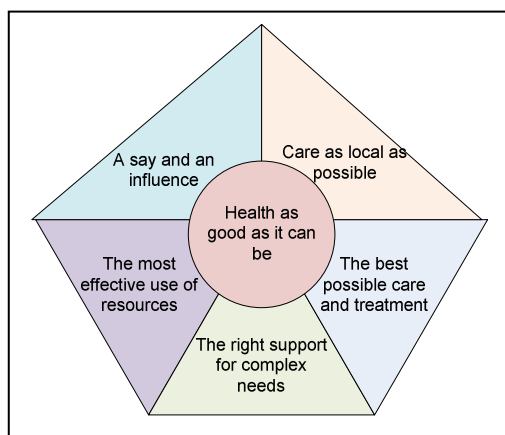


6. Twelve Care Pathways

6. Twelve Care Pathways

6.1 Vision

In 2008 NHS Devon produced its five year strategy 'The Way Ahead: Five Years of Improvement'. This sets out NHS Devon's shared vision 'health as good as it can be' for individuals and for our communities and population as a whole. Our full vision is based on six strategic aims as described in the diagram below.



This vision is underpinned by twelve strategic goals or care areas. Eleven of the care areas were finalised in 2008 with the twelfth, dementia care, being added this year, as a result of our 2008 JSNA, local needs assessment and development of Devon dementia care strategy.

6.2 Care Area Assessments

This current JSNA provides a general understanding of the current and future needs of the Devon population over the 12 care areas. However, over the past year a number of in-depth needs assessments, service reviews and equity audits have been undertaken. These have been conducted for a range of commissioning purposes and provide a vast amount of underpinning information. The following table shows how they link to the care areas:

Care area	Review /needs assessment/audit detail
Staying healthy	<ul style="list-style-type: none"> - Alcohol needs assessment - Drugs needs assessment - Sexual health needs assessment - Intelligent progress towards prevention report series (smoking, falls, alcohol, obesity, psychological therapies) - Life expectancy in Ilfracombe health equity profile
Birth and maternity	<ul style="list-style-type: none"> - Maternity services review - Positive parenting review
Children and young people	<ul style="list-style-type: none"> - Children with additional needs review - Children's Trust needs assessment - Children and young people's equality and diversity needs assessment - Substance misuse needs assessment for young people - Local Children's Trust needs assessment - Local learning community datasets - Safeguarding children JSNA
Urgent care	<ul style="list-style-type: none"> - Urgent care review - Redesign social and demographic profiles including predictive modelling
Planned care	<ul style="list-style-type: none"> - Redesign social and demographic profiles including predictive modelling
Older people	<ul style="list-style-type: none"> - Older people housing support review /needs assessment
Older people with mental health problems	<ul style="list-style-type: none"> - Dementia needs assessment
Learning disability	<ul style="list-style-type: none"> - Accommodation for adults with learning disabilities needs assessment

	- Learning disabilities health needs assessment
Mental health and wellbeing	- JSNA for mental health
Long term conditions	- Falls needs assessment - Stroke equity audit - COPD health needs assessment - Diabetes health needs assessment
Carers	- Carer health needs assessment
End of life care	- End of life baseline assessment and refresh

There are also a number of assessments that have been undertaken that have relevance across a number of the care areas including:

- Devon accommodation and support
- Homelessness strategic review JSNA
- Prison health needs assessment
- Migrant Workers in Devon Health needs assessment
- Gypsies and Travellers health needs assessment

6.3 Reviews, Needs Assessments & Audits

In the following section a brief summary of each of the reviews, needs assessments and audits listed in the previous section will be provided including key issues and key recommendations.

Strategic Review of Older Persons Housing and Support Services

Key Issues:

- The increase in the number of older people projected to live in Devon requires new approaches to providing housing and support services, as well as social care services
- The evidence shows that the vast majority of older people live in private accommodation, whilst virtually all Supporting People services for older people are provided to those living in housing association or local authority sheltered accommodation

Key Recommendations:

- Providing a service which is based on the needs of the individual
- The provision of high quality, cost effective, preventative housing support services to older people irrespective of the type of tenure in which they live
- These services can help service users to sustain their current accommodation, or enable a move to suitable alternative accommodation, and prevent the need for high care residential or health services by working in close partnership with other agencies

Commissioning Strategy for Extra Care Housing

Key Issues:

- Demography means that an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses
- With the increasing older population, there needs to be greater choice over housing options and an alternative to moving into residential care
- Although it is not possible to precisely calculate the need for extra care housing, this commissioning strategy has developed an indicative rate of 65 units per 1,000 people aged 75 and over, who are living alone and have a limiting long term illness. This rate is based on older people who are supported by the local authority and need extra care housing, particularly those that could be diverted from residential care

Key Recommendations:

- Devon intends to develop an extra care housing programme to promote the health and well being of older people who wish to live independently and to provide an alternative to residential care
- A programme of 950 extra care housing units required to meet current needs
- The county recognises that many older people live in isolated rural areas and a model of close care will be developed whereby designated housing for older people will be located near to existing residential care homes

Strategic Review and Commissioning Framework for the Devon Supporting People Homelessness Sector 2009/10 – 2011/12

Key Issues:

- The projection of future demand for housing support services in the homelessness sector, indicates that there is estimated to be more than double the level of demand for support services than the need being met through the current supply of support services in the homelessness sector
- Seeking to commission and deliver more service capacity within a reducing budget
- Access arrangements to SP homelessness sector services vary across the county

Key Recommendations:

- Moving away from a 'client group' led approach to commissioning support services across client groups except where there is a specific need for a 'specialised' or 'client need' specific service response required
- Expanding the level of 'generic' floating support services across all districts which is 'tiered' to respond to different needs including complex needs
- A desire for a more even distribution of resources and service provision across the county

Accommodation and Support Joint Strategic Needs Assessment for Learning Disabilities

Key Issues:

- In 2008 there were 10,943 people in Devon aged 18 to 64 who had a learning disability of which 2,488 people had a moderate or severe learning disability, most of whom are likely to be receiving social care services. These figures are projected to increase as the population in Devon grows
- About 650 people with learning disabilities aged 18-64 live in residential care homes. Over 700 live in supported living or other types of independent housing with support. The remainder live with their families

Key Recommendations:

- The JSNA found that an additional 425 units of supported living are required and 46 units of specialist accommodation based services. The need for supported living is generated by those who will need to move out of residential care and those living with their families that need to move
- It is estimated that an additional 128 units of floating support are required to meet the needs of those who are not eligible for care services and live in households that experience housing problems
- The overall strategic approach to accommodation and support services for people with learning disabilities in Devon involves giving greater choice and control over accommodation and support services, reducing the use of residential care and increasing housing options
- One of the key drivers of the strategic approach is to ensure that more supported living schemes are available to provide an alternative to residential care and to explore how personal budgets can be used to support people to live independently

Accommodation and Support Joint Strategic Needs Assessment for Mental Health

Key Issues:

- In 2008 there was 108,389 people aged 18-64 predicted to have mental health problems in Devon projected to increase to 121,620 by 2025 based on ONS data
- The association between rates of mental illness and certain population characteristics, notably poverty, unemployment and social isolation is well established. The most prevalent form of deprivation in Devon relates to barriers to housing and services and the living environment
- Housing support services are funded through the Supporting People programme to enable vulnerable people to live more independently, either in accommodation based services or by providing support in their own homes

Key Recommendations:

- The strategic vision for mental health services aims to promote accommodation and support services that are based on the principles of recovery, prevention, early intervention, social inclusion and personalisation
- The intention is that fewer people will be in longer term residential care, short term residential care will level out and potentially reduce and that there will be an increase of people with mental health problems living in independent social and private rented housing with floating support

Devon Older People's Mental Health (OPMH) Needs Analysis

Key Issues:

- The prevalence of Dementia in Devon is expected to rise significantly with the anticipated growth in older people
- There is a lack of places in care homes in Devon for people with Dementia and health and social care specialist OPMH resources, in the areas of higher anticipated percentage growth of Dementia in the population in the future
- A comparison of OPMH and frail/physical older people's care agreements shows that clients identified as OPMH are less likely to be cared for in a community-based setting, in their own home and are more likely to be cared for in residential or nursing care

Key Recommendations:

- Drive up the quality, shift resources to prevention and early intervention and raise awareness of dementia amongst primary and secondary care services
- Enhance the skills and competence of all staff and support specialisation for professional staff.
- Address the specific needs of people within BME communities in relation to dementia
- Analyse current and future demand, need and capacity. Develop a balance of investment across the full range of possible interventions for people with dementia and their carers
- Further develop the mixed economy of service provision with greater involvement of voluntary, community and third sector organisations

Health Needs Assessment of Gypsies and Travellers in Devon.

Key Issues:

- There are over 4,500 Gypsies and Travellers in Devon that experience a wide range of in-equalities
- The impact of poverty on health is well recognised and Gypsies and Travellers should receive support and advice to help them to understand what benefits they are entitled to in order to maximise their income and thus positively affect their health and well-being
- Gypsies and Travellers are largely an invisible group in terms of health service commissioning due to the lack of robust national intelligence available which is in part due to Gypsies and Travellers reluctance to be categorised.

Key Recommendations:

- Improve local coding in primary, community and secondary care
- Improve diversity training programmes for all staff and engage Gypsies and Travellers in the design and delivery.
- Undertake a number of service reviews into community services, primary care services and secondary care services to ensure that they are geared towards the health and social needs of gypsies and travellers in Devon.
- Improve the audit and performance monitoring and develop a number of protocols including child and Adult Safeguarding, GP's, primary care services and intermediary groups with regard to improving access and quality.
- Develop a directory or information base of key points of contact
- Support the lack of permanent address through the introduction of client held records; health care appointments sent by text and develop a robust system for disseminating key public health messages and information to unauthorised sites

A Health Needs Assessment of Adults with Learning Disabilities, Aged 18 or Over in Devon.

Key Issues:

- People with learning disabilities have greater health needs than the general population
- They are more likely to experience mental illness, and are more prone to chronic health problems
- The prevalence of people with a severe learning disability is set to rise by around 1% each year in part due to longer life expectancy, with more children and young people with complex and multiple disabilities surviving into adulthood, the rise in the reported number of school aged children with autistic spectrum disorder and the greater prevalence of learning disability in some minority ethnic groups

Key Recommendations:

- To review the scope, authority and accountability, budget managed by the joint strategic commissioning manager
- Improve local intelligence on the health needs of people with learning disabilities. Where there is paucity of intelligence a joint audit programme needs to be agreed and implemented
- Review the scope and capacity of acute liaison nurses to ensure equitable provision and identify a cadre of practitioners who will champion the needs of people with learning disability in their area
- Increase the emphasis on the role and responsibility of primary care professionals and develop a joint programme of induction and on-going training to raise the profile of the specific health needs of people with learning difficulties

Health Needs Assessment of Migrant Workers in Devon

Key Issues:

- Migrants in the south west are generally young (25-34), commonly have language difficulties and lack a cultural understanding, many may be well educated but due to language or non recognition of qualifications are not allowed to work or work below their skills
- The South West was one of the regions considered to be a high net migration area in 2006. It was one of the top three areas in the UK for migrants from Poland, Lithuania and Slovakia
- In-equalities in health that have been found including difficulties in accessing health services in particular primary care leading to inappropriate use of some secondary care services and poor access to some public health programmes. A higher prevalence than the community as a whole of some mental health problems exacerbated by racism, social isolation, language and cultural issues and a later presentation in maternal care which can impact on the health of the mother and child

Key Recommendations:

- Need for interpreters and translators
- Review the topics covered in the 'Welcome' packs to ensure that they are in line with the top 20 topics
- Organisations in Devon should agree a process for sharing current intelligence
- Review and improve access to GP services, maternity services, mental health services and public health services.
- Ensure Equality and Diversity training programmes address the issues that concern migrant workers with the aim of improving knowledge and understanding and reduce discrimination and prejudices
- The Devon Migrant Worker Task Group should evaluate their current work streams and projects that are currently being commissioned to ensure resources are being used effectively and efficiently and make the case for mainstream funding where there is evidence of improved outcomes

Health Needs Assessment for HMP Channings Wood, HMP Dartmoor and HMP Exeter.

Key Issues:

- HMP Exeter has a lower number of prisoners accessing the smoking cessation programme than we would expect to see in the general population
- It was very difficult to get detailed information on the number of prisoners with infectious diseases as there is no routine screening. The exception to this was Hepatitis B vaccine coverage. The data indicate that a high percentage of prisoners are refusing Hepatitis B vaccination and of those who receive at least 1 dose of vaccine few go on to receive the third dose
- The number of substance misuse assessments at HMP Exeter is well documented and give an indication of the high number of prisoners passing through HMP Exeter with drug and alcohol misuse problems. In addition a Drug Needs Analysis at HMP Exeter suggests that heroin, followed by cannabis, were the two drugs that prisoners felt most dependent on
- There is a striking under-recording of mental health problems

Key Recommendations:

- There is a lack of coherent information collected on the health of prisoners - both within and between prisons. The information collection systems should be reviewed and assessed in order to bring in a common framework – to aid commissioning
- All three prisons have a significant turn-over of prisoners and if health needs are to be acted on then the mechanisms used to collect and process information need to be rapid
- Diseases which require immediate management (e.g. type-2 diabetes and epilepsy) are reasonably well identified; attention is needed to improve documentation of those conditions that are less likely to require an immediate response
- The lack of easily available information on risk factors for chronic conditions
- Prompt action on preventive interventions is needed

Devon Drug and Alcohol Action Team – Alcohol Needs Assessment and Service Development Framework (November 2007)

Key Issues:

- There are in the region of 2,832 people aged 16-64 in Devon with an alcohol dependence who would benefit from structured intervention at Tier 3. Provision currently exists to deliver 220 interventions per year, 7.76% of need.
- Alcohol misuse is linked with rising alcohol admissions, A&E attendances, violent crime and child protection issues.
- Evidence shows that investment in alcohol interventions saves money. The UK Alcohol Treatment Trial shows that for every £1 spent on treatment, £5 was saved across health and social care and crime and disorder.

Key Recommendations:

- Develop low-threshold community based interventions to reduce the demand on secondary acute/inpatient services and subsequent costs to the health and social care community.
- Enhance capacity at Tier 3 to manage complex cases.

Devon Sexual Health Strategy 2008 – 2012

Key Issues:

- Increased risk-taking behaviour has contributed to the rise in sexually transmitted infections.
- The increase in syphilis diagnoses continues to be of concern with most diagnoses in men between the age of 25 and 39 years.
- The vast majority of teenage pregnancy is unplanned.

Key Recommendations:

- To establish a Devon Sexual Health Local Implementation Team.
- To develop a specification for an integrated, jointly commissioned sexual health service for Devon and Torbay.
- To produce an implementation plan, based on commissioning actions identified, which also addresses the needs of vulnerable groups.

Devon Drug and Alcohol Action Team – Treatment Plan and Needs Assessment 2010/11

Key Issues:

- Devon has a large and rapidly growing population living predominantly in either market towns or rural areas, meaning more than one model of service delivery is necessary. The sparseness of the rural population presents service-delivery problems absent from urban areas.
- Official estimates are that there are 2,197 problem users of opiates and/or crack cocaine (95% confidence interval 1,720 to 2,768) in Devon, of whom 587 (27%) are not known to treatment.
- People in the most deprived areas are 13 times more likely than those in the most affluent areas to be admitted to hospital in connection with drug use.

Key Recommendations:

- Maintain and develop partnership arrangements including Peninsula Substance Misuse Sub Group, IDTS Steering Group at Exeter.
- Establish and maintain links with the Integrated Offender Management Service in Devon.
- There is a need for better data collection within JobCentre Plus (JCP) and closer working relationships between JCP and treatment services.

Intelligent progress towards prevention report series - smoking

Commissioning Recommendations:

- Research suggests that no single approach to tackling smoking will be successful in isolation and what is required is sustained and coordinated action at all levels.
- Although stop smoking services are well placed in terms of providing evidence-based stop smoking support, they will ultimately be more effective and attract more smokers when part of a comprehensive approach to tobacco control.

Intelligent progress towards prevention report series - falls

Commissioning Recommendations:

- Develop a stronger commissioning focus on the outcomes and associated quality of care indicators for hip and other fracture care across the four acute trusts serving Devon.
- Develop a bone health commissioning strategy for Devon.
- Work to develop systematic arrangement for specialist medical support for community-based falls clinics.
- Develop stronger links with local authority Leisure Services as part of addressing equity of access to exercise classes for fallers and others at high risk across the county.
- Develop a common home safety assessment services in conjunction with the police and fire services.
- Free handy person time to promote an agenda of home safety and promoting independence.
- A mobile response service operates out of three bases, seeing over 1,000 non-injurious falls per year.

Intelligent progress towards prevention report series – psychological therapies

Commissioning Recommendations:

- Expanding psychological therapies services to meet existing need is likely to change local mental healthcare pathways and reduce inappropriate referrals and secondary care assessment time.
- Offering effective treatments in the initial stages of an individual's care pathway may reduce the number of people referred to more specialist services, as well as long waits and multiple assessments.

Intelligent progress towards prevention report series – obesity

Commissioning Recommendations:

- Core principles for tackling obesity at a local level include a high priority for the prevention of health problems, leadership and long term sustained interventions.
- The distinction between prevention and treatment is important. Once gained weight is difficult to lose so an emphasis on prevention is vital.
- Further develop partnership delivery of actions.
- Develop integrated healthy weight care pathways and high quality services for children and adults who are overweight and obese, including identification, assessment, management and treatment pathways.

Intelligent progress towards prevention report series – alcohol

Commissioning Recommendations:

- Upstream interventions using the Tiered model will reduce waiting times and increase treatment capacity and reduce unit costs.
- The model emphasises the primacy of opportunistic, early intervention through screening and the importance of developing referral routes for chronic drinkers who require specialist inpatient services.
- The framework will require an open access Tier 2, community based service, with referral routes in from Tier 1 (early intervention) and down from Tier 3 (structured, care planned treatments).
- Referral to Tier 4 inpatient detox and residential rehabilitation services will be managed by a rehab panel.

Life expectancy in Ilfracombe Health Equity Profile

Key Issues:

- Ilfracombe Central has high levels of mortality from the major killers of cancer and circulatory disease, and rates of mortality from circulatory disease are statistically significantly high compared to the rest of Devon.
- Although rates of both mortality and hospital activity are high in Ilfracombe, this pattern is not reflected in prescribing and prevalence data.
- The data suggest that the population may not be accessing primary care effectively and not being diagnosed and treated effectively in primary care.

Key Recommendations:

- Differences in life expectancy across Devon should be routinely monitored to ensure that the trend towards a reduction in the gap between highest and lowest continues.
- Primary care in Ilfracombe should ensure that patients with chronic conditions are identified and recorded as having the condition.
- Stop smoking services should continue to make North Devon, and Ilfracombe in particular, a high priority for resources.

Stroke Health Equity Profile

Key Issues:

- Three year rolling averages for stroke mortality show a statistically significant drop in rate for Devon overall from 2001-2003 to 2004-2006, both for all ages and under 75 years.
- Despite a clear association in research, stroke mortality across Devon is not linked with deprivation.
- In general, need for health care for stroke, as estimated by mortality and prevalence, appears to be met appropriately by emergency admissions to hospital, although there are some variations.

Key Recommendations:

- The stroke group should review what prescribing data would be helpful in assessing appropriate use of health services for stroke.
- The relationship of deprivation with admissions and mortality needs further investigation.
- The group should consider how best to target the MOSAIC groups and types with the highest risk of stroke with appropriate information.

COPD Health Equity Profile

Key Issues:

- COPD mortality and emergency admissions shows a strong association with deprivation; the most deprived quintile of the population has a mortality rate four times that of the least deprived quintile, and an admission rate six times higher.
- There is a strong negative correlation between COPD mortality and stop smoking service quit rates, highlighting that deaths are more likely in areas with poor quit rates.
- In general, there does not seem to be major inequity of access to emergency care, although the lower rates of admissions relative to need in Northern Devon do require further investigation.

Key Recommendations:

- Stop Smoking services should continue to provide easily accessible services in the areas of highest deprivation and smoking prevalence and aim to attract more people to contact them to improve the quit rates.
- Stop smoking services should also consider ways of engaging female smokers.
- Active application of evidence-based approaches to manage COPD proactively.

Diabetes Health Equity Profile

Key Issues:

- Within Devon, areas with higher estimated prevalence of diabetes have higher emergency admission rates for diabetes in any diagnosis, suggesting that in general service use reflects need.
- Emergency admissions for diabetes and diabetic complications across Devon show a strong gradient with deprivation.
- In some areas of Devon, a substantial proportion of people with diabetes are not currently recorded as having the condition by their GP practices and thus not necessarily receiving all the appropriate preventive care.

Key Recommendations:

- Efforts should be made to identify any patients with diabetes and to ensure that they receive the recommended primary care interventions.
- Consideration should be given to repeating this profile for patients living at home compared to those living in such residential and nursing homes.

Carer health needs assessment

Key Issues:

- There is significant evidence to support the fact that carers of all ages are a vulnerable group at a disproportionate risk of experiencing health inequalities.
- The demographic changes in Devon will increase the number of and the demands on carers and their needs need to be taken into account and met if they are to enjoy a life of their own.
- The role of the new joint strategic commissioning manager post in optimising the sharing of good practice and ensuring a consistent approach.

Key Recommendations:

- There is a need to ensure that the care plans for those receiving palliative care using the Gold Standard Framework (GSF) and Liverpool Care Pathway (LCP) build in the needs of carers into the planning process and there is a mechanism to monitor and report on compliance.
- Consideration should be given to the option of commissioning an external agency to undertake a local survey on the health of carers, using a nationally recognised generalised research tool.
- A consistent approach to undertake the annual health checks should be agreed locally if they are rolled out following national and local pilots.

Local Learning Community Datasets (LLC)

Commissioning Implications:

- The LLC is produced to help schools understand the wider community in which they were located.
- The information and data in the profiles primarily relates directly to schools, their buildings, communities and the pupils attending their school, as well as achievement, and it is benchmarked so all issues are comparable across the school estate.
- The aim is to encourage schools to work more collaboratively together, move away from the competitive environment of past years, have an improved understanding of each school community, and move towards an improved structure of leadership and management to support improved outcomes for all local children.

- This fits with the governments Every Child Matters agenda and builds on the expectations in the Children's Plan and the Education and Inspection Act 2007 which put more responsibility with schools for improving outcomes for children.
- This Act also moved Local Authorities from being providers of services to commissioners of services, and guiding and challenging schools rather than leading and managing them.

Children and Young People's Equality and Diversity Needs Assessment

Key issues:

- There is considerable diversity of life experience within and across the many communities of Devon.
- We must ensure that we understand more about the factors that affect the outcomes for children and young people so that we can target our efforts accordingly.]
- This dataset therefore collects information on matters relating to diversity issues with a partner slant in considering:
 1. Ethnic comparison
 2. Disabilities and Special Educational Needs
 3. Gender
 4. Gay, lesbian, bi-sexual and transgender matters

Key Recommendations:

- There are varying degrees of data with very little available on the latter. This information should therefore be used to ensure that any matters relating to age, disability, religion and belief, sexual orientation, race and gender are addressed.
- Despite our population being mainly White, there are over 100 languages spoken in Devon schools. New communities are settling here in numbers not previously seen. Minority ethnic groups from across the globe are choosing to live in Devon, and their children and families are ours along with the indigenous population.

Children's Trust Needs Assessment

The Children Act 2004 established a duty on Local Authorities to make arrangements to promote cooperation between partner agencies, and a duty on key partners to take part in the co-operation arrangements. The Children's Green Paper 'Every Child Matters' (2003) initiated the five outcomes for children and young people as the components of well-being and the purpose of cooperation between agencies. This needs analysis will:

- Build up a picture of life in Devon for children and young people
- Support the delivery of better health, social care, education and wellbeing outcomes for children and young people living in Devon
- inform the next stages of the commissioning cycle
- aid better decision-making
- Underpin the Children and Young People's Plan, the Local Area Agreement local outcomes and targets

It is hoped that this analysis will provide a basis for better, more focused information about the needs of children and young people in the areas where they live and/or go to school. The assessment will address the following areas around current circumstances of children and young people living or attending school in Devon:

- Which specific groups of children and young people are disadvantaged?
- How many children and young people are living in poverty?
- How many children and young people have Special Educational Needs?
- Which families need strengthening
- Address the overriding priority of safeguarding
- What help do children and young people who are disadvantaged want and need?
- Where do disadvantaged groups live?

'Dying matters in Devon' - Living well until the end of life care strategy

Key Issues:

- Devon has a greater proportion of people in the older age groups and a lower proportion of younger age groups when compared with the national picture.
- The older population will grow by more than a third by 2021
- About 8,000 deaths in Devon per annum.
- The majority of these deaths occur in adults over the age of 65 years, following a period of chronic illness.

Key Recommendations:

- Identify potential patients and promote discussions as the end of life approaches
- Ensure adequate assessment, care planning and reviewing and assessment of carer needs.
- Ensure strategic coordination of care
- Ensure delivery of high quality services in different settings
- Ensure improvements in the last days of life
- Ensure that a 'good' end of life care does not stop at death

Positive Parenting Review

Key Issues:

- Parents are the single most important influence on securing positive outcomes for children and young people.
- Devon's parents should be able to give their children the best possible start in life, and to have the skills, ability and confidence to nurture achievement and well-being.
- This is particularly important in pre-birth, infancy and in the early years of childhood and into late adolescence for families of young people with additional needs.

Key Recommendations:

- Build a team committed to make a difference to parents
- Provide services which meet the parents identified needs
- Involve parents in the development of services to ensure that their needs and requirements are met
- Improve the skills of those who work with parents – including parent support groups/mentors
- Clarify the way in which we measure the effectiveness of the support we offer.

Maternity Services Review

Key Issues:

- 7,000 babies are born each year in Devon. It will rise in some parts of Devon and fall in others over the next 10 years.
- National policy emphasises choice, access, safety and continuity of care with the option of home birth, birth in local facilities under the care of midwives, and birth under the care of a consultant where appropriate.
- Births to teenage mothers account for 6.2% of all births in Devon
- Smoking during pregnancy is higher in younger women in Devon, with almost a third of all teenage mothers smoking at delivery
- Breastfeeding initiation rates are similar with the national rate overall but there is a 10% variation in uptake across Devon.

Key Recommendations:

- Women will have direct access to midwives or maternity professionals for all aspects of their care.
- There will be arrangements in place to guarantee mothers a choice, promoting continuity and safety in maternity care, with home or midwife-led birthing centres at the heart of this choice.
- The link between midwifery and primary care and children's centres will be developed in Devon to achieve the best possible support for parents and their families.
- Services will be developed so that midwife-led birthing facilities can also provide clinical assessment, and women can have scans, routine appointments and admissions without delivery all in one place, as close to their homes as possible.
- Those who are providing services will need to demonstrate they are implementing relevant national guidance and to supply reports on their performance in key areas such as caesarean rates and breastfeeding initiation and maintenance.
- Devon must meet the national guarantee of choice in maternity care, accompanied by an increase to 10% of babies born at home and 305 being born in maternity units by 2013.
- Where births take place in hospital, women and their babies will be supported to return home as soon as possible, with the length of stay at the national average or below by the end of 2008, and transfers to a second hospital for maternity care reducing by 50% by 2010.
- A teenage pregnancy rate of less than 20 per 2,000 by 2010, and a minimum 50% reduction in the under 18 rate in all areas of Devon by 2013.
- An improvement of 25% by 2010 in the numbers of mothers breastfeeding at six weeks, a reduction in smoking rates during pregnancy to no more than 5% by 2013, and a reduction in caesarean section rates by 1% a year for the next 5 years.

Service Redesign Social and Demographic Reports

Background:

- A series of reports were produced in 2008/09 to support Service Redesign activities within NHS Devon.
- These reports analysed secondary care activity data according to geography, age, sex, deprivation and social groups, as well as including projected growth in activity to 2031.
- These covered areas such as musculoskeletal conditions, cardiology, limited value procedures, plastic surgery / dermatology, COPD, diabetes, and accidental falls.

Current Papers

- A listing of all available reports can be found here
http://www.infopoint.devonpct.nhs.uk/InfoPointLibrary/Public_Health_Commissioning/Social%20and%20Demographic%20Reports%20Listing.doc

-