (*Best Practice for a Sure Start 2013)*[9]

Giving every child the best start to life is crucial for securing health and reducing inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid down in early childhood.

What happens during these early years, starting in utero, has life-long effects on many aspects of health and wellbeing from obesity, heart disease and mental health, to educational achievement and economic status.

The Marmot Review reflects the above in six key statements referring to children and young people *(See Appendix 9)*.
Fair Society, Healthy Lives (2010) – the Marmot review of health inequalities in England[24].

Health inequalities

Socio-economic status is strongly associated with health outcomes for mothers and their babies. Babies born to mothers living in the most deprived areas have around twice the rate of still birth and neonatal death than those born to mothers living in the least deprived areas. (ONS 2012)

The maternal death rate amongst women living in families where both partners are unemployed is up to 20 times higher than for women in the highest two social classes.

"Each midwife has the opportunity to influence the woman and the subsequent life chances for her child from pre-conception to the postnatal period".
(*Midwifery 2020)*[11]

Deprivation varies across the CCGs. CIOS, Torbay and Plymouth have above the national average levels of urban deprivation. All rural areas of the peninsula, with the exception of East Devon and Teignbridge, have above the national average score for rural deprivation, which is associated with issues of social isolation, a low wage economy, high housing and living costs and greater distance to travel to services *(see Figure 7 & 8, Appendix 10)*.

Within NHS NEW Devon CCG, more than half (six) of the top 10 most deprived wards are found in the Western Locality *(See Appendix 10)*. We know that women affected by social deprivation find services hard to access.

We will take a collaborative approach with all relevant providers to reduce health inequalities and promote health and wellbeing.

Substance misuse in pregnancy

There is no reliable data locally or nationally on the proportion of women consuming alcohol or using drugs during their pregnancy, pre-pregnancy or pre-pregnancy recognition.

There are clearly significant problems associated with substance misuse during pregnancy but there are many difficulties in determining the most appropriate and affective response to these problems.

We will work with providers to audit the provision of advice about alcohol and drug use during pregnancy, the screening of women for substance misuse and the provision of services to support hose identified with substance misuse problems before, during and after their pregnancy.

Maternal obesity

There is substantial evidence that obesity in pregnancy contributes to increased morbidity and mortality for both mother and baby.

Women who are obese when they become pregnant are more likely to experience complications and adverse outcomes during pregnancy and childbirth, including maternal death, miscarriage, pre-eclampsia and gestational diabetes *(CMACE/ RCOG 2010)*[25].

Women who are obese are more likely to have a longer or induced labour and an instrumental delivery or caesarean section *(Yu et al, 2006)*[26].

Obese women are likely to spend longer in hospital than those with a healthy weight because of morbidity during pregnancy and labour related to their weight *(Chu et al, 2008)*[27].

Babies born to obese women also face several health risks, including fetal death, still birth, congenital abnormality and subsequent obesity *(Ramachenderan et al, 2008)*[28].

Women with a high BMI need to be supported to lose weight before, during and after pregnancy. Better recording of BMI status is important to support the development and provision of appropriate services. *(See Appendix 11)*

We will work with providers to ensure better recording of data on BMI.

Then we will work with colleagues to ensure an audit of compliance against the recommendations in NICE guidance PH27, 'weight management before, during and after pregnancy' is undertaken and the findings used to inform our action plan.

Smoking in pregnancy

- It remains one of the few preventable risk factors associated with complications in pregnancy.
- It causes an increased risk of miscarriage, still birth, low birth weight and sudden unexpected death in infancy *(RCP, 1992)*[29]. *(tables 1 & 2, Appendix 12)*
- It is associated with psychological problems in childhood such as attention and hyperactivity problems and disruptive and negative behaviour. *(Button et al, 2007)*[30]

There are significant variations in smoking rates across the Peninsula *(see Figure 11, Appendix 12).* Plymouth, Torbay and Cornwall & Isles of Scilly have higher rates of smoking at delivery when compared with the South West and England averages.

All areas have seen a decline in the rates since 2006, although in Devon the rates have remained static since 2010.

The proportion of mothers smoking at delivery varies dramatically according to socio-economic status from nearly 26 per cent in the most deprived group to 5 per cent in the least deprived group *(see Figure 12, Appendix 12).*

We will work alongside colleagues from Public Health England to ensure the 'Quit Smoking Programme' is a high priority for Maternity Services. This will include auditing compliance against the *eight NICE guidance Smoking Recommendations (see Appendix 13).*

Infant feeding

The benefits of breast feeding are widely evidenced and include for the infant:

- a reduction in infection, including gastroenteritis, respiratory and ear infections leading to hospitalisation *(Ip S.et al, 2007)*[31]
- a reduction in childhood obesity increasing the risk of developing type-2 diabetes
- reduction of blood pressure and cholesterol in adulthood. *(Horta, B. et al, 2007)*[32]

For mothers:

- breastfeeding is associated with a reduction in the risk of breast and ovarian cancers. *(Beral, V. 2002)*[33]

Rates of breastfeeding vary widely between different socio-economic groups, *(see Figure 13/14, Appendix 14)*, with mothers from professional and managerial groups much more likely to initiate breastfeeding than mothers from the most deprived groups.

Plymouth, Torbay and North Devon, which all have high rates of deprivation, have lower than the Peninsula's average rates of breastfeeding initiation.

On the other hand South Hams and West Devon, relatively affluent areas, have higher rates of breastfeeding initiation than the cluster average as well as the England and South West average.

The United Nations International Children's Emergency Fund (UNICEF) UK Baby Friendly Initiative (2012) supported by the World Health Organisation (2001) and the Royal College of Midwives provides a framework for the implementation of best practice by NHS trusts and other healthcare facilities with the aim of ensuring that all parents are helped to make informed decisions about feeding their babies and that they are supported in their chosen feeding method.

Implementing the Baby Friendly best practice standards is a proven way of increasing breastfeeding rates *(NICE, 2006; Broadfoot, M., 2005; Tappin, D.M. et al, 2001; UNICEF, 2012; Kramer M.S. et al, 2001)*[34].

The aim is to create a culture in which breastfeeding is a routinely accepted way in feeding a baby in the Peninsula.

We are fully committed to supporting the principals of the 'UNICEF UK Baby Friendly initiative' and will work with our service providers to ensure women and their families are supported to make an informed choice regarding their method of feeding, both initially and throughout the postnatal period.

We will seek to establish an infant feeding alliance to monitor progress towards achieving the principles of the UNICEF UK Baby Friendly initiative.

Perinatal maternal / infant mental health

During pregnancy and the year after birth women can be affected by a range of mental / emotional wellbeing problems which can affect at least 20 per cent of women. If untreated the impact can be devastating to the woman and her child, and also the whole family.

Better perinatal mental health is associated with better outcomes for children, including behaviour, and the development of better relationships.

For these reasons we are committed to ensuring that women and their families receive effective prevention, detection and treatment through the development and support of specialist perinatal mental health care services.

We are committed to work with perinatal maternal / infant mental health providers and the South West Maternity and Children's Strategic Clinical Network to ensure there is an equitable, seamless and consistent pathway of care for all women.

Safeguarding / domestic violence

Domestic violence is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years who are or have been intimate partners or family members.

Evidence tells us that 30 per cent of domestic violence starts in pregnancy *(Women's Aid 2005)*[35] with between four and nine women in every 100 being abused during and or after their pregnancy.

Domestic abuse has been identified as a prime cause of miscarrying or stillbirth and of maternal deaths in pregnancy.

The ability to recognise potential indicators and signs of abuse to both the pregnant woman and her child is imperative. Early intervention for mothers and babies in securing additional support is vital.

All services will work to the appropriate evidence based Assessment Framework for their area. Early assessment is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The aim is to identify, at the earliest opportunity, a baby, child or young person's additional needs which are not being met by the universal services they are receiving and provide timely and co-ordinated support to meet those needs.

We are committed to compliance with National Guidance to ensure the safeguarding needs for children, young people and adults are met. The principals outlined within this document must underpin all service provision.

To work with midwifery service providers with the aim of ensuring all midwives are appropriately trained to recognise domestic abuse and have systems in place to support women and signpost on for further help with their agreement.

Female Genital Mutilation (FGM)

Female genital mutilation is estimated to have affected 66,000 women nationally (this is a conservative estimate in Britain). FGM is a violation of the human rights of girls and women, and as such must be treated as child abuse. *(WHO Fact Sheet 241)*[36]

This is an important issue for commissioners. We will collaborate with appropriate relevant partners to ensure that girls and women at risk of FGM are not overlooked.

13.0 Enabling choice

(as defined in Maternity Matters 2007 [15])

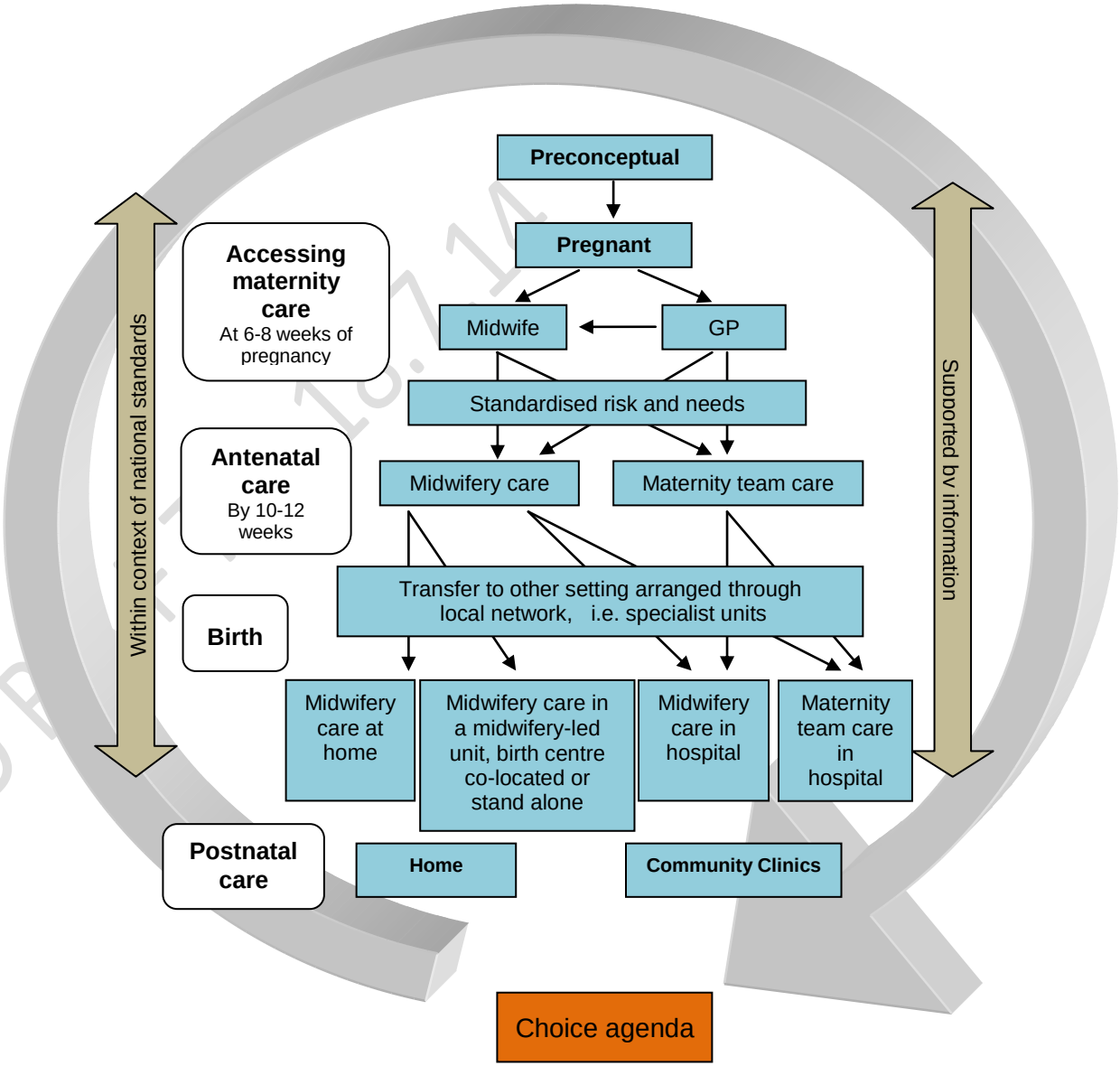
The model of care for women in the Peninsula will place the mother and her family at the centre of her care, ensuring that service provision is timely and women-focussed, based on the National Institute of Clinical Excellence (NICE) guidance, including the NICE Pathways of Care.

We know from listening to a number of parents that being 'listened to' and involved in planning their care is very important.

We will work with local providers:

- to develop the choice guarantee for women and their partners
- to facilitate and empower women and their partners to make an informed choice with their multidisciplinary team
- to provide comprehensive information in a variety of formats to assist that choice.

Maternity Care Pathway *('Maternity Matter 2007')*



14.0 Pre-conceptual care

Pre-conceptual care provides support and advice for families to ensure women have the best chance of having a healthy pregnancy and a healthy baby. *Preconception Health (Womenshealth.gov. 2010)*[37]. We recognise it is important in ensuring their optimum health outcomes.

It may provide the opportunity to:

- optimize the management of chronic maternal health problems
- provide lifestyle advice to avoid behaviours hazardous to a pregnancy, such as smoking, drinking excessive alcohol, or taking drugs
- provide advice to optimize the health of the mother and baby, such as guidance on taking folic acid supplements
- identify couples who are at increased risk of having a baby with a genetic or chromosomal malformation, and providing them with sufficient knowledge to make informed decisions.

Nationally only 50 per cent of the population plan a pregnancy *(UCL 2013)*[38]

We will work with the relevant providers to scope the current provision.

15.0 Antenatal care

Antenatal services cover all the care for a woman when she discovers she is pregnant until she goes into labour. Having a healthy pregnancy is one of the best ways to promote a healthy birth.

Access

Early access to maternity services is essential in order that mothers and their unborn child will be able to receive assessment and screening services. This enables all women to receive the most appropriate care pathway for their individual needs.

Women needing additional care will be referred to the consultant obstetrician, which may subsequently enable shared care between the consultant and the midwifery team, including specialist midwives.

The national target for completion of the initial booking assessment is 90 per cent by 12 weeks and six days of pregnancy. Generally most women do receive this important early assessment.

Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and socially excluded groups will provide a focus on reducing the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.

We will work with our providers to reduce the number of women who access services later than 12 weeks and six days through targeted outreach work to those most vulnerable women with the outcome of reducing the health inequalities some families face.

Continuity

All women and their partners, however complex the pregnancy, will want to know and trust the midwife and doctor who are responsible for providing information, support and on-going care.

We know that continuity of care throughout pregnancy by the same midwifery team is important for the confidence and safety of women and their families. A guiding principal for this commissioning strategy is that all women will experience continuity of care from their midwifery team during their pregnancy.

Midwives are the experts in normal pregnancy and birth and have the skills to refer to and coordinate between any specialist services that may be required. Medical consultants will ensure those women who require additional help and support receive the care they need.

On-going needs assessment should be undertaken throughout the antenatal period.

Care will be provided in line with *NICE Guidelines for Antenatal Care (2013)*[39].

We will work with our service providers to ensure that women receive individualised care, according to their needs, in a safe and accessible environment by appropriate professionals. This care should be evidence based reflecting NICE guidance and the Healthy Child Programme.

Evidence tells us that women with pre-existing medical conditions are at a higher risk of serious complications and morbidity.

We will ensure pathways are updated in line with national evidence and best practice to ensure women with complex medical problems receive the appropriate medical assessment and on-going obstetric care.

Fetal medicine

Some maternity units will have specialists in fetal medicine, delivering care in specialist centres.

We will work with providers to ensure access to appropriate fetal medicine services.

Loss in pregnancy

The loss of a baby at any stage is an emotional and stressful time and affects the whole family. There are particular challenges for women who miscarry early in pregnancy.

Nationally seventeen babies are stillborn or die shortly after birth every day and 20 per cent of all pregnancies end in miscarriage. *A review of support available for loss in early and late pregnancy (2010* [40]), *(See Figures 15 & 16 Appendix 15)*.

Maternal death

The death of a mother from pregnancy related causes is very rare in the UK.

This is also the case in the Peninsula where there were fewer than five maternal deaths between 2008 and 2012 (HSCIC based on ONS mortality data).

We would wish to ensure that women and their families experiencing loss in early or late pregnancy receive sensitive support through their contact with maternity services.

Education for parenthood

Emerging evidence identified in *Maternal Emotional Wellbeing and Infant Development*, RCM 2011 – "the *transition to parenthood"* [41] suggests that if done well, preparation for parenthood can impact significantly on bonding, attachment and parenting, and reducing social and health inequalities.

In line with national findings a number of parents told us they felt unprepared for either the birth of their baby or how to provide care for their baby following birth.

We will work with our service providers to ensure there is a parent centred approach to the provision of parent education that is:

- provided equitably
- accessible i.e. times and venue
- content relevant and evidence based
- inclusive
- considers a range of approaches.

We will work with parents, Local Authorities / County Council colleagues, providers and third sector providers to review and plan more equitable services for those parents embarking on parenthood.

Good Practice in Plymouth

The Great Expectations is a free six week parenting programme and represents a partnership approach between Plymouth Community Healthcare, Plymouth City Council, local children's centres and Plymouth Hospitals NHS team. This is also now in place in Cornwall and Isles of Scilly.

The programme has been redesigned in line with Department of Health quality standards and ensures that parents are offered first class parenting education wherever they live across the city *(See Appendix 16)*.

Add Cornwall info

16.0 Intrapartum care

Intrapartum care is the care and support provided for a women and her partner during labour.

The National Choice Guarantees ensures all women will have an informed choice of place of birth.

Depending upon their circumstances, women and their partners will be able to choose between three different options:

- a home birth
- birth in a local facility under the care of a midwife
- birth in a consultant-led unit.

We are aware that these choices are available but not to all women in all areas.

Commissioners and service providers are all committed to the principal that pregnancy is for most women a normal process. Therefore all women and their partners will be offered the opportunity to choose their place of birth, including having their baby at home if safe and appropriate. *(NICE guidance 62 Routine Antenatal care for healthy pregnant women 2008)*[42]

To help families make this important decision, every effort must be made to ensure information is provided to enable them to make an informed choice.

Women will be informed about what emergency care can be provided in and out of the hospital setting by midwives and paramedics.

Where a woman chooses to give birth at home or outside of an obstetric-led unit, there will be plans in place to ensure that if there are complications, the woman and baby can be transported safely and quickly to a consultant led unit.

Where women choose to give birth in hospital, NICE guidance recommends one-to-one care in labour, ideally from a midwife they know.

Many women cite one-to-one care in labour as the most important factor for them in having a positive birth experience. *(NICE guidance …. and Maternal Emotional Wellbeing and Infant Development (RCOG 2012)*[41]

The Department of Health have advised that applying evidence-based good practice of care leads to lower caesarean section rates and most importantly a better experience for women.

Between 1998/99 and 2005/06, the caesarean section rate in England rose from 12 per cent of all births to 24 per cent without measurable improvement in outcomes for babies and decreased morbidity for mothers.

We are aware that where clinicians in maternity units actively apply Best Practice in their management of labour and birth, caesarean section rates can be reduced.

We recognise that for some women a caesarean birth can be the safest and most appropriate way for their baby to be delivered, which can still be a positive birth experience for mothers and their partners *(See Appendix 17).*

We will work with our service providers to address the challenge of meeting the full choice agenda providing equitable access to choice of place of birth.

We will work with our providers to ensure all women receive one-to-one care where possible and to experience a positive birth.

17.0 Postnatal care, new born and neonatal care

Postnatal care begins with the birth of a baby and continues in hospital and home and then through transfer to the health visiting service.

We know that supportive skilled care postnatally can promote bonding between mother and baby, enhance parenting skills, and support breast feeding. This is a vital time for both the mother and her partner to share and get to know their baby. It is a time when sensitive support can both recognise early perinatal mental health issues and ensure early intervention.

Yet we also know that postnatal wards can be very busy with maternity staff increasingly facing the challenges of providing care, advice and support to women with more complex needs.

Positive experience for the mother at this time can impact considerably upon her and her baby's health outcomes, relationships with family and friends, and her parenting capabilities.

New born and neonatal care

All babies receive care from midwives following birth, continuing after transfer home from midwives and maternity support workers assessing both mother and baby. This care includes all babies receiving the New born and Infant Physical Examination (NIPE).

The NIPE examination is undertaken to ensure diagnosis of any medical conditions the baby may have. The optimum time for this is within 72 hours of birth and may be in the hospital or in the baby's home.

It is vitally important that all front line staff are trained to undertake this examination and able to recognise and care for an unwell new born baby. This especially applies to those babies with early onset neonatal bacterial infection within 72 hours of birth, which can be a cause of morbidity and mortality.

Babies with a low birth rate are more likely to die or have special medical or education needs than those with a normal birth rate. Low birth rate is affected by risk factors such as smoking, alcohol and drug use which are more prevalent in areas of deprivation *(Figure 17 Appendix 18)*.

It is important therefore that maternity service staff are appropriately skilled to ensure that care is targeted to those living in the most deprived areas in order to improve the life chances of the baby within the whole context of the family.

Transition to the health visiting service

Transfer of care from the midwife to the health visiting service will occur between 10 and 28 days following the birth of a baby in line with the *Healthy Child Programme (DoH 2009)*[43].

A full and comprehensive handover and discharge process focussed upon the individual needs of the mother, baby and the family ensures a seamless and safe transfer of care.

We are committed to ensuring that the care delivered by our providers postnatally gives a positive experience for women, their partners and baby.

We will also:

- work with our partners and providers to ensure services identify and provide for the most vulnerable families
- work with our partners and providers to ensure protocols are in place to enable safe individualised discharge/ transition processes

18.0 Workforce

In order to implement this commissioning strategy and to be able to provide a high quality, safe, personalised service, we recognise there needs to be a strong workforce that is caring, compassionate, experienced, skilled focussed, flexible and responsive to need. This workforce needs to have access to appropriate training and supervision and be focussed upon service delivery and feel supported and safe.

In common with the rest of the NHS, maternity services face some significant challenges over the next few years.

These include:

- changing demographic rising birth rates
- high levels of retirement
- the need for a more technically educated skilled workforce
- an increase in part-time working
- the development of specialist midwives
- high levels of public expectations
- the development of midwifery leaders
- the majority of the workforce is female.

In order to maintain high quality, safe and personalised care, in line with *The Right People in the Right Place*[44] and *Towards Safer Childbirth (RCOG 2007)*[45] providers will require a robust workforce development plan.

The recommended midwife to birth ratio, appropriate levels of consultant presence on labour wards, and appropriate skill mix should also be reflected in workforce plans.

The plan should also reflect local model of care, case mix, the needs of women and their families, and service redesign.

Provision of supervision and access to supervisory support in line with *Modern Supervision in Action – a practical guide for midwives NMC 2009*[46] should be in place.

We will work with our service providers to ensure long term sustainability of maternity services that are flexible to meet changing demands

19.0 Public sector equality duty

All maternity services must meet the requirements of the Government *Public Sector Equality Duty 2011* by ensuring services are appropriate and individualised to observe the nine protected characteristics of age, marriage and civil partnerships, religion and belief, gender, gender reassignment, race, sexual orientation, disability, pregnancy and maternity. They should also make particular consideration about people including those with:

- disabilities including mental health and sensory disabilities
- learning disabilities
- younger and older mothers
- sexual orientation such a same sex parents
- religious restrictions
- ethnicity and those for whom English is not their first language.

Services must also ensure the specific needs of disadvantaged groups within our communities are met and that they are treated compassionately and with respect.

The Women's Health and Equality Consortium recently undertook a piece of research examining the barriers that women in various groups face when accessing pregnancy care *(Briefing: Women's voices on health : Addressing barriers to accessing primary care, May 2014, WHEC[47]).*

The report identifies a number of issues that are relevant for black and many ethnic women, refugees and women seeking asylum, women living with HIV, lesbian, gay and women with learning disabilities. It will be key in enabling commissioners to identify issues for attention and inclusion in the maternity service implementation plan.

We will seek assurance that providers:

- make reasonable adjustments to meet needs that may arise from a person's protected characteristic
- are following national guidance in relation to vulnerable groups
- are striving to continually improve their communications and pathways to support prospective parents.

20.0 Financial framework

In 2013/14 the introduction of a Payment by Result (PbR) pathway tariff for maternity makes CCGs pay for pathways of care. This gives the CCGs the opportunity to develop performance management indicators with maternity service providers that are outcome focussed.

The aim is to develop contracts that free up the CCGs to focus on monitoring what matters to the local population (their outcome and experience of maternity care) and it frees up the provider to focus on the detail of how best to provide maternity services in order to deliver those outcomes.

Further work will be required to assess the financial implications of implementing the changes required to achieve this strategy once the detailed commissioning intentions and changes to contracts have been established.

It is well recognised that the cost of litigation to the Health Service regarding maternity cases is large and places the burden on the whole health economy.

A safe evidence based service therefore not only benefits the family, but also the wider health economy.

21.0 Data collection

It is the responsibility of maternity services to provide up-to-date/ robust information and data in order for commissioners, alongside Public Health colleagues, to monitor that service and identify areas for development and future commissioning priority.

Much of the data on risk factors is not available from national datasets and needs to be collected from local maternity services. This is being negotiated with providers so that the data presented is comparable across the area.

We will continue to work with the South West Maternity and Children's Strategic Clinical Network, County Council, Public Health colleagues and provider units to ensure there is a consistent methodology for collecting, monitoring, utilising and sharing maternity data.

There is an expectation that a regional-wide dashboard will be implemented.

22.0 Governance arrangements

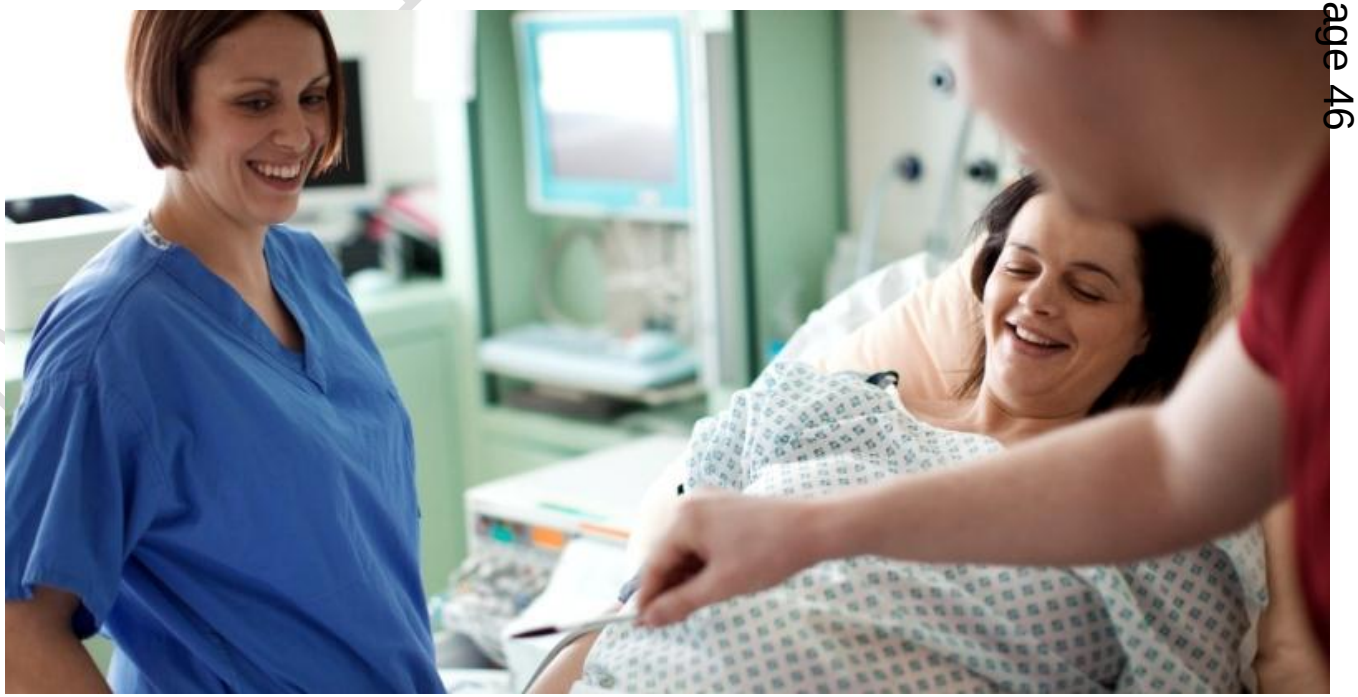
This commissioning strategy and its associated work programme will be led and monitored by the CCGs.

Progress on the delivery of the strategy will be monitored on an on-going basis with an annual review and progress reported to the NHS NEW Devon CCG Board as part of the partnerships programme update arrangements.

23.0 Way forward / implementation plan

Following the final round of stakeholder engagement comments will be collected to include in an implementation plan to ensure implementation of the commissioning intentions included within this commissioning strategy.

We will work with commissioners from across the maternity pathway to develop a collective/ collaborative approach to commissioning maternity services.



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Commissioning strategy for maternity services 2014 – 2019

NEEDS ASSESSMENT / APPENDICES

APPENDICES CONTENTS

Appx	Title		Page
1	Maternity Services Implementation Programme	.....	3
2	Synopsis of Current Maternity Services	.....	4
3	Service User Involvement/ Stakeholder/ Clinical Engagement	.....	7
4	Best Practice for Sure Start	.....	16
5	The NHS Outcomes Framework 2013-14	.....	18
6	Understanding our Population	.....	19
7	Overall Birth Rate by Age	.....	21
8	Ethnicity	.....	22
9	Marmot Review	.....	23
10	Social Deprivation	.....	24
11	Maternal Obesity	.....	26
12	Smoking in Pregnancy	.....	27
13	NICE Smoking Recommendations	.....	28
14	Infant Feeding	.....	30
15	Perinatal/ Infant Mental Health	.....	31
16	The Great Expectations Programme	.....	32
17	Procedures Across Healthcare Resource Groups	.....	33
18	Low Birth Weight	.....	34

Appendix 1

MATERNITY SERVICES COMMISSIONING STRATEGY:
EXAMPLE WORK PROGRAMME (TO BE FURTHER DEVELOPED)

Outcome reference key*
1.
2.
3.
4.
5.

Key Actions 2013/14
1. Development of service specification for maternity services
2. Development of performance framework, incorporating CCG Indicators and NHS Outcomes
3
4.

Objective (Examples)	**Outcome reference**	**Action(s) required**	**Timescale**	**Responsible Lead/ Stakeholders**
Improve pre-conceptual care for women and their partners, particularly women with existing physical/medical health conditions and women with previous history of obstetric/ genetic problems	(Link to outcome reference)	Development of pre-conceptual care pathway		
Improve early access to midwifery/antenatal care from ** to **				
Improve early identification of women with high risk factors and additional needs				
Improve the quality and availability of information about maternity services given to women and their partners (the right information at the right time in the right place)				

Appendix 2

SYNOPSIS OF CURRENT MATERNITY SERVICES

ROYAL CORNWALL HOSPITALS TRUST (RCHT)

Service Provision

RCHT provides the maternity service for the majority of residents in Cornwall and the Isles of Scilly and has seen an increase in the birth rate of >20% in the last ten years. In 2013/14 the maternity service delivered 4,700 women of which 12% (n564) delivered either at home or in one of the stand alone birth centres.

Staffing

The current midwife : birth ratio is 1:33 (excludes specialist and managerial posts) nevertheless RCHT still provide 1 to 1 care in labour for >97% of all labouring women.

Services include the following specialist posts:

- Screening
- Diabetes
- Vulnerable adults
- Practice development
- Bereavement
- Risk Management

There is 45-hours dedicated consultant cover for the Delivery Suite.

Facilities

RCHT have three MLUs, and one alongside midwifery led unit is planned (anticipated opening Jan 2016).

There are 9 birthing rooms on Delivery Suite, plus 11 antenatal inpatient beds, a bereavement suite and a 25 bedded inpatient postnatal ward.

There are two dedicated obstetric theatres, one of which can be used for HDU patients or for labouring women when demand exceeds capacity.

24 hour epidural cover is provided.

Public Health

RCHT have a vulnerable adults lead midwife.

Successes

- CNST level 3
- BFI level 3
- Low caesarean section rate
- High normal delivery rate
- Green flag award for its Down's Syndrome screening service

Challenges

- Increasing complexity of women e.g. high BMI, increasing numbers of diabetic women
- Maternity unit too small for current demand
- Ageing and part time workforce

ROYAL DEVON & EXETER HOSPITAL (RD&E)

Service Provision

RD&E Maternity Services includes the pregnant and newly delivered populations of Exeter, Okehampton, Tiverton, Honiton, Exmouth and surrounding areas. In 2013/14 4,200 women were delivered with 23% giving birth at home or Midwife Led Birth Unit

Staffing

The current midwife to birth ratio is 1:32 (excludes Governance, Education and Managers). 1:1 care in labour was provided to 98% of all labouring women.

Services include the following specialist posts

- Screening
- Vulnerable adults
- Practice Development
- Risk Management
- Teenage pregnancy
- Infant feeding
- Smoking cessation

There is 60 hours dedicated Consultant cover on Labour Ward

Facilities to include

RD&E have 4 Midwifery Led Birth Units which includes one within the RD&E maternity services.

There are 10 birthing rooms (1 pool) on the Labour Ward, 2 admission rooms and a Bereavement Suite.

There is one dedicated obstetric theatre with 24 hour obstetric / anaesthetic cover including epidural cover.

There are 43 bedded ante/postnatal inpatient beds plus 4 transitional care beds.

There is Ultrasound Scanning and a Fetal / Maternal Assessment Unit .

Public Health
RD&E have dedicated specialist for substance misuse, learning disability, hearing/sight/speech disability, asylum seekers.

Successes
- Opening an along-side birth unit in November 2012 . (Over 20% of women birth outside of the labour ward)
- Maintaining Baby Friendly Accreditation Status in 2014
- Introduction of telemetry monitoring in labour to enable high risk women choice to be more mobile and labour/birth in water.
- Introduction of Midwifery Smoking Cessation Service

Challenges
- Increasing complexity of pregnant women i.e. obesity, diabetes
- Ageing and part time Midwifery workforce
- Financial constraints

SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST

Service Provision
South Devon Healthcare NHS Foundation Trust (SDHCFT) provides maternity services to women in South Devon and from surrounding areas. The area covered is 300 square miles and is a mixture of urban, coastal and rural. The total resident population is 275, 000, however this swells by 100,000 due to holiday makers. Just under 1% of these require maternity services.

Staffing *(to be rewritten)*
- Midwifery ratio 1:32 (exc specialist / Matron and managerial roles)
- 1wte + 0.6 wte Children's Safeguarding
- 7wte
- 6.6wte
- 7wte

Facilities *(to be put in different order)*
- Newton Abbot Birthing rooms x2 midwifery led for women assessed as low risk. Staffed 0800 – 2000hrs with maternity care assistants + midwives for women in labour over the 24hr period. No overnight in-patient facility
- 20 mixed ante / post natal on one ward
- 8 birthing rooms on delivery suite, includes x1 with a pool, + a bereavement suite
- X1 designated obstetric theatre. Used during core hours for obstetric surgery. No separate anaesthetic room
- Women recovered on the delivery suite unless they have had a general anaesthetic or requiring high dependency care immediately post op.
- There is 24hr on-site epidural cover

Public Health
The public health midwife supports the health agenda around obesity / alcohol and substance misuse/ domestic abuse / teenage pregnancy. She works closely with the Peri-natal mental health team and alongside the Children's Safeguarding Midwife

Successes
- Continued integrated midwifery model of care preserving and supporting flexibility within the workforce and continuity for the women and families.
- Continued higher than national average of home birth
- The peri-natal mental health service
- Attainment of CNST level 3
- Attainment of BFI Accreditation
- Proactive Supervision of Midwives

Challenges
- Increasing complexity of maternity care
- Financial climate to adequately fund choice for women in maternity care
- Children's Safeguarding
- Aging workforce

NORTH DEVON DISTRICT HOSPITAL

Service Provision
934 sq **Rural** miles

Staffing
1:30
There are also specialist midwives for :

- 1 x practice development
- 1 x clinical risk manager

Doctors:

- 7 middle grades
- 6 consultants
- SHO's– usually 6 or 7 GP trainee's usually

40 hour labour ward cover as per RCOG recommendations

Facilities to include

- No MLU
- 6 x antenatal beds
- 12 x postnatal
- No separate transitional care facility for babies
- 6 birth rooms
- Designated obstetric theatre
- Designated anaesthetic room
- Designated post-op recovery service/area
- 24 hour anaesthetic cover including epidural

Public Health
1 x senior specialist midwife responsible for operationally and strategically managing for the public health agenda including:

- Diabetes
- Teenage pregnancy
- Breast feeding/ infant feeding
- Safeguarding
- Domestic abuse
- Smoke cessation (liaison)
- Perinatal mental health (in conjunction with specialist team)

The midwife is also the Named midwife for safeguarding C & YP

Successes

- Low perinatal mortality stats
- New perinatal mental health service
- Positive National Maternity patient survey
- Increasing F&FT returns demonstrating positive feedback

Challenges

- PBr tariff deficit
- Relatively high Caesarean section rate
- (26.9% for 2013/14)

PLYMOUTH HOSPITALS NHS TRUST

Please see website
http://www.plymouthhospitals.nhs.uk/Pages/Home.aspx

NEW DEVON CCG MATERNITY SERVICES STRATEGY DEVELOPMENT: STAKEHOLDER INVOLVEMENT

All three CCGs recognised the importance of having robust stakeholder involvement in the development of the Maternity Services Strategy. Each however recognised that the approach taken to ensure this would be different in each area and needed to reflect each area's arrangements.

It was recognised that for consistency of information, one communication plan would be developed and shared.

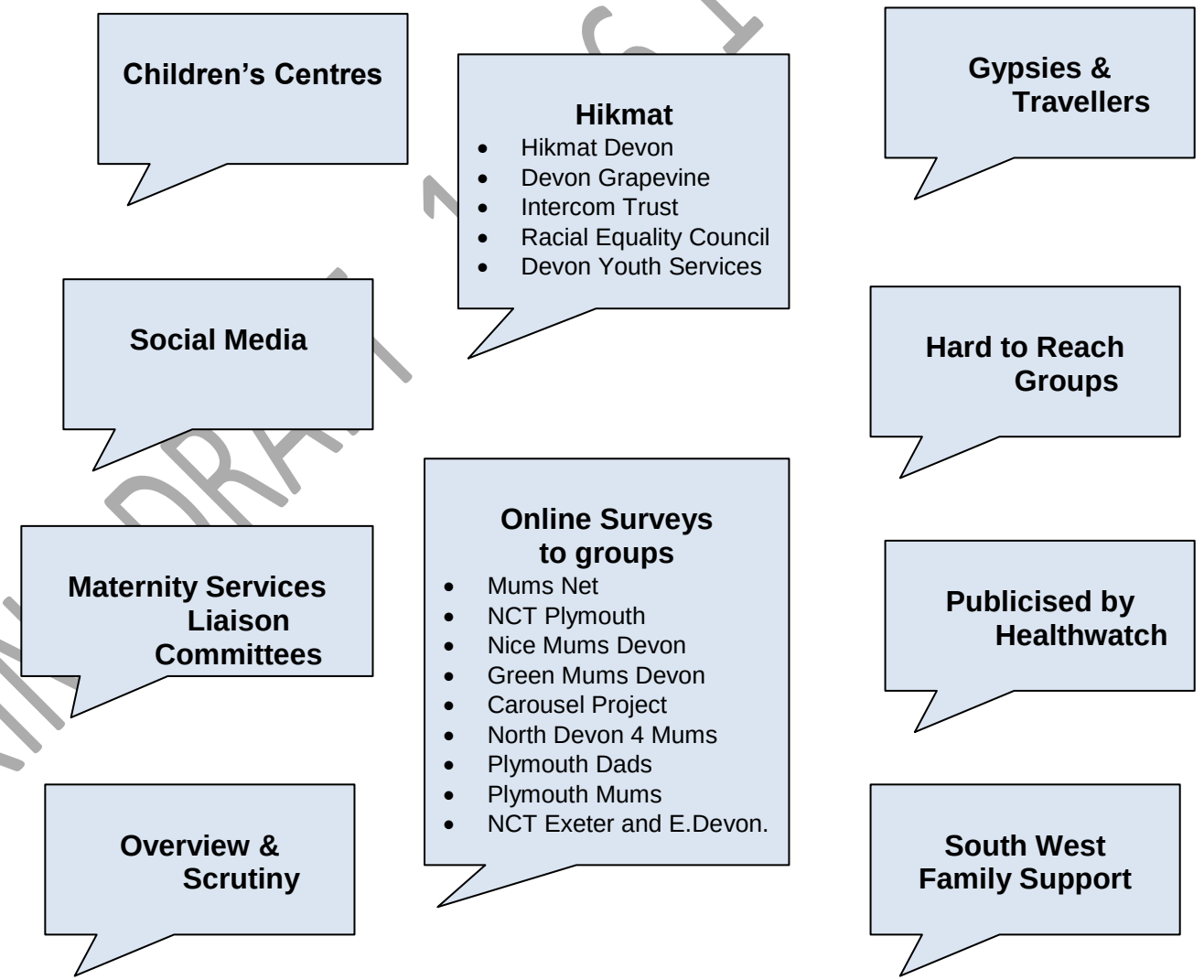
The key principles underpinning this were:-

- Patient and public have an equal voice with professionals.
- Every commissioning work plan will include patient and public engagement.
- We will engage honestly and transparently taking the time to provide context.

It was agreed that the engagement process would be held in two stages:-

<u>Stage 1 : Listening</u>
During January/ February 2014 numerous visits / contacts were made with Stakeholder groups asking:-

- What went well
- What did not work so well?
- How would you improve it?



Children's Centres

A total of 28 children's centres were visited across Northern Devon by commissioners and communication leads.

NORTHERN GROUP VISITS		Date	No of Attendees	PLYMOUTH VISITS	Date	Nos
Health Centre Managers : Torrington (x 2) and Exeter	Northern	19.4.13, 3.5.13, 20.6.13	4			
Forches Young Mums	Northern	7.6.13	10	Ham Lane C.Centre	18.6.14	10
Bideford/ Torrington Young Mums	Northern	17.6.13	11	Ham Lane C.C. Manager	18.6.14	1
Forches Breast Feeding Group	Northern	21.6.13	13			
Braunton Young Mums	Northern	27.6.13	7 (incl. 1 dad)			
Ilfracombe Father's Group	Northern	28.6.13	5 (incl. 1 grandmother)			
Ilfracombe Young Mums	Northern	12.7.13	5			
Holsworthy C.Centre Manager	Northern	18.11.13	1			
Holsworthy Breast Feeding Group	Northern	18.11.13	2			
EASTERN GROUP VISITS						
Flying Start, Countess Wear, Chestnut Parent Forums	Eastern	22.6.14	7			
Crediton C.Centre Manager	Eastern	30.10.13	1			
Crediton Baby Group C. Centre	Eastern	30.10.13	10			
Cullompton C.Centre Manager	Eastern	7.11.13	1			
Cullompton Baby Group	Eastern	7.11.13	10			
Countess Weir Breast Feeding C.Centre	Eastern	7.11.13	2			
Exmouth Little Explorers	Eastern	7.11.13	11 (9 + 2 fathers)			
Whipton CC Manager	Eastern	5.12.13	1			
Whipton C.Centre	Eastern	5.12.13	3			
Wilcombe Primary School, Tiverton	Eastern	15.1.14	20 (17 + 3 dads)			
West Exe CC, Cowick St. Baby Café St Thomas	Eastern	16.1.14	20			
Baby Oasis, Whipton	Eastern	22.1.14	6 (5 + 1 dad)			
Bumps & Babes, Silverton	Eastern	22.1.14	6 (5 + 1 dad)			
Silverton – professionals	Eastern	22.1.14	2			
Heavitree & Polsloe	Eastern	23.1.14	7			
Sidmouth Children's Centre	Eastern	31.1.14	20			
Ottery Children's Centre	Eastern	18.2.14	12			
Exeter Mothers & Fathers	Eastern	26.3.14	2 (tel.call)			

Comments were collated and key themes identified.

Eastern Locality

Key Themes – What was Good

- Continuity of midwife, seeing same one throughout process
- Linking with children's centres, postnatal care, support and groups
- Happy with choices given, not feeling pressured, able to make informed decisions.
- Link with perinatal specialist team.
- Confidence in ability of midwives, health visitors, consultants and other health professionals.
- Overwhelming majority of good birthing experience.
- Ease of access and direct contact with midwife if they had any questions. Phone, text, etc
- Overall, very positive feedback of labour experience, staff, wards at birth units.

Key Themes – Not so Good

- Postnatal ward at hospital – very busy, appeared short staffed, noisy, often left alone for long periods, lack of continuity during staff shift changes.
- Fathers not being able to stay overnight, no refreshments or accommodation. Mothers didn't want to be seen as nuisance and keep having to ring bell. Felt isolated and scared.
- Pressurised to breastfeed, not discussed other options. Then lack of support with breast-feeding until back in community.
- Young mums feeling that services aimed towards older mothers.
- Lack of information upon discharge, i.e. breastfeeding, stitch checks, information about care following c-section.
- Attitude of hospital staff, particularly during busy periods.
- Antenatal Parent Craft Teaching – not consistent, not available to all, i.e. second-time mums. Lack of support generally for second-time mums.
- No set times for postnatal home visits – often mothers were only given short notice or even no notice at all.
- Lack of understanding from midwives regarding newly introduced vaccinations, i.e. flu/ pertussis.
- Keeping records updated; midwives not having access to medical history. Parents not understanding terminology, acronyms, etc.
- Midwives refusing to organise an interpreter.
- Express and Echo photographer turning up unannounced.
- Rigid schedules for showering, toilets, etc while at labour ward

Key Themes – What could be Better

- Named Midwives and consistency
- Pre-discharge check regarding tongue tie
- Shorter waiting times for tongue tie treatment
- Providing facilities for fathers to stay overnight following birth
- Listen to mums and dads more. Acute hospitals to add more questions to Friends / Family Test
- Wider range of days/ times for antenatal/ postnatal classes.
- Better midwifery / children's centre links
- "Bosom-buddies" mentoring – support alternative to midwife (peer supporters)
- Open days at maternity units to encourage people who want to help or train as midwives.
- More need for emotional support.

Northern

Key Themes – What was Good

- Staff on Labour Ward were generally considered to be excellent, with many women experiencing a good birth experience.
- There was great support for the inclusion of children's centres and the support they provided.
- Generally women felt that midwives were accessible, especially those that had mobile 'phone access.
- Good support with breast feeding.

Key Themes - Not so Good

- Fathers themselves felt service to be inflexible, especially antenatal clinics not fitting in with working fathers. Generally a lack of support for dads who were concerned that their wives may not be listened to.
- A number of mothers mentioned feeling unprepared for both the birth of their baby and the emotional responses they would experience. Some were concerned that classes were not available for all mothers; access also seemed to vary according to where you lived; were inflexible and difficult to get to if you were a working parent.
- Staffing levels were mentioned with regard to the care received on the postnatal ward with mothers not liking to call the midwife, being frightened and left alone for long periods.
- An almost equal amount of women indicated concerns regarding the attitude of the midwives, feeling that they were not open to the mother's comments, directive and judgemental (this last comment came from a number of young parents).
- A number of mothers mentioned the need for more emotional support.

Key Themes – What could be Better

- More involvement with children's centres and earlier referral, especially antenatally.
- Parentcraft classes more available and more choice.
- Support in the evening and at weekends - ? a Helpline
- More support on the postnatal ward, but not necessarily from a midwife.
- More peer support for breastfeeding.
- Being better prepared, knowing what could go wrong, e.g. perinatal maternal/ infant mental health.
- "Bosom-buddies" mentoring – support alternative to midwife (peer support)

Western Locality

Social Media

A survey asking the three key questions was made available on line with a total of 127 responses. Extensive publicity of this on-line survey was made by social media channels such as Twitter, Facebook and the NEW Devon CCG Facebook and Twitter account. This was also targeted to specific parent groups such as:-

Mums Net
NCT Plymouth
Nice Mums Devon
Green Mums Devon
Carousel Project
North Devon 4 Mums
Plymouth Dads
Plymouth Mums
NCT Exeter and East Devon.

Key Themes – What was Good

- Confidence in ability of midwives, health visitors, consultants and other health professionals.
- Overwhelming majority of good birthing experience.
- Continuity – seeing the same midwife
- Regular contact and support during pregnancy from midwives

Key Themes – Not so Good

- Labour units often looked overwhelmed and understaffed. This meant they could be inflexible, routines were very strict, women often left unattended for long periods of time.

- There also appeared to be issues with staff shift changeovers and a lack of handover.
- Issues with medical records not being passed on in a timely manner, or even passed on at all, some reported being lost.
- Aftercare on the labour ward was not very good, patients left alone for long periods and lack of support to help with starting to breastfeed.
- Some second-time mums reported that they felt like they were getting no time or support from midwives as they should already know everything.
- Some women reported feeling that Midwives and consultants were not listening to patients concerns during pregnancy and after the baby was born.
- Lack of information following caesarean.
- Lack of ante-natal appointments

Key Themes – What could be Better

- More training for health visitors
- More appointments available for midwives during ante-natal period, and more flexible days/times in each area.
- Better staffing in labour wards and more midwives
- Better breastfeeding support in the hospital

Healthwatch

Healthwatch Devon also replicated the key questions highlighting the on-line survey on a regular basis and a good response has been received from Devon and Torbay Councils promoting the message.

Maternity Services Liaison Committees

To add as received

Key Themes – What was Good

Key Themes – Not so Good

Key Themes – What could be Better

South West Family Support

The South West Family Support kindly shared with us the results of a Young Parents Consultation undertaken in Ilfracombe and Braunton in March 2013.

Following the consultation with pregnant women and young parents in Ilfracombe the following recommendations are proposed for the development of services in the area:

- Explore the possibility of providing one named midwife or support worker to support young parents throughout their pregnancy
- Create an information pack to be distributed by midwives during 12 week appointment containing information about local agencies that offer support to pregnant women and young parents
- Develop a 12 week ante-natal programme targeted at younger parents, working alongside local partners listed in the services section below that can equip pregnant women and young parents with knowledge on the following topics: Preparing for birth and beyond, changes in emotional and physical health, relationship advice, money management, housing and benefit advice and communicating with your baby.
- Consider further research to explore ways to engage those harder to reach pregnant women that do not attend ante-natal classes or young parents groups.
- Explore the development of an online social network for pregnant women/young parents to access to local support.
- Consider ways to improve access to sex education and contraception advice.
- Continue to consult with young parents throughout the development of future services.

For full report contact :
Hayley.margieson@actionforchildren.org.uk

Hard to Reach Vulnerable Groups

Engagement was carried out with hard to reach groups. It was agreed with Healthwatch Devon that we would look at doing some focus work with hard to reach and vulnerable groups, to ensure that their feedback was collected through this process.

Details of the online survey and information about how to be involved in the engagement process were shared with the following groups:

- Hikmat Devon – for black, minority and ethnic communities
- Devon Grapevine - for black, minority and ethnic communities
- Intercom Trust – for lesbian, gay, bisexual and transgender communities
- Racial Equality Council – for gypsies and travellers
- Devon Youth Services – for young people

As most of these organisations did not have regular face-to-face parenting groups, we looked at ways in which we could be engaged in the process. For some groups, it did involve sharing the details of the online survey for them to cascade through their distribution lists, while for others, it will involve attending groups or meetings as and when they come up.

Hikmat Devon have already completed a number of focus groups with their members around maternity services and will be sharing their findings with us very shortly.

Gypsies and Travellers

Feedback for gypsy and traveller groups was reported through the Racial Equality Council at Devon County Council. The feedback from this group suggested that there was a difficulty for gypsies and travellers to access current appointment systems for midwives. This was because all routine appointments had to be booked with a midwife too far into future and traveller families were not always sure when they would still be around.

"Could a same-day bookable appointment be introduced?"

Feedback from this group also suggested that several patients had received inappropriate comments from midwives around individual circumstances, relating to their status as being a gypsy/traveller.

"Could Diversity training be an action? It was suggested that there should be some information about Gypsies and Travellers easily accessible to people working in maternity services, particularly midwives going out on visits. In that way they can inform themselves a bit about the background of these communities".

Some patients found that they had midwives who didn't want to come to travellers sites for postnatal visits.

Same Sex Parents

When the CCG produced the online survey for maternity services, there was a big push through the Intercom (South West LGBT Advocacy Service), Rainbow Families (same-sex parents group) and Proud2Be (LGBT support service) Twitter pages.

We asked same-sex parents to provide their feedback using our online survey and tell us about their experience of maternity services.

We are unable to tell how many same-sex parents completed the survey at this time as it is anonymous and didn't ask for any personal information. However, we would still like to do some more targeted work in this group.

Intercom and Proud2Be don't have specific parent groups at this time, but we would like to do some group work with Rainbow Families soon.

Key Themes – What was Good

- Generally involvement with the midwives good with families reporting feeling supported.
- Most respondents agreed they were offered enough information.
- Enormously impressed by rapid response in an emergency.

Key Themes – Not so Good

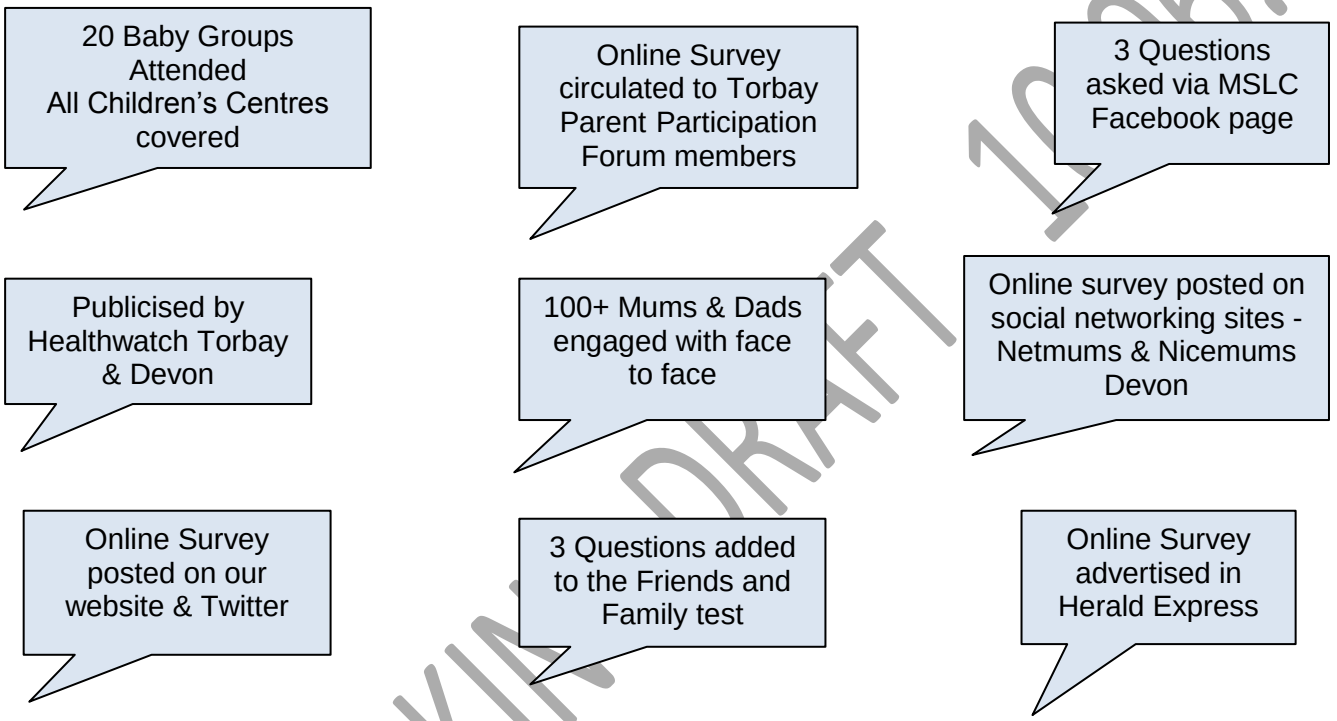
- Nobody was offered an interpreter.
- Negative experiences in giving birth included trying to get you to bath/ shower too quickly.
- Being left alone.
- Too fixed schedules
- Attitude of midwife towards travellers.

Key Themes – What could be Better

- Same day bookable appointments.
- Diversity training.
- Information pack about gypsies and travellers for midwifery services.
- Greater access to an interpretation service.
- There was a common thread giving no choice for showers, toilets, etc.to complaints about routine times,

Maternity Care Engagement Report,
South Devon and Torbay Clinical Commissioning Group,
by Scarlett Curtis

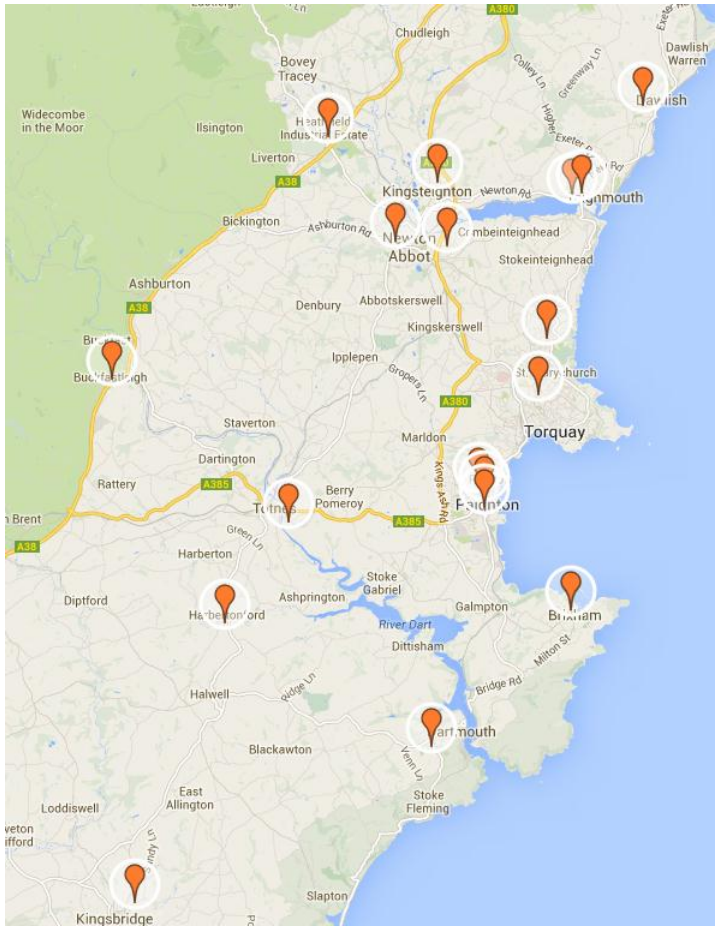
Summary of Engagement



Gypsy & Traveller Families
Penny Dane, Community Development Worker for Health Promotion Devon spoke to three mums who had given birth locally in the last 2 years. Two mums delivered their babies at Torbay Hospital and one delivered at Royal Devon & Exeter Hospital. All three received community midwifery care from South Devon & Torbay midwives.

Engagement Timetable

Children Centre	Group Attended	Who attended	Date
Teign Valley	Baby Club	Scarlett Curtis	14.1.14
Dartmouth	Child Health Clinic	Scarlett Curtis	15.1.14
Kingsbridge	Bosom Buddies	Scarlett Curtis	15.1.14
Paignton	Special Needs Support Group	Scarlett Curtis	16.1.14
ABC	Early Days & Breastfeeding Support	Jo Curtis	20.1.14
Teignmouth	Early Days	Scarlett Curtis	21.1.14
Teignmouth	Young Parents Drop in	Scarlett Curtis	21.1.14
Moors Edge	Twins & Triplets Drop in	Scarlett Curtis	22.1.14
Sunshine	Under 5's Health Clinic	Scarlett Curtis	23.1.14
Paignton	Dads Club at Parkside	Scarlett Curtis	25.1.14
Treehouse	Stay & Play	Scarlett Curtis	28.1.14
Dawlish	Early Days	Scarlett Curtis	28.1.14
Moors Edge	Baby Group	Jo Curtis	28.1.14
Torquay	Baby Weighing at Watcombe	Scarlett Curtis	29.1.14
Totnes	Bumps & Babes	Shona Charlton	31.1.14
Totnes	Stay & Play at Harbertonford	Jo Curtis	31.1.14
Brixham	Bambi group at Furzeham	Jo Curtis	31.1.14
Paignton	Bambi group at Paignton Library	Jo Curtis	17.2.14
Torquay	Bambi 6+ mths at Echo Centre	Scarlett Curtis	18.2.14
Torquay	Bambi 0-6 mths at Echo Centre	Scarlett Curtis	18.2.14



Online Survey

The online survey was created by NEW Devon CCG and used jointly to circulate the maternity questions to each CCG's respective areas.

All together there have been 131 responses to the online survey, 37 of which relate to South Devon & Torbay CCG (SDTCCG)

SDTCCG posted the survey on their website and tweeted links to the survey. The survey was re-tweeted by Nice Mums Devon, Mumsnet, Menstalk, Torbay Family Information Service, Dr Sam Barrell and Keri Ross.

Nice Mums Devon also posted the survey on their Facebook page which spurred a number of responses to the survey.

SDTCCG posted a link to the survey on the website Netmums.

Healthwatch Torbay distributed the online survey via their usual methods and advertised it on their website.

Bob Jope from Torbay Community Development Trust included information and a link to the survey in his column for the Herald Express which was published on the 13th February 2014.

Torbay Parent Participation Forum also published it on their website and circulated it to their members.

Key Themes - What was good?

- Excellent midwives who are friendly, informative, supportive and approachable.
- Seeing the same midwife

Key Themes – Not so good?

- No continuity of care
- Lack of breastfeeding support
- Lack of midwife appointments, they need to be more flexible

Key Themes – What could be Better

- More flexibility around visiting hours for fathers.
- Improve access to midwife appointments, perhaps some appointments available in the evenings.

Face to Face

Key Themes - What was good?

- Excellent community midwives and labour ward– supportive, helpful, down to earth, very nice, fantastic, brilliant, excellent, caring, in my zone, lovely, amazing, they listen.
- The Peri-Natal Mental Health Service is brilliant and offer very good support.
- Mums with pregnancy related conditions such as gestational diabetes felt they were monitored well and received good care.

Key Themes – Not so good?

- Dads not being allowed to stay after the birth if outside of visiting hours.
- Mums feeling pressurised to breastfeed, which in some cases has led to them feeling depressed. More reassurance when mums are doing things right rather than concentrating on the negatives and criticising.
- Staff on labour ward were very stretched and busy, some mums felt like they were rushed and simply on a conveyor belt. Some felt ante-natal appointments were quite restrictive too.

Key Themes - What could be better?

- More flexibility around visiting hours, especially for Dads straight after the birth. Also talk Dads through procedures so they feel involved.
- More positive help and less pressure around breastfeeding. There isn't enough support around bottle feeding. Antenatal classes need to consider those who cannot breastfeed.
- Continuity of care - Having the same midwife or at least a midwife from your allocated team to deliver your baby.

Appendix 4

BEST PRACTICE FOR A SURE START

1. A holistic approach is required to 'the age of opportunity' and should be a priority for future delivery. Children's Centres should continue to provide advice, support and services to all families with children under 5 but with a renewed focus on conception to age two.

2. Local Authorities, Health and Wellbeing Boards and their local partners must make greater use of pooled budgets to allow for more innovative commissioning of perinatal and Children's Centre services, taking a more holistic and preventative approach to working with families, particularly in these straitened times.

3. Registration of Births should take place in Children's Centres – no legislation is required but cross-Government political commitments will be needed to make it happen.

4. The systematic sharing of live birth data and other appropriate information between health and Children's Centres must be put in place.

5. All perinatal services should be delivered under one roof with midwifery, health visiting and Children's Centre services all being accessed from the Children's Centre.

6. Government must put early intervention at the heart of the 2016-18 Comprehensive Spending Review, with a commitment to shifting 2-3% of spending from late interventions to earlier interventions each year.

7. Jobcentre Plus must become a full delivery partner for Sure Start Children's Centres with JCP advisers delivering sessions in key Centres.

8. Retention of open access play sessions that are a vital component of the Children's Centre offer, providing as they do stimulating and safe play environments for babies and children.

9. Children's Centres must continue to play a key role in childcare – either providing it themselves or working with local providers, actively supporting childminders to achieve high quality provision and being hubs of local childcare information for parents. In the future, Children's Centres may want to consider becoming Childminder Agencies, in light of recent proposals in the Children and Families Bill.

10. Children's Centres will be crucial to ensuring that eligible parents take full advantage of the new offer of 15 hours of free childcare for two year olds.

11. All Centres should develop a volunteer force.

12. The Department for Education / Cabinet Office should evaluate how Children's Centres can develop more comprehensive volunteer programme, based on Best Practice around the country.

13. Centres (or clusters of Centres) should appoint a senior member of staff, preferably an ex-volunteer, as a volunteer coordinator, who can develop an accredited training programme for volunteers; and recruit and support volunteers.

14. Centres should harness the potential of volunteers to undertake outreach to harder to engage communities – making best use of their knowledge and credibility within their own community.

15. During 'stay and play' and other appropriate sessions Centre staff should support and facilitate parents to play with their babies and children in ways that encourage their development – emphasising the benefits of talking to children and affectionate praise.

16. Centres should either provide or promote local singing and story sessions which encourage parents to sing with their babies and children and promote the benefits of reading even to very young children.

17. Ante and post-natal groups in Centres should encourage parents to speak to their baby, particularly in affectionate tones, despite the fact that they are not yet able to reply. They should help parents overcome any sense of shyness or embarrassment about doing so, particularly in public.

18. Dads should be encouraged to take up an active role in their baby or child's life, particularly in communicating with them. Centres should approach Dad as an equal partner in parenting who has a key role to play in supporting their child's development.

19. The Department for Education should provide advice materials for Children's Centres to give to families explaining the benefits of engaging with their babies.

20. All interventions from Children's Centres should be evaluated.

21. Children's Centres should undertake an annual review of which interventions work to inform service planning.

22. Children's Centres should "base-line" families' needs when they first start working with them, in order to enable them to evaluate their impact more effectively.

23. Children's Centres should measure and compare outcomes for the children and families they work with over the longer-term, at least until the point that the child starts school.

24. Local authorities should monitor relative performance of Children's Centres in their area, and share information on best practice.

25. Local commissioners and Children's Centre providers should monitor emerging evidence from the Big Lottery Better Start programme to inform and develop their practices.

THE NHS OUTCOMES FRAMEWORK (2013-14)

The indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. For each domain, there are a small number of overarching indicators followed by a number of improvement areas for the NHS and additional specific measures for CCG's, all focused on improving health and reducing health inequalities. Those related to this strategy are:-

- *Reducing deaths in babies and young children* (infant mortality, neonatal mortality and stillbirths). Domain 1.6: Preventing people from dying prematurely

- Additional CCG indicators: Antenatal assessment <13 weeks, maternal smoking at delivery, breastfeeding prevalence at 6-8 weeks

- *Improving women and their families' experience of maternity services*. Domain 4.5: ensuring people have a positive experience of care.

- *Improving the safety of maternity services* (admission of full-babies to neonatal care). Domain 5.6: Treating and caring for people in a safe environment and protecting them from avoidable harm. No CCG measure at present

UNDERSTANDING OUR POPULATION

Numbers of births and projected births

Birth rates in Cornwall, Plymouth and Torbay are expected to remain static over the next 7 years, with Devon seeing a gradual decline in numbers towards 2021, see Figure 1.

Figure 1: Projected number of births in the Peninsula

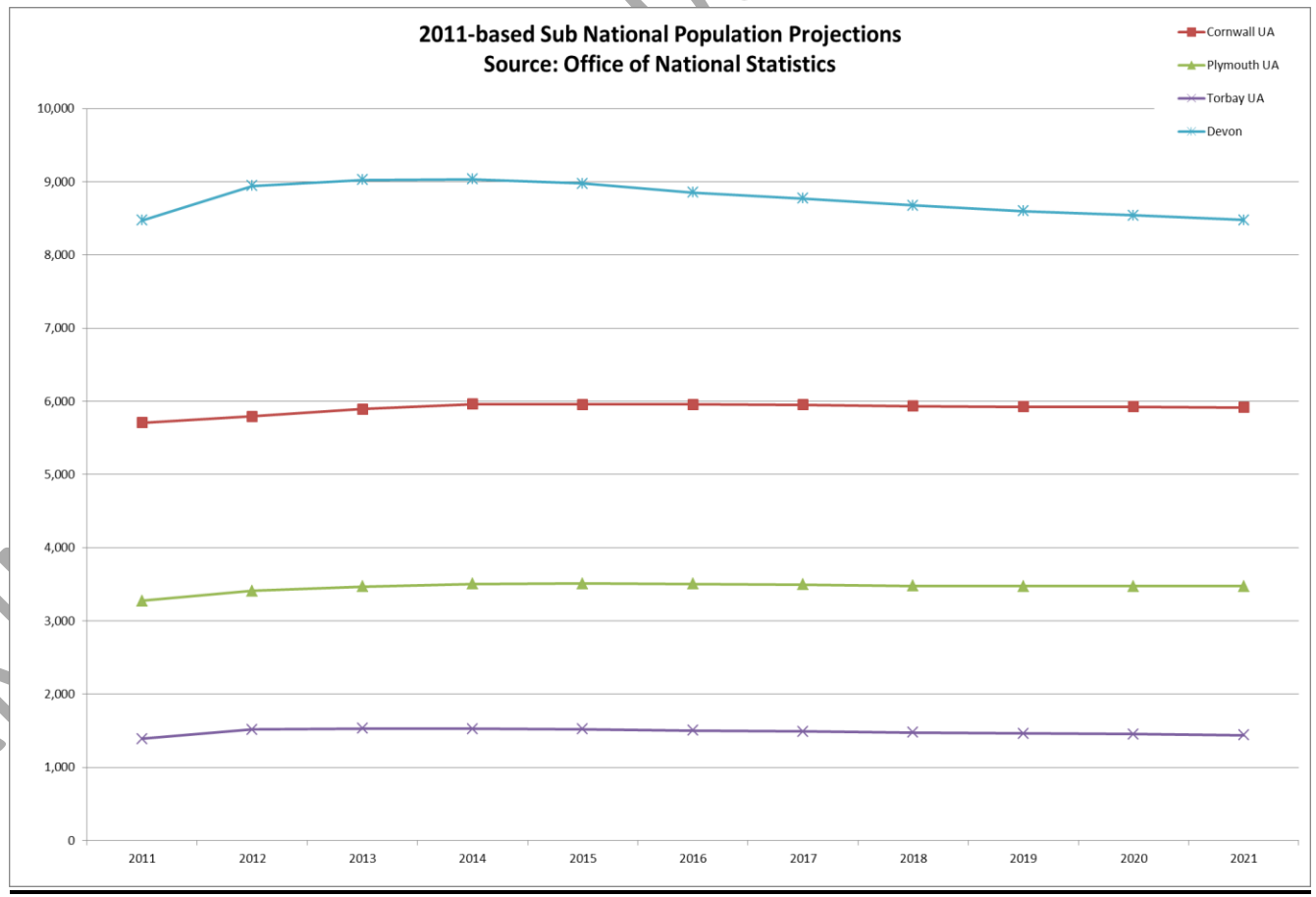
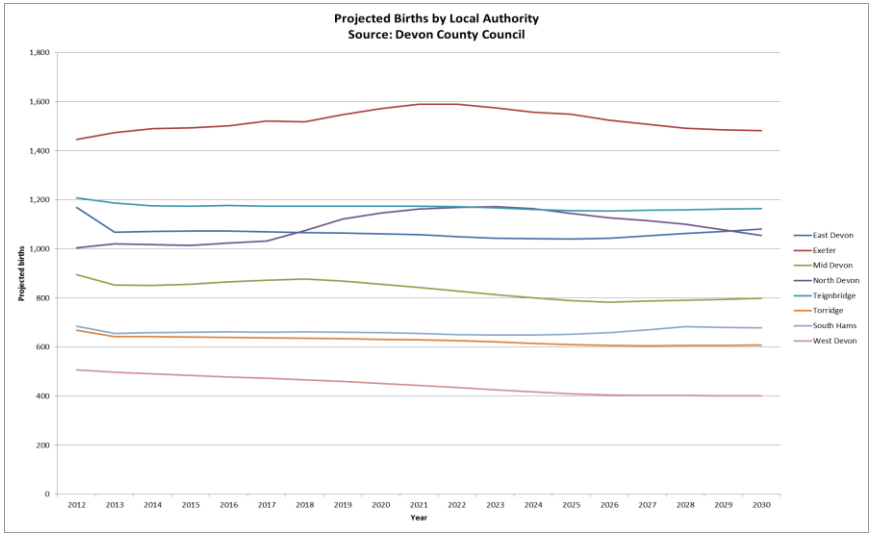


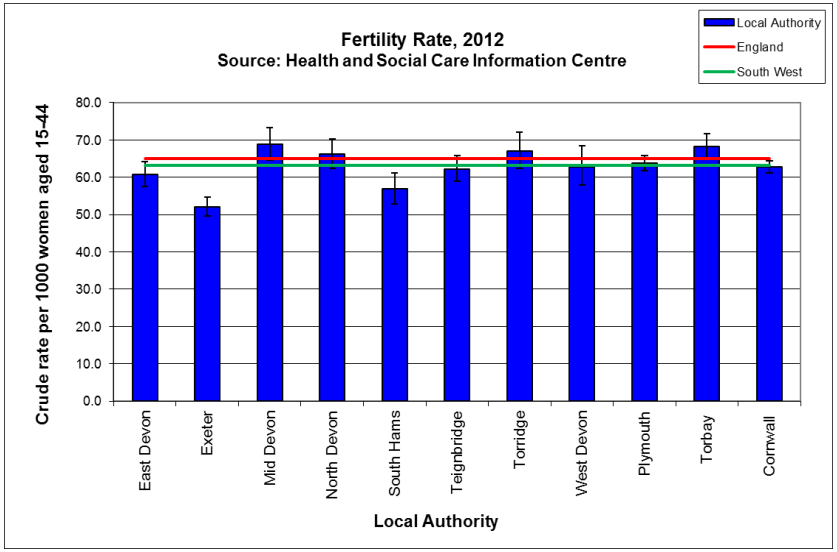
Figure 2 is based on Devon County Council's intelligence about the numbers of births expected in the county until 2030. Exeter City Council and North Devon District Council are both expected to see a rise in the number of births over the next 10 years before a gradual decline towards 2030, with other district areas static or showing a gradual decline in numbers of expected births.

Figure 2: projected births by local authority area



Fertility rates: (Figure 3)
The demand for maternity services is affected by the number of babies being born to women aged 15-44. Figure 3 shows the substantial variation in fertility rates across the peninsula. Rates in Exeter and South Hams are statistically significantly lower than National and South West rates. Rates in Torbay and Mid Devon are above the South West average.

Figure 3: Fertility Rate



OVERALL BIRTH RATE BY AGE

The number of babies born to women age 40 or above rose by 85% between 2001 and 2012 (RCM State of Maternity Service, 2013); this pattern is mirrored locally. For instance in Devon County Council areas there was a doubling in the numbers of babies born to women aged 40 and over between 2001 and 2012 (see figure 4).

Across the SW Peninsula there is substantial variation in teenage conception rates although all areas have seen a steady decrease in rates over the last five years. Rates of teenage conceptions in 2012 in Cornwall and Devon were above the SW average but below the England average. Torbay and Plymouth both have rates that are higher than the SW and England average (see Figure 5).

Teenage Pregnancy / Older Parents

Older mothers place greater demands on maternity services with a greater likelihood of complications from medical conditions such as diabetes, high blood pressure and other chronic diseases and have a greater likelihood of the need for medical intervention. On the other hand women who give birth in their teens when compared to women in their twenties are more likely to give birth prematurely, and premature births are associated with increased new born health problems including mortality and long term disability.

Young and older parents told us access to services that recognise their specific needs can be difficult. It is in the interest of commissioners therefore to work with partner organisations to consider development of non-stigmatising, age appropriate services.

Figure 4 : Live birth rate by age to women in Devon

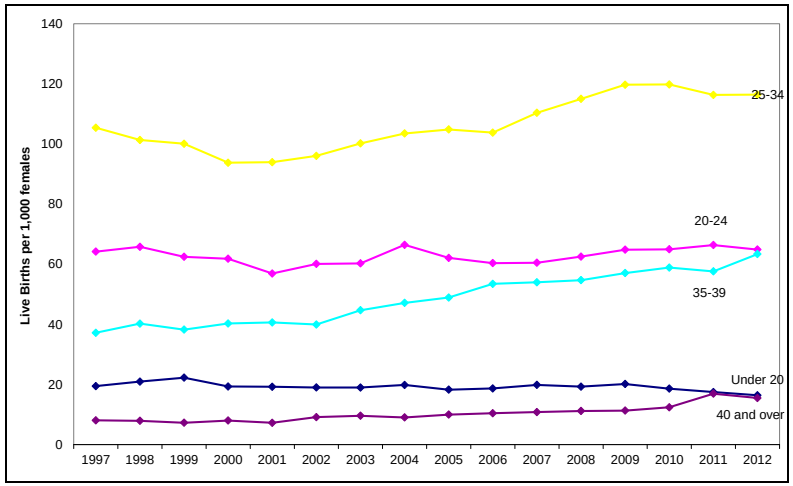
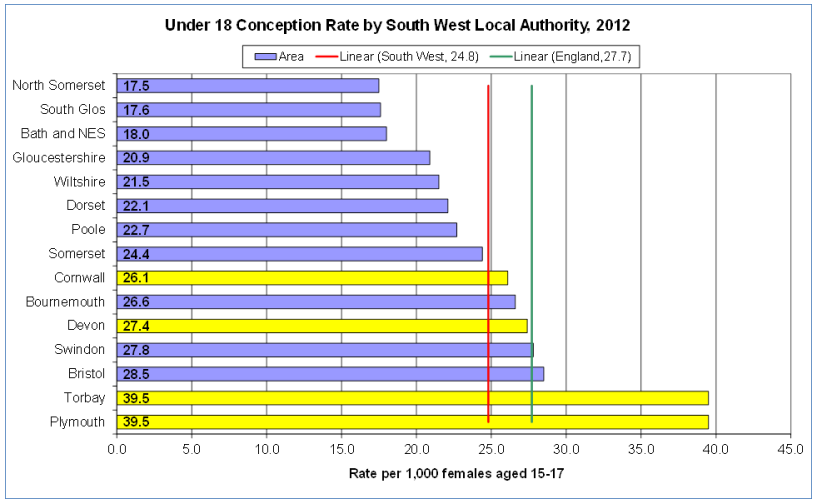


Figure 5: Teenage pregnancy rates in the South West



Appendix 7

ETHNICITY

Appendix 8

Percentage of deliveries by ethnicity of mother in
Devon, Plymouth, Torbay and Cornwall (PCT boundaries).

Ethnicity (2010-2011)	Devon PCT area	Plymouth	Torbay	Cornwall
White	90.7	93.1	90.5	94.0
Asian and Asian British	1.3	1.1	2.1	0.8
Black and Black British	0.0	0.8	-	0.2
Chinese or other	0.6	2.9	0.8	0.5
Mixed	0.5	0.4	0.9	0.6
Not known	1.2	-	4.8	1.0
Not stated	5.7	1.6	1.0	3.0

Source : ChiMat (Hospital Episode Statistics (HES), The NHS ICHSC

Appendix 9

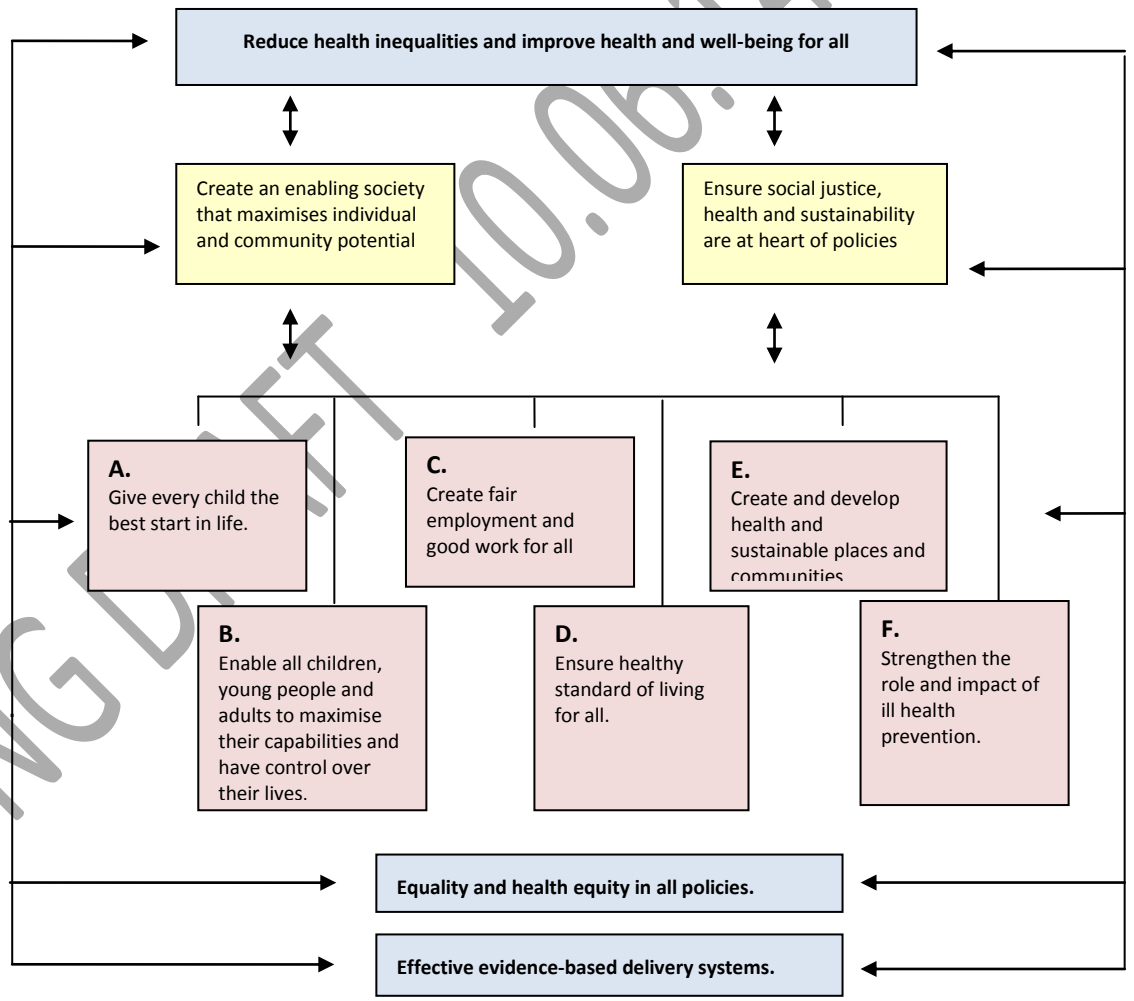
THE MARMOTT REVIEW : FAIR SOCIETY, HEALTHY LIVES

In November 2008 Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

These strategies will include policies to:-

1) Give every child the best start in life
2) Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3) Create fair employment and good work for all
4) Ensure a healthy standard of living for all
5) Create and develop healthy and sustainable places and communities
6) Strengthen the role and impact of ill-health prevention

THE CONCEPTUAL FRAMEWORK



SOCIAL DEPRIVATION

Socio-economic status is strongly associated with health outcomes for mothers and their babies. Nationally infant mortality rates are highest for mothers in socio-economic classification groups describing routine and manual occupations (5.7 deaths per 1000 live births) and lowest for women in higher managerial, administrative and professional occupations (2.2 deaths per 1,000 live births).

Similar patterns can be found for perinatal mortality rates with 9.0 deaths per 1,000 total births in socio-economic groups describing routine and manual occupations compared with a perinatal mortality rate of 5.2 deaths per 1,000 total births to those in higher managerial, administrative and professional occupations *(ONS - Office for National Statistics 2012).*

Deprivation varies across local authority areas in the SW peninsula. Torbay and Plymouth have above the national average levels of urban deprivation. All rural areas of the peninsula with the exception of East Devon and Teignbridge have above the national average score for rural deprivation, which is associated with issues of social isolation, a low wage economy, high housing and living costs and greater distance to travel to services.

Figure 7: Index of Multiple Deprivation (IMD) scores in Devon by District and level of rurality

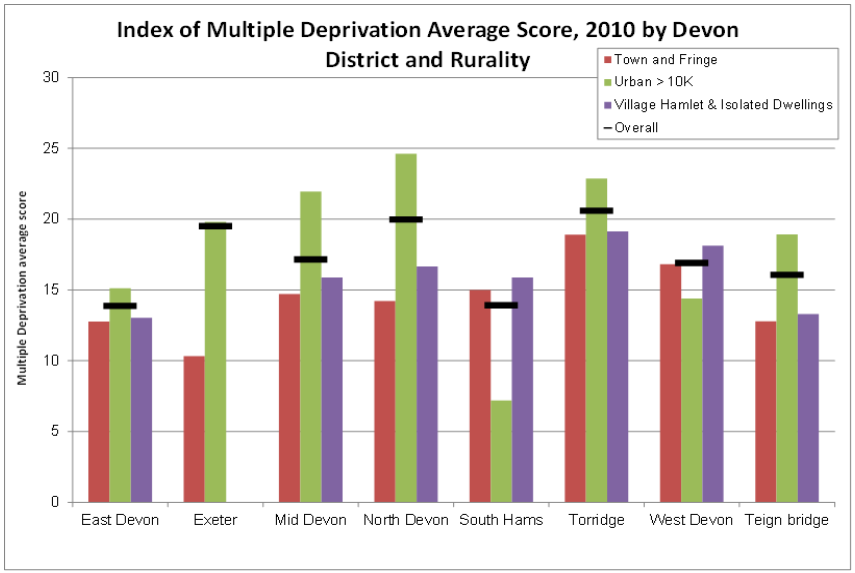
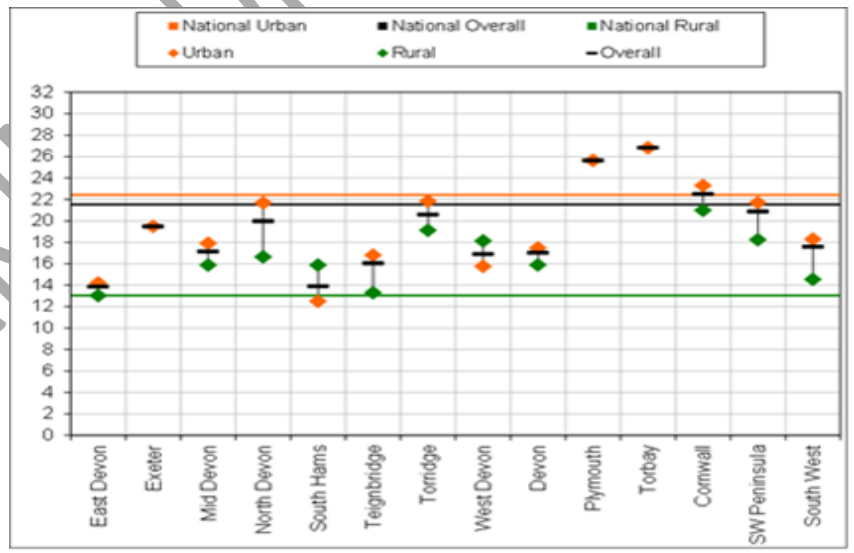


Figure 8 : Multiple Deprivation



The tables below identify the top 10 most deprived wards in the NEW Devon CCG and the top 5 most deprived wards in each of the localities (and provide the average IMD score for each ward identified).

St. Peter and the Waterfront is the most deprived ward in the NEW Devon CCG. This ward is ranked 267 out of 7,589 wards nationally for deprivation. All five most deprived wards in the CCG are included in the most deprived decile for wards nationally. In rank order, they are:-

- St. Peter and the Waterfront
- Illfracombe Central
- Devonport
- Ham
- Honicknowle

Within the NEW Devon CCG, more than half (six) of the top 10 most deprived wards are found in the Western locality.

Top 10 most deprived wards in NEW Devon CCG

Name	Locality	Score
Priory	East	34.45
St Davids	East	31.76
Ilfracombe Central	North	45.01
Central Town	North	36.54
St Peter and the Waterfront	West	45.12
Devonport	West	42.66
Ham	West	39.21
Honicknowle	West	37.53
St Bdeaux	West	35.97
Sutton and Mount Gould	West	32.09

Top 5 most deprived wards in Northern locality

Name	Locality	Score
Ilfracombe Central	North	45.01
Central Town	North	36.54
Forches and Whiddon Valley	North	28.69
Bideford East	North	26.37
Yeo Valley	North	26.15

Top 5 deprived wards in the Eastern locality

Name	Locality	Score
Priory	East	34.45
St David's	East	31.76
Newtown	East	27.31
Whipton & Barton	East	27.24
Mincinglake	East	26.56

Top 5 deprived wards in the Western locality

Name	Locality	Score
St Peter and the Waterfront	West	45.12
Devonport	West	42.66
Ham	West	39.21
Honicknowle	West	37.53

Insert torbay info

MATERNAL OBESITY

NICE Guideline 27 (2010) 'Weight management before, during and after pregnancy' makes six recommendations to minimise the risks to women and their babies associated with overweight and obesity. These relate to:-

- preparing for pregnancy in women with a Body Mass Index (BMI) of 30 or more;
- supporting women during pregnancy;
- supporting women after childbirth;
- women with a BMI of 30 or more after childbirth;
- community-based services;
- professional skills.

We propose to audit local compliance with these recommendations.

Table 1 shows us that the completeness of this data is poor and not sufficient for drawing correlations.

Collecting data on the BMI of women at booking is very important in order to establish what proportion of women may need further support during pregnancy. It will also support commissioners in understanding the scale of the work that needs to be done to reduce the number of women who begin their pregnancy overweight and to track the effectiveness of interventions to address this issue.

Table 1: Body Mass Index of pregnant women at booking by local authority area 2012/13 births.

Local Authority	Under	18.5-25	26-30	31-35	Over 35	Unknov
East Devon	2.6%	55.0%	16.8%	6.1%	7.7%	11.7%
Exeter	3.2%	51.3%	18.2%	6.8%	6.9%	13.6%
Mid Devon	3.4%	49.7%	19.9%	8.7%	7.9%	10.3%
North Devon	1.8%	49.5%	18.6%	8.8%	5.5%	15.7%
Plymouth	2.8%	51.7%	22.9%	11.2%	7.0%	4.4%
South Hams	1.3%	34.9%	11.3%	4.7%	3.3%	44.5%
Teignbridge	0.8%	14.4%	4.5%	1.4%	2.0%	76.9%
Torbay	0.0%	0.2%	0.1%	0.0%	0.1%	99.6%
Torridge	3.0%	50.0%	20.0%	11.1%	6.5%	9.4%
West Devon	2.5%	53.6%	19.5%	7.5%	7.5%	9.4%

Add Torbay info

SMOKING IN PREGNANCY

Smoking in pregnancy causes an increased risk of still birth (RCP 1992) table one shows that in Plymouth, Torbay and Devon those women who were smoking at delivery were more than twice as likely to have a still birth than women who were not smoking. Birth weight of babies is also affected by smoking during pregnancy. Table two shows that 12 per cent of women who were smoking at delivery had a low birth rate baby (under 2500grams) compared to only 6.2 per cent of women who were not smoking at delivery.

Table one, figure 9: Smoking status and birth outcome, combined data from Plymouth, Torbay and Devon, 2010-2013.

	Live birth	Still birth	Total
Smokers at delivery	99.2%	0.8%	100%
Non smokers at delivery	99.7%	0.3%	100%
Unknown smoking status at delivery	99.1%	0.9%	100%

Table two, Figure 10: Birth weight by smoking status at delivery, combined data from Plymouth, Torbay and Devon 2012/13

Smoking status	Birthweight grouping			
	Under 1500	Between 1500 - 2500	Over 2500	Unknown
No	1.0%	5.2%	93.8%	0.1%
Not Known	2.9%	6.8%	89.7%	0.6%
Yes	1.9%	10.1%	87.9%	0.1%
Grand Total	1.1%	5.8%	92.9%	0.1%

Figure 11 : Smoking at Delivery

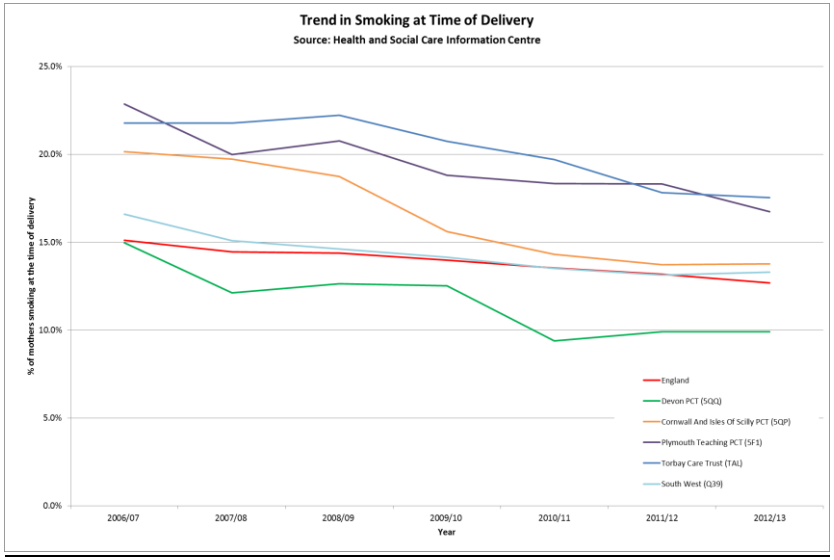
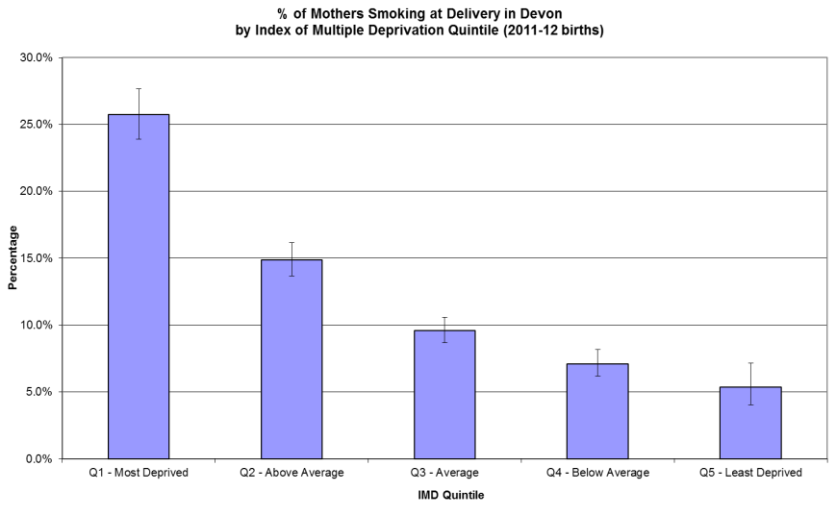


Figure 12: IMD and smoking at delivery



NICE SMOKING RECOMMENDATIONS

Appendix 13

Background

Helping pregnant women who smoke to quit involves communicating in a sensitive, client-centred manner, particularly as some pregnant women find it difficult to say that they smoke. Such an approach is important to reduce the likelihood that some of them may miss out on the opportunity to get help.

The NICE recommendations refer to NHS Stop Smoking Services and also apply to other, non-NHS services that offer help to quit and operate to the same standard.

NHS Stop Smoking Services are local services funded by the Department of Health to provide accessible, evidence-based and cost-effective support to people who want to stop smoking. The professionals involved may include midwives who have been specially trained to help pregnant women who smoke to quit.

Effective interventions

The recommendations mainly cover interventions to help pregnant women who smoke to quit. These are listed at the beginning of recommendations 4 and 5. Interventions for partners are covered in recommendation 7.

No specific recommendations have been made for those planning a pregnancy or who have recently given birth. This is due to the lack of evidence available on stop-smoking interventions for these groups. It does not constitute a judgement on whether or not such interventions are effective or cost effective.

Whose health will benefit?

These recommendations should benefit women who smoke and who:

- are planning a pregnancy
- are already pregnant
- have an infant aged under 12 months.

They should also benefit the unborn child of a woman who smokes, any infants and children she may have, her partner and others in her household who smoke.

RECOMMENDATION 1
Identifying pregnant women who smoke and referring them to NHS Stop Smoking Services – action for midwives

RECOMMENDATION 2
Identifying pregnant women who smoke and referring them to NHS Stop Smoking Services – action for others in the public, community and voluntary sectors

RECOMMENDATION 3
NHS Stop Smoking Services – contacting referrals

RECOMMENDATION 4
NHS Stop Smoking Services – initial and ongoing support

RECOMMENDATION 5
Use of NRT and other pharmacological support

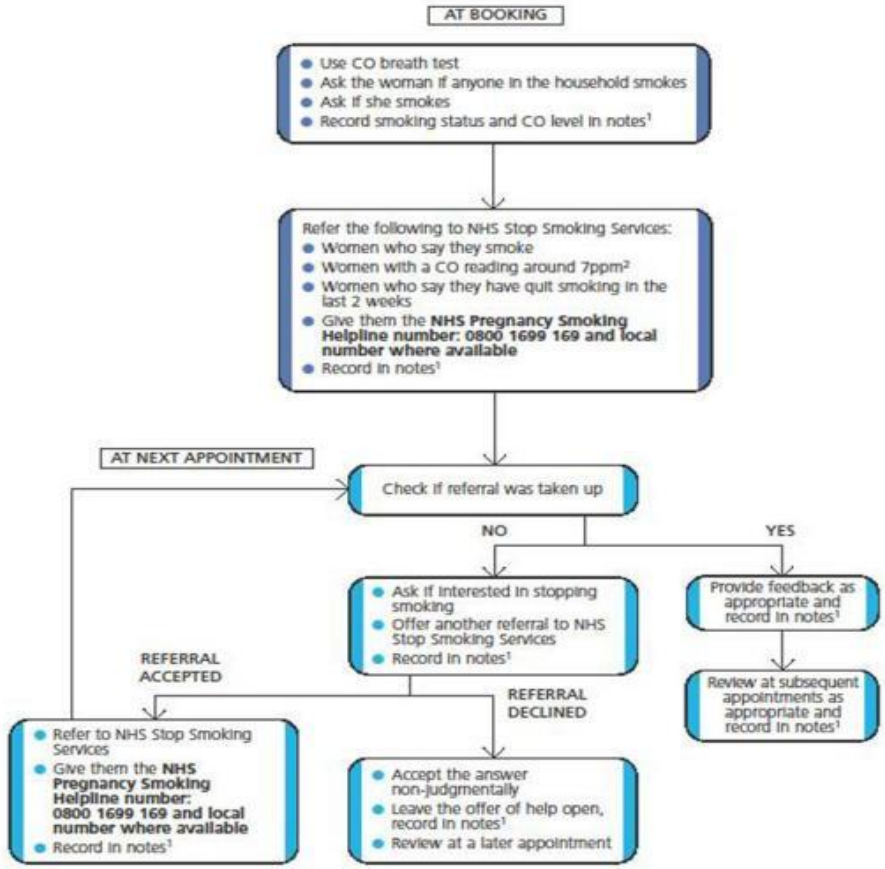
RECOMMENDATION 6:
NHS Stop Smoking Services – meeting the needs of disadvantaged pregnant women who smoke

RECOMMENDATION 7
Partners and others in the household who smoke

RECOMMENDATION 8
Training to deliver interventions

Recommendation 1: Referral pathway from maternity services to NHS Stop Smoking Services

Provide all women with information (for example, a leaflet) about the risks of smoking to her and the unborn child, including smoking by partners or family members. Address any concerns she, her partner or family may have about stopping smoking. Tell partners and family members about NHS Stop Smoking Services.



[1] Preferably the patient handheld record.
[2] Lower level (e.g. 3 ppm) may apply for light/infrequent smokers. Note: higher level might apply if prior exposure to other sources of pollution, e.g. traffic fumes, leaky gas appliances.

INFANT FEEDING

Figure 13: Index of Multiple Deprivation (IMD) and Breastfeeding Initiation in Devon

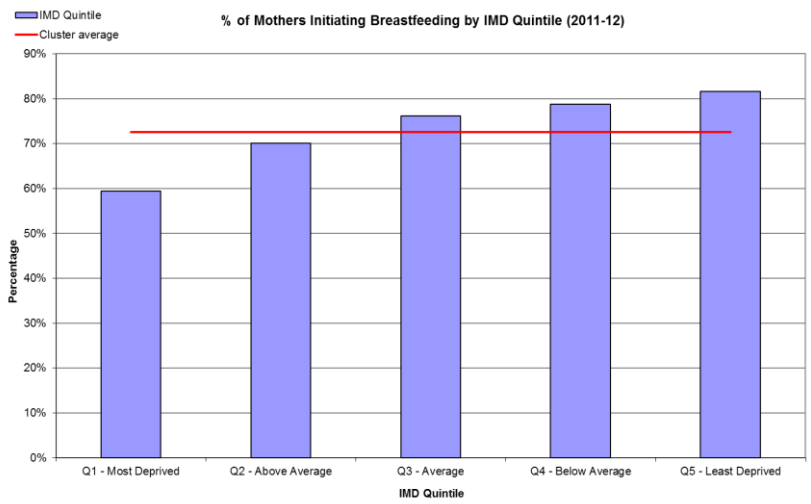
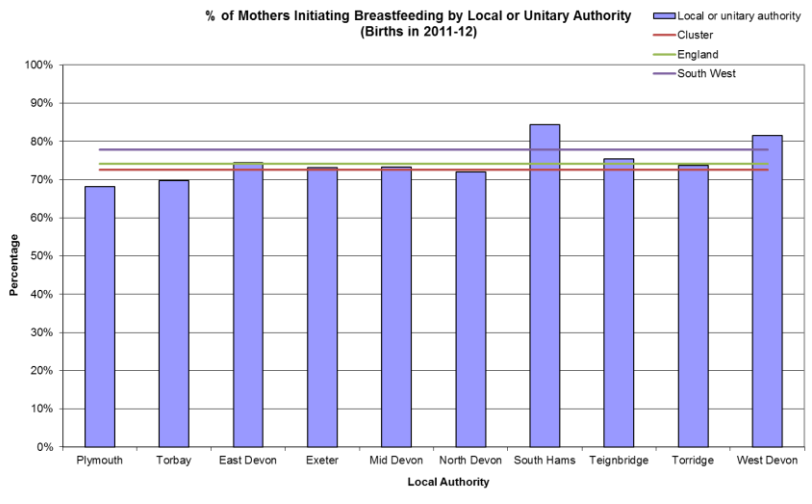


Figure 14: Breastfeeding Initiation rates by Local or Unitary Authority



PERINATAL AND INFANT MORTALITY

Maternal Mortality

The death of a mother from pregnancy related causes is a very rare event in the UK. Maternal mortality is defined as the death of a woman aged 15-44 while pregnant or within 42 days of the end of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

In the peninsula there were fewer than five maternal deaths between 2008 and 2012 (HSCIC based on ONS mortality data).

Perinatal and Infant Mortality

Between 2010 and 2012 North Devon and Plymouth had statistically significantly higher rates of perinatal mortality (babies that are still born or die with seven days of birth) when compared with national and South West rates (see figure 15).

Rates of infant mortality vary between districts and other than Cornwall which has a higher rate than the South West average, all other areas show no statistically significant difference to rates in England and the South West (see figure 16).

Higher rates of perinatal and infant mortality are associated with deprivation and this pattern is borne out locally. High rates of deprivation are associated with higher rates of smoking, alcohol and drug use which all contribute to preterm birth and low birth weight which in turn are the leading causes of death in children.

Figure 15: Perinatal mortality

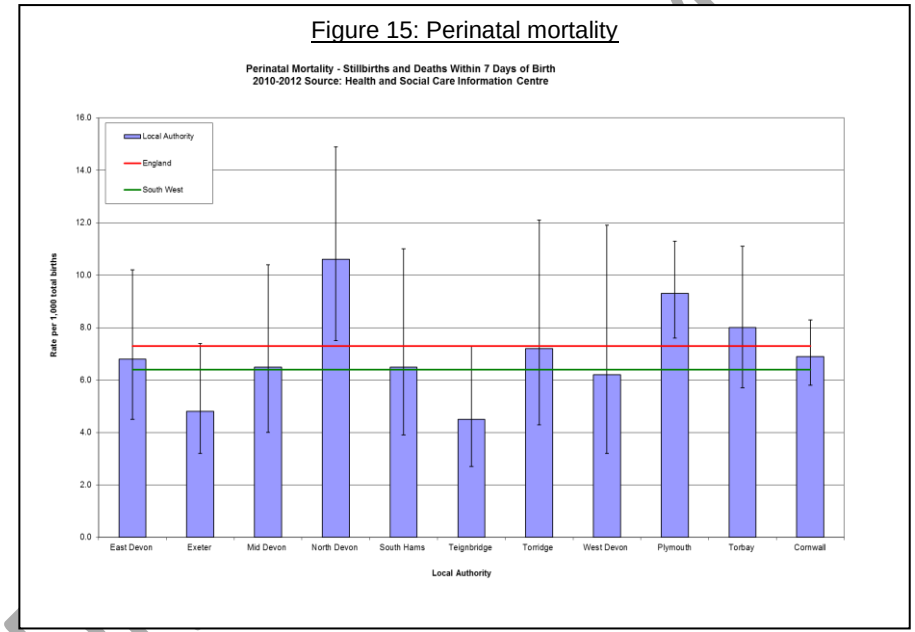
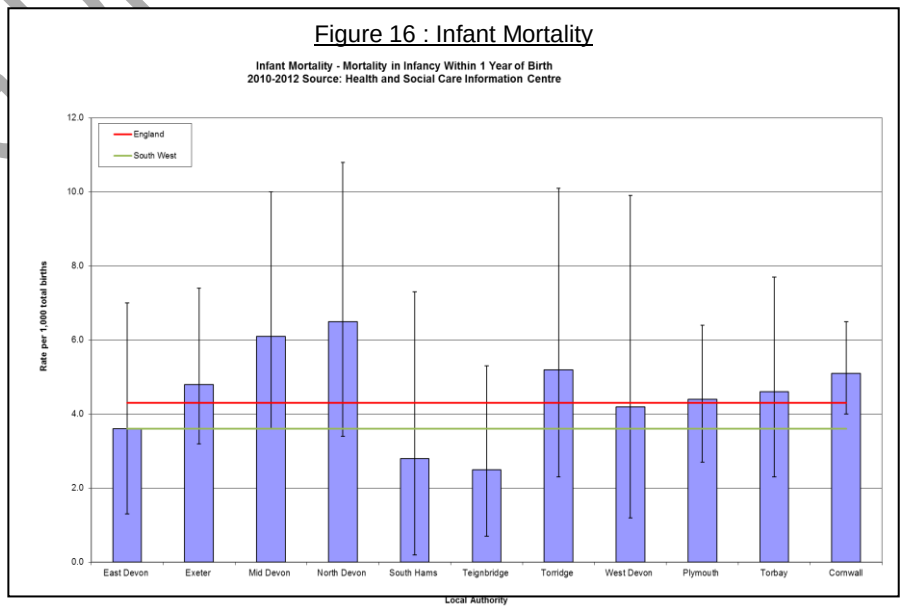


Figure 16 : Infant Mortality



THE GREAT EXPECTATIONS PROGRAMME

This is a parenthood course available in Plymouth.

The core syllabus provides information on the key learning outcomes for the parent education programme ensuring consistent messages are delivered to parents and a consistently high standard is promoted.

Participants can expect to learn more about:-

- Positive lifestyle choices
- How to connect and communicate with their baby before and after birth.
- Developing a closing and loving relationship with their baby.
- Understanding and responding to their baby's needs.
- Overcoming challenges.
- Strategies for managing time.
- Changes in relationships.
- Making new friends and finding support when needed.

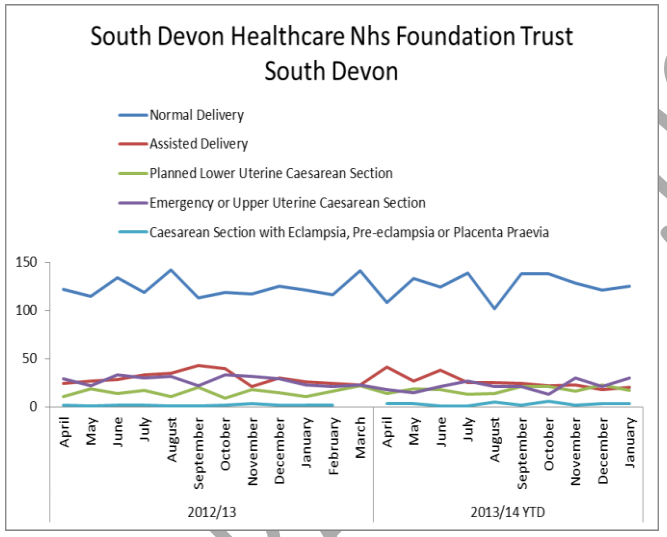
For further information contact ……..

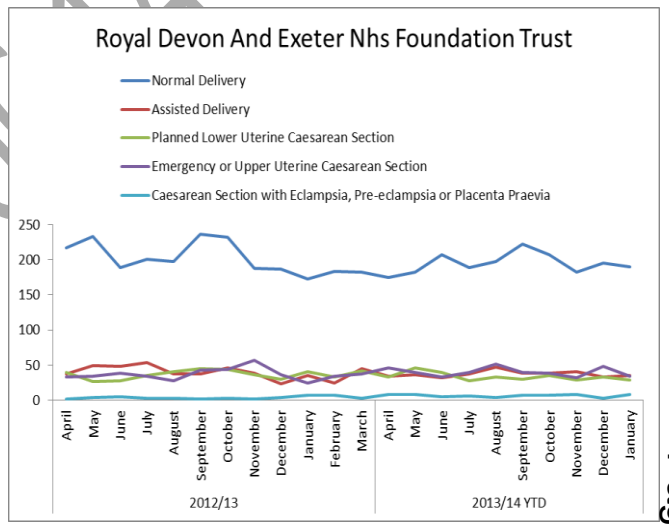
PROCEDURES ACROSS HRG GROUPS

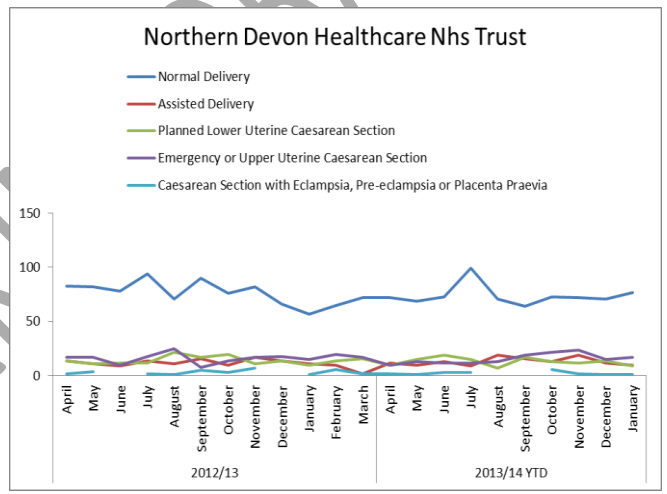
What is an HRG?

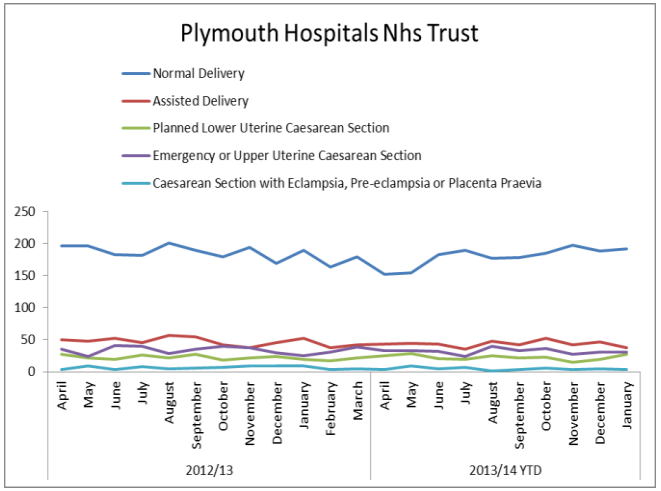
Healthcare Resource Groups (HRGs) are a unit of measurement and a unit of payment for inpatient care. The commissioner pays for each patient spell using HRGs, where a spell is the period from admission to discharge at a provider hospital.

Patients are allocated into HRGs based on similar diagnoses and/or undergoing similar procedures using similar amounts of resource. When a hospital treats a patient, their diagnosis and treatments are recorded and put onto the system, known as clinical coding. This information determines to which HRG the patient is assigned.









LOW BIRTH WEIGHT BABIES

Nationally the proportion of babies that are born with a low birth weight (<2500grams) is strongly correlated with deprivation; the higher the level of deprivation in an area, the higher the proportion of babies with a low birth weight.

Low birth weight is also associated nationally with higher levels of perinatal and infant mortality.

There are statistically significantly higher rates of low birth weight babies in Plymouth and Torridge compared with the South West, although nowhere in the Peninsula has statistically significant rates to the England average, see figure 17.

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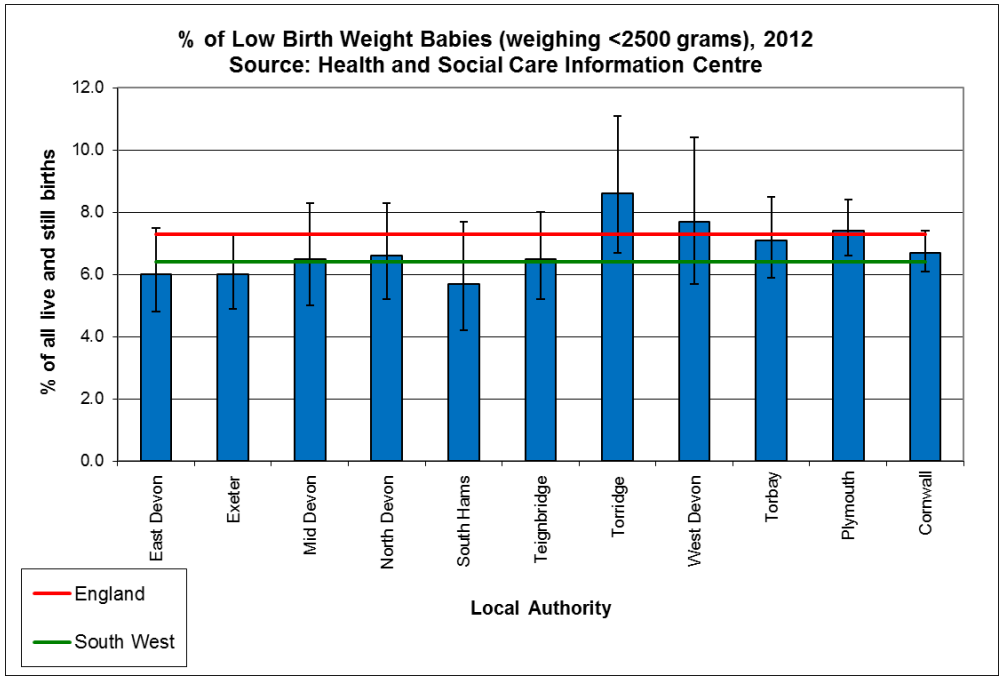
Figure 17: Percentage of low birth weight babies



Northern, Eastern and Western Devon Clinical Commissioning Group

NHS 111 assurance report

1. Executive Summary

South Western Ambulance Foundation Trust (SWASFT) provides the NHS 111 service for NEW Devon and South Devon & Torbay CCG's. They also provide 111 services for Dorset, Somerset and Cornwall. The headline performance target for 111 is the ability to answer calls within 60 seconds which should be over 95% as a weekly average.

SWASFT have been challenged to deliver this target sustainably, especially at weekends, and performance has dipped. The reasons are now well understood by commissioners and the provider. SWASFT is showing an improving performance with a very robust recovery programme addressing capacity to match demand, performance management and the review of call handling processes.

About 650 people in Devon ring the service every weekday rising to about 2000 on Saturdays and 1600 on Sundays and bank holidays. This is about 45% of the total SWASFT 111 service call volume for all four commissioners.

2. Purpose of Report

To provide a summary report for the Caring Plymouth Scrutiny Committee regarding 111.

3. Content (risk and assurances)

Poor performance by SWASFT leads to national pressure and a risk of impact on our urgent care system locally. The risks caused by poor performance fall into two categories.

a) National pressure from NHS England to meet targets and position on the performance tables. This is particularly with regard to the measure for calls to be answered within 60 seconds as described above, but misses some of the key clinical safety indicators where SWASFT are high performers. There is a risk that national pressure to resolve the headline indicator diverts attention and resources from SWAFST to address other issues and maintain other good performance.

b) Local impact on our urgent care system. In the first instance we need to be assured that patients are receiving the best performing service possible and see 111 as their gateway to urgent care in Devon. 111 is a fantastic opportunity to redirect

patient behaviour, but if there is little confidence the opportunity will be lost and patients will not use the most cost effective and local urgent care response.

The impact for patients could be created by either poor performance in 111, or a failure of other commissioned services to respond as expected.

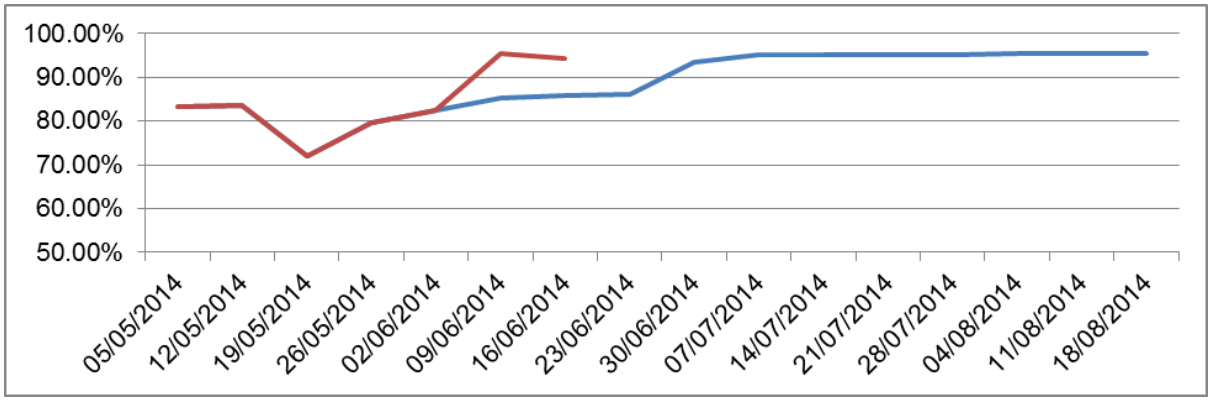
SWASFT have been our 111 service provider since 3rd September 2013. With a soft launch and only handling a limited number of Out of Hours calls, performance was excellent. During the Easter period of 2014, Out of Hours calls, previously to Devon Doctors, were routed primarily to 111, for our remaining localities and South Devon and Torbay. During a similar time period, SWASFT have been providing or have already provided a 111 and Out of Hours service in some of our neighbouring CCGs, Dorset, Kernow and Somerset.

The staffing model adopted by SWASFT for providing a comprehensive service did not meet the increased level of demand and lead to disappointing and poor performance, particularly at weekends. The cause of this may have been in part due to the adoption of staff from previous provider organisations, where for a set period of time, rotas were fixed and not flexible to meet demand. There was also a need for greater numbers of call handlers, clinical and non-clinical, where it proved difficult to recruit enough qualified people. There also seemed to be a lack of performance management provided by SWASFT in their call centres and therefore impacts were felt in call handling times.

Mitigation The response from SWASFT to the failure in headline performance has been swift and robust.

Additional management and executive support has been put in place and a very tight performance management approach introduced. Jenny Winslade has operational responsibility with Dr Andy Smith taking a clinical lead. An experienced programme manager has been introduced with extensive experience of the 999 service which has contributed to a better bridge between the two arms of the organisation.

SWASFT in conjunction with commissioners entered a period of performance recovery. Supported by a trajectory for calls answered within 60 seconds



The red line in the above graph indicates actual performance against the 95% target and is demonstrating that the previous 2 weekends are showing considerable improvement.

SWASFT also recognised that their focus on developing the right workforce to meet the capacity requirements was insufficient and independently (but with commissioner support) secured a company called Process Evolution to review their recruitment, training and profiling. Very quickly gaps in knowledge around the complexities of this type of call centre (dealing with urgent and non-urgent calls in the same queue) were identified and a range of additional recruitment, training, rotas and shift patterns were introduced. The overall makeup of the staffing model has shifted from largely full time to 70% part time model which allows greater flexibility.

The other area of improvement is to safely reduce the overall call handling time, this needs an investigation of the actual processes used within SWASFT, their use of the NHS pathways tool, the Directory of services and the Adastra system. With commissioner support, NHS Pathways are running a two day diagnostic process on the 14/15th July to explore these issues more fully. SWASFT have also visited other 111 services and now implemented some good practice solutions to good effect.

The improvement has been ahead of trajectory and with an additional 21 staff recruited and trained there is confidence that the trajectories set to be achieve by August 2014 will be achieved and the service is now in a more sustainable position.

Impact of a new service in the urgent care landscape.
The implementation of 111 has gone very well, but has been a slow process meaning that full impact has not been felt until full transfer of all out of hour's calls in March 2014. At the same time there appeared to be an increase in ED attendances at some acute hospitals and quite reasonably questions were being asked of 111.

The data provided to date shows that SWASFT as a 111 provider has some of the lowest direction of patients to 999 and ED, but the area where there is less knowledge is about the behaviour of patients. We are currently trying to understand as a community the drive for the increase in ED attendance and the contribution of 111 to this.

Initial patient feedback is that 93% of people suggested they did as advised by 111 in full with a further 3% partially following the advice, but the local data collection suggests this may not be the case.

Two separate audits are underway to try to understand how many people did not take the advice given. It is important to try to understand why people are taking the advice as directed, it may be an impact of the performance failures of the service, or could be a failure in people obtaining the expected outcome from the service advised. This information will be critical to try to understand the impact of the service, the appropriateness of the direction of patients by 111 and how we respond to this as commissioners.

Working across commissioners
There is additional pressure, from NHS England to conduct a further independent review into the 111 service in Devon and also across the area where SWASFT are the current providers. Questions have been raised as to the benefits of implementing

a further review, especially as the cost of the review would be borne by CCGs and NHS England. This is despite indications that the service provided by SWASFT continues to improve week on week. Further negotiation around this topic is taking place and remains hopeful of a positive outcome.

The commissioning CCGs continue to work closely with each other in order to support SWASFT. Conference calls between SWASFT and the CCGs also continue to take place on a weekly basis. In Devon, performance and contracting is monitored through The 111 Board, CAG and IPAM.

NHS England did suggest that the CCGs consider how they might be able to manage the contract with SWASFT in a more joined up way and several conference calls have taken place to discuss this approach. The themes that have evolved from each of the CCGs have been that good work is already taking place and we wish to continue to develop the following areas of current good practice

- Aligned operational performance review on a weekly basis
- Clinical governance lead mutual support (linked with regional arrangements)
- Shared operational issues review
- Informal sharing of issues and alignment of work on key areas.
- Alignment of KPI formats for reporting for commissioners

4. Moving Forward

111 is being defined nationally as ‘The gateway to urgent care’ and across Devon we need to embrace its implementation, improving service to meet the demand that patients are asking of the system. Approaching 111 with a focus on quality and patient care is key, whilst using the information that it provides us with to shape services, jointly across the CCG.

Although in its early stages, patient audits carried out in some of our ED departments, indicate that patients (on the whole) like and trust 111 in Devon and starting to use it with increased demand.

In Devon, commissioners, providers and NHS England are constantly challenging and shaping the service, improving its delivery and KPIs. Each month any number of groups meet to discuss and develop clinical and non-clinical 111 improvement strategy. It isn’t a finished package, but we believe in Devon that we have built an excellent foundation with SWAST for our urgent care system and with continued support and development, we hope that 111 will inform us and care for us, improving outcomes and the health and wellbeing of our community.

Author: Murray Heath & Elaine Fitzsimmons
Job Title: Service Delivery & Associate
Date of Report: 04th July 2014

Performance Improvements

Weekdays

				05/05/2014	12/05/2014	19/05/2014	26/05/2014	02/06/2014	09/06/2014	16/06/2014	23/06/2014	30/06/2014	07/07/2014	14/07/2014	21/07/2014	28/07/2014	04/08/2014	11/08/2014	18/08/2014
Call Volumes									**3,050**	**3,050**	**3,050**	**3,050**	**3,050**	**3,050**	**3,279**	**3,279**	**3,279**	**3,279**	**3,279**
Baseline Performance									**96.10%**	**96.10%**	**96.10%**	**96.10%**	**96.10%**	**96.10%**	**89.40%**	**89.40%**	**89.40%**	**89.40%**	**89.40%**
Baseline achievement									**2,931**	**2,931**	**2,931**	**2,931**	**2,931**	**2,931**	**2,931**	**2,931**	**2,931**	**2,931**	**2,931**
Additional Activity Impact:																			
Performance Management	Delivering an additional 4 hits per working day as performance management of individuals improves within the revised management structure as part of the new rotas	20	13/06/2014							6	15	20	20	20	20	20	20	20	20
Additional Seasonal Operational Shifts	Scheduling of additional seasonal shifts to meet forecast activity increases in demand during the school holiday period. Additional shifts through abstraction management and utilisation of Bank Staff - new cohort of Bank Staff currently entering training to meet this additional demand volume. 2 additional shifts per day at 5 calls answered per hour across the key 4 hour period each evening	200	21/07/2014												200	200	200	200	200
Target Achievement									**2,931**	**2,937**	**2,946**	**2,951**	**2,951**	**2,951**	**3,151**	**3,151**	**3,151**	**3,151**	**3,151**

Weekends

				05/05/2014	12/05/2014	19/05/2014	26/05/2014	02/06/2014	09/06/2014	16/06/2014	23/06/2014	30/06/2014	07/07/2014	14/07/2014	21/07/2014	28/07/2014	04/08/2014	11/08/2014	18/08/2014
Call Volumes									3,190	3,190	3,190	3,190	3,190	3,190	3,509	3,509	3,509	3,509	3,509
Baseline Performance									69.00%	69.00%	69.00%	69.00%	69.00%	69.00%	62.73%	62.73%	62.73%	62.73%	62.73%
Baseline achievement									**2,201**	**2,201**	**2,201**	**2,201**	**2,201**	**2,201**	**2,201**	**2,201**	**2,201**	**2,201**	**2,201**
Additional Activity Impact:																			
Performance Management	Delivering an additional 4 hits per working day as performance management of individuals improves within the revised management structure as part of the new rotas. Increased to 8 hits per day over the weekend as volume of staff is significantly higher.	16	13/06/2014						16	16	16	16	16	16	16	16	16	16	16
Performance Management and Streamlining of Current Processes and Procedures for Call Advisors	Working with call advisor staff to identify streamlining of current processes and procedures for key patient groups. This will reduce inappropriate time on calls and reduce the overall average call length. Reducing call lengths will provide an increase in the availability of call advisors to answer calls, particularly at peak demand periods. Additional capacity of call call per call advisor per shift as a result on both Saturday and Sunday. 24 call advisor head count at peak period within the Devon contract, therefore performance improvement to be 2 x 24 per day	96	13/06/2014						67	77	86	96	96	96	96	96	96	96	96
Introduction of Additional Clinical Support	Introduction of 2 additional clinical supervisors across the NHS 111 service contracts to undertake 'floor walking' duties. These additional posts will provide further assistance to call advisors in managing calls and closing calls at an earlier point with the appropriate outcome for the patient. Shorter call cycles will free call advisor capacity to answer further calls. Benefit to be evident during the peak 4 hour period, with an additional 2 call answered per call advisor per hour as a result of the additional resource. Calculated benefit therefore to be 2 x 2 x 4 x 2, of which 35% to be seen within the Devon service	11	13/06/2014						11	11	11	11	11	11	11	11	11	11	11
Additional Bonus Incentives for Overtime Shifts	Introduction of additional incentive payments for existing staff to fill current vacant weekend shifts through overtime. Aim to secure an additional 4 shifts per day across the weekend, across the service. The majority of these additional hours will be provided through extension of current shift lengths, therefore benefit to be 5 hours additional coverage per shift, with 5 additional calls answered in 60 seconds per shift. 35% of this improvement to be seen within the Devon contract. Incentive payments will cease on the introduction of the additional call advisors currently within recruitment.	70	13/06/2014						56	70	70								
Utilisation of Clinical Team Leaders to Answer Calls	Utilisation of current Clinical Team leader to answer calls at peak demand periods. The benefit of this additional call answering resource will be seen during a 6 hour shift on both Saturdays and Sundays. Benefit will be an additional 5 calls answered, per hour across the 6 hour period. 35% of this improvement to be attributed to the Devon contract.	21	13/06/2014						21	21	21	21	21	21	21	21	21	21	21
Telephone Answerphone Message to Reflect Demand Levels	Answerphone messages to reflect the demand and waiting times within the service during peak periods. Currently escalation at heightened queue waits is to be moved forward to manage expectations and assist in management of incoming volumes at an earlier point in time. This management of expectations will assist in spreading the overall demand, especially at the peak demand periods. Estimated at improving call answering performance by 2 calls per hour during the peak 4 hour period on both Saturday and Sunday.	16	13/06/2014						13	14	16	16	16	16	16	16	16	16	16
Introduction of New Flow Filters	By reviewing a number of key patient dispositions (eg DX82) it has been identified that more appropriate flows for these patients can be delivered through the NHS Pathways triage process. DX82 as an example has now been remapped to the DOS within Devon and Cornwall. Historically calls reaching DX-82 have constituted 11% of the total clinical queue. Clinical Lead has been tasked with identifying the processes that can be amended and the potential benefits to resource availability, however at this time no benefit has been built into the improvement trajectory. X5 new filters have been implemented to better triage calls into complaint groups, for review by the Clinical Team Leader. Whilst this specific introduction will not reduce call numbers on the clinician queue, it will ensure all calls are dealt with in a more timely fashion - by improved signposting.		13/06/2014																
Development of a more appropriate route for HCP Calls through the triage process	SWASFT have identified that 11% of the current calls triaged through the NHS 111 call advisors are received from healthcare professionals. The triage requirements for these calls can be streamlined within NHS Pathways through a dedicated group of call advisors, this will ensure the calls are managed more effectively and timely. Reduction in call cycle will free other call advisors to answer calls. Benefit to be fully quantified when resources are re-allocated, however is is assessed that this benefit would be a minimum of 2 calls per hour during the peak 4 hour period on both Saturdays and Sundays.	16	30/06/2014									16	16	16	16	16	16	16	16
Additional Senior Operational Management Presence at Weekends	Additional senior operational management introduced into the Clinical Hub to provide real time management and support during peak demand periods. Senior operational managers to provide direction and management of any required escalations on a timely basis during weekend periods. Benefit to be 1 additional call answered per hour during peak 4 hour periods on both Saturday and Sunday. To continue to the end of July 2014.	8	13/06/2014						8	8	8	8	8	8	8	8			
Introduction of new staff currently in training	New staff currently in training scheduled to 'go live' w/c 30 June 2014, focus of new starters will be improvement in weekend shift coverage. Delivery of 11 additional staff day across the weekend, at 30 hits per shift (ie 11 x 30 x 2). Initial impact will be slightly lower due to experience, with improvement throughout July 2014.	660	30/06/2014									495	594	594	627	627	660	660	660
Additional Seasonal Operational Shifts	Scheduling of additional seasonal shifts to meet forecast activity increases in demand during the school holiday period. Additional shifts through abstraction management and utilisation of Bank Staff - new cohort of Bank Staff currently entering training to meet this additional demand volume. 6 additional shifts per day at 5 calls answered per hour across the key 5 hour period on both days of the weekend	300	21/07/2014												300	300	300	300	300
Target Achievement									2,393	2,419	2,430	2,880	2,979	2,979	3,312	3,312	3,337	3,337	3,337

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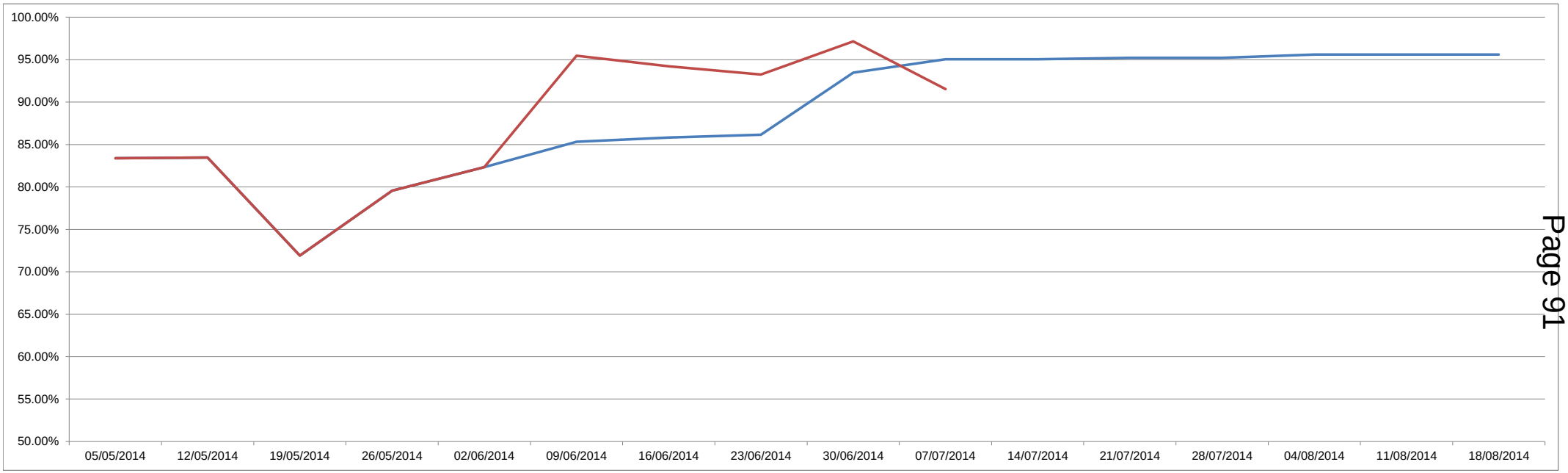
DEVON

NHS 111 Total Week Call Answering Performance Improvement Trajectory

	05/05/2014	12/05/2014	19/05/2014	26/05/2014	02/06/2014	09/06/2014	16/06/2014	23/06/2014	30/06/2014	07/07/2014	14/07/2014	21/07/2014	28/07/2014	04/08/2014	11/08/2014	18/08/2014
Calls Answered - Trajectory	7,300	6,141	7,027	7,428	6,194	6,240	6,240	6,240	6,240	6,240	6,240	6,788	6,788	6,788	6,788	6,788
Calls Answered Within 60 Seconds - Trajectory	6,086	5,126	5,054	5,910	5,100	5,324	5,356	5,376	5,831	5,930	5,930	6,463	6,463	6,488	6,488	6,488
Calls Answered - Actual	7,300	6,141	7,027	7,428	6,194	6,299	6,494	6,420	6,546	6,472						
Calls Answered Within 60 Seconds - Actual	6,086	5,126	5,054	5,910	5,100	6,013	6,119	5,986	6,359	5,924						
Call Answering Performance Trajectory	83.37%	83.47%	71.92%	79.56%	82.34%	85.33%	85.83%	86.15%	93.45%	95.04%	95.04%	95.22%	95.22%	95.59%	95.59%	95.59%
Call Answering Performance Actual	83.37%	83.47%	71.92%	79.56%	82.34%	95.46%	94.23%	93.24%	97.14%	91.53%						



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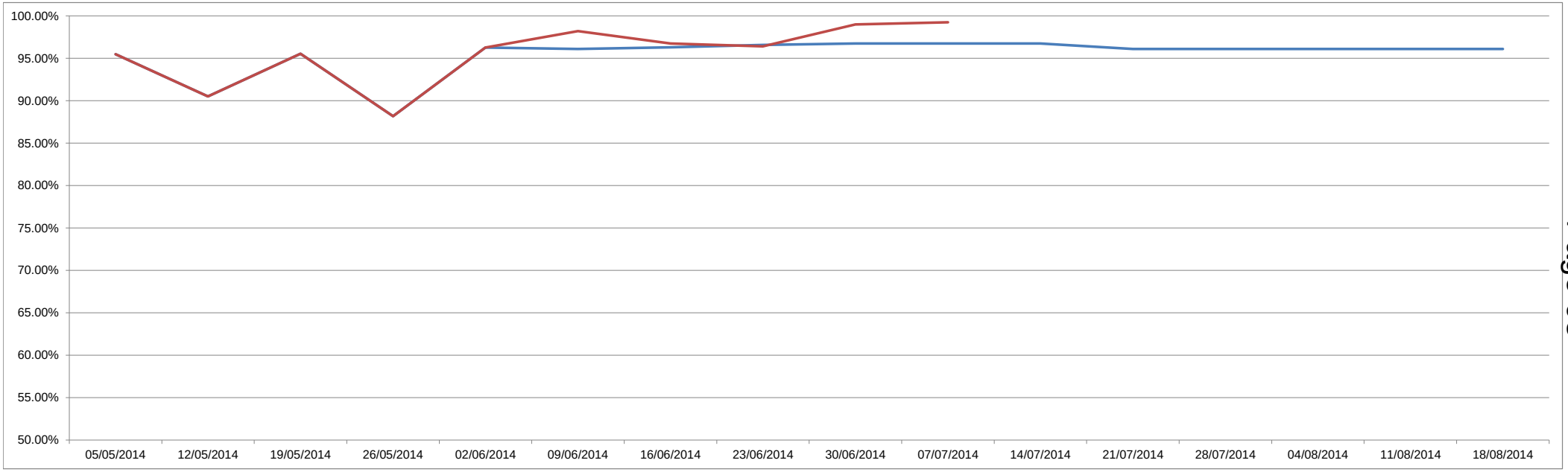
DEVON

NHS 111 Total Weekday Call Answering Performance Improvement Trajectory

												7.50%	7.50%	7.50%	7.50%	7.50%
	05/05/2014	12/05/2014	19/05/2014	26/05/2014	02/06/2014	09/06/2014	16/06/2014	23/06/2014	30/06/2014	07/07/2014	14/07/2014	21/07/2014	28/07/2014	04/08/2014	11/08/2014	18/08/2014
Calls Answered - Trajectory	4,192	2,997	3,164	4,262	2,982	3,050	3,050	3,050	3,050	3,050	3,050	3,279	3,279	3,279	3,279	3,279
Calls Answered Within 60 Seconds - Trajectory	4,003	2,713	3,023	3,759	2,871	2,931	2,937	2,946	2,951	2,951	2,951	3,151	3,151	3,151	3,151	3,151
Calls Answered - Actual	4,192	2,997	3,164	4,262	2,982	2,926	3,144	3,079	3,080	3,085						
Calls Answered Within 60 Seconds - Actual	4,003	2,713	3,023	3,759	2,871	2,874	3,042	2,969	3,049	3,062						
Call Answering Performance Trajectory	95.49%	90.52%	95.54%	88.20%	96.28%	96.10%	96.30%	96.59%	96.76%	96.76%	96.76%	96.11%	96.11%	96.11%	96.11%	96.11%
Call Answering Performance Actual	95.49%	90.52%	95.54%	88.20%	96.28%	98.22%	96.76%	96.43%	98.99%	99.25%						



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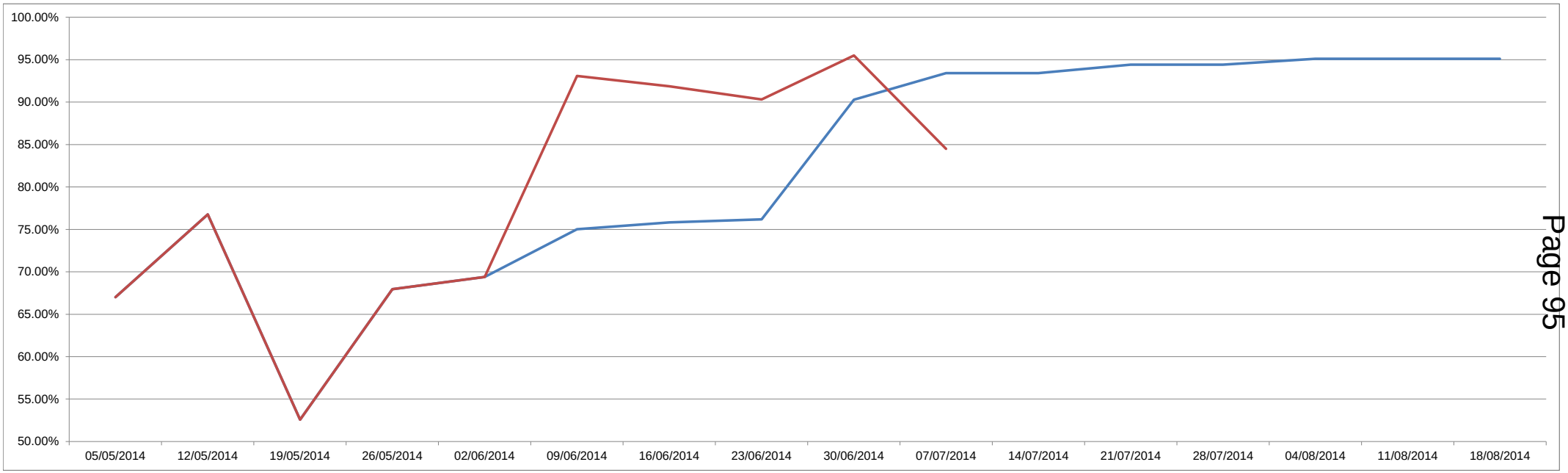
DEVON

NHS 111 Total Weekend Call Answering Performance Improvement Trajectory

												10%	10%	10%	10%	10%
	05/05/2014	12/05/2014	19/05/2014	26/05/2014	02/06/2014	09/06/2014	16/06/2014	23/06/2014	30/06/2014	07/07/2014	14/07/2014	21/07/2014	28/07/2014	04/08/2014	11/08/2014	18/08/2014
Calls Answered - Trajectory	3,108	3,144	3,863	3,166	3,212	3,190	3,190	3,190	3,190	3,190	3,190	3,509	3,509	3,509	3,509	3,509
Calls Answered Within 60 Seconds - Trajectory	2,083	2,413	2,031	2,151	2,229	2,393	2,419	2,430	2,880	2,979	2,979	3,312	3,312	3,337	3,337	3,337
Calls Answered - Actual	3,108	3,144	3,863	3,166	3,212	3,373	3,350	3,341	3,466	3,387						
Calls Answered Within 60 Seconds - Actual	2,083	2,413	2,031	2,151	2,229	3,139	3,077	3,017	3,310	2,862						
Call Answering Performance Trajectory	67.02%	76.75%	52.58%	67.94%	69.40%	75.03%	75.82%	76.17%	90.29%	93.39%	93.39%	94.39%	94.39%	95.11%	95.11%	95.11%
Call Answering Performance Actual	67.02%	76.75%	52.58%	67.94%	69.40%	93.06%	91.85%	90.30%	95.50%	84.50%						



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PLYMOUTH CITY COUNCIL

Subject:	Urgent Care
Committee:	Caring Plymouth
Date:	7 August 2014
Cabinet Member:	
CMT Member:	
Author:	Sharon Matson, Head of Commissioning (Western Locality)
Contact details	Tel: 01752 398766 email: Sharon.matson@nhs.net
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

This report has been produced in order to brief the Panel on the current demands in the urgent care system for the Western Locality of NEW Devon CCG.

It focuses on data up to the end of May 2014 but further analysis is on-going and the position has not changed significantly. A whole system summit is planned for 8 August to discuss the changes that have been experienced by the urgent care system and to generate actions and solutions to ensure sustainability for the future.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

Caring Plymouth

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

None

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

None

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

If an Equality Impact Assessment (EIA) has been undertaken it must be included as a background document. Key findings should be included in the main body of the report.

Recommendations and Reasons for recommended action:

The Panel is asked to note the content of the report

Alternative options considered and rejected:

None

Published work / information:

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

Sign off:

Fin		Leg		Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member													
Has the Cabinet Member(s) agreed the contents of the report? No													

HEALTHY PEOPLE
living healthy lives in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

Report to Caring Plymouth
Urgent Care

7 August 2014

1. Introduction

1.1.1 This report has been produced in order to brief the Panel on the current demands in the urgent care system for the Western Locality of NEW Devon CCG.

1.1.2 It focuses on data up to the end of May 2014 but further analysis is on-going and the position has not changed significantly. A whole system summit is planned for 8 August to discuss the changes that have been experienced by the urgent care system and to generate actions and solutions to ensure sustainability for the future.

2. Summary

2.1 Based upon the analysis contained in this report the following conclusions have been reached:-

- There has been a significant increase in the number of Emergency Department (ED) attendances from January 2014 in PHNT
- The further increase in ED attendances from April 2014 is significant and represents a 'real' increase in activity that is not explained by seasonal trends
- The increase in ED attendances from April 2014 is mirrored in other Trusts and is also significant across the whole of NEW Devon CCG.
- There has been a significant increase in the number of ambulance handovers at PHNT from March 2014 but further work is required to assess any changes in the number of ambulance activations
- There are early signs that the number of emergency admissions is also increasing in PHNT but further work is required to confirm the size and scale of this potential change

3. Process

3.1 Data has been triangulated to minimise any data recording errors and to obtain a clearer picture on the potential cause and effects.

3.2 The members of the Urgent Care Partnership were approached to provide a view on the potential system changes that have occurred in recent months. This was used to help

understand the changes in the activity data that was being reported both in terms of the size of the change and when the change occurred.

3.3 The remainder of the responses that were received were to clarify that there were no significant service changes in those specific service areas.

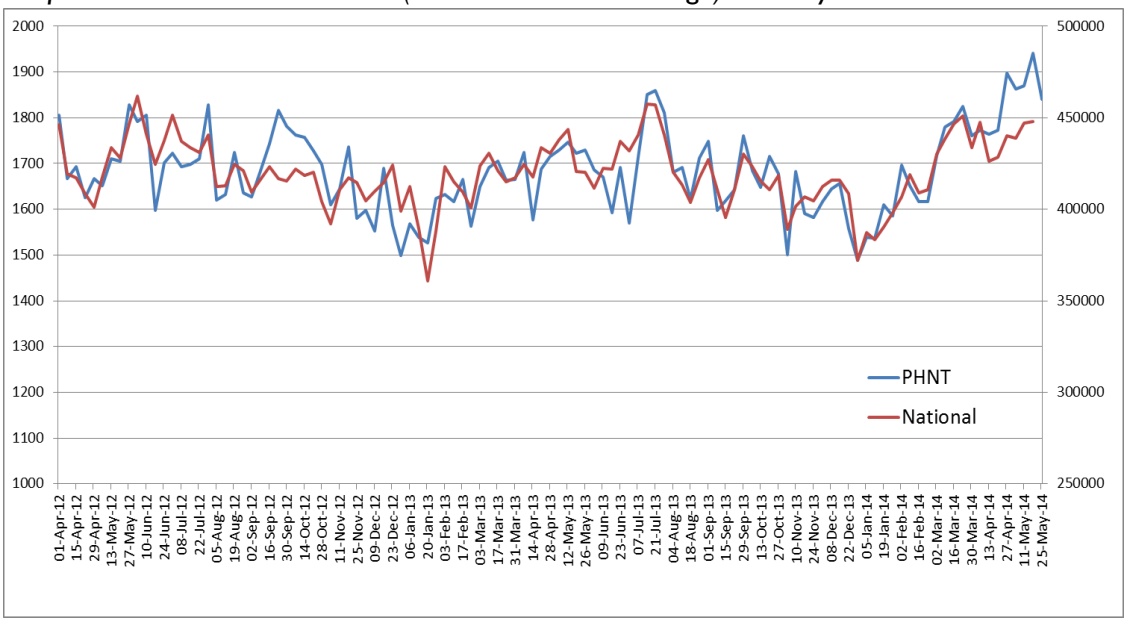
3.4 It is known that ED activity is seasonal and significant care was undertaken to isolate changes that could be attributed to natural seasonal variation from those that are linked to a local cause.

3.5 This analysis is primarily focused on the changes seen in ED activity in PHNT but it has also considered changes that are occurring pan Devon as well as nationally. Comparisons between PHNT and the national trends would enable us the isolate those changes that are driven by external factors (ie seasonality). Any residual variation it could be concluded is linked to internal factors (ie changes in local service provision).

4. Trends in ED attendances

4.1 There is clear evidence that there has been considerable growth in ED attendances from January 2014 onwards (see graph below). From week ending 12th January through to week ending 23rd March there was an 18.7% increase in ED attendances in PHNT compared to a 16.0% increase nationally.

Graph: Trend in ED attendances (PHNT v national average) - weekly SITREP



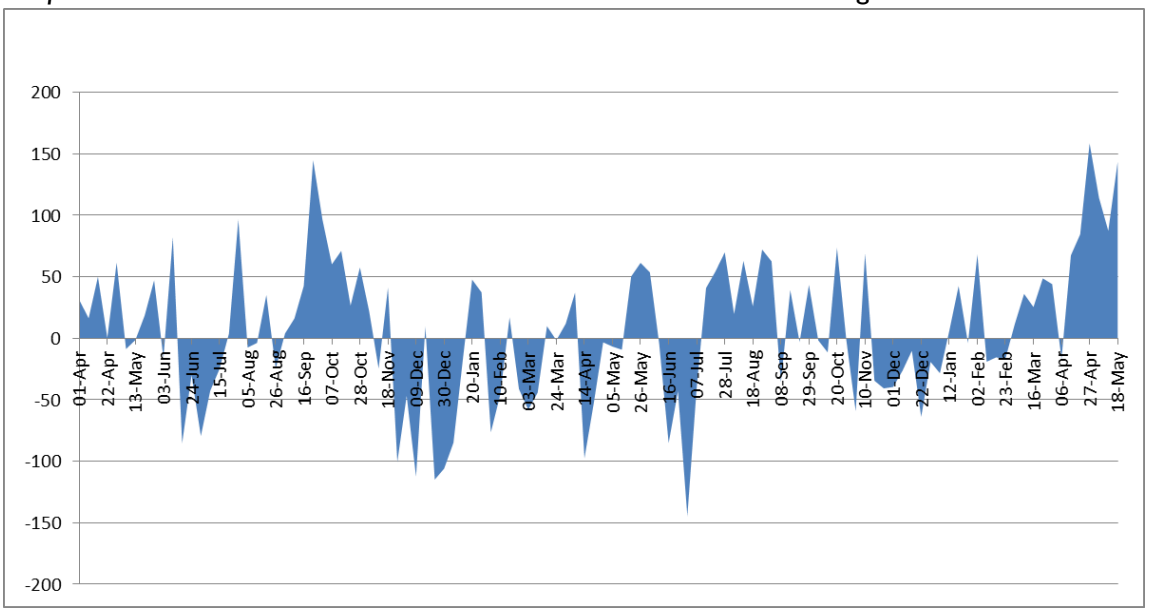
2.2 It is also clear from the graph that there is a very high degree of correlation between the profiles for both PHNT and the rest of England. The figures for PHNT are slightly more variable but this is entirely to be expected due to the smaller population numbers involved.

2.3 The profiles for PHNT and England show the same peaks in activity in July 2013 and March 2014. It is known that the peak in demand seen in July 2013 coincided with the heat wave that was experienced at that time. The relative size and nature of these peaks in demand are the same that implies that the causes of these increases are also the same. The fact that PHNT shows the same demand trends as seen nationally also minimises the potential of a local issue being behind the change in the period up to the end of March 2014.

2.4 However, the number of ED attendances in PHNT has continued to rise over the 4 weeks since early April 2014. This increase is not fully mirrored by changes nationally which indicates there could be a local cause for this change. The variation from the national average is statistically significant from this period based upon statistical process control rules (ie four consecutive periods with greater than 1 standard deviation above average).

2.5 The relatively high peak in ED activity from early April 2014 is the most significant sustained period of high ED activity that has been seen since April 2012. The graph below shows the level of variance between ED attendances in PHNT and the national average if they are weighted to the same scale. This method will show more clearly whether there are any periods of significant variation between PHNT and the national average (effectively removing seasonal variation). There was a period in September/ October 2012 when there was a smaller but also significant period of high ED activity which coincided with some changes in community services (ICE pilot). However, this change was only a temporary increase in ED activity and the situation returned to normal levels within a few weeks.

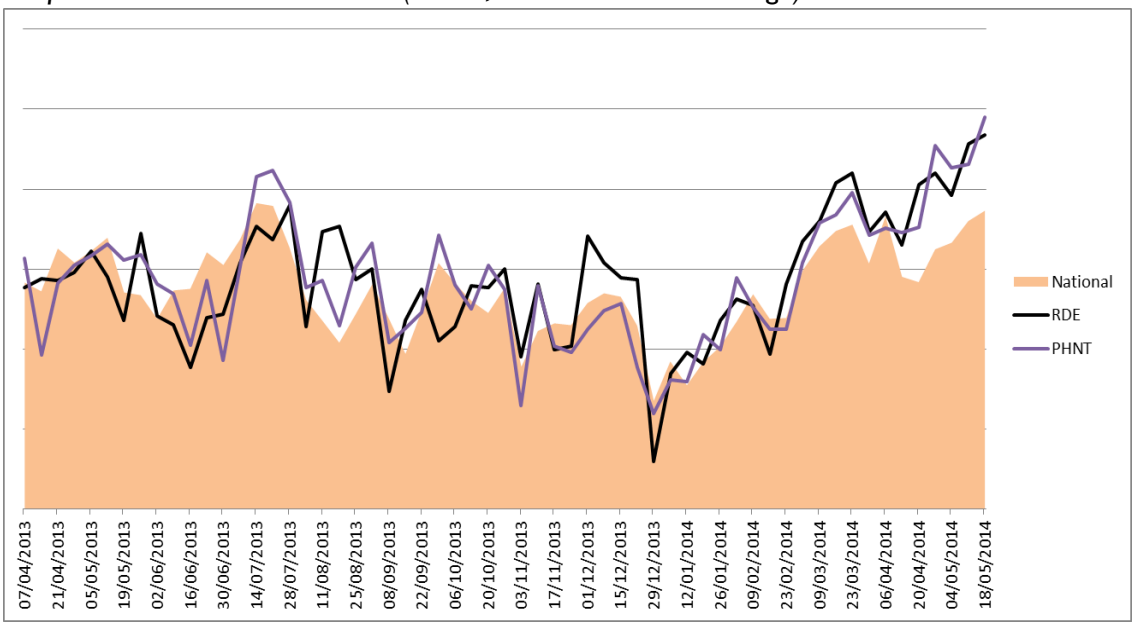
Graph: Variation in ED attendances between PHNT and national average



2.6 There is an early indication that ED attendances started to increase above expected levels from early March 2014. This change became statistically significant from early April 2014 and has remained so ever since. The increase in ED attendances above expected levels is equivalent to 109 attendances per week from week ending 13th April 2014

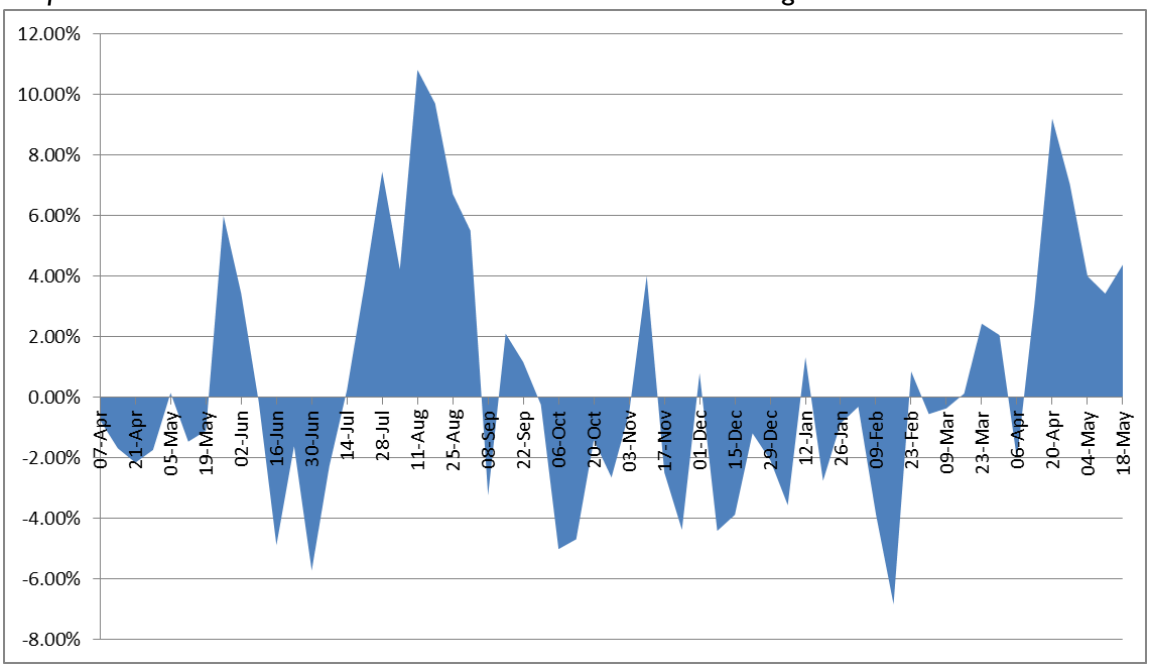
2.7 A similar analysis for RDE shows that is has also experienced a similar increase in ED activity from January 2014 with a gap opening between RDE and the national average from March 2014 onwards. This would indicate that what is driving the increase in ED activity in PHNT is also having a similar effect on RDE. The results for NDHT are less conclusive in relation to this trend. However, this could be linked to the much smaller size of the ED department in NDHT (and the associated wider confidence levels) and the greater seasonal variation.

Graph: Trend in ED attendances (PHNT, RDE & national average)



2.8 The same result also holds true for the total ED activity across NEW Devon CCG as shown in the graph below. The CCG total activity shows unexpected variance from early April 2014 but also a period in July / August 2013. The peak in demand in July/ August is probably linked to the high number of holiday makers that also coincided with the heat-wave that occurred at the start of this period. The summer peak in demand was most noticeable in NDHT and was also significant in Torbay. There is no indication that the recent peak in ED activity in April 2014 is linked to high numbers of tourists as data from PHNT shows that it is linked to patients resident in the CCG area and it is too early in the summer period.

Graph: Variation in ED attendances between CCG national average



5. What is changing

5.1 We have established that there has been a statistically significant increase in ED activity that can be demonstrated to have occurred by early April 2014 across PHNT/ RDE and the total for NEW Devon CCG. This section will further pinpoint the nature of this change.

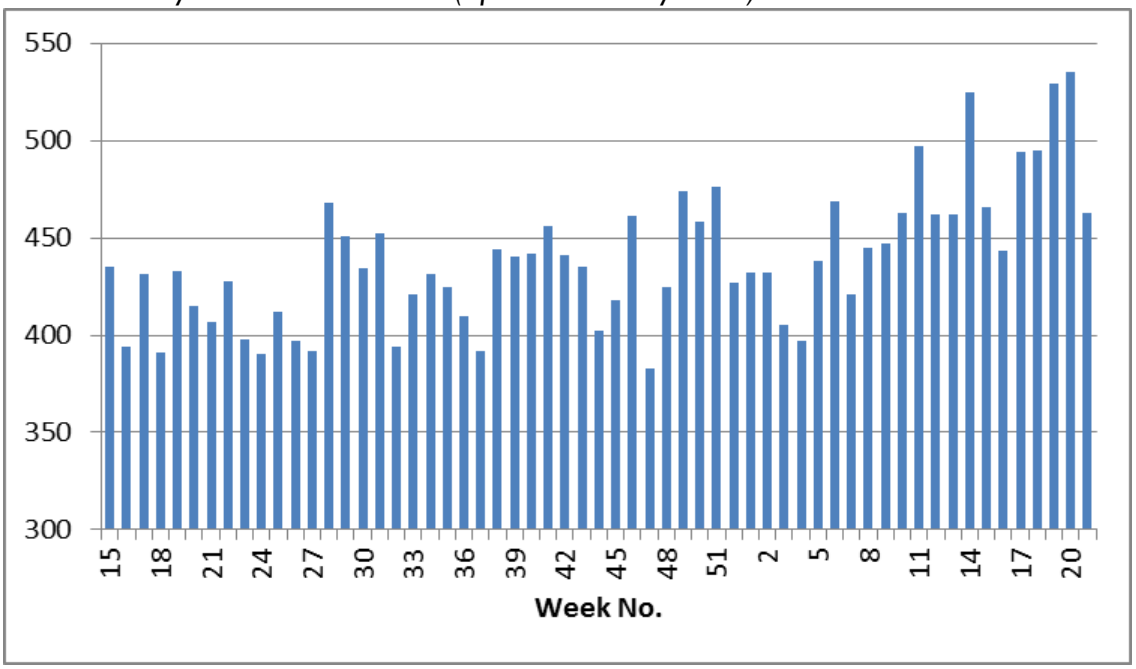
5.2 This section will focus on the changing profile in ED attendances that have occurred in PHNT over recent months, these include:-

- Resident CCG
- Arrival method
- Triage category
- Day of week
- Time of day
- Patient age band

5.3 The Southwest is a tourist area so it is important to understand whether the increase in ED attendances is coming from the resident population or not. The data from PHNT is clear that the increase in ED attendances seen in the last few months is from within the NEW Devon catchment area. There has been no increase in attendances from Cornwall or patients from outside these areas.

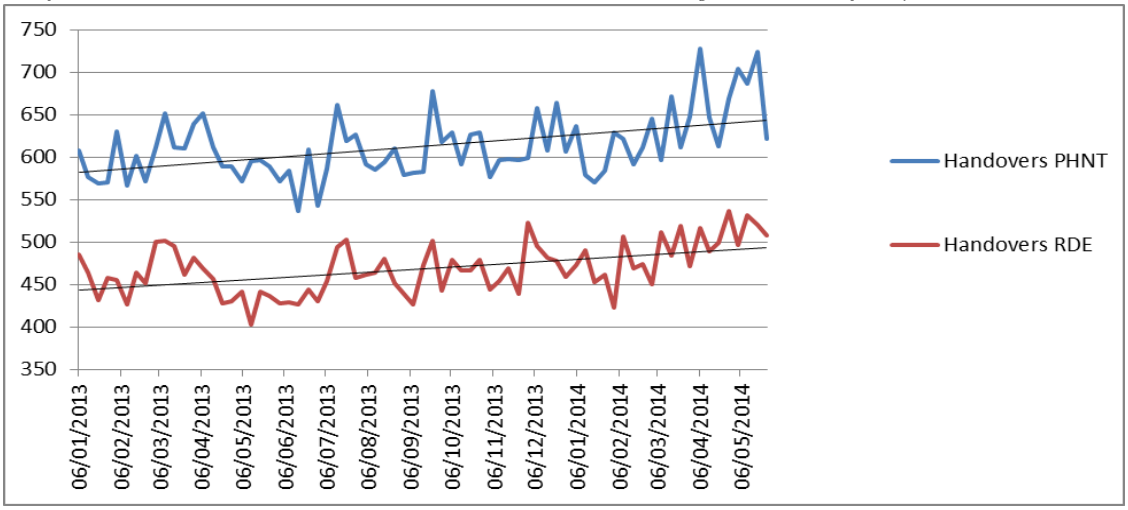
5.4 There has been a 17.1% increase in the number of patients that are arriving at ED via ambulance in April/ May 2014 compared to the same period in the previous year (see graph below). This change is statistically significant and is equivalent to an extra 71 ambulance arrivals per week. The number of people turning up at ED via their own method of transport has also increased over the same period (+5.3% or 51 extra attendances per week).

Graph: Arrival at ED by ambulance at PHNT (April 2013 - May 2014)



5.5 The trend in increasing ambulance handovers is also reported via the ambulance trust. This indicates that both PHNT and RDE have seen a similar increase in ambulance handovers and it appears that this increase started around the middle of March 2014 for both trusts. This increase is also statistically significant for the whole of NEW Devon CCG.

Graph: Ambulance handovers at PHNT & RDE - SWAST (Jan 13 - May 14)



5.6 The triage category enables us to view the severity of need of the patients that are arriving at ED. Whilst there have been increases in the number of patients in all triage categories the largest increase is for patients in triage category 3 (+19.1% or 77 extra patients per week). Patients in category 3 account for more than half the total increase seen in ED attendances.

Table: Change in triage category (PHNT)

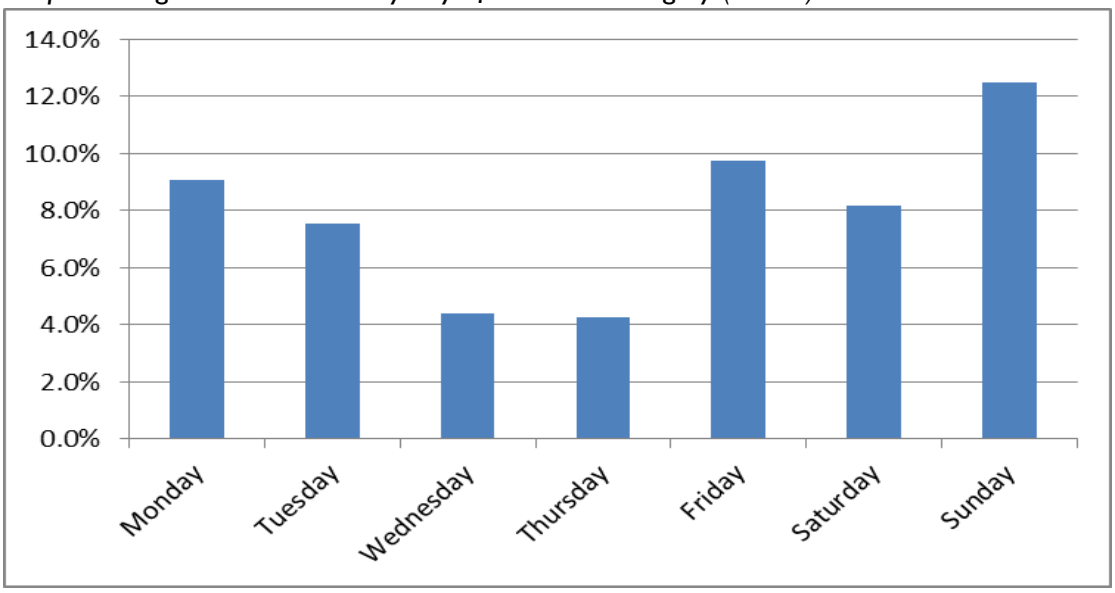
Triage category	Average attendances		% Change	change
	Apr-May 13	Apr-May 14		
1	40.6	51.3	26.3%	10.7
2	309.4	335.4	8.4%	25.9
3	402.9	479.9	19.1%	77.0
4	601.4	605.3	0.6%	3.8

5.7 The increase in ED attendances is occurring on all days of the week. However, the increase is most significant on a Sunday with the overall increase centred around the weekend (ie also high on Friday through to Monday). The percentage increase on Wednesday/ Thursday is lowest and is not statistically significant.

Table: Change in attendances by day of the week category (PHNT)

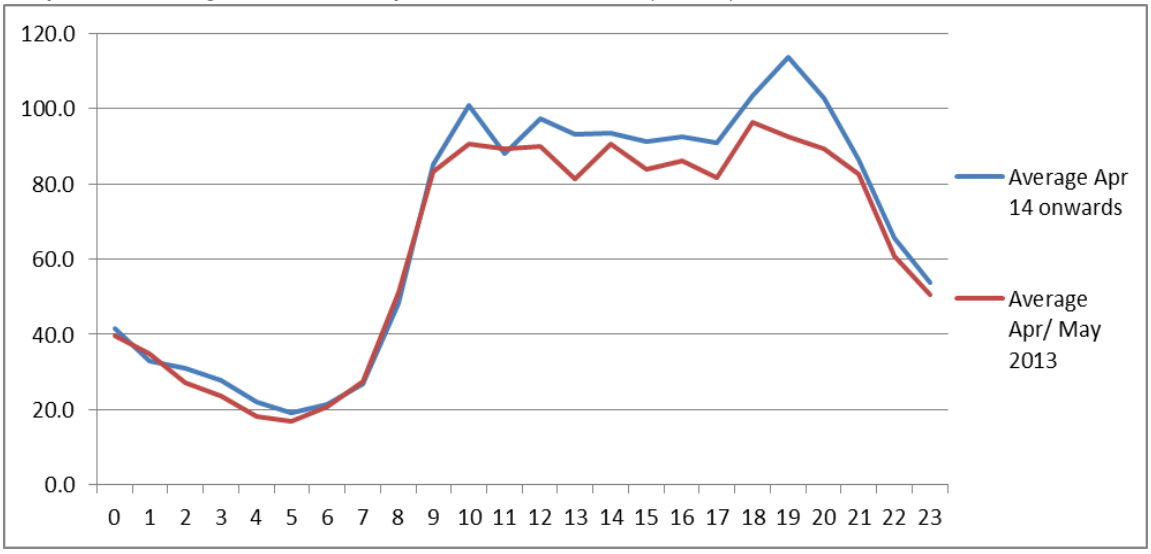
Triage category	Average attendances		% Change	change
	Apr-May 13	Apr-May 14		
Monday	231.1	252.1	9.1%	21.0
Tuesday	215.7	232.0	7.5%	16.3
Wednesday	208.0	217.1	4.4%	9.1
Thursday	212.4	221.5	4.3%	9.1
Friday	209.0	229.4	9.7%	20.4
Saturday	214.7	232.3	8.2%	17.5
Sunday	217.6	244.8	12.5%	27.2
Total	1508.6	1629.1	8.0%	120.6

Graph: Change in attendances by day of the week category (PHNT)



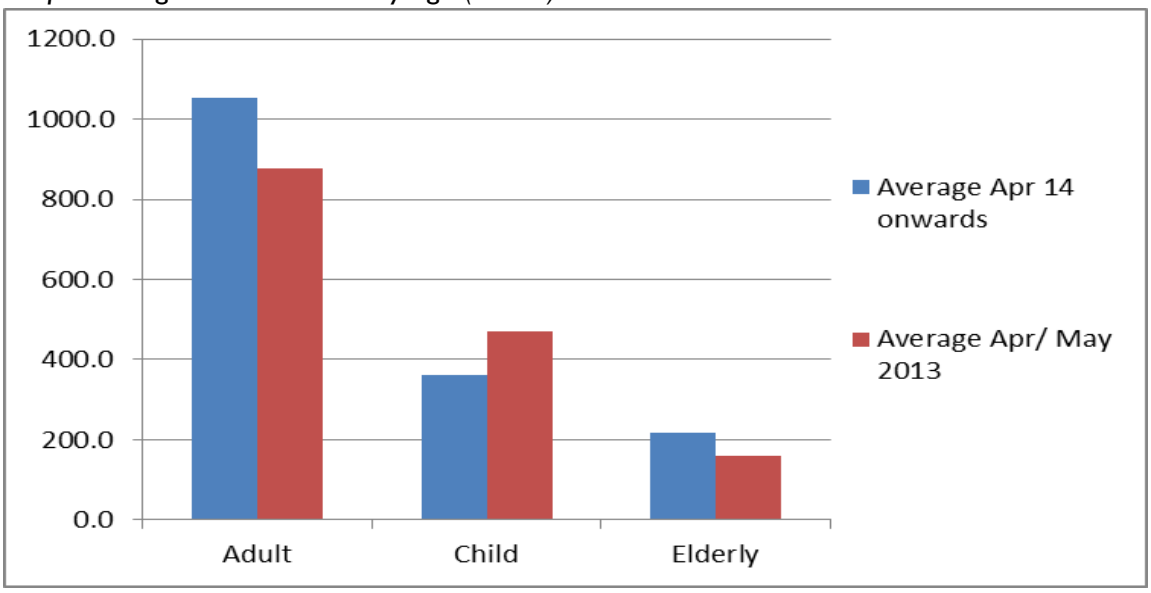
5.8 The increase in ED attendances is occurring most between the hours of 10am and 9pm. The increase is most significant in the early evening (between 5pm and 9pm). This increase in the early evening is equivalent to 50.9 extra attendances per week. The graph below illustrates the change in the profile of the ED attendances in PHNT.

Graph: The change in time of day of ED attendances (PHNT)



5.9 The increase in ED attendances is occurring for both adults and older people. There has been a reduction in attendances for children. Whilst the overall increase is greatest for adults aged 18-74 (+174.2 or +19.8%) the percentage increase is higher for older people age 75+ (+57.7 or +36.2%). If this increase in ED attendances for older people converts to an increase in admissions then this could cause a significant bed pressure.

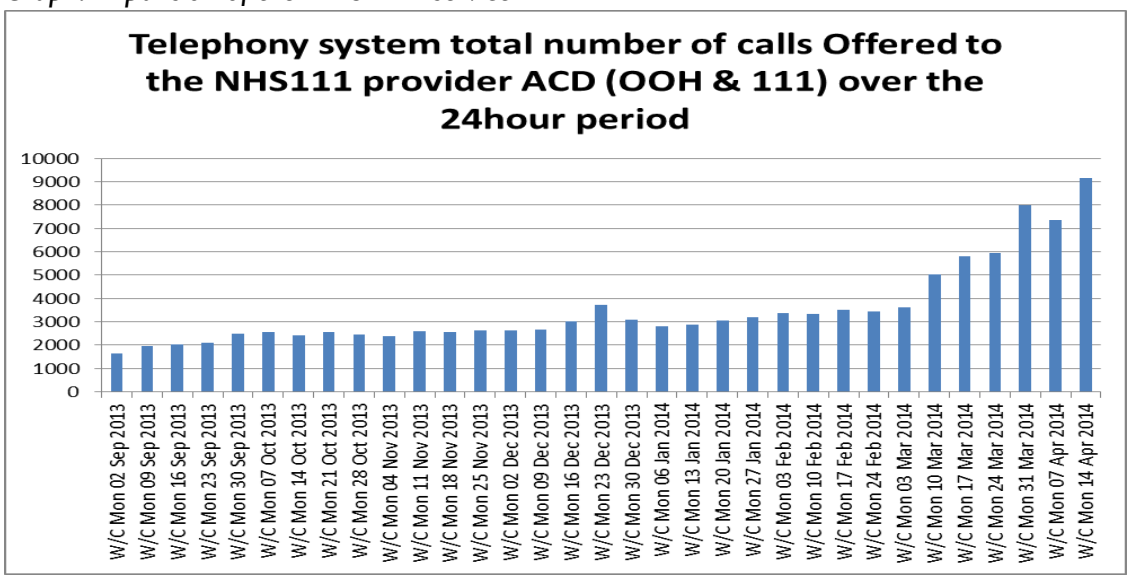
Graph: Change in attendances by age (PHNT)



6. NHS 111

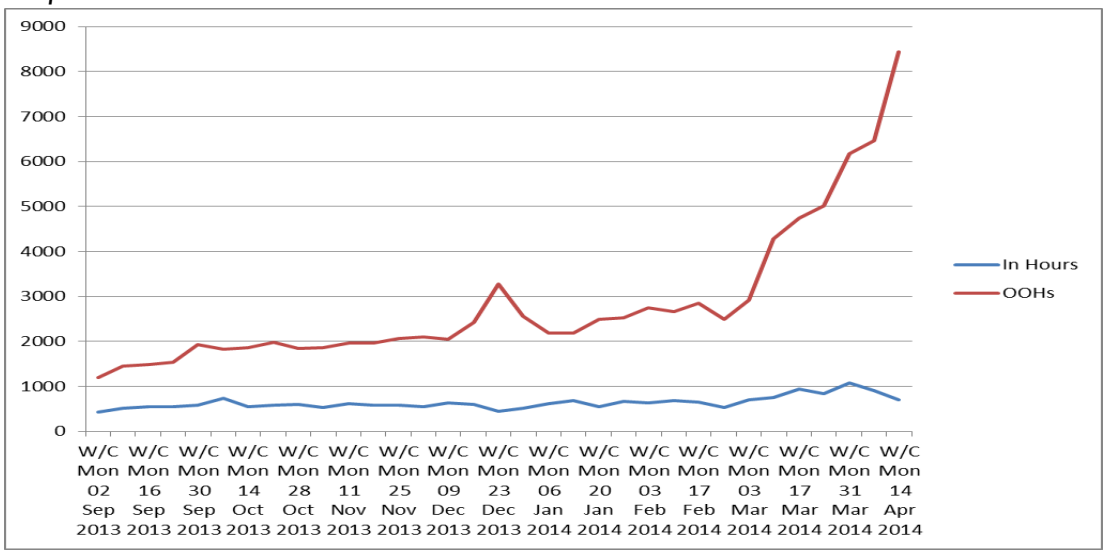
6.1 The NHS 111 service expanded significantly from week commencing 10th March following the full rollout across Devon. The number of calls to NHS 111 has increased progressively following this date. The expansion of the service to cover both the PHNT and RDE footprints occurred at this time.

Graph: Expansion of the NHS 111 service



6.2 The expansion of the NHS 111 service from early March 2014 has occurred mainly around the out of hours service illustrated by the graph below.

Graph: Actual calls to NHS 111 and when received



7. Potential impact

7.1 It is clear that there has been a growth in the number of ED attendances with an estimated increase of around 109 per week. There has also been an increase in the number of ambulance handovers at PHNT of around 77 per week. Further work is underway to see if there has been a similar rise in the number of ambulance activations.

7.2 There are early signs that the number of emergency admissions may have been impacted by the change in the number of ED attendances but further work is required to assess the size and impact of this change.

8. Conclusion

8.1 Based upon the above analysis the following conclusions have been reached:-

- There has been a significant increase in the number of ED attendances from January 2014 in PHNT
- The further increase in ED attendances from April 2014 is significant and represents a 'real' increase that is not explained by seasonality
- The increase in ED attendances from April 2014 is mirrored in RDE and is also significant across the whole of NEW Devon CCG.
- There has been a significant increase in the number of ambulance handovers at PHNT from March 2014 but further work is required to assess any changes in the number of ambulance activations
- There are early signs that the number of emergency admissions is also increasing in PHNT but further work is required to confirm the size and scale of this potential change

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Northern, Eastern and Western Devon Clinical Commissioning Group

Plymouth Caring Scrutiny

Out Of Hours (OOH) Primary Medical Services

Background

1. One of the commissioning responsibilities of NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG; the CCG) is to ensure that all individuals in the CCG's population are able to access high quality and accessible primary medical services to meet people's urgent needs when their usual GP practice is closed. The normal time periods for this service are 6.30pm to 8am on weekdays, during weekends and also public holidays.

2. NEW Devon CCG holds a contract with Devon Doctors Ltd as provider this service across Devon, Plymouth and Torbay.

3. As part of ensuring excellent value for money of our commissioned services, including excellence in quality, Devon Doctors Ltd was asked by NEW Devon CCG to find financial savings (£250,000 per annum, full year effect) as an internal cost improvement plan, whilst consistently ensuring the quality of patient care across Devon, during the overnight period. The overnight period is defined as 11pm to 8am or 8.15am, seven days per week.

4. There are seven treatment centres open overnight across Devon, with all being clinically staffed by one GP overnight with the exception of the Plymouth treatment centre which then had two GPs. The service is run as one across the whole of Devon. A high proportion of patient contacts are telephone contacts with these being handled safely by any treatment centre across Devon county, not necessarily in the treatment centre closest to where the patient lives, thus the treatment centres cross-cover appropriately. Treatment centres do, of course, need to ensure people can attend the centre nearest to where they live or can be attended by a doctor at home in a timely way and this change was not to threaten this.

5. In support of the sought cost saving, NEW Devon CCG agreed Devon Doctors' proposal to reduce the number of GPs covering part of the overnight shift from 8 GPs to 7 GPs between 2am and 8am each night. This change would be realised in the Plymouth treatment centre, thus maintaining the service with one GP instead of the previous two in line with the other 6 treatment centres.

6. Data for 16th to 29th June 2014 showed activity in the period between 2am and 8am in the Plymouth treatment centre as:

- an average of 1.8 calls per hour (an average of 10.8 in the six hours) concluding in GP advice provided over the telephone
- an average of 0.6 individual visits per hour (an average of 3.6 in the six hours) to the treatment centre
- an average of 0.3 GP visits per hour (an average of 1.8 in the six hours) to a patient's home.

  The 2am to 8am period is by far the quietest time for the OOH service. This level of activity would all be provided safely by 7 rather than 8 GPs, particularly noting the ability of the service to share capacity across the whole of Devon.

7. Decision making focused on ensuring the safety and quality of the service which operates across the whole of Devon, Plymouth and Torbay.

8. Devon Doctors consistently meets, and indeed exceeds, the national quality requirements for an out of hours provider. As an out of hours provider Devon Doctors is consistently ranked amongst the best in the UK for both patient satisfaction and performance.

9. The change to 7 rather than 8 GPs for the 2am to 8am period became effective on 13th July 2014.

10. The paper submitted in June 2014 to the Board of the Western Locality of the CCG is attached for reference in Appendix A. In response, the Board wished to be further briefed following implementation of the change in order to remain assured that the service is operating within required safety and quality standards. Devon Doctors had already undertaken to closely monitor the implementation and effect of the change with the lead commissioner in the CCG.

11. Media coverage of out of hours immediately after the Board meeting was of real concern. Safety of patients is paramount to decision making and raised public anxiety unnecessarily.

Post-implementation analysis and assurance

12. Performance against the service's key performance indicators has remained strong.

13. Since the 14th July, 100% urgent face-to-face consultations were started within target time, and 97% less-urgent face-to-face consultations were started within target time.

14. The table below details activity levels in Plymouth for the entire (11pm to 8am) overnight period. It is proposed that further analysis be presented through presentation at the Caring Scrutiny meeting.

Date	Telephone Advice	Treatment Centre	Home Visit
01/07/2014	25	4	8
02/07/2014	16	7	5
03/07/2014	20	12	5
04/07/2014	38	9	2
05/07/2014	40	22	7
06/07/2014	24	4	2
07/07/2014	17	12	7
08/07/2014	22	13	8

09/07/2014	17	5	8
10/07/2014	16	9	9
11/07/2014	26	9	7
12/07/2014	36	10	6
13/07/2014	17	5	6
14/07/2014	23	5	2
15/07/2014	16	8	0
16/07/2014	28	14	4
17/07/2014	19	6	0
18/07/2014	29	7	2
19/07/2014	36	28	7
20/07/2014	18	11	6
21/07/2014	22	12	4
22/07/2014	25	8	3
23/07/2014	16	7	3
24/07/2014	15	7	3

15. It should be noted that this change is not related to the fair shares funding debate. There is a consistent, high quality service available to the entire Devon, Plymouth and Torbay population through the OOH service and this continues. The costs and benefits are shared across the whole area so this is about provider efficiency rather than commissioner investment.

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Appendix A

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

Committee Report

Date		June 2014	
Report title		Primary medical services – review of overnight GP provision	
Author(s)		Nicola Jones	
Supporting Executive(s)		Jerry Clough	
Purpose of Report		**Decision**	
		Assurance	✓
		Information	✓
FOI Status		**Public**	✓
		Private	
Category of Paper		**Decision**	
		Position Statement	✓
		Information	✓
Does this document place Individuals at the Centre		**Y** / **N**	
		Y	
Actions Requested		The Board is asked to note the change for the out of hours primary medical service to be clinically supported by 7 rather than 8 GPs between 2am and 8am overnight with this change being realised through the Plymouth treatment centre with effect 13th July 2014.	
Which other committees has this item been to?		Out of hours contract management Western Locality Senior Leadership Team Western Locality Board (May 2014 within Managing Director's report)	
Reference to other documents		Overnight GP provision review – February 2014 – Ryan Hewitt, Head of operations (TC), Devon Doctors	
Have the legal implications been considered?		Yes	
Does this report need escalating?		No	
Equality Impact Assessment			
Who does the proposed piece of work affect?		Staff Patients Carers	Yes Yes but with assurances Yes but with assurances

	Public	Yes but with assurances

	Yes	No
1. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?		✓
2. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?	✓	
3. Will there be a positive benefit to the users or workforce as a result of the proposed work?		✓
4. Will the users or workforce be disadvantaged as a result of the proposed work?		✓
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using **Screening Form One** *available from Corporate Services* - To be completed
If an equality assessment is not required briefly explain why and provide evidence for the decision.

Reference to Core Strategies and Corporate Objectives

Core Strategies, we will:	**Corporate Objective**	**Does this report reference to the Core Strategies/ Corporate Objectives**	
		✓	**X**
1. Take joint ownership with partners and the public for creating sustainable health and care services	1.1 Develop people, and those who support them, to value strengths and personal qualities in all that they do	✓	
	1.2 Listen to people and take action on what they say about services	Not evidenced but assurance given through ongoing performance management of the service	
2. Implement systems that make the best use of valuable health resources, every time	2.1 Innovate to increase productivity and reduce waste	✓	
	2.2 Commission safe services and reduce avoidable harm	✓	
3. Commission to prevent ill health, promote well being and help people with long-term conditions to live well	3.1 Support people to make healthy lifestyle choices and understand the care, treatment and services available to them	×	
	3.2 Commission services with partners to reduce health inequalities and improve people's lives	×	

Background

1. One of the commissioning responsibilities of NEW Devon CCG is to ensure that all individuals in the CCG's population are able to access high quality and accessible primary medical services to meet people's urgent needs when their usual GP practice is closed. The normal time periods for this service are 6.30pm to 8am on weekdays, weekends and public holidays.

2. NEW Devon CCG holds a contract with Devon Doctors Ltd who provide this service across Devon, Plymouth and Torbay.

3. As part of ensuring excellent value for money of our commissioned services, including excellence in quality, Devon Doctors has been asked by the CCG to find financial savings (£250,000 per annum, full year effect) as an internal cost improvement plan, whilst consistently ensuring the quality of patient care across Devon during the overnight period. The overnight period is defined as 11pm to 8am or 8.15am seven days per week.

4. In support of this, NEW Devon CCG has agreed Devon Doctors' proposal to reduce the number of GPs covering part of the overnight shift from 8 GPs to 7 GPs between 2am and 8am each night with this being realised in the Plymouth treatment centre. It is important to note that a high proportion of patient contacts are telephone contacts with these being handled safely by any treatment centre across Devon county, not necessarily in the treatment centre closest to where the patient lives.

Review of GP provision overnight

5. To explore the best way to address the required financial saving, Devon Doctors carried out a review to include all overnight GP shifts. Options considered were:

    a. Reduction in some shift lengths
    b. Removal of some overnight shifts
    c. Redistribution of existing GP resource to better meet patient demand
    d. Ceasing overnight operations from some treatment centres (although not closing any treatment centres).

6. Currently a total of GPs cover the overnight shifts across Devon, Plymouth and Torbay. The service is run as a whole across Devon with activity such as telephone triage being covered safely from a treatment centre not necessarily close the patient's home. Devon Doctors' review of data pertaining to overnight activity in September, October and November 2013 found the following:

    a. With the 555 minute overnight shift, 8 GPs provide 4,440 minutes of clinical capacity per night;

    b. Analysis of workload found an average of 1,899 minutes of clinical capacity required per night (table below) -

Workload (GP)	Average number per overnight shift	Average minutes taken (each)	Average travel time per case (minutes)	Total time	Total number of minutes required
Advice call	107.03	6.5	0	6.5	696
Consultation at treatment centre	29.19	10	0	10	292
Visit	19.16	15.5	30	45.5	872
Walk in Patient	1.01	13	0	13	13
Ward visit	0.88	10.5	20	30.5	27
Source: Devon Doctors				**TOTAL**	**1,899**

c. Adding 50% of workload to the 1,899 minutes to cover rest periods, extra travel, unusually long cases and contingency gives clinical capacity required of 3,798 minutes, this equating to 6.85 GPs working the 8 hour shift i.e. one less than currently resourced.

7. Considering the impact of removing the overnight clinical capacity by one GP as above, Devon Doctors suggested that there are some locations where doing so would reduce capacity inappropriately, for example in north Devon. They suggest two areas, however, where this reduction could be made safely, these being in Plymouth or east Devon.

8. Considering this for east Devon with overnight treatment centres Exeter, Honiton and Tiverton and one GP working overnight in each of these, patient demand could be safely met by a reduction of one GP i.e. one of these not being open overnight but is deemed to have the effect of unnecessarily stretching the capacity in the two remaining treatment centres and was not therefore favoured.

9. Considering this for Plymouth, where the treatment centre currently operates with two GPs overnight but with only one GP actually being utilised for much of this time, reducing the clinical capacity to one GP overnight (but with two GPs overnight until 2am) is considered by Devon Doctors to be an option which is feasible and an option that still enables sufficient clinical capacity to provide a safe, effective and high quality service. This is Devon Doctors' preferred option and has been agreed by NEW Devon CCG as part of the usual contract management process. It should be noted that:

   a. Overnight activity levels in Plymouth (with not all patient interactions from the Plymouth treatment centre being for Plymouth patients) are higher on average than in some other treatment centres. For example in November there was an average of 50 GP interactions with patients overnight compared with, for example 17 in Exeter and 17 in Tiverton. Current capacity allows Plymouth to cover other areas for telephone calls when needed but this would be picked up by other treatment centres as and when needed with the reduced capacity. The approximate proportionality of the various activities comprising these interactions across Devon is telephone triage consultations representing 70% of activity (these are managed across the area rather than necessarily by the closest treatment centre), 18% of activity is treatment centre consultations and 12% is home visits.

b. Having two GPs available until 2am each morning (with 11pm to 1am being the busiest time overnight) then one GP between 2am and 8am is deemed to provide sufficient capacity, whilst still allowing cost savings to be made and ensuring GP resource is used effectively.

c. Associated risks and mitigating actions have been identified as follows:

Risk	Likelihood	Impact	Action to mitigate
Incumbent overnight GPs may choose to stop working shifts. More than 50% would need to do so to have any impact	2 - Unlikely	3 - Medium	List of overnight GPs prepared to work in Plymouth from out of area will be prepared to ensure robustness of rota.
Patients could take longer to be triaged/seen/visited	1 – Very Unlikely	4- High	Data shows overnight patients are consistently dealt with in advance of NQRs. Removal of one GP will have minimal impact and triage is carried out remotely across Devon overnight already.
Patient demand at start of overnight shift and end of shift at weekends has a "peak". This uneven distribution of workload could be difficult for one GP.	4 - Likely	2 – Low	Mitigated by having two GPs working between 11pm and 2am.
Upon implementation, unexpected issues could arise which deem changes unsafe	1 – Very Unlikely	5 – V High	We have the ability to reinstate the second overnight GP on certain days (weekends) or across the board if required. This could be up and running within 24 hours.

Source: Devon Doctors

CCG assessment of safety and quality of service

10. The CCG's patient safety and quality team assessed this proposal across the criteria of safety, effectiveness, patient experience and other impacts. The detail of this assessment is included in Appendix 1.

11. Having completed this assessment, the CCG's patient safety and quality team are supportive of the proposed change. Both the patient safety and quality team and Devon Doctors have given assurance that they will follow their agreed plan of sharing data post implementation to provide added assurance that the change proceeds as expected. This does not imply concern but, rather, an appropriate level of scrutiny in order to ensure the service is high quality, safe and accessible at all times as takes place routinely to assure services provided through the contract as a whole.

Other aspects of the Devon Doctors contract

12. CCG commissioners are also working with Devon Doctors to bring about other service changes, to ensure service resilience to demand in times of seasonal pressure outside of the western locality geography.

Requests of the Western Locality Board

13. The Board is asked to note and be assured by the rationale for the change for the out of hours primary medical service to be clinically supported by 7 rather than 8 GPs between 2am and 8am overnight with this change being realised within the Plymouth treatment centre, bringing the number of GPs working at this time in Plymouth to one rather than two. The contract and performance will continue to monitored in the usual way by Devon Doctors and NEW Devon CCG, weekly monitoring by Devon Doctors and a formal review of the overnight changes will be held between Devon Doctors and NEW Devon CCG in September 2014.

Appendix 1

CCG assessment of safety and quality of service

Safety – *no impact on risk* – “Anticipate no harm to patients or any substantial adverse effects on any service users or potential service users”;

Effectiveness – *no impact on risk* – “Proposed new GP staffing levels still more than adequately covers flow of patient demand in Plymouth and across Devon. Any patient requiring out of hours GP care overnight in the Plymouth area will still be able to access it and will continue to be dealt with well in advance of the National Quality Requirements.”;

Experience – *negligible negative risk* – “Responsiveness could be affected to a certain extent. There is a chance that patients could wait for longer periods for telephone triage, Treatment Centre consultation or home visit than they do currently. However, they will still be dealt with well within National Quality requirements. Actions will be taken to mitigate this impact including a change of current overnight geographical "patch" covered by Plymouth. Totnes will take some of the traffic currently covered by Plymouth and other patches will be changed accordingly to better match patient demand with resource. We continue to use Devon wide triage overnight to cover any treatment centres where GP is out on a visit. Also, evening GPs will now work past current finish time of 2300 onto 0100 [now 0200] as this is where the "peak" of overnight patient flow is. At weekends, morning GP will start at 0700 rather than 0800 for effective handover with overnight GP”; and

Other impacts – *none identified, no impact on risk* – “There will be no impact on other services. Indeed, recent agreement between Plymouth ED and OOH mean referrals between services have been strengthened. Some (non clinical) staff will see their hours reallocated into other gaps in the rota. There may be an opportunity for some voluntary redundancy but this is not anticipated at this time. Clinicians are self-employed and will be offered other vacant shifts on a voluntary basis. Patients should see no impact on service whatsoever and opening times of the treatment centre are unaffected so no press activity is planned. Management will review changes weekly for first month and complete a formal review after three months. The findings will be shared with commissioners.”

CARING PLYMOUTH - CARERS STRATEGY AND ACTION PLAN

7 August 2014

Author: Katy Shorten

Job Title: Strategic Commissioning Manager

Department: Cooperative Commissioning & Adult Social Care

Date: 7 August 2014

CARERS IN PLYMOUTH

Based on the national census 2011 there are 27,247 carers living in Plymouth and this will fluctuate each year with people who are new to caring and those whose caring role ends.

- There are 27,247 carers in Plymouth from a total population of people aged 16 plus of 211,502
- 13% of the total population aged 16 and over are carer in Plymouth
- 57% provide between 1 and 19 hours of care a week
- 15% provide between 20 and 49 hours of care a week
- 28% provide more than 50 hours of care a week.

Young Carers in Plymouth

The approximate total number of children and young people aged 18 years and younger in Plymouth is 56,155.

Using the national estimate that 1.5% of young people are carers, the profile for Plymouth suggests there are at least 840 children and young people with caring responsibilities in the city.

There are approximately 200 young carers under the age of 18 known to Plymouth City Council (PCC)

REFRESH OF PLYMOUTH'S JOINT CARERS STRATEGY

There has been a joint Plymouth City Council and Health Carers Strategy since 2006 and this was due to be refreshed in 2013.

The Plymouth Carers Strategy is based on the outcomes in the National Carers Strategy.

The National Carers Strategy, 'Carers at the Heart of 21st Century Families and Communities' (2008) sets out the vision that carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen. The objectives of the strategy are that by 2018 every carer should be:

1. Recognised and supported as an expert care partner
2. Enjoying a life outside caring
3. Not financially disadvantaged
4. Mentally and physically well; treated with dignity
5. Children will be thriving, protected from inappropriate caring roles.

CONSULTATION PROCESS

In 2013 a sub working group was devised from the membership of the Carers Strategic Partnership Board (CSPB) to look at the refresh and development of Plymouth Carers' Strategy 2014 -18. A workshop was held to look at the Strategy in depth and all members of the CSPB were invited.

The purpose of the workshop was to:

- Look at key achievements since the Carers Strategy 2010/13 was published
- Map the current services being provided for carers and how well these services are being delivered
- Identify any gaps in services for carers

- Identify the top priorities for carers for the next five years
- Confirm the next steps for the Strategy refresh

A number of priority areas were identified including: emergency planning and support, education, transitions for young carers into adult services, carers' involvement in decision making, advocacy services, whole family support, community and peer support, money and benefits advice and health and wellbeing.

A young carers workshop was also held and they identified the following priorities: more social life with more breaks, more regular sessions at the Youth Club, a permanent social worker, reassurance about what will happen when they 'move out', leaflets in schools about who to contact and being recognised as a young carer and getting discounts, for example, at swimming.

All of these priorities identified in the two workshops were incorporated into the draft refreshed Strategy.

Further consultation was then undertaken on the draft refreshed Strategy as follows:

- It was placed on the City Council portal for 12 weeks public consultation which ended in January 2014 and received 19 responses. These responses were: access to employment and training, improved domiciliary care, more support for young carers in schools, more training for carers, carers health checks and financial support and advice
- It was also sent out to all our social care and health partners and to Black and Minority Ethnic Groups via the Social Inclusion Unit.
- Hard copies of the strategy were placed at the Carers Hub Plymouth and sent out to young carers groups and organisations through the Youth Service.
- Details on how to comment were announced in a press release and on the City Council website.
- A consultation questionnaire was widely distributed at Carers Rights Day in December 2013. The responses from carers at this event were consistently about the need for financial advice and support
- PCC Portfolio Holders were consulted

The responses from all of the above consultation were collated and the draft 2014 – 18 Strategy was produced, which was then circulated for comment to the Young Carers Steering Group and the Carers Strategic Partnership Board.

Many of the Carers Strategic Partnership Board members sent in detailed comments on the draft Strategy and a final strategy has been produced following all of this consultation.

CARERS STRATEGIC PARTNERSHIP BOARD

The Plymouth Carers Strategic Partnership Board (CSPB) exists to monitor the progress of the Carers' Strategy, to agree and implement the Strategy Action Plan and to engage with carers and carer organisations in the strategic planning of carer services across Plymouth.

The CSPB membership is made up of representatives from Plymouth City Council, NEW Devon Clinical Commissioning Group, Plymouth Hospitals Trust (PHNT), Carers' Services, Voluntary Sector organisations that support carers and carers groups and organisations.

STRATEGY AND ACTION PLAN PROGRESS

A Carers Action Plan has been developed alongside the Strategy to ensure that the Carers Strategic Partnership Board can monitor the implementation of the Strategy. This action plan has been developed in partnership with key stakeholders and informed by the above consultation.

The Action Plan is based on the six outcome areas of the Strategy. The following highlights those actions where we have made progress since April 2014:

Outcome 1: Carers Are Recognised and Supported as an Expert Care Partner

- Carers to be consulted about the implementation of the Care Act 2014 – the CSPB carer representatives are being involved in the implementation of this legislation through updates and discussion at CSPB Board
- A review of advocacy services to include carer representatives – carers organisations views were taken into account
- For Health and Social Care professionals to keep carers, including young carers, informed relating to the care of the person they care for – Plymouth Community Healthcare are implementing the Triangle of Care across their services starting at Glenbourne; PHNT are recruiting Carers Champions on wards at Derriford Hospital

Outcome 2: Carers are mentally and physically well and treated with dignity

- A new Emergency Response Service for carers has been commissioned
- Carers health and wellbeing checks are implemented in GP surgeries – this has been rolled out to 13 practices so far with a target of 30% by September

Outcome 3 - Carers are not Financially Disadvantaged

- Provide specific advice for parent carers around accessing appropriate childcare and flexible working in line with the Equality Act – a review has been completed of the number of parent carers accessing the Family Information Service and this will be used to inform future proposals
- To promote the carers card and sign up more businesses to support the card – businesses are signing up and there are currently 14 out of a target of 15

Outcome 4 - Enjoying a Life Outside of Caring

- Comprehensive Carers Week delivered – the week was a success with most activities being fully subscribed
- Develop more group sessions as required – two new groups have been set up including a male carers group and a walking group for carers of people with dementia

Outcome 5 - Children Thriving, Protected from inappropriate caring roles

- Continue to develop the adult workforce in the city to ensure that professionals understand the impact inappropriate caring has on children and the need to take action to reduce this – a report by Barnados will be published in September and will inform future planning
- Develop knowledge about hidden harm to understand the impact of mental health and substance misuse on young carers and use this to develop services to meet need – a review of the needs of these young carers has been carried out and is being used to inform commissioning plans

Outcome 6 - Identify hidden carers

- Communication Plan for the CSPB – this will be updated at each CSPB meeting

The Draft Carers Strategy and Action Plan can be found on the following website:

http://www.plymouth.gov.uk/homepage/socialcareandhealth/adultsocialcare/carersupport/carersstrategicpartnershipboard.htm

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NHS

Northern, Eastern and Western Devon
Clinical Commissioning Group

PLYMOUTH
CITY COUNCIL

PLYMOUTH CARERS STRATEGY 2014-18

WHO IS A CARER?

A carer is an individual, an adult or a child, who provides unpaid help and support on a regular basis to a partner, family member, friend or relative. They may provide practical help, care, physical or emotional support to a person who is vulnerable for a wide variety of reasons, whether through age, physical or mental illness, disability or other issues such as substance misuse. Carers are a diverse group and have a range of caring situations, some develop slowly over time e.g. with older age, others suddenly and unexpectedly or from the birth of a child with a disability or a dramatic change in family circumstances.

Some people choose to become a carer, but others find themselves in this situation as a result of circumstances and without feeling that they have had this choice to make. This can occur at any age and taking on the responsibilities of caring can have a major effect on an individual's life, often leading to isolation and exhaustion.

For adult carers it can also impact on their ability to work, for parent carers this can be a dramatic effect on a family's lifestyle, and for young carers it can hold back their educational progress, lead to high levels of anxiety and limit their social life.

Young carers are the children and young people who take on the responsibility of caring for a family member, a parent or sibling.

The commitment of young carers to their families means that their needs as children often come second. They may find it hard to socialise with their peers or to find people who understand their worries, concerns and the practical difficulties of their daily life. It is important to recognise the needs of young carers and their right to be children as well as carers.

WHY DO WE NEED A STRATEGY?

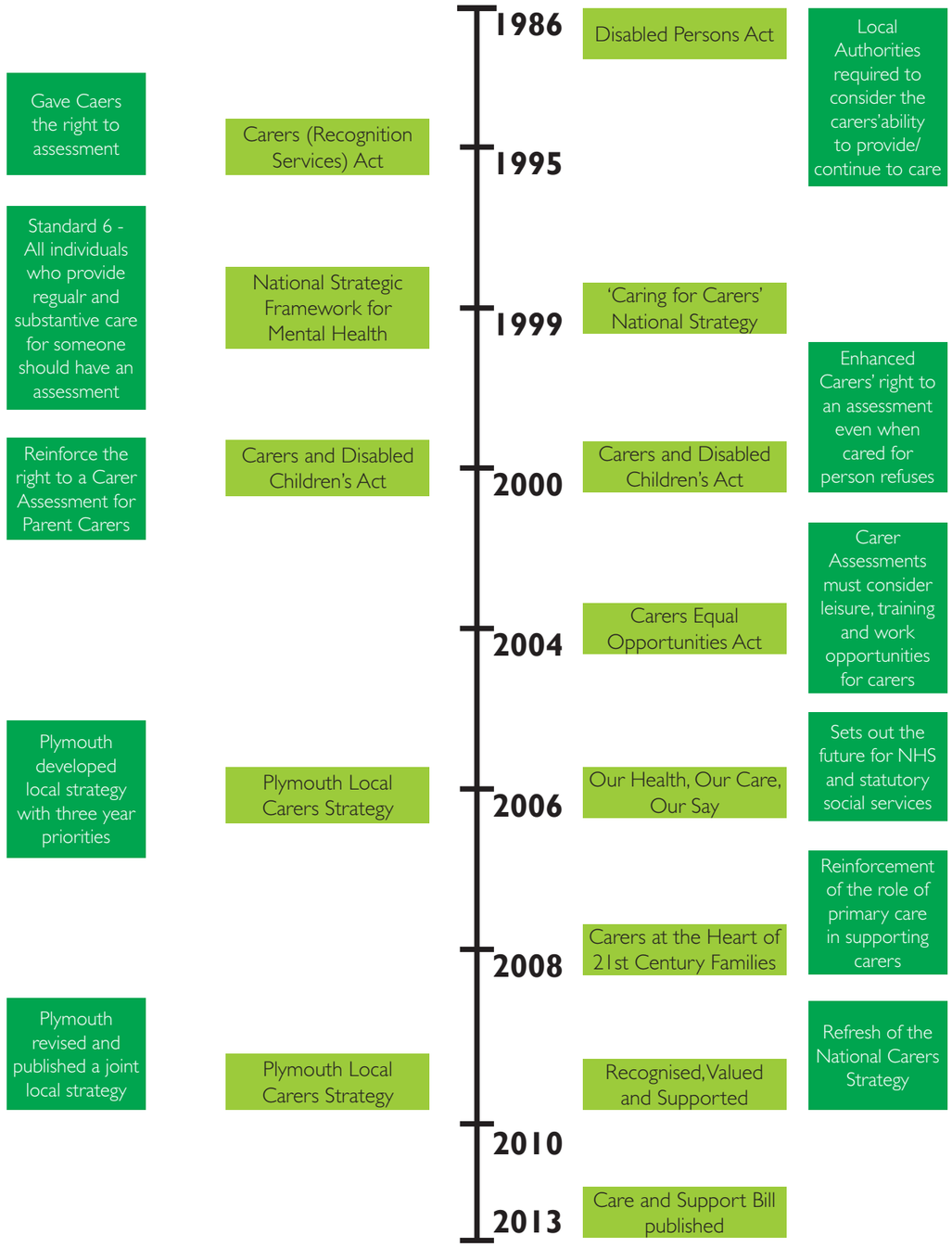
There are over 6 million carers in England and Wales and 27,247 in Plymouth who identify themselves as unpaid carers. This has increased by 13% between 2001 and 2011. This includes 11,623 stating that they provide more than 20 hours of caring per week for someone. They are referred to as 'the forgotten army' of the health and social care system.

- The value of carer support is estimated £119 billion per year which is £22.2 billion per year more than the annual cost of the NHS
- 58 per cent of carers are women and 42 per cent are men (Carers UK 2012)
- According to an NHS Information Centre survey 40 per cent care for their parents or parents-in-law, 26 per cent care for their spouse or partner. People caring for disabled children account for 8 per cent of carers, with an additional 5% of carers looking after adult children, 4 per cent care for their grandparents and 7 per cent care for another relative. Whilst the majority care for relatives, 9 per cent care for a friend or neighbour (Carers UK 2012)
- 58 per cent of carers look after someone with a physical disability; 13 per cent care for someone with a mental health problem; 20 per cent for someone with a sensory impairment and 10% for someone with dementia.

In recent years a considerable amount of work has been done to find ways to develop support for carers. The Carers Strategic Partnership Board is continuing to take the carers agenda forward within the city. However, it will not be able to deliver the various services that carers require without each service within the statutory and voluntary sector determining its own direction and role with regards to carers and working in partnership with the other services throughout the city to provide a seamless and coherent support system. Without a clear and agreed strategy for carers this will be impossible to achieve.

The timeline below shows the developments in supporting carers nationally and locally over the last 27 years.

CARERS LEGISLATION AND TIMELINE OF SUPPORT TO CARERS



Care Act 2014

The Care and Support Bill, which became law in 2014 creates a single piece of legislation for adult care and support, replacing more than a dozen different pieces of legislation. It provides the legal framework for putting into action some of the main principles of the White Paper, 'Caring for our future: reforming care and support', and also includes some health measures. Here are some of the key implications of the Care Act for carers:

- To ensure their duty is upheld local organisations will need to inform local authorities about the number of carers, the level and nature of demand for services and how local organisations can meet needs.
- For carers' support services that provide a range of universal and preventative services, particularly as supporting carers is in itself preventative, the duty is potentially a key lever for investment and development of carers' support services and the law could refer specifically to supporting carers. It will be important that local organisations can demonstrate preventative interventions and outcomes in relation to reducing or preventing levels of need; numbers of carers and unmet need.
- A welcomed step to give carers the same rights to a social care assessment as the people they care for and carers should be fully involved in the assessment process.
- A whole family approach in assessing needs is welcomed and should have particular implications for young carers.
- A development to standardise eligibility and address inequalities in accessing support.

NATIONAL CARERS STRATEGY

The National Carers Strategy, Carers at the Heart of 21st Century Families and Communities (2008) sets out the vision that carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen. The objectives of the strategy are that by 2018 every carer should be:

1 Recognised and supported as an expert care partner
2 Enjoying a life outside caring
3 Not financially disadvantaged
4 Mentally and physically well; treated with dignity
5 Children will be thriving, protected from inappropriate caring roles.

In the refresh of the National Carers Strategy (Recognised, Valued and Supported: Next Steps for the Carers' Strategy, 2010) four priority areas were identified for action over the next four years. These priorities relate back to the outcomes that the Government is seeking to achieve:

- **Priority 1** - 'Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages' - relates most closely to the first outcome.
- **Priority 2** - 'Enabling those with caring responsibilities to fulfil their educational and employment potential' - relates most closely to the third and fifth outcomes.
- **Priority 3** - 'Personalised support both for carers and those they support, enabling them to have a family and community life' - relates most closely to the second outcome.
- **Priority 4** - 'Supporting carers to remain mentally and physically well' - relates directly to the fourth outcome.

CARERS HUB

The Carers Hub for adult carers is a model of comprehensive carers' support, developed by the Carers Trust with assistance from the Association of Directors of Adult Social Care Services (ADASS) and with funding from the Department of Health. The Hub diagram has the five outcomes of the refreshed National Carers Strategy at its centre and includes a complete range of support interventions needed in order to deliver the outcomes.

For the purposes of this Strategy we have used the Carers' Hub model as a basis for auditing services currently in place and how well these are provided and then to identify any gaps in services for carers.

Under each of the five outcome headings, this strategy highlights the progress made since the publication of the Plymouth's Carers' Strategy 2010-13 and proposes priorities for future development.

We have added a sixth outcome to our Strategy which is 'to identify hidden carers' as we think this should be an activity in its own right with specific targets

CARERS IN PLYMOUTH

Based on the national census 2011 there are 27,247 carers living in Plymouth and this will fluctuate each year with people who are new to caring and those whose caring role ends.

The table below demonstrates the number of carers aged 16 plus who have identified themselves as a carer in the 2011 census in comparison to the census 2001 data.

	Census 2001	Census 2011	% increase
Total number of Carers	24,058	27,247	13%
Providing 1hr to 19hrs a week	15,088	15,624	4%
Providing 20 to 49hrs a week	3,018	4,057	34%
Providing 50 + hrs a week	5,952	7,566	27%

- There are 27,247 carers in Plymouth from a total population of people aged 16 plus of 211,502
- 13% of the total population aged 16 and over are carers in Plymouth
- 57% provide between 1 and 19 hours of care a week
- 15% provide between 20 and 49 hours of care a week
- 28% provide more than 50 hours of care a week.
- 28% provide more than 50 hours of care a week.

Young Carers in Plymouth

The approximate total number of children and young people aged 18 years and younger in Plymouth is 56,155.

Using the national estimate that 1.5 per cent of young people are carers, the profile for Plymouth suggests there are at least 840 children and young people with caring responsibilities in the city.

There are approximately 200 young carers under the age of 18 known to Plymouth City Council

Age Range	Numbers	% of Young Carers	Estimate at 1.5% of population
0-10 yrs old	30,098	54%	451
11-16 yrs old	18,862	34%	283
17-18 yrs old	7,195	12%	108
Total	**56,155**		**842**

SERVICES FOR CARERS

Note: Commissioned Universal Services include drop-in and support groups, emotional support, money and benefits advice, newsletter, counselling, Carers Training Programme, planning for the future, registration of carers to the Carers Emergency Response Service, Dementia Advice and Information and Buddying Service

Percentage of spend from Carers' Budget to provide services for carers throughout 2011/12

55% Commissioned Universal Services

43% Direct Payments

1% Carers Card

1% Carers Emergency Response Activity

Percentage of carers who have been supported through these services throughout 2011/12

63% Commissioned Universal Services

6% Direct Payments

30% Carers Card

1% Carers Emergency Response Activity

CONSULTATION AND INVOLVEMENT LISTENING TO CARERS

National Carers' Strategy

The government consulted widely during 2007 to develop the 2008 strategy 'Carers at the Heart of 21st Century Families and Communities'. This was to make sure that carers had a say in how the national priorities were shaped. Carers prioritised the following issues as important to them:

- Practical and emotional help
- Increasing awareness of carers' issues and the role they play
- Greater financial support
- Greater support for younger carers and former carers
- The need to address housing issues for themselves and the people they care for
- Better information and advice
- Increasing respite or short breaks
- o be understood and respected

Refreshed National Carers' Strategy

During the summer of 2010, the Department of Health sought views on what the priorities over the next four-year period should be for carers. Over 750 responses were received, representing the views of over 4,000 carers. The key themes which were raised were:

- Support from schools and further education
- Emotional support/therapies
- Health checks
- Training for professionals
- Listened to by social care
- Listened to by clinicians
- Flexible working
- Benefits
- Breaks from caring
- Replacement care
- Carer Training
- Information and advice
- Services following assessment
- Carer assessments
- Early identification.

Local involvement in the development the strategy for Plymouth

In the development of 2010-13 strategy, there were five consultation meetings with local carers, covering a broad spectrum of caring responsibilities from carers of people with dementia, parents of young people with learning and physical disabilities to young carers caring for their parents.

These meetings were held with:

- Three carers' support groups at Carers UK
- A carers' support group at Carers Champions
- A carers' support group at a local learning and physical disability day centre
- Young carers attending their weekly youth club

In addition over 20 meetings were held with staff, from both statutory and non statutory agencies, providing valuable information and feedback on local services which has fed into the strategy.

At the beginning of 2013 a sub working group was devised from the membership of the Carers Strategic Partnership Board to look at the refresh and development of Plymouth Carers' Strategy 2014-18. On completion of the strategy a public online consultation will also take place providing carers and the public with a further opportunity to comment and suggest changes to this strategy.

Carer involvement in monitoring the delivery of the local Carers' Strategy and development of Carer Support Services

One of the recommendations arising from the local 2010 strategy was for the need to review the framework for carers giving and receiving feedback. As a result Plymouth City Council has reviewed the membership of the Carers Strategic Partnership Board (CSPB) and has established engagement with various carer groups who represent carers at quarterly CSPB meetings to monitor the action plan from the Carers' Strategy and influence service design at a strategic level. Carer representation includes:

- Carers Ambassador Group
- Plymouth Carers Forum
- Your Child Your Voice
- Carer who is member of Learning Disability Partnership Board.

During 2011, to inform commissioning decisions and the model of carer support services Plymouth City Council wanted to hear from carers in Plymouth about the kinds of advice, information and support they receive and need in their caring role. Therefore we consulted with Carers in number of ways:

- Carers Day 17 June 2011 - Workshop and Questionnaires
- Carers News and Views Summer Issue 2011 – Questionnaire
- Carers who have recently received an Assessment/ Review – Questionnaire.

The results helped identify gaps in service provision for carers and enabled us to develop the current model of support now available for carers in Plymouth.

Carers were also further invited during 2012 to have their input into the service specification of the Enhanced Carer Support Service which launched in December 2012 and offers carers the following in one service:

- Counselling
- Emotional support
- Carers support fund
- Practical training programme
- Buddying Service
- Planning for the future
- Raising the awareness of carers
- Regular newsletter for carers.

OUTCOME 1

RECOGNISED AND SUPPORTED AS AN EXPERT CARE PARTNER

We need to make sure that carers feel valued and respected. Health and social care professionals and employers should be aware of the role of carers in society.

Local authorities have a duty to respond to a request from a carer for an assessment. In other words they must assess the carer if they provide or intend to provide regular and substantial care for someone for whom the local authority may provide community care services.

Plymouth City Council's offer to carers operates on two levels:

Level 1 for all carers

Universal services: these are a wide range of services funded by the Council that people can access themselves. These services include: advice and information, case work, carer support fund, counselling, , support groups, money and benefit advice, assisting hospital discharge, carers' participation groups and befriending.

Level 2 for carers of people eligiblefor funding from the council

Level 1 plus:

A proportion of the personal budget and support plan of the cared for will focus on things that will enable the carer to continue in his/her caring role. The amount will vary from person to person depending on each individual situation.

During this discussion the carer and professional will:

- Explore whether the carer wants to continue in their role.
- Find out what help the carer needs to support them to carry on, this may include for example providing respite care for the cared for person, extra support in the home or equipment.
- Signposting to the Carers Hub Plymouth service for advice and information and to access the Carers Support Fund to enable the carer to take a short break from their caring role.
- Referral to the Carers Emergency Response Service to develop a plan that will cover an emergency situation.
- Barnardos is funded by Plymouth City Council to provide the Young Carers project which:
  - Provides intensive support to help the family to progress so that a child's caring responsibilities can be reduced.
  - Support young carers to use local services such as sports clubs, support groups, and health centres.
  - Provide advice and emotional support through counselling and drop-in sessions
  - Liaise with schools so that teachers can better support their students.

- Provide opportunities for young carers to take a break from their caring responsibilities, spend time with other young carers and share experiences.
- Provide opportunities for young carers to learn more about their parent's illness or disability.
- Act as lead professional or to support a CAF to ensure that the right levels of support are in place.

We are continuing the role of raising public awareness of carers and the role they play by provide funding to support the community and voluntary sector involvement in Carers Week, Carers Rights Day and throughout the year.

The recently commissioned enhanced carer support service, Carers Hub Plymouth Service is available to all carers over the age of 18 including parents who care for disabled children. The service delivers specialised advice and information to carers and is required to continue to provide carer awareness training for professionals as part of their contract.

Information

It is essential that information and advice is accessible, up to date, consistent and free from jargon. Through consultation carers have identified some of the barriers they face in accessing information to help them navigate through services:

- Advice and information services were confusing, fragmented and difficult to navigate. An integrated service was therefore commissioned so that carers could access advice and information.
- They may not recognise themselves as carers so information about what is available needs to be clear. Information needs to be presented in a way which appeals to all age groups, for example making creative use of social media to provide information to young carers.
- They may have disabilities including learning disabilities or may not speak English as their first language and therefore information needs to be available in various formats.

Carers shaping policy and services

Carers should be key partners in deciding what support and services are delivered locally. Strategies and plans need to be based on what carers say is important to them.

Plymouth City Council funded a training programme for carers to develop skills needed to attend and engage in meetings and planning services.

The Health and Social Care Act introduces significant change to the planning, commissioning and delivery of health and well-being services. Central to the reforms is the premise that the public must be at the heart of everything our health and care services do. The key to achieving this principle is the introduction of HealthWatch both at a national and local level.

Local HealthWatch will build on the work of LINks (Local Involvement Networks), with the aim to give the public a stronger voice to influence, inform and challenge how health and social care services are provided within their locality.

HealthWatch Plymouth is the independent consumer champion for health and adult social care for people living in the city of Plymouth and those accessing health services based within Plymouth.

Its work will be driven by local intelligence including evidence from people's views and experiences to influence the policy, planning, commissioning and delivery of publicly funded health and adult social care.

Housing Support

There are over 20,000 homes rented from registered social landlords in Plymouth, ranging from specialist accommodation such as sheltered housing for older people, specially adapted homes for people with disabilities or family homes.

All available homes are advertised as part of the Devon wide scheme on the Devon Home Choice website. You can look at homes available for letting without registration on the site. If, however, you want to bid for a property you do need to be registered on the site.

Plymouth City Council offer support with weekly bidding and information relating to Devon Home Choice at Civic Centre.

Caring and Support Training

Being a carer is a skilled task, particularly where the illness or disability is complex and eventually the carer becomes the expert. Support and guidance at the early stages of becoming a carer, or as the role becomes more demanding as things change, could be valuable.

Advocacy

There may be times when carers need help in representing their wishes and advocacy can support carers to represent their interests and help them to obtain the support they need. An advocate can represent a carer and make sure the correct procedures are followed. Plymouth City Council commission advocacy services and carers are able to access these services as and when a situation arises where they need support.

Changes and transitions

Changes and transitions is about ensuring that carers have support throughout the caring journey and especially at times of change and transition such as different life stages and when they wish to or need to stop caring. Every experience of caring is unique - with a beginning, a middle and an end - and each carer may want or need support at different points along the way.

This could be through support during the transition into caring, support when the person who receives care goes through a transition, such as becoming an adult, support for young carers transitioning into adulthood, future planning for older carers and support after bereavement and the end of the caring role.

What do we do now?

- Barnardos is funded by Plymouth City Council to provide the Young Carers project which:
  - Provides intensive support to help the family to progress so that a child's caring responsibilities can be reduced
  - Support young carers to use local services such as sports clubs, support groups, and health centres
  - Provide advice and emotional support through counselling and drop-in sessions
  - Liaise with schools so that teachers can better support their students
  - Provide opportunities for young carers to take a break from their caring responsibilities, spend time with other young carers and share experiences
  - Provide opportunities for young carers to learn more about their parent's illness or disability.
  - Act as lead professional or to support a CAF to ensure that the right levels of support are in place.
- Carers Hub Plymouth will:
  - continue to provide a quarterly information newsletter for carers which is sent to all carers registered to the service
  - Supports carers to access a range of services to enable them to carry out their caring role
  - Provides advice and information to carers
  - Provides training to carers to help them in their caring role
  - Provides training to professionals to help them understand the role of the carer.
- Efford Youth Service provide support to young carers including activities.
- Advice Plymouth is a universal Advice and Information Service which launched in October 2012 and available for all adults aged 18 and over including carers to access information and advice relating to health and social care and money and benefits advice.
- Plymouth Online Directory launched in 2011 is a website which offers a directory of health and social care support services available to adults living in Plymouth. There is a specific 'carers' link on the website which carers can access and provides the most relevant and available services to support carers in Plymouth. More recently in 2013 the website has also launched a Children's and Families page.
- Plymouth Libraries provide information and support on a range of health and social care issues and services, including:
  - Health books in all libraries
  - Staff trained to help you find good quality health information
  - New Healthzone in the Central Library
  - Plymouth Online Directory of local groups and organisations
  - Health calendar of events in libraries
  - Collections of mood busting books
  - Collections providing information and support for carers in Plymouth
  - Book Prescription Scheme
  - Free computer use, including beginners IT sessions
  - Meeting rooms in libraries available for hire
  - Get into reading community reading groups
  - Friendship groups
  - Home Library Service for those unable to visit the library
  - Monthly Memory Corners hosted by the library service and Alzheimer's Society.
- The Plymouth Parent Partnership website provides information and links to services to help parents and/or carers and is linked to the Plymouth Online Directory of organisations.
- The Common Assessment Framework (CAF) process enables practitioners from all agencies and disciplines to work together and part of their role is to assess and meet the need of young carers who require multi agency support. The CAF team work to support practitioners to gain confidence in working with marginalised groups such as young carers.
- Jobcentre Plus offers a whole range of employment support and advice for carers. This includes working through partnerships with other organisations including the community and voluntary sector and the Department of Work and Pensions working with specialist benefits advisors to support carers in claiming the benefits they are eligible for, challenge incorrect decisions and ensure that the cared for persons benefits are in place.
- The Carers Strategic Partnership Board membership has been reviewed and we have developed an effective framework for giving and receiving carer feedback through carer engagement at Carers Strategic Partnership Board Meetings which supports the delivery of the Carers' Strategy and shaping of services and polices.

- The Carers Map of Medicine is an electronic tool which was developed in 2012 for GP's when they identify a carer to be able to directly refer in to support services for carers available in Plymouth including Carers Emergency Response Service, Carers Hub Plymouth and Young Carers Service
- Adult Social Care and Children and Young People Services are continuing to work with parents whose child is about go through transition from Children's to Adult services by working with parents before the child reaches 18.
- Use mechanisms such as POD to ensure front line customer service staff are able to support people with advice and information they need regardless of which form of communication they use e.g. telephone, in person, email

What we aim to do in addition to the above

- Continue to recognise all carers as experts and take their views and expertise into account when planning services
- For health and social care professionals to keep carers, including young carers, informed relating to the care of the person they care for

OUTCOME 2

MENTALLY AND PHYSICALLY WELL AND TREATED WITH DIGNITY

Carers have told us that it is easy to feel cut off from the community and that the caring role can cause anxiety and stress. Through the community and voluntary sector there are various groups and support networks to alleviate this sense of isolation.

Peer and community support

The community and voluntary sector provide a significant number of support groups for carers across the city which includes those run by:

- Carers Hub Plymouth
- Stroke Association
- Barnardos
- Plymouth Youth Club
- Alzheimer's Society
- National Autistic Society
- Your Child Your Voice

Need for counselling

Carers Hub Plymouth provides counselling and emotional support specifically for carers.. Further one to one support and support groups can also be accessed by carers.

Counselling is also available in some schools for young carers but this is not a consistent approach across all schools.

Health and wellbeing

Ensuring that carers are able to access and shape services that support them to stay mentally and physically well is vital through health checks and well-being services, liaising with GP surgeries to ensure that they understand the role of carers and their needs and providing a holistic approach to promoting well-being and reducing stress and exhaustion.

Emergency planning and support

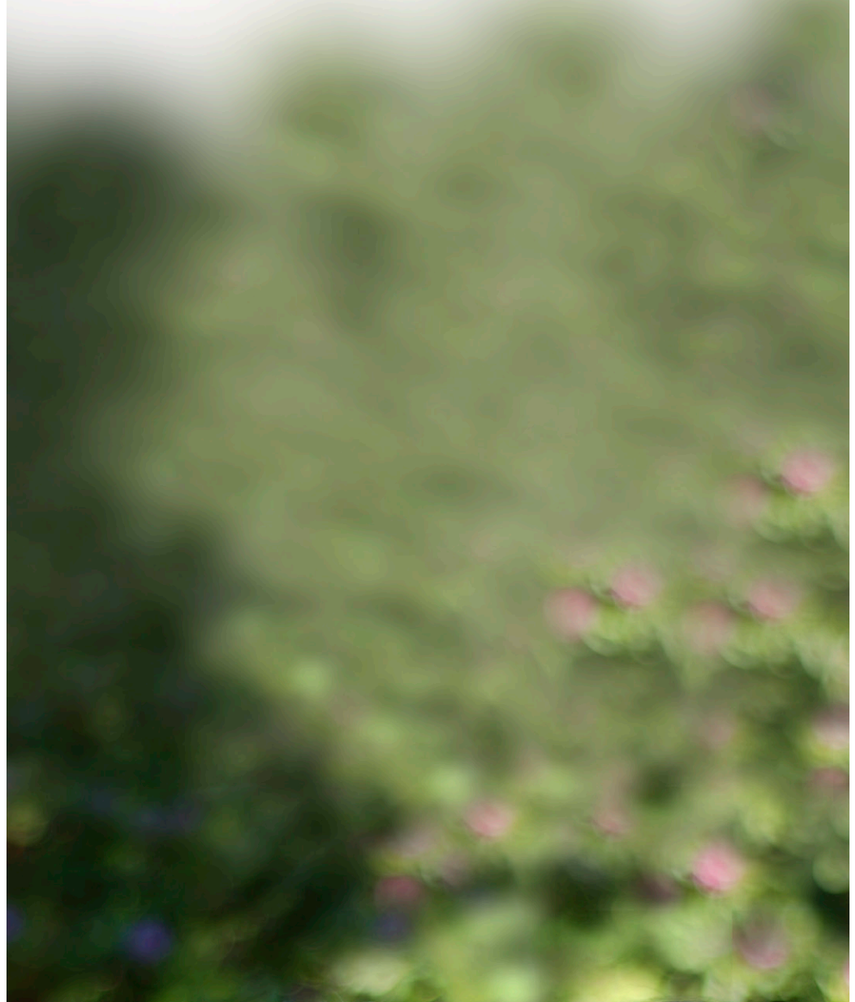
By supporting carers to have plans in place to help them prevent or cope with a crisis, and that support is available should such an emergency arise gives carers peace of mind and ultimately can support them to stay mentally well.

What do we do now?

- Carers Hub Plymouth offers free counselling and emotional support and provide a number of drop in support groups for carers aged 18 plus which funded through Health and Plymouth City Council.
- Improve the physical and mental health and wellbeing of children and young people through a commissioned service to support the most vulnerable young carers.
- Carers can be referred to counselling directly by their GP through the GP Map of Medicine.
- Simply Counselling are also funded to provide counselling for stroke survivors and their carers.
- The Youth Service provide a weekly youth club for primary and secondary age young carers to enable them to meet other young carers and receive advice from keyworkers.
- Young carers have the opportunity to receive additional support to improve their health outcomes via a small grants scheme which currently provides funding to a range of provision including support in school, therapeutic support and outdoor activities.
- Relate are commissioned to provide therapeutic support for targeted secondary age pupils, including young carers.
- Carers Emergency Response Service provides carers with the opportunity to set up a contingency plan of care should an emergency arise and they are unable to provide the care they normally do for the person they care for.
- Tailor existing drop in groups provided by Carers Hub Plymouth around the needs of carers for example carers caring for someone with autism.

What we aim to do in addition to the above

- Increase the awareness of emergency planning initiatives
- Develop knowledge of the impact on adult carers caring for someone with hidden harm issues – mental health and substance misuse – and ensure services are able to provide support.
- Develop knowledge about the impact of carers having mental health and substance misuse isssues about hidden harm to understand the impact of mental health and substance misuse on carers and use this to develop services to meet need.
- Expert Patient Programme - to review if the Plymouth programme should include carers.
- Keep carers well by implementing Carers Health and Wellbeing Checks.



OUTCOME 3

NOT FINANCIALLY DISADVANTAGED

Ensuring that carers are not financially disadvantaged means putting services in place to help carers access and sustain employment and to keep them well informed about benefits and financial choices.

Money and Benefit Advice

This intervention is about ensuring that carers have access to advice, information and support on issues such as benefits and other financial matters which could help them avoid being financially disadvantaged as a result of their caring role. This could be through debt counselling, help with managing their finances or support with benefits applications and appeals.

Work and Training

The 2001 Census reported that there approximately 6 million carers in the UK and 80% or 4.4 million are of working age. 1 in 5 carers have left or turned down a job due to caring responsibilities. Analysis of the 2001 Census shows a strong correlation between caring and being in a workless household.

Specific analysis of data from 2011 Census relating to employment has not yet been released.

Studies have provided evidence that there are a significant proportion of carers who would like to work but the opportunities available to them are restricted or they are unable to finance replacement care whilst they take the necessary steps back into employment.

As a result of the National Carers' Strategy Jobcentre Plus has a key commitment to improve the help and advice available to carers wishing to enter or re-enter the labour market.

Carers are often out of the labour market for long periods of time and many will need support to overcome the challenges they face combining their caring role and returning to work. Lack of confidence, self esteem and skills can add to the barriers experienced by carers looking to return to work. With the right support, advice and multi agency approach carers can engage with employment related activities and progress towards or into work.

Jobcentre Plus works with a large number of employers across the county and is able to offer a range of support to employers who recruit from disadvantaged groups.

Carers who access employment support from Jobcentre Plus can do so on a voluntary basis (unless they are on a mandatory support programme due to other circumstances).

To meet commitments to the UK National Carers' Strategy Jobcentre Plus has introduced:

- Care Partnership Managers in every Jobcentre Plus District throughout the UK.
- Specialist training for Jobcentre Plus Advisers who work with carers.
- The introduction of Work Preparation Support for carers to provide carers with access to appropriate training and employment support.
- Replacement care costs to cover attendance at interviews with the jobcentre, training or a work trial.

Brokerage and support planning

Support planning can empower carers and the people they care for to make choices by providing them with independent advice and facilitating the use of personal budgets or direct payments in the best way possible to meet their individual needs.

The council commissions A4e to support people to manage their personal budgets.

What do we do now?

- Offer comprehensive advice and information to all carers, including young carers, to support with housing, maximise income and promote financial inclusion through the Carers Hub and Barnados.
- Job Centre Plus will continue to support carers where this need is identified and continue to work in partnership with Carers Hub Plymouth to raise awareness of carers.
- One of the key functions of the Advice Plymouth Service is to deliver money and benefits advice to adults over the 18 including carers; this may include benefit checks, support with benefit applications and appeals.
- Carers Hub Plymouth offers carers over the age 18 access to the Carer Support Fund. Carers can use monies allocated to them to support them to take a break from caring which may include access to discounted leisure opportunities at the new Plymouth Life Centre
- Job Centre Plus advisers are able to offer and provide 'better off in work' calculations which could be valuable to carers thinking of returning to work.
- Jobcentre Plus support carers who wish to go on a training courses or improve their learning and help to prepare them to return to work through:
  - Skills training, courses, qualifications and funding
  - Work focussed support
  - A work programme
- Careers South West supports young people aged 13 to 19 by providing independent and impartial information, advice, guidance and practical help for those young people who are vulnerable, including young carers and can also help young people up to the age of 25 if they have special educational needs.

What we aim to do in addition to the above

- Ensure carers area able to access financial inclusion and employment advice services.
- Develop and implement a discount scheme for carers through the Carers Hub Plymouth Service.
- Develop a recognition and discount scheme for young carers to support them to access leisure facilities.
- Provide specific advice for parent carers around accessing appropriate child care and flexible working, in line with the Equality Act 2010.

OUTCOME 4

ENJOYING A LIFE OUTSIDE OF CARING

"Carers should have the opportunity and space they need to participate in activities outside of their caring role" (Carers at the heart of 21st century families - 2008).

Personalisation means providing everyone, including carers, with choice and control over services impacting on their lives.

The Carers Equal Opportunities Act (2004) has made it a duty for local authorities to take carers needs into consideration. Carers have told us that they need regular breaks to help them access employment leisure and training opportunities.

Breaks

Breaks or time off from caring are vital for carers. Whether it's an hour every day, a couple of hours a week or a two-week holiday, we all need some time to ourselves, and carers are no exception. Breaks for carers are meant to give them time off from their caring role as well as enable them to do something they want to do for themselves.

Breaks from caring are important because of the potential health consequences of being a long-term carer. Research suggests that carers who provide high levels of care are more than twice as likely to have poor health than people with no caring responsibilities.

Activities

Carers can access breaks through range of activities which are provided by a number of community and voluntary organisations which are funded by the local authority and health including:

- Days out and trips to various locations during Carers Week and throughout the year (some activities may include taking the cared for person as well).
- Youth clubs and organisations provide a range of activities for young carers for example sailing clubs.
- Support groups and drop-ins.
- Information days.

What do we do now?

- When the person the carer is caring for receives an assessment of their needs, the local authority will determine if they are eligible for support from adult social care. All Councils use the eligibility criteria based on Government's guidance called 'Fair Access to Care Services' (FACS). In Plymouth we provide help to anyone whose needs are determined as 'critical' or 'substantial' using FACS criteria. Therefore if the cared for person is eligible for funding from the council a proportion of the personal budget and support plan of the cared for person will focus on things that will enable the carer to continue in his/her caring role and this could include respite care for the cared for person in order to give the carer time away from caring to access a short break, work, training or leisure opportunities
- Carers Hub Plymouth Service offer carers aged 18 and over:
  - Access to the Carer Support Fund to access leisure, educational, training and other various opportunities which will ultimately support carers to take a break from caring
  - Support groups and regular drop ins
- Parent carers are able to access short breaks, before their child reaches 18, following an assessment of need in addition to any support accessed through the Carers Hub Plymouth Service and the Carers Support Fund.
- Young carers are offered activities and breaks through youth clubs and a small grants scheme which enables them to access activities designed to improve their mental and physical health.
- The Alzheimer's Society holds a number of Memory Cafes for both the carer and cared for person.
- The Befriending Service, funded by adult social care, supports people over the age of 50 and their carers through one to one activities and befriending and lunch clubs and various activities.

What we aim to do in addition to the the points (left)

- Continue to ensure that carers are able to spend time doing things they want to do and have social contact.
- Increase the availability of a range of flexible services for the cared for person in order to support the carer to attend training courses and further education.
- Increase short break opportunities for young carers.
- Develop opportunities for young carers to learn new skills.
- Reduce the numbers of young carers who are not in education, employment or training.

OUTCOME 5

CHILDREN THRIVING, PROTECTED FROM INAPPROPRIATE CARING ROLES

Young carers are often extremely isolated and vulnerable. Some take great pride in the caring task, but many don't realise the impact a significant caring role can have on their lives in terms of anxiety, educational achievement and relationships with peers.

Education

Young carers need to have access to education and the consistent support and understanding needed to achieve their goals through supporting them to attend and thrive at school, via mentoring and one-to-one support. Young carers often have additional needs as a result of their caring role which need to be considered and supported.

Emotional and Physical Health

Young carers need to be able to access emotional support during times of high anxiety and beyond, to enable them to have the best possible mental health and emotional wellbeing. Young carers also require support to stay physically well and to be able to take breaks from caring to maintain good health'

Whole family support

Interventions need to consider providing early and appropriate support to the families of young carers to ensure that children and young people are protected from inappropriate caring roles. This can include family mediation, Family Group Conferencing, parenting support, family activities, partnerships between children's services and adult services and whole-family assessments and care planning.

What do we do now?

- Barnardos is funded by Plymouth City Council to provide the Young Carers project which:
  - Provides support to a group of the most vulnerable young carers Provides intensive support to help the family to progress so that a child's caring responsibilities can be reduced.
  - Support young carers to use local services such as sports clubs, support groups, and health centres.
  - Provide advice and emotional support through counselling and drop-in sessions
  - Liaise with schools so that teachers can better support their students.
  - Provide opportunities for young carers to take a break from their caring responsibilities, spend time with other young carers and share experiences.
  - Provide opportunities for young carers to learn more about their parent's illness or disability.
  - Act as lead professional or to support aCAF to ensure that the right levels of support are in place.
- Plymouth Youth Service offers young carers a weekly group at Efford Community Centre. Transport is provided and activities range from craft to physical activity and support.

- Provide intensive support to young carers. The Early Intervention and Prevention Strategy for Plymouth identifies young carers as a vulnerable group in need of support. The Strategy aims to ensure services respond as soon as possible to the needs of children, young people and families who are 'vulnerable' to poor life outcomes.
- The Common Assessment Framework (CAF) Team enables practitioners from all agencies and disciplines to work together and part of their role is to assess and meet the need of young carers who require multi agency support. The CAF Team holds a database of young carers who have been identified and have a CAF in place and works in partnership with other agencies around the city to encourage the use of the CAF.
- St John's Ambulance are funded to delivered basic first aid course tailored for young carers
- Improving how we identify young carers by continuing to raise awareness of young carers with professionals who work with adults, GPs and schools through the Carers Awareness E- learning programme and GP's Map of Medicine
- The additional needs of disabled children are normally met within a mainstream school setting . Currently a statement of special educational needs (SEN) sets out a child's needs and the additional help they should receive. From September 2014 the Education, Health and Social Care Plan will replace the statement of educational need.
- There are various organisations which provide support to parent carers including Plymouth Parent Partnership, Friends and Families of Special Children disability specific peer groups and Your Child Your Voice.
- We deliver training to school governors to enable them to better understand the needs of young carers – the feedback from the course to date has been excellent.
- Hamaoze House is commissioned to provide support to children and young people experiencing the effects of their parents' substance misuse.
- The Fun and Freedom Group under the umbrella of Friends and Families of Special Children provide support, befriending, advocacy, social and leisure opportunities to young carers. Friends and Families of Special Children currently have 112 young carers on their database ranging in age from 5-21.

What we aim to do in addition

- Implement a clear transitions pathway for young carers.
- Parents receive timely support for the transition pathway of their disabled child to adult services so that siblings do not have to undertake additional caring roles during this stressful time.
- Increase the use of Common Assessment Framework and pre-Common Assessment Framework across adult and children's services.
- Continue to develop the adult workforce in the city to ensure that professionals understand the impact inappropriate caring has on children and the need to take action to reduce this.
- Develop knowledge about 'hidden harm' to understand the impact of mental health and substance misuse on young carers and use this to develop services to meet need.
- Provide support to schools to better recognise young carers, and provide consistent support for young carers across all schools.
- Continue to embed the Early Intervention and Prevention Strategy across the city to ensure support is offered to young carers at the right time and at the right level by agencies working in partnership to meet the needs of the whole family.
- Develop health and wellbeing checks for young carers.
- Develop a single assessment and referral tool for citywide use for young carers.

OUTCOME 6

IDENTIFYING HIDDEN CARERS

Carers can be a marginalised group, however there are groups of carers who may be even more excluded and additional effort is required to identify and reach out to those not in touch with services.

People with complex and limiting long term conditions

There are 'unseen' conditions, for example deafness, where the need for a carer is not clear and so they remain hidden. In addition, people at the start of a long-term condition may need less care but as their condition deteriorates their care needs may increase and a caring role develops. These carers may not be identified at the early stages.

Older carers

Older carers can become more isolated and it's more likely that their health will suffer. Extra help is needed to target older carers who are already disadvantaged and may have difficultly navigating and accessing services.

Carers of people with mental health issues and dementia

Carers of people with mental health issues may be reluctant to come forward and ask for support because of the stigma associated to the condition.

Black and minority ethnic carers

Carers face similar barriers in caring for someone but there are differences faced by carers in the black and minority ethnic communities such as:

- Communication difficulties.
- Need for interpretation and translation services.
- People may not even see themselves as a carer.

Young Carers

Children and young people are not always recognised as carers and they may be undertaking a significant caring role at home which is impacting on their ability to enjoy and achieve. Parents of young carers may have issues around drugs and alcohol, mental health problems or a learning disability. In some cases the families will have parents with physical disabilities or siblings with disabilities or other health issues. Hidden young carers often fear that by involving services with their family this will get their parents into trouble.

What do we do now?

- All GP practices are signed up to a Carers Charter. There is now a nominated individual in each GP practice who acts as a Carers Champion to ensure that the service offer support to carers at the earliest possible stage before they reach crisis point..

- Each GP practice holds a register of all carers and displays posters and carer identification forms in waiting areas to encourage patients to notify their GPs that they are a carer. The Carers Hub are funded to operate a Carers Protocol so that GPs are referring carers straight into the Hub.
- Plymouth City Council funded services including Advice Plymouth, Stroke Association Community Based Support Service and Alzheimer's Society Dementia Advice and Support Service are encouraged to signpost carers to Carers Hub Plymouth service.
- Simply Counselling are commissioned to deliver counselling specifically for Stroke Survivors and their families including carers. Where carers are identified they are signposted for further support to Carers Hub Plymouth Service.
- Providing better support for carers through the development of a programme of carer awareness training, including face to face and Elearning programme across primary and community care to improve identification of carers and access to support.
- Putting People First includes the expectation that "family members and carers are to be treated as experts and care partners". This means that comprehensive information and support should be readily available to carers at the point people take on the caring role and better support through primary care in identifying carers, providing support including health checks and making sure that carers access the services they need without being passed around the system.

What we aim to do now in addition to the above

- Increase the number of carers identified through commissioned services.
- Work more closely with partners to identify hidden carers of all ages
- Increase workforce development to agencies across the city to enable them to develop the skills to recognise carers of all ages in their daily work.
- Establish better links with organisations representing people from minority ethnic backgrounds in order to reach out and support carers from black and minority ethnic communities.
- Develop a Carers Strategic Partnership Board communication plan.

GOVERNANCE AND IMPLEMENTATION

The Plymouth Carers Strategic Partnership Board exists to monitor the progress of the Carers' Strategy, to agree and implement the Strategy Action Plan and to engage with carers and carer organisations in the strategic planning of carer services across Plymouth.

The Carers Strategic Partnership Board membership is made up of representatives from the City Council, NEW Devon Clinical Commissioning Group, Plymouth Hospitals Trust, Carer's Services, Voluntary Sector organisations that support carers and carers groups and organisations.

The CSPB has developed an Action Plan in order to implement all the commitments in this strategy and a performance dashboard that monitors progress towards the strategic objectives.

These documents are available on the website:
www.plymouth.gov.uk/homepage/carersstrategicpartnershipboard

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Carers strategy 2013-2018
Published 24 June 2013
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Area of Work	Actions	Milestone	Deadline	Barnados	Progress Rating	Progress to Date
Outcome 1 - Carers Are Recognised And Supported as An Expert Care Partner	Continue to recognise all carers as experts and take their views and expertise into account when planning services	There is a full complement of carer representatives on CSPB	01 April 2014	Lee Sewrey - Carers Hub / Rachel Silcock - PCC		Carers Hub have identified Carers Representatives - yet to attend CSPB
		Training of PCC staff in carers awareness is mapped	01 September 2014	Rachel Silcock - PCC		
		Carers consulted on planning and implementation of Care Bill	31 March 2015	Kate Jones - PCC		
		Ensure review of advocacy services includes carers consultation	31 December 2014	Kate Lattimore - PCC		
		Carers consulted on planning and implementation of the Children and Families Bill	01 September 2014	Jo Siney - PCC		
		Ensure full consultation on the Commissioning Plan for young carer services	01 March 2015	Emma Crowther - PCC		
		Strategic performance dashboard agreed	30 September 2014	CSPB		
	For Health and Social Care professionals to keep carers including young carers, informed relating to the care of the person they care for	PCH implemented 'Triangle of Care' - starting with Glenbourne in 2014	31 March 2015	Dave McAuley - PCH carers lead		Implementation commenced
Outcome 2 Carers are mentally and physically well and treated with dignity	Increase the awareness of emergency planning initiatves	Plans for the Future' implemented	Ongoing	Lee Sewrey - Carers Hub		
		New CERS service implemented	31 March 2014	Lucy Pare - PCC		Completed
	Develop knowledge of the impact on adult carers caring for someone with hidden harm issues - mental health and substance misuse and ensure services are able to provide support	Drug and alcohol services identify carers needs and understand referral routes for carer support	31 December 2014	Lee Sewrey - Carers Hub		
		Survey completed with carers to understand the impact	31 December 2014	Lee Sewrey - Carers Hub		
	Develop knowledge about the impact of carers having mental health and substance misuse issues	Carers Services - Staff trained in brief interventions	31 December 2014	Lee Sewrey - Carers Hub		
	Review Expert Patient Programme to consider needs of Carers	Review complete	31 December 2014	Sue Benjamin - CCG		
	Keep carers well by implementing Carers Health & Wellbeing Checks	30% of GP practices to be signed up within 6 months	30 September 2014	Heather Wood - CCG		
Outcome 3 - Carers are not Financially Disadvantaged	Ensure carers are able to access financial inclusion and employment advice services	Newsletter article about carers entitlements to benefits	01 June 2014	Lee Sewrey - Carers Hub		Contact details for Advice Plymouth included in May newsletter. Likely to include a further article later in year
		DWP staff and Carer's organisations to both attend appropriate awareness sessions (regarding carers rights to benefits/not to be seeking work/ working and caring)	01 September 2014	DWP - TBC		
	Develop and implement a discount scheme for Carers	Carers Card promoted	01 September 2014	Lee Sewrey - Carers Hub		
		Increased number of businesses signed up	01 March 2015	Lee Sewrey - Carers Hub		
	Explore the feasibility of a recognition and discount scheme for young carers to support them to access leisure facilities	Same Chances, Same Choices' report will highlight young carers' priorities in terms of leisure	01 September 2014	Barnados		
	Provide specific advice for parent carers around accessing appropriate childcare and flexible working in line with the Equality Act	Complete a review of how many parent carers access the Family Information Service	01 September 2014	Andrea Langman - PCC		
		Local Offer is implemented	01 September 2014	Jo Siney - PCC		
Outcome 4 - Enjoying a Life Outside of Caring	Continue to ensure that carers are able to spend time doing things they want to do and have social contact	Comprehensive Carers Week delivered	30 June 2014	Lee Sewrey - Carers Hub		On track for completion - full week of activities published in Carers Hub Newsletter
		Calendar of events is included as standard item in Carers Newsletter	30 June 2014	Lee Sewrey - Carers Hub		Complete - Included in May Newsletter
		Research into the demand for sitting services is carried out - possibly integrated into Ageing Better lottery bid for people aged over 50	30 September 2014	Lee Sewrey - Carers Hub		
		Develop more drop in sessions as the need is identified	31 March 2014	Lee Sewrey - Carers Hub		Complete - New drop in sessions for Male Carers of people with Dementia planned
	Increase the availability of the range of flexible services for the cared for person in order to support the carer to attend training courses and further education	Consultation is carried out to understand the barriers to involvement and identify practical measures to support attendance and enable choice	01 December 2014	Rachel Silcock - PCC		
	Increase short break opportunities for young carers	Small grants fund is re-procured for 2014/15	30 September 2014	Emma Crowther - PCC		
	Develop opportunities for young carers to learn new skills	All identified young carers to have opportunity to learn new skills via school, Barnados or Efford Youth Club	01 March 2015	Barnados/PCC Youth Service		
	Reduce the number of young carers who are not in education employment or training	Young carers approaching transition from school to have clear plan in place for onward education, employment or training	31 March 2015	Careers South West		

Area of Work	Actions	Milestone	Deadline	Barnados	Progress Rating	Progress to Date
Outcome 5 - Children Thriving, Protected from inappropriate caring roles	Implement a clear transitions pathway for young carers	Effective pathway suitable for both adult and young carers developed and communicated	01 September 2014	Lee Sewrey - Carers Hub & Barnados		
	Parents receive timely support for the transition pathway of their disabled child to adult services so that siblings do not have to undertake additional caring roles during this stressful time	SEND reforms in place and local offer available	01 September 2014	Jo Siney - PCC		
	Increase the use of Common Assessment Framework and pre-CAF across adult and childrens services	Increased number of CAF assessments include young carers support	March 31 2015	Amanda Paddison - PCC		
	Develop a single assessment and referral tool for citywide use for young carers	All services including schools using a single assessment/referral tool	March 31 2015	Young Carers Steering Group		
	Continue to develop the adult workforce in the city to ensure that professionals understand the impact innapropriate caring has on children and the need to take action to reduce this	Same Chances, Same Choices' report published and circulated	31 July 2014	Emma Crowther - PCC		On track for publication date
	Develop knowledge about hidden harm to understand the impact of mental health and substance misuse on young carers and use this to develop services to meet need	Explore learning from the Affected Others contract to inform the future commissioning of an integrated pathway for young carers affected by adults with substance misuse	30 June 2014	Dave Schwartz - PCC		Performance information to be collated into briefing for CSPB
		Identify and support young carers affected by adults with mental health issues	30 June 2014	Emma Crowther - PCC		Performance information to be collated into briefing for CSPB
	Provide support to schools to better recognise young carers and provide consistent support and information for young carers across all schools	Good practice examples collected from head teachers via Plymouth Leadership Adviser visits	31 December 2014	Annie Singer		
		Toolkit developed for schools and distributed	Spring/Summer 2015	Young Carers Steering Group		
	Develop a Governor Training Programme	Governor Training Programme in Place	March 31 2015	Barnados		
	Develop Health and Wellbeing checks for young carers	Learning from Devon pilot used to inform roll-out in Plymouth	31 March 2015	Heather Wood - CCG		
	Continue to embed the Early Intervention and Prevention Strategy across the city to ensure support is offered to young carers at the right time and at the right level by agencies working in partnership to meet the needs of the whole family	Widespread use of CAF for whole family across all agencies	31 March 2015	Amanda Paddison - PCC		
Outcome 6 - Identify hidden carers	Increase workforce development to agencies across the city to enable them to develop the skills to recognise carers of all ages in their daily work	Same Chances, Same Choices Report about young carers published highlighting good practice with agencies across the city, including Excellence Cluster, Housing and Out of Hours	31 July 2014	Barnados		On track for publication date
		Carers e-learning package promoted through press releases	01 September 2014	Rachel Silcock - PCC		
	Establish better links with organisations representing people from BME background in order to reach out and support carers from BME communitiies	BME organisations sent Carers Hub training information	01 September 2014	Lee Sewrey - Carers Hub		
		START service received training in carer awareness	31 March 2015	Rachel Silcock - PCC		
	Develop CSPB Communication Plan	Communication Plan developed	30 June 2014	George Plenderleith - Plymouth Guild		Draft circulated to CSPB

CARING PLYMOUTH - DEMENTIA STRATEGY AND ACTION PLAN

7 August 2014

Author: Katy Shorten

Job Title: Strategic Commissioning Manager

Department: Cooperative Commissioning and Adult Social Care

Date: 7 August 2014

INTRODUCTION

It is predicted that by 2015, 3166 individuals in Plymouth will be living with dementia, rising to 3667 by 2020 (Projecting Older People Population Information System - POPPI). Two-thirds of people with dementia live independently within the community.

The diagnosis rate for England as a whole is 46%. For the Western Locality of the Northern, Eastern, and Western Devon Clinical Commissioning Group (NEW Devon Devon CCG) it is 45% which is higher than both Northern (41%) and Eastern (36%) Localities

REFRESH OF PLYMOUTH'S JOINT DEMENTIA STRATEGY

There has been a well-established Joint Dementia Strategy in Plymouth, led by Plymouth City Council (PCC) and Health commissioners, since 2010 which was based on extensive consultation with people with dementia and their carers.

A refreshed strategic document has now been produced called 'Living Well With Dementia in Plymouth and Devon: Making Progress', which sets out progress so far across the whole of the NEW Devon CCG area including Plymouth and covers the aims which are in the National Dementia Strategy which are:

Raising awareness and understanding, including developing Dementia Friendly Communities

Improving early diagnosis

Living well with dementia

CONSULTATION PROCESS

In 2013 a working group of stakeholders was convened to discuss how to take the strategy forward and to agree an associated Action Plan. This stakeholder group included PCC Co-operative Commissioning Team, NEW Devon CCG, organisations representing people living with dementia, social care and health providers, PCC Office of the Director of Public Health (ODPH), Plymouth Hospitals NHS Trust, the Carers Hub, Voluntary Sector services such as Befriending, and GPs.

Further consultation was carried out in one to one meetings with key stakeholders in order to gain commitment from them about the actions they would take towards achieving the strategy.

The draft Strategy and Action Plan were also discussed with a group of people living with dementia and their priorities for the Action Plan were:

- Research to find a cure
- Prevention
- Activities for people with dementia to keep busy
    - Memory cafes
    - Peer support
    - Coach trips
    - Walking
    - Painting
- The opportunity to be useful e.g. volunteering, skill sharing
- Personal alarms are reassuring
- Training and awareness for GPs to improve diagnosis and ensure appropriate support

All of the above points have been incorporated into the Action Plan and/or are already incorporated into services we currently commission for people with dementia and their carers.

One further outcome from all of this consultation was that there were two further priority areas for Plymouth in addition to the three existing outcomes that we wanted to include in our Action Plan:

Ensuring support for carers

Continual improvement in quality of care in integrated services

GOVERNANCE

A Dementia Stakeholder Group will meet quarterly to oversee the implementation of the strategy and action plan. The membership includes PCC Co-operative Commissioning Team, NEW Devon CCG, organisations representing people living with dementia, social care and health providers, PCC ODPH, Plymouth NHS Hospitals Trust, the Carers Hub, Voluntary Sector services such as Befriending, and GPs.

The Stakeholder Group will feed into the CCG's Older People's Mental Health Steering Group and, through this to the CCG Partnership's Board and the Health and Wellbeing Board.

STRATEGY AND ACTION PLAN PROGRESS

The Action Plan is based on the five outcome areas agreed following consultation. The following is a highlight of those actions where we have made progress since April 2014:

Outcome 1: Raising Awareness and Understanding

- Dementia Friendly City Programme (DFC) – Plymouth has been recognised by the Alzheimer's Society nationally as one of the first cities to be working towards becoming dementia friendly and the Council's commitment to this has been underlined by the appointment of a Dementia Friendly City Co-ordinator. This has been highly successful in supporting the Plymouth Dementia Action Alliance to continue to grow and have a recognisable impact on awareness about dementia in the city
- A Workforce Development strategy – the Dementia Friendly City Co-ordinator is rolling out dementia awareness across PCC. In addition, nearly all of the 168 social care staff have attended specialised dementia training
- Improve GP knowledge and expertise – a workshop will be delivered at the NEW Devon CCG's GP forum in September

Outcome 2: Early Diagnosis and Support

- Continue to work with care homes to diagnose residents – the PCH Memory Service delivered a workshop about the benefits of early diagnosis at the June Dignity in Care Forum. The NEW Devon CCG and the South West Strategic Clinical Network have recently jointly allocated funding to appoint a Community Psychiatric Nurse (CPN) to work in care homes and support diagnosis
- Dementia Support Workers to prioritise case finding – this service which is jointly commissioned by PCC and NEW Devon CCG is working in an integrated way with the PCH Memory Service to raise awareness amongst GPs of the support available for people on diagnosis

Outcome 3 – Living Well with Dementia

- Increased Access to Arts, Culture and Leisure – PCC has commissioned the Arts and Heritage service to deliver an Arts and Minds programme for people living with dementia. The Arts and Minds programme is supporting 8 people with dementia and their carers and has already received extremely positive feedback from participants who are reporting an improvement in their memory and their quality of life. PCC is also funding a Get into Reading group for people living with dementia and the DFC Co-ordinator is working with arts and leisure providers to ensure they join the PDAA and increase their capacity to support people with dementia.
- The NEW Devon CCG and Devon County and Plymouth City Councils are working jointly on a 'dementia pathway' that will ensure that everyone with dementia is able to achieve their desired outcomes with equity across the whole area

Outcome 4 – Ensuring Support for Carers

- Review of the support groups for carers of people with dementia – the Carers Hub, Alzheimer's Society, Age UK and PCH Memory Service are working together to review the support available and at July 2014 two more groups were put in place
- Discharge from hospital processes include information for carers – the Carers Hub is working to ensure that all carers are appropriately signposted to their service when the person they care for is discharged

Outcome 5 – Continuous Quality Improvement and Integration

- Service User involvement – the Co-operative Commissioning team and the Alzheimer's Society are working jointly to undertake consultation with people who currently do not attend the support that is available
- Quality in care homes – the number of care homes with the Dementia Quality Mark continues to grow with 7 more applications received to add to the 29 already awarded
- Care Homes environmental improvement grants were recently awarded and included an element of making homes more dementia friendly

The Draft Dementia Strategy and Action Plan can be found on the following web page:
http://www.plymouth.gov.uk/homepage/socialcareandhealth/adultsocialcare/strategiccommissioning/dementiastrategiccommissioning.htm

2014 - 2015

DRAFT: Living well with dementia in Devon and Plymouth– making progress

Joint Commissioning

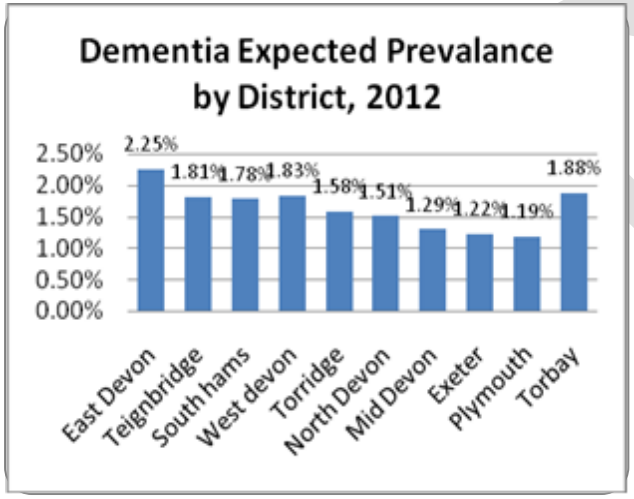
2014 - 2015

Introduction

This paper describes our high level strategy, which will be underpinned by local action plans. It covers all types of dementia – the term which describes a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning. The most common types are Alzheimer's disease and vascular dementia.

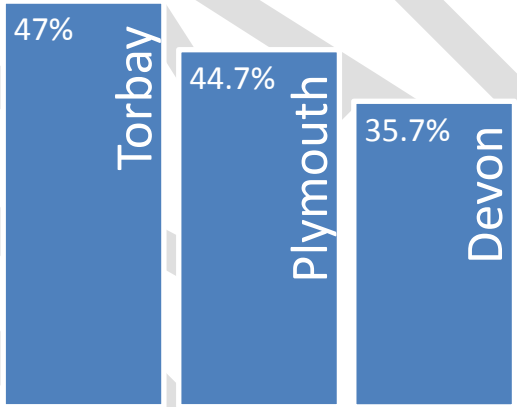
Since the publication of the National Dementia Strategy in 2009, significant progress has been made in improving services and outcomes for people with dementia and their carers, but more still needs to be done.

Based on 2011 total registered practice population adjusted by an estimated community and residential care home population, the average prevalence of dementia Devon wide is 1.63% - higher than the SW average of 1.28% and the England average of 1.21%.



NHS England's objective is to make measurable progress by March 2015, ensuring timely diagnosis, the best available treatment and care for those that need it and reliable support for carers. These continuous improvements need to be addressed within an increasingly challenging economic and demographic climate.

Diagnosis rates for the Plymouth, Torbay and Devon Council areas show considerable variation and action will need to be taken to make greater progress towards the government target of 66% of people diagnosed against expected prevalence.



Alzheimer's Society
Mapping the dementia gap2012

We will respond to the views of the local population as expressed through the Heath &Wellbeing Board in a refreshed joint commissioning strategy, reviewing our progress and reaffirming our approach and commitment to the needs and preferences of people with dementia and their carers.

Our commitment

In redefining our direction of travel we will set out our commitment to improving outcomes for people with dementia and their carers, recognising the imperative of working together to achieve this.

We are clear that dementia is a condition that needs to be understood not only by health and social care organisations but by the whole of society as well, making dementia 'everybody's business'.

We will continue to promote the benefits of healthy lifestyles and health checks through the Health & Wellbeing Strategy.

We recognise that the stigma still felt by some people with dementia discourages them from seeking the help and support they need and exacerbates feelings of loneliness and isolation.

We want people to experience care and support that is personalised and coordinated, delivered in the right place at the right time and we will continue to work in partnership to achieve this.

We will also set out how we aim to measure and report our progress on delivering better outcomes and will oversee our planning and activity through a clear governance structure.

We will respond to the new duties for Local Authorities laid out in The Care Bill, recognising its importance in reforming care and support and prioritising wellbeing.

These include **prevention** – ensuring that people receive services that prevent their care needs from becoming more serious; **information** - that enables people to make good decisions about care and support; and **market shaping** - that ensures a good range of providers to choose from.
Personalised care and support planning and the recognition of carers in law in the same way as those they care for are important aspects of the new Bill for people with dementia and their families.

Carers

Devon:
In a recent Carers Survey, 32.5% of respondents said they were caring for someone with dementia compared to a national survey figure of 25%. There are 20,218 older carers and this number is expected to rise to 27,356 by 2030. 31% of all carers are older people compared with 25% nationally.

Plymouth:
There are 27,247 carers in Plymouth of whom around 10% will care for someone with dementia. 11,623 of these carers care for someone for more than 20 hours a week.

Torbay:
There is a specific service for Carers of people with dementia. Working with GP surgeries to develop enhanced home based Health Checks for people with memory problems and their carers. The aims are early identification of dementia and identification and support of carers of dementia. The partnership between Practice Nurse and Carer Support Worker provides an integrated approach to the health needs of carers.

Reviewing our progress

We will review our progress in the key areas set out in the National Dementia Strategy and Prime Minister's Challenge

We will describe what we have achieved so far and what still needs to be done.

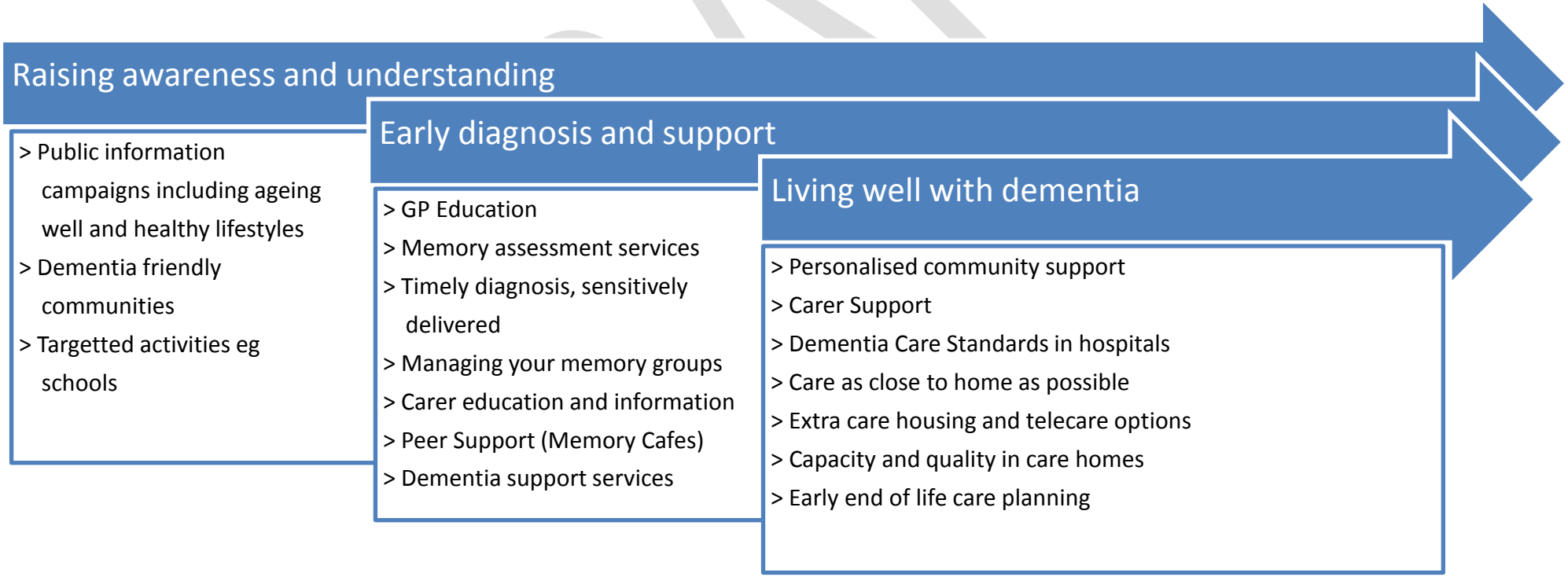
We will use our understanding of the needs of the population now and in the future, our understanding of the current market and the way services are designed and delivered, and our understanding of people's experience to shape and inform our plans, testing this against the outcomes described in the National Dementia Declaration which are:

- ✓ I have personal choice and control or influence over the decisions about me
- ✓ I know that services are designed around me and my needs
- ✓ I have support that helps me live my life
- ✓ I have the knowledge and know-how to get what I need
- ✓ I live in an enabling and supportive environment where I feel valued and understood
- ✓ I have a sense of belonging and of being a valued part of family, community and civic life
- ✓ I know there is research going on which delivers a better life for me now and hope for the future

Living well with dementia: Our commitment

- we will ensure that our plans are informed by the views of people with dementia and their carers
- we will report publicly on our progress against our plans
- we will work in partnership with other organisations to improve knowledge and best practice in dementia
- we will work to ensure that understanding dementia is 'everybody's business'

The Pathway



Our achievements so far

As we look to refresh our plans it is important to recognise some of the progress that has been made so far:

Devon wide:

- An integrated dementia care pathway using Map of Medicine, shortlisted for a Care Integration Award
- A programme of primary care GP education about dementia
- A steady rise in diagnosis rates
- Redesigned specialist NHS services to deliver a consistent Memory Service Model across Devon & Torbay
- Peer review and dementia care standards established in general and community hospitals
- Liaison services in acute hospitals
- Dementia friendly communities in Plymouth, Torbay, Tavistock and the Yealm parishes, with more in the pipeline, including Sidmouth, Crediton, Winkleigh and others
- Reduced antipsychotic prescribing
- Alzheimer's Society Dementia Support and Adviser service in all areas

Devon

- Devon Dementia Care and Support Partnership with independent, statutory, voluntary and community sector partners
- 47 peer support Memory Cafes
- Devon Carers Centre reaching more carers
- Extra care housing developments inclusive of people with dementia
- Independent sector care home Kite Mark peer review pilot
- Care Homes Futures programme to develop up to 10 Dementia Centres of Excellence
- Intergenerational projects with 6 schools as part of a national pilot
- Library Memory Groups for people with memory loss and their carers
- A Devon Card to help families have Direct Payments

Plymouth

- 4 Memory Cafes and 2 Singing 4 The Brain Groups
- Carers Hub Plymouth
- 29 Care Homes awarded the Dementia Quality Mark
- Library 'Health Information Hubs' with 4 annual dementia awareness events and Memory Corners in each library
- Intergenerational pilot with 1 Community College as part of national pilot
- Befriending Service targeting people with dementia and carers
- A ' Leadership Group' of carers of people with dementia to inform the commissioning process

Torbay

- Range of peer support and post diagnosis interventions – including memory cafés, singing for the brain groups, leadership group, post diagnosis orientation programme
- Dementia advisor service - to support people from diagnosis to end of life
- Carers centres – Torquay, Brixham
- Prime Ministers Dementia Challenge funded projects – Torbay and South Devon Care Home Learning Network and "Keeping Track of Dementia" (using GPS tracking devices to keep people safe)
- Extra care housing developments inclusive of people living with dementia

What still needs to be done

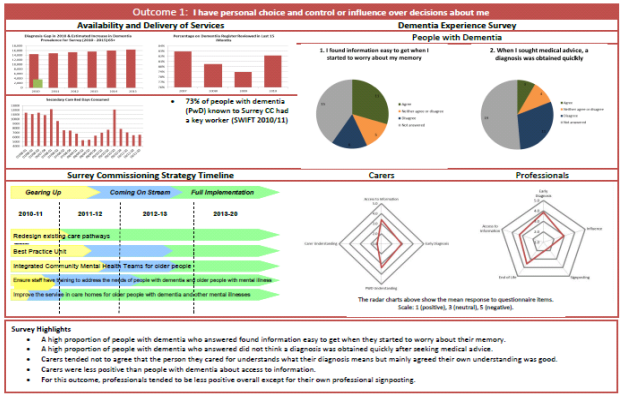
We recognise that there is more to be done and highlight some key areas here:

- Diagnosis rates, although increasing, remain too low.
- Carers appreciate the services provided through the Carers Centre but do not have reliable access to bookable respite to support their caring role. (DCC area)
- A key message from people using services is the need to simplify and coordinate. Too often care and support can be fragmented and opportunities to build more integrated, person centred interventions need to be established that recognise people's physical, mental and emotional health needs.
- Too many people with dementia are admitted to hospital when they could have been treated at home. Those who do need hospital care often end up staying longer than necessary.
- Sustained attention needs to be directed at maintaining standards of care for people with dementia in general and community hospitals based on the SW Standards for dementia care.
- Continued work with the social care provider market and voluntary sector is needed to develop dementia specific capacity, quality and variety in the services available especially as more people exercise choice through personal budgets and direct payments.
- We need to ensure that there are effective community based options to avoid unnecessary admission to care homes.
- We still need to improve the knowledge, skills and 'ownership' of dementia across the health and social care workforce.
- There is more work required to support younger people, people with a learning disability and those from BME communities who have dementia.
- We need to report transparently on progress in delivering better care, treatment and support linked to the Dementia Declaration outcomes and we need to give people with dementia a voice in determining how services are arranged and delivered.

Making progress

If we are to evidence that we are improving outcomes for people with dementia and their carers, we will need a clear reporting framework. NICE have published Commissioning Guidance for dementia at:
http://publications.nice.org.uk/support-for-commissioning-dementia-care-cmg48/executive-summary
This includes an example of a reporting dashboard linked to outcomes which we will develop locally.

Reporting Dashboard Example (sample page)



http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/adult-social-care-strategies-policies-and-performance/local-reporting-tool-for-dementia

In addition the following tools and information will help us to plan and put into action the aims of the Joint Strategy:

Devon wide:

- Updated information about our population in relation to dementia through a refreshed Health Needs Assessment.
- Health communities can now better understand their local estimated prevalence of dementia using the Dementia Prevalence Calculator
- Dementia Action Alliances are developing in local communities
- The Dementia Network SW supports commissioners and providers in sharing best practice
- NICE Quality Standards for dementia

- Regularly updated Market Position Statement and Demand Analysis information help understand how to shape the market to meet future demand

Devon County Council area:

- The Devon Dementia Care and Support Partnership promotes good practice and innovation in dementia

- The Provider Engagement Network enables closer working between care providers, the NHS and social care

Plymouth City Council area:

- Health and Social Care Joint Strategic Partnership monitors progress towards the Action Plan

- Care Home and Domiciliary Care Forums sharing and developing best practice

Torbay Council area:

- Strategic direction is set and monitored through the Mental Health and Learning Disability Redesign Board

- Implementation of this dementia strategy is a key outcome for South Devon and Torbay Clinical Commissioning group and a key priority for Torbay Health and Well-being Board

Getting involved

As noted earlier, dementia is an issue for society not just for health and social care organisations.

The majority of care and support for people with dementia is provided by families, but there are also a number of people with dementia who live alone.

The National Dementia Declaration, in publishing the seven outcomes people with dementia would like to see, challenges organisations and communities to take concerted action to improve the experience of people living with dementia.
Action plan templates and guidance about the development of local Action Alliances are available on the Dementia Action Alliance website (http://www.dementiaaction.org.uk) to support commitments to make organisations 'dementia-friendly' and to help communities work towards being a 'dementia-friendly' place to live.

More information at national, regional and local level is available through the following sites:

Useful links

https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy

http://dementiachallenge.dh.gov.uk/

http://www.dementiapartnerships.org.uk

http://publications.nice.org.uk/quality-standard-for-supporting-people-to-live-well-with-dementia-qs30/introduction-and-overview

http://www.dementiaaction.org.uk

http://www.dct.org.uk/dementia-partnership/overview.ashx

http://www.alzheimers.org.uk

Appendices to support the development of the strategy will include:

- Refreshed Health Needs Assessment for dementia (DCC)
- Market Position Statement
- Demand Analysis
- Key research and guidance documents
- Map of Medicine
- Case Study Collection

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Joint Dementia Action Plan 2014/15

Area of Work	Outcomes	Actions	Milestone	Deadline Target	Who	Progress to date	Progress Rating
Workstream 1 - Raising Awareness and Understanding	Increased Public Awareness	Develop the Dementia Friendly City programme	Increased number of organisations signed up to PDAA	March 15	Sarah Gray	29 with Action Plans, a further 16 in progress	
		Support the roll-out of the schools programme	Healthy child Quality Mark to include Dementia	Mar-15	Sarah Gray		
			Dementia Friendly Schools event	March 15	Sarah Gray	Stoke Damerel organising an event in Autumn 14,	
		Implement a programme of public awareness events with partners	All events delivered	6 events by March 15	Sarah Gray Hannah Williams	3 events at July 14	
		Improve and promote PCC and DAA websites	websites reviewed and updated quarterly	Mar-14	Sarah Gray	PCC and PDAA websites updated July 14	
		Coms and Media campaign in conjunction with Public Health and Alzheimer's Society	Coms plan is in place	Sep-14	Rachel Silcock Sarah Gray		
	Improved Professional Knowledge	Implement a workforce development strategy for PCC staff	Strategy in place	Jul-14	Rachel Silcock Sarah Gray	Social Care staff had 2 workshops by July 14, 80% museums, 50% housing options,	
		Devise Social Care and Health PVI providers workforce development programme	WFD plan in place	Sep-14	Rachel Silcock, Caroline Paterson		
		Improve GP knowledge and expertise	Deliver workshop at GP Forum	Sep-14	Rachel Silcock + Others		
		Share good practice expert knowledge - e.g. South West Clinical Network	E newsletters sent out toa ll partners	4 newsletters a year	Rachel Silcock	2 sent out - July 2014	
		Review and promote e-learning packages	e-learning package promotion sent out to all partners	Aug-14	Rachel Silcock	promoted to PDAA	
		Link to University Social Work and OT Courses	Dementia embedded within courses	Sep-14	ASC practice teachers		
	Well known prevention Strategies to reduce risk of dementia	Public Health campaigns connect with dementia where appropriate	Live Well publicity covers how to reduce the risk of dementia including link on Livewell website	Mar-15	Sarah Lees		
		Links to Health Checks in Primary Care	Checks promoted to 'hard to reach' over 65s	May-14	Sarah Lees		
		Work with Healthy Living Pharmacies to offer advice and information	A Dementia Champions in all Healthy living pharmacies	Mar-15	David Bearman		

		PCC and University to continue to support bids for research	Research bids submitted	Ongoing	Ian Sheriff		
Workstream 2 - Early Diagnosis and Support	Increased diagnosis rates	Identify those agencies in contact with people in the health, social care and community systems who are not diagnosed and support case finding with information and training	Diagnosis information pack produced in consultation with specialists and service users, for GPs, ED, SWAST, police, 3rd sector, PCC departments, churches, dom care, supported living and care	Dec-14	Rachel Silcock Gary Hodge		
		Continue to ensure GP QOF Dementia Registers are up to date	Compare GP registers with expected prevalence rate and consider appropriate action re coding of patients etc	Mar-15	Local Area team		
		Increase the number of GPs signed-up to Direct Enhanced Service (DES)	Letter to GPs sent out	Sep-14	Local Area team		
		Hospital CQINN to identify over 75s with cognitive impairment is implemented	Monitoring reports received on how this is being implemented	Quarterly	CCG - Claire Cotter		
		Continue to work with Care Homes to get residents diagnosed	Memory Service workshop on the benefits of diagnosis	Jun-14	Gary Hodge	workshop delivered	
		Review diagnosis pathways and who can diagnose as well as 'Standards' for diagnosis, use of technology (e.g. ACE Mobile)	Review Completed	Mar-15	CCG		
		Dementia Support workers to prioritise case finding and supporting people through diagnosis	Increased referral rates to DSW service	Mar-15	Robin Felton		
		Psych Liaison services to ensure those people notified back to GPs with 'cognitive impairment' are followed up with reminder to GP to refer to Memory Service	Letters sent routinely to GP for follow up	Apr-14	Cyana Anderson William Lee		
		Increase GP awareness of Dementia Pathway	Mapping of GP practices that refer to Memory Service completed and plan in place to target those not	Apr-14	Gary Hodge		
	Clear pathway with Equity of service provision across the CCG	CCG OPMH Steering Group review of services and pathways	Pathways reviewed	On monthly steering group agenda	Rachel Silcock Jenny Richards		
		Dementia Strategy implementation co-ordination within CCG	Action plan agreed by Cabinet and CCG	Sep-14	Rachel Silcock Jenny Richards		

Younger People, People with Learning Disabilities and BME people are diagnosed and supported	Work with LD commissioners to identify people	Screening built into LD pathways		CCG		
	Review Support for young people with dementia	Review complete	Mar-15	Gary Hodge		
A well understood Dementia Pathway from diagnosis to end of life	Pathway map produced and information in various formats including on POD	Eligibility criteria and referral processes shared between agencies	Sep-14	Rachel Silcock Gary Hodge	What Now' pack in development by Memory Service	
PCC Adult Social Care assessment and Support Planning services are relevant and appropriate	Implementing Care Act	Dementia stakeholder group kept informed of Care Act Implementation	Apr-15	Kate Jones		
	Aids, adaptations and telecare are used appropriately	OT, Reablement and Equipment services providers trained	Mar-15	Anna Coles Karlina Hall Sally Bragg		
	People with dementia get appropriate access to Reablement and the impact of changing providers into ongoing care are considered.	Reablement Provider quarterly reporting shows appropriate number of people with dementia	Mar-15	Anna Coles Karlina Hall		
Workstream 3 - Living Well with Dementia	Increased access to Arts, Culture and Leisure	Alzheimer's Society Activities Co-ordinator to deliver increase in activity	Number of activities and numbers of participants increase	Mar-15	Robin Felton		
		PCC Arts and Heritage Service 'Arts and Minds' pilot delivered	Evaluation produced and external funding sought	Mar-15	Joanne Gray		
		Implement Reader group for people with dementia	Reader group set up	Aug-14	Rachel Silcock		
		Arts, Culture and Leisure organisations join PDAA	Increased number joined	Mar-15	Sarah Gray	Plymouth Arts Centre joined July 14	
		Ageing Better lottery bid focus on arts and culture	Bid submitted April 14	Apr-14	Rachel Silcock	Bid submitted	
	Housing needs are considered and housing options available	Options are considered for provision of advice on dementia friendly home environments	Review of options is complete	Mar-15	Rachel Silcock		
	End of Life Care appropriate	Advance care planning and treatment escalation plans are in place	Plans in place for all those in Memory Service	Ongoing	Memory Service		
		End of life pathway, 6 steps programme to include dementia	Built into EOL pathway	Mar-15	End of life lead		
	Appropriate group support in place for people with dementia	Live Well groups accessible to people with dementia	Promotion material accessible for people with dementia	Mar-15	PCH Livewell team		
		Review of the support groups for people with dementia to ensure there is equity of access and needs are addressed	Review completed	Sep-14	Rachel, Gary, Robin, Lee		

Workstream 4 - Carers	The needs of carers of people with dementia are identified and addressed	Promote Carers Emergency Response Service	Number of carers registered increased	Mar-15	Lucy Pare		
		Promote training for carers of people with dementia	Number of carers receiving training increased	Mar-15	Lee Sewrey Gary Hodge		
		Discharge from hospital process includes information for carers on services	information in place	Apr-14	Lee Sewrey		
		Review of the support groups for carers of PWD to ensure there is equity of access and needs are addressed	Review completed and groups in place	Mar-15	Rachel, Gary, Robin, Lee	2 new groups for carers of people with dementia	
Workstream 5 - Continuous Quality Improvement and Integration	Service User involvement in commissioning	Involve the Alzheimer's Society Leadership Group at an early stage in any new proposals	Discussions at Leadership Group meetings	monthly meetings	All		
		Develop service user involvement in commissioning cycle	Commissioning plans demonstrate clear SU involvement	Ongoing	Rachel Silcock		
	Improve practice in medicines management of antipsychotics in dementia	Audit primary care prescribing of antipsychotics	Audit completed	Mar-15	Meds Management Team		
		Review guidance sheet for care homes	Review completed	Mar-15	Meds Management Team		
	Continuous improvement plans in place for acute and community hospitals	Dementia Champions on care of the elderly wards	Champions in place	Mar-15	Karen Grimshaw	Already in place	
		Hospital Quality Standards in Contract	Quality Standards met	Mar-15	CCG - Claire Cotter		
	Continuous Improvement plans in place for care home sector	Continue to promote Dignity in Care Forum	Meetings continue to cover dementia	Quarterly	Caroline Paterson	Dementia Presentation at June Forum	
		QAIT team to continue quality reviews	Increased Number of homes reviewed	Mar-15	Caroline Paterson		
		Increase number of Care Homes with DQM	Increased number of DQM awards	Mar-15	Caroline Paterson		
		capital improvement grants - link to DQM	Capital grants awarded	Roll out from April 14	Caroline Paterson	Grants awarded	
	Continuous improvement plans in place for domiciliary care	Continue to promote Dom Care Forum	Meetings continue to cover dementia	Quarterly	Caroline Paterson		
		DQM for Dom Care introduced	DQM process proposed		Caroline Paterson		

CARING PLYMOUTH

Tracking Resolutions and Recommendations
2014 - 2015

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
Minute 27 14 November 2013 - Dementia Strategy	Agreed that a review of the Dementia Strategy takes place in the New Year to review the action plan.	Date	March 2014
		Officer	Craig McArdle, Head of Joint Commissioning
		Progress	The panel to look at the strategy on 7 August 2014.
Minute 36 30 January 2014 Better Care Fund	The panel noted the Better Care Fund briefing and agreed that progress on the Better Care Fund provision be reviewed by the panel when more information is available.	Date	TBC
		Officer	Craig McArdle, Head of Joint Commissioning
		Progress	Draft submission went to the Health and Wellbeing Board on 13.02.14. Final submission to be signed off by Health and Wellbeing Board on 27.03.14.
6 March 2014 Minute 44 – Safeguarding Adults Board	Agreed that – 1. the Safeguarding Business Plan and Annual Report to be brought back to a future meeting for review. 2. the panel be provided with a clearer understanding and awareness around safeguarding interventions and responsibilities to include – • Engagement with Care Homes; • Risk around personalised budgets; • The range of issues that cause safeguarding alerts. 3. a review of places of safety and use of Section 136 to be brought back to the panel for consideration. 4. a report on the risk associated with integration and the delegation of responsibilities to ensure the council retains control over safeguarding.	Date	TBC
		Officer	Jane Elliot Toncic – Safeguarding Adults Manager
		Progress	Democratic Support Officer to chase response. Place of Safety to be added to the work programme for further consideration by the panel.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
6 March 2014 Minute 45 – Public Health Outcomes Framework	Agreed that – 1. As part of the induction pack into Child's Health, preparation of briefs for the worst child health performance indicators including current resourcing, activities, barriers and opportunities • Breastfeeding • Under 18 Conceptions • Excess weight • Unintentional injuries • Vaccinations (MMR and HPV) • Smoking in pregnancy • 2. Quality of air to be brought back to a future meeting – Prior to the Energy from Waste Plant commencing operation that Public Health via Plymouth City Council's Environmental Protection Team or the appropriate agency, commissions baseline air quality testing at various points in the city to monitor future effects on air quality.	Date	-
		Officer	Julie Frier
		Progress	1. To form part of the induction pack for Caring Plymouth panel members. 2. This resolution was discussed by Cabinet members and a discussion took place on the costs. Further information to follow when available.
6 March 2014 Minute 47 - Recommendations from Budget Scrutiny	Agreed that an action plan addressing the revised approach to health inequalities across the city is brought to the Caring Scrutiny panel within six months by the incoming Director of Public Health.	Date	11 September 2014
		Officer	Kelechi Nnoaham
		Progress	A report to be provided to the panel in September.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
6 March 2014 Minute 48 - Tracking Resolutions	Agreed that – 1. The Better Care Fund plan to be brought back to a future meeting. Specific areas the panel would like to review in more detail, such as the 7 day working will be shared at a later date, once the plan has been published. 2. the Chair of the Caring Plymouth panel to send a letter in support of the Leader to the Secretary of State regarding Plymouth's Public Health Settlement and its subsequent impact on the BCF.	Date	TBC
		Officer	Craig McArdle
		Progress	1. See minute 36 above, DSO to chase. 2. Outstanding – Lead Officer to pick up with the Chair.

Recommendations sent to the Cooperative Scrutiny Board.

Date, agenda item and minute number	Caring Plymouth Recommendation	Corporate Scrutiny Board Response	Date responded
19 June 2014 Minute 7 - Community Services for the 21st Century	Agreed that – 1. the panel send comments to the Lead Officer on the strategy so that a response to the draft strategy is prepared and the for the panel to look at on 2 July 2014 prior to submission to NEW Devon CCG on 8 July 2014; 2. NEW Devon CCG to bring back the draft locality plan for health and wellbeing hubs to include the service model and procurement process to select community providers (once developed but before it is undertaken). Timescale to be confirmed; 4. provide further information about the adequacy of personalised budgets and regularity of reviews/assessments.	Agreed by the Co-operative Scrutiny Board.	25 June 2014
19 June 2014 Minute 9 - Work Programme	The panel noted the work programme and agreed that the following to be added to the work programme - • Maternity Services review jointly with Devon and Cornwall; • CAMHS pathway to services; • Transformation – additional meeting in November 2014 – what's coming – pre-decision? • Healthwatch Contract; • Imaging at Derriford Hospital – delays.	The work programme was agreed by the Co-operative Scrutiny Board. The board also wanted the following to be included in the work programme - Implementing the Care Act 2014 Project Brief	25 June 2014

Date, agenda item and minute number	Caring Plymouth Recommendation	Corporate Scrutiny Board Response	Date responded
		The Board further agreed that the Caring Panel undertakes joint scrutiny of Maternity Services with Devon and Cornwall.	25 June 2014
		The Board further agreed the co-operative review into the Fairer Charing Policy and the Integrated Health and Wellbeing Transformation Programme submitted by the Caring Plymouth Panel.	25 June 2014

Recommendation/Resolution status

Grey = Completed item.

Red = Urgent – item not considered at last meeting or requires an urgent response.

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CARING PLYMOUTH

Work Programme 2014 - 2015

Please note that the work programme is a 'live' document and subject to change at short notice. The information in this work programme is intended to be of strategic relevance and is subject to approval at the Cooperative Scrutiny Board.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Amelia Boulter, Democratic Support Officer, on 01752 304570.

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
19.06.14	Cabinet Member for Public Health and Adult Social Care and Strategic Director for Place	The panel to be provided with an overview of the priorities for the next 12 months	Items for inclusion on the work programme	Carole Burgoyne
	Transformation	The panel to look at the Integrated Health and Wellbeing Transformation programme.		Craig Williams
	Work Programme	The panel to put forward items to be included on the work programme.		Candice Sainsbury
June/ July	Fairer Charging	To undertake a Scrutiny Review of Fairer Charging.	Key decision	David Simpkins
07.08.14	Carers Strategy			Katy Shorten
	Dementia Strategy			Katy Shorten
	NHS 111, Urgent Care and Out of Hours Doctor			Sharon Matson/ Nicola Jones
	Commissioning Strategy for Maternity Services			Gwen Pearson
11.09.14	Commissioning Strategy for Children and Young People			Liz Cahill / Craig McArdle
	Healthwatch			Karen Morse /Claire Anderson
	Action plan addressing the revised approach to health inequalities across the city			Kelechi Nnoaham
	Alcohol Strategy			Kelehci Nnoaham

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
11.12.14	Public Health Outcomes Framework			Rob Nelder
29.01.15				
05.03.15				

Scrutiny Review Proposals	Description
Health Accountability Forum	The forum is an opportunity for Plymouth Hospitals NHS Trust (PHNT) to answer any questions on any concerns and issues raised by members of the public and members of the Caring Plymouth Panel. The forum may lead to more specific items to be explored further in a Co-operative Review.
Dementia Strategy Review	Panel to look at this item on 7 August 2014.
Carers Strategy Refresh	Panel to look at this item on 7 August 2014.
Maternity Services	PID to be produced.
Fairer Charging Integrated Commissioning Integrated Community Health and Social Care Delivery	To be held on 2 – 3 July 2014. PID produced.