The Scottish Government

'From anatomy to policy ;how advancing neuroscience helped shape policy shift in the Early Years in Scotland '

Dr Kate McKay

Senior Medical Officer

Scottish Government

The Scottish Government

Aim of Presentation

- Context of Child Health Services in Scotland
- Understanding neurodevelopment in children
- Policy development in Scotland and Improvement Science
- Interventions in Early Years

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National Outcomes

- Our children have the best start in life and are ready to succeed.

- We have improved the life chances for children, young people and families at risk.

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

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Policy framework for Maternal and Child Health

- Early Years
- GIRFEC
- Children and Young People's Act
- Health and Social Care Integration Act
- Health Visiting Review
- Quality strategy and 20:20 route map

The Scottish Government

GIRFEC

It is Scottish Government and NHS Scotland policy that children and young people should benefit from a single planning process when they require assessment, planning and action to promote, support or safeguard their wellbeing.

The Scottish Government

Getting it right for every child (GIRFEC)

is the national approach to supporting and working with all children and young people in Scotland. It affects all services for children and adult services where children are involved. It is designed to ensure all parents, carers and professionals work effectively together to give children and young people the best start we can and improve their life opportunities.

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Key Elements

- Common Language of well-being –
  - **S**afe, **H**ealthy, **A**chieving, **N**urtured, **A**ctive, **R**espected, **R**esponsible, **I**ncluded
- Named Person – single point of contact
- Information sharing
- National practice model
  - Assessment, Planning and Action
- Single Child's Plan

getting it right for every child

www.scotland.gov.uk/gettingitright

The Scottish Government

In many situations, the Child's Plan will include contributions from different services and agencies including needs identified through specialist assessments such as the Health Assessment and the actions to address these needs. To ensure that a consistent approach is taken by services and agencies the GIRFEC National Practice Model, should be utilised as the framework for and assessment and planning

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Getting it right for every child (GIRFEC)

- Not an Intervention – an Approach
- Getting it right for every child is the national approach to improving outcomes for children and young people in Scotland, whatever their condition/ circumstances/ needs/risks
- and agencies to adapt culture, systems and practice in line with the values and principles and core components of Getting it right for every child.

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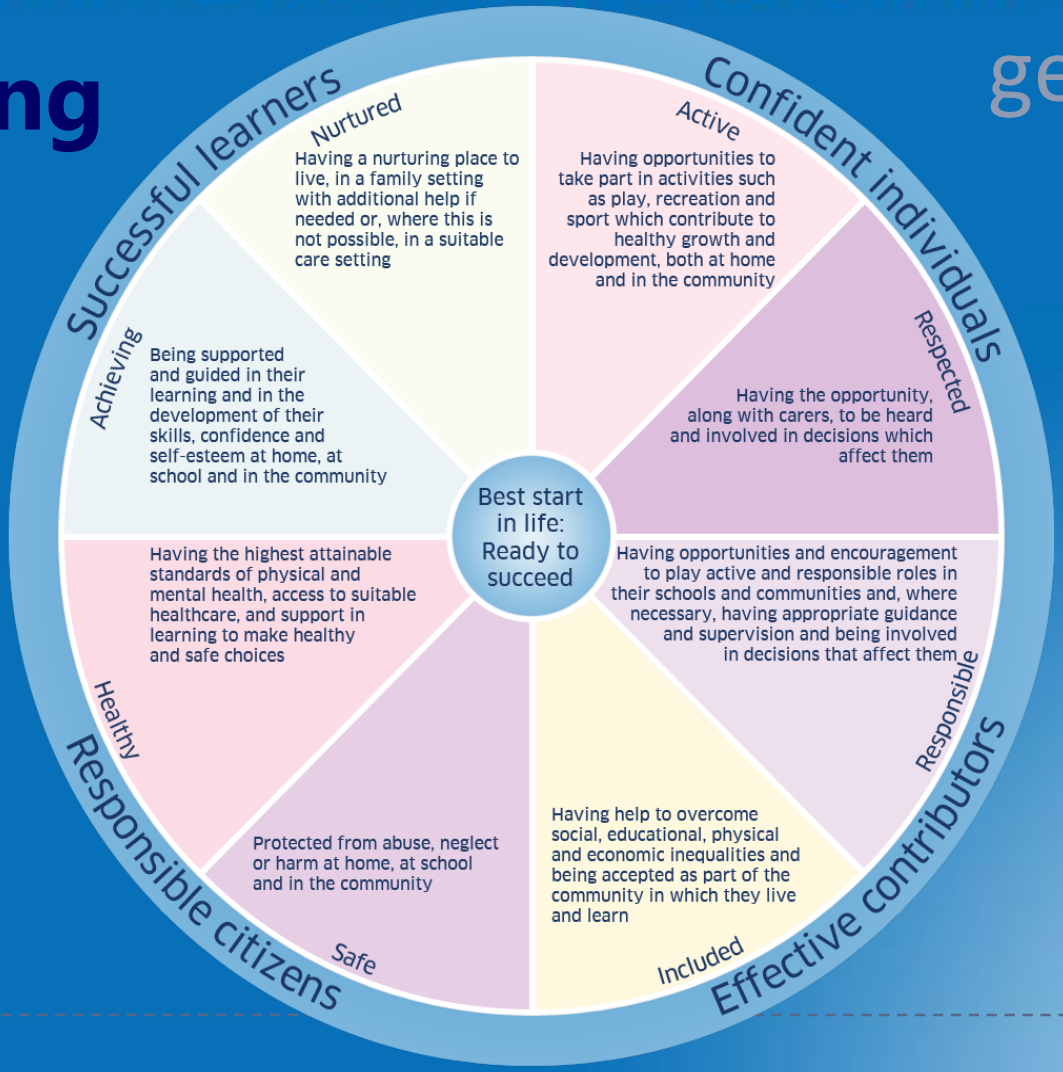
Wellbeing Wheel

getting it right for every child



www.scotland.gov.uk/gettingitright

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getting it right for every child

Named Person

- Every child and young person will have a Named Person at least until they leave school
- Work within Universal Services
- Point of contact for child, parent, professionals & members of the community
- Maintain the Child's Record
- Update core information and record any concerns
- Take action, involving others as required, to improve well-being

Early Years – Shared Vision

getting it right for every child in Lanarkshire

To make Scotland the best place in the world to grow up in by improving outcomes and reducing inequalities for all babies, children, mothers, fathers and families across Scotland, to ensure that all children have the best start in life and are ready to succeed.

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SCOTLAND

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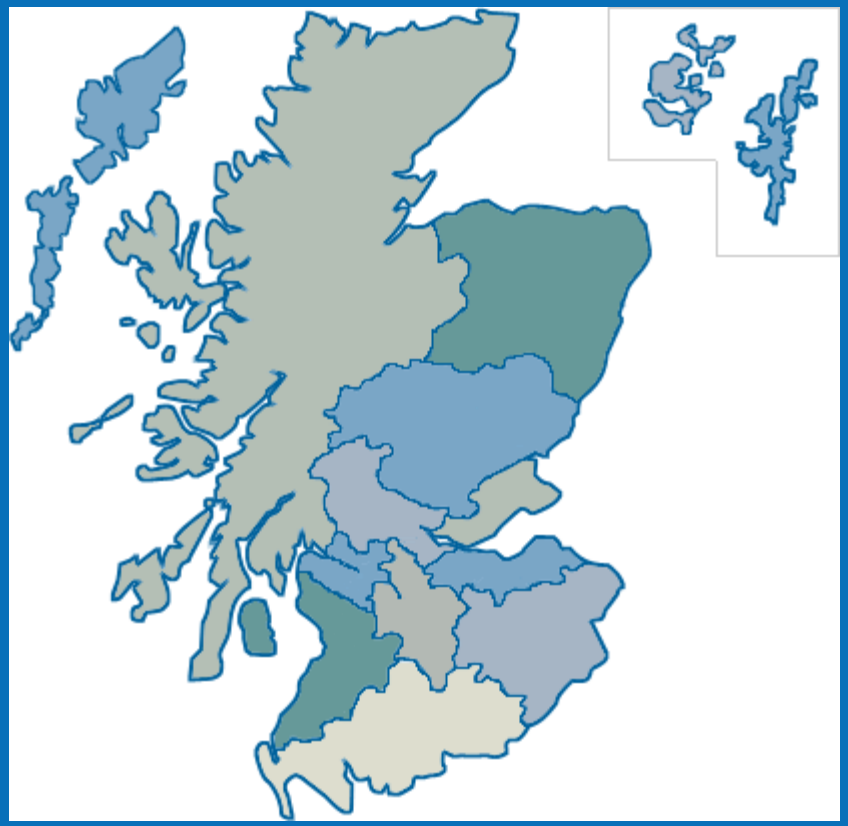
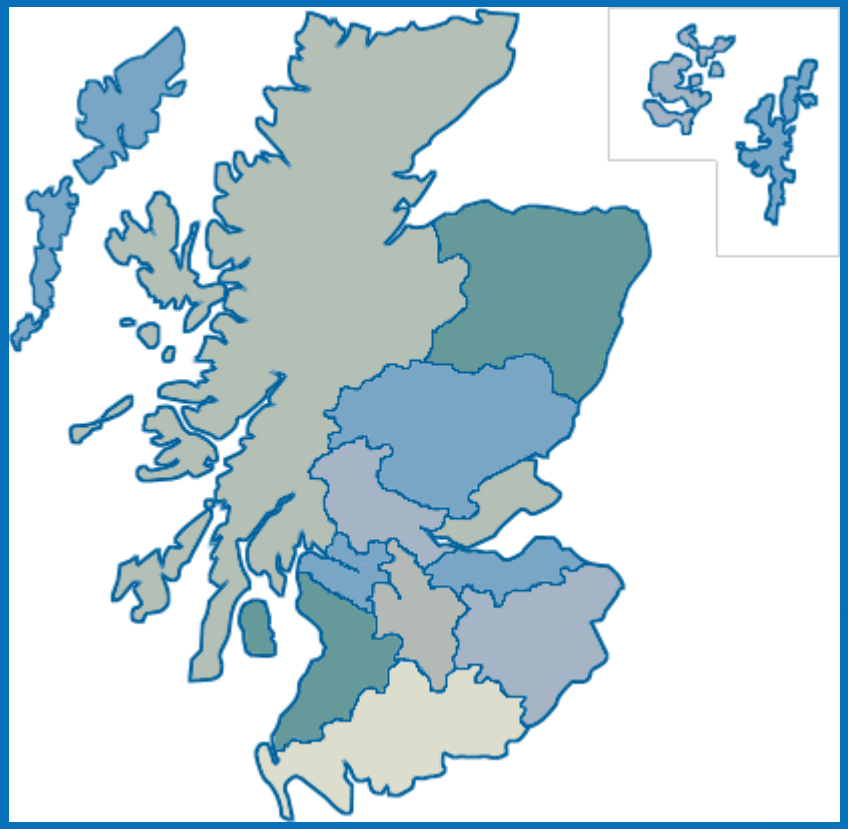
Paediatric Services in Scotland



- Land Area 78,772 Km2
- Population 5.2 million
- Popn. Density 64/km2
- 18% of total population in R&R setting including 265,000 children

Paediatric Services

Health Economy



- 14 Territorial Health Boards
- 3 Island Health Boards
- 3 Regional Planning Groups with Child Health sub-groups.

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Child Health Epidemiology

- Patterns of disease
- Social determinants
- Effects of poverty
- Increasing parental expectations and public consultation
- Inter-relationship with other agencies
- Reducing variability in service provision and access

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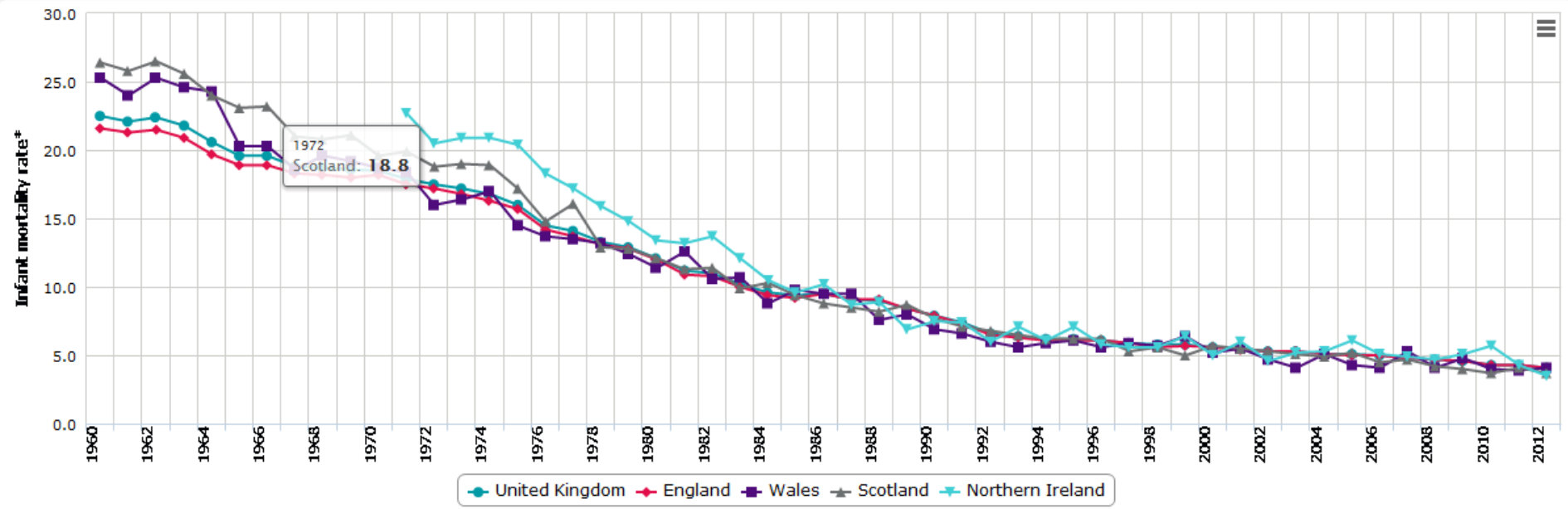
OUTCOME MEASURES -Health

- Infant Mortality rates
- Child Death rates
- ‘Survival rates ‘
- Hospital admission and discharge numbers
- Attainment

HOW DOES THE OVERALL UK INFANT MORTALITY RATE COMPARE TO INDIVIDUAL UK COUNTRIES?



The infant mortality rate (* see about this data) for the UK and each country in the UK has been steadily decreasing since 1960. The UK rate fell below 10 for the first time in 1984 and has decreased even further, to an all time low of 4.1 in 2012.

All countries have followed a similar trend, with Northern Ireland having the lowest rate of 3.5 in 2012; Scotland's was 3.7, England's and Wales' were both 4.1.

Source: Office of National Statistics, Annual data: Deaths (numbers and rates: total, infant, neonatal)

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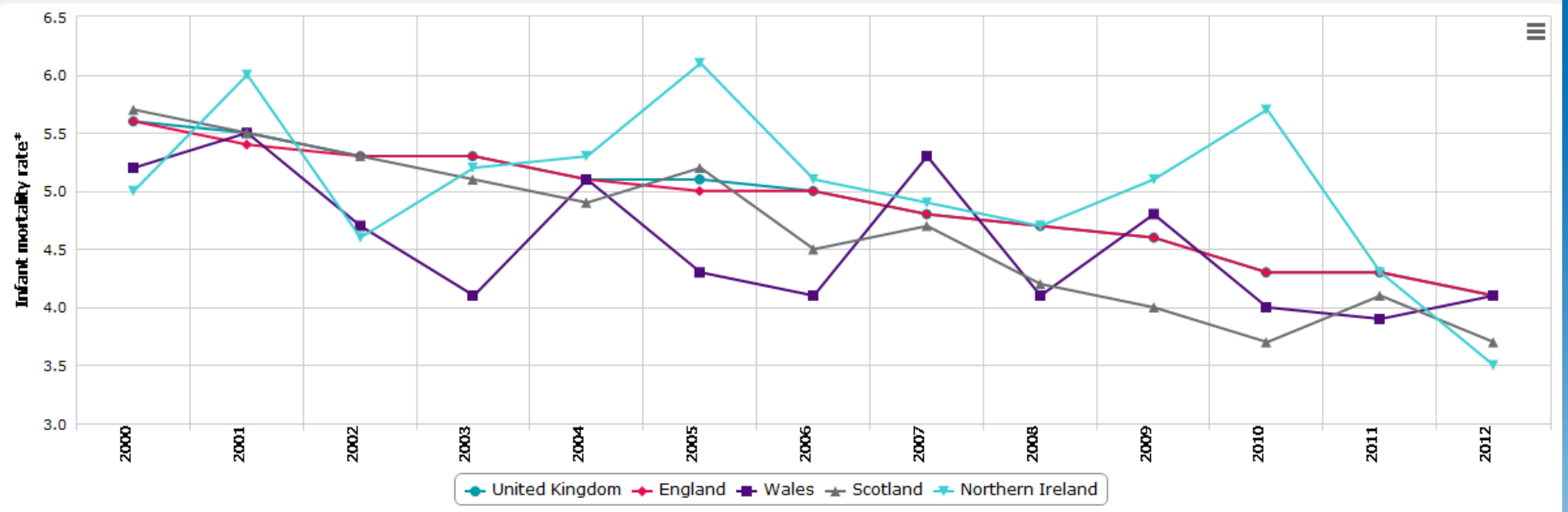
HOW HAS THE INFANT MORTALITY RATE IN UK COUNTRIES CHANGED IN THE LAST TEN YEARS?



Here we look at the UK trend in infant mortality rate since 2000. Again, the rate for the UK and for each country has generally been decreasing. Scotland has seen the biggest decrease from 5.7 in 2000 to 3.7 in 2012 and Wales the smallest, from 5.2 in 2000 to 4.1 in 2012. Overall the UK decreased by 1.5, from 5.6 in 2000 to 4.1 in 2012.

Source: Office of National Statistics, Annual data: Deaths (numbers and rates: total, infant, neonatal)

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Child Development –nature and nurture

- First 1000 days critical – prenatal and postnatal enviroment
- Effects of maltreatment on development persist across the life course
- New genetics suggest certain genotypes are a risk factor in adversity , but also confer resilience

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- Relationships that are reciprocal, nurturing, purposeful, and enduring, are the foundation of a healthy early brain and child development.

Pediatrics Vol. 134 No. 2 August 1, 2014
pp. 404 -409 (doi: 10.1542/peds.2014-1384)

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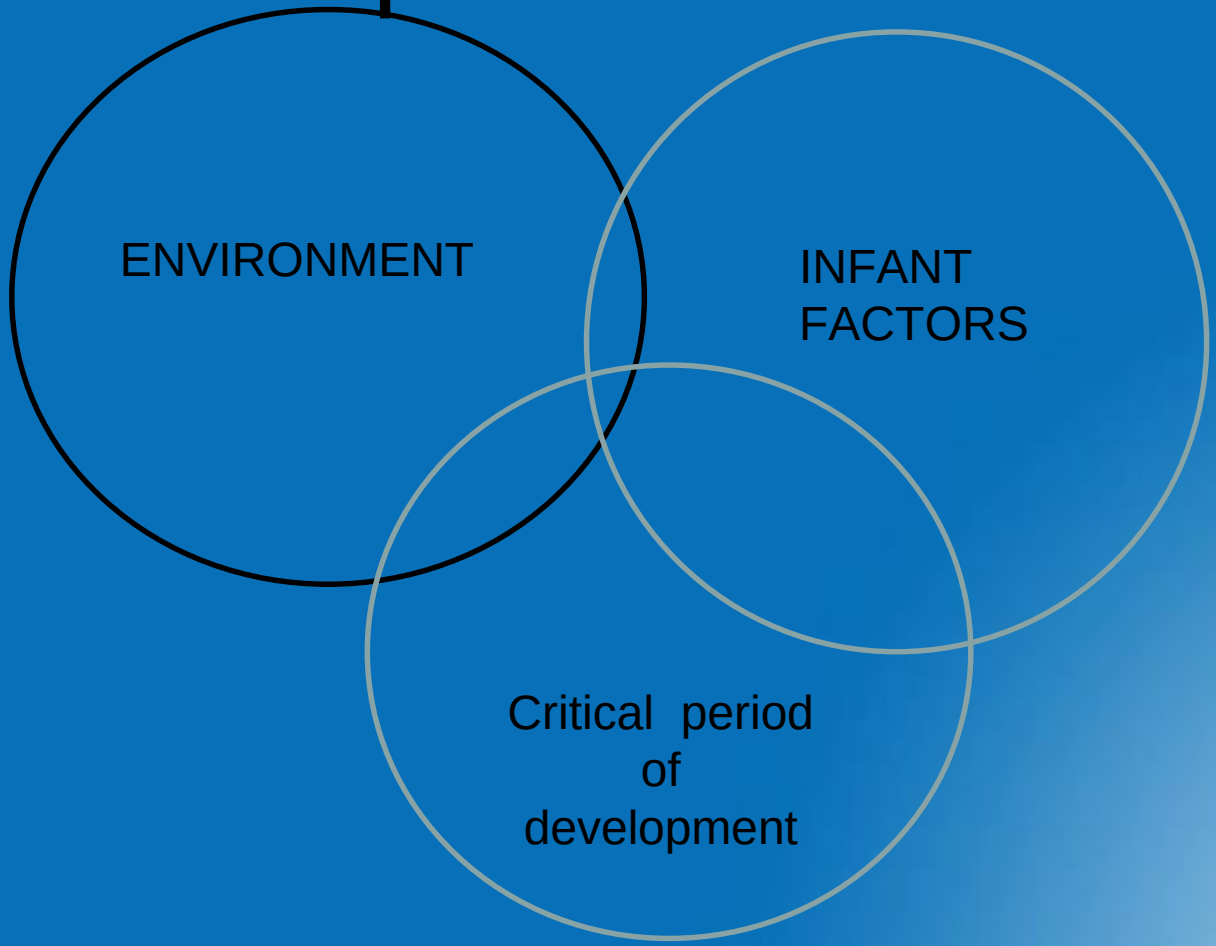
Triple Risk Model



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Interventions

- Should be matched to genotype ?
- How do genes affect intervention at a particular time to alter developmental process ?

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Evidence based interventions

- Family Nurse Partnership
- ‘Before Words ‘
- Play Talk Read
- Psychology of Parenting
- Early Years Collaborative
- Nurture Classes

The Typical Approach…

The Scottish Government

Conference Room

DESIGN → DESIGN → DESIGN → DESIGN → APPROVE

Real World

IMPLEMENT

The Quality Improvement Approach

The Scottish Government

Conference Room

DESIGN

APPROVE
IF NECESSARY

Real World

TEST & MODIFY

TEST & MODIFY

TEST & MODIFY

START TO IMPLEMENT

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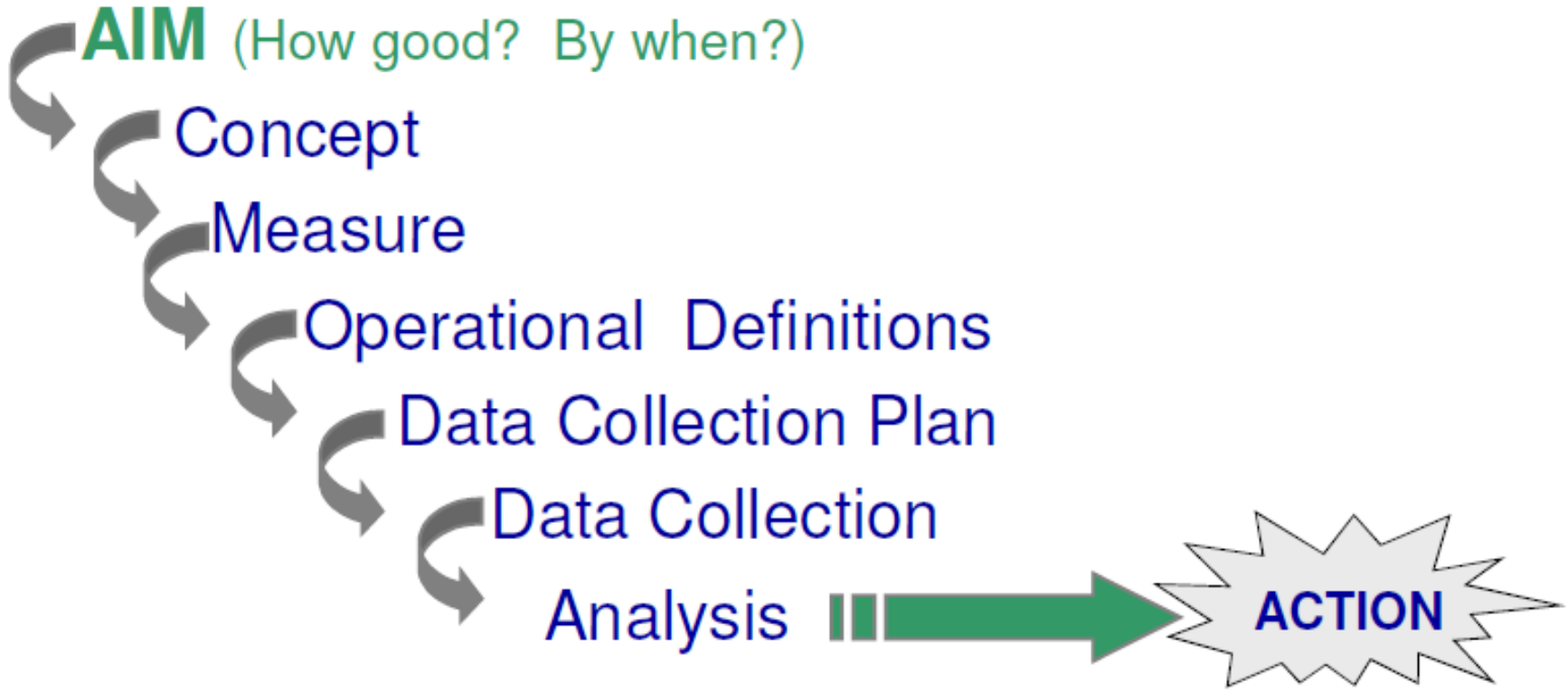
Methodology

- Evidence based
- Quality Improvement
- Small tests of change
- Data

The Quality Measurement Journey



Source: Lloyd, R. Quality Health Care. Jones and Bartlett Publishers, Inc., 2004: 62-64.

22

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Early Years Collaborative

- Global Aim :Scotland is the best place to grow up and the best place in the world to bring up children
- First ever national , multi agency Quality Improvement Programme led by Community Planning Partnerships

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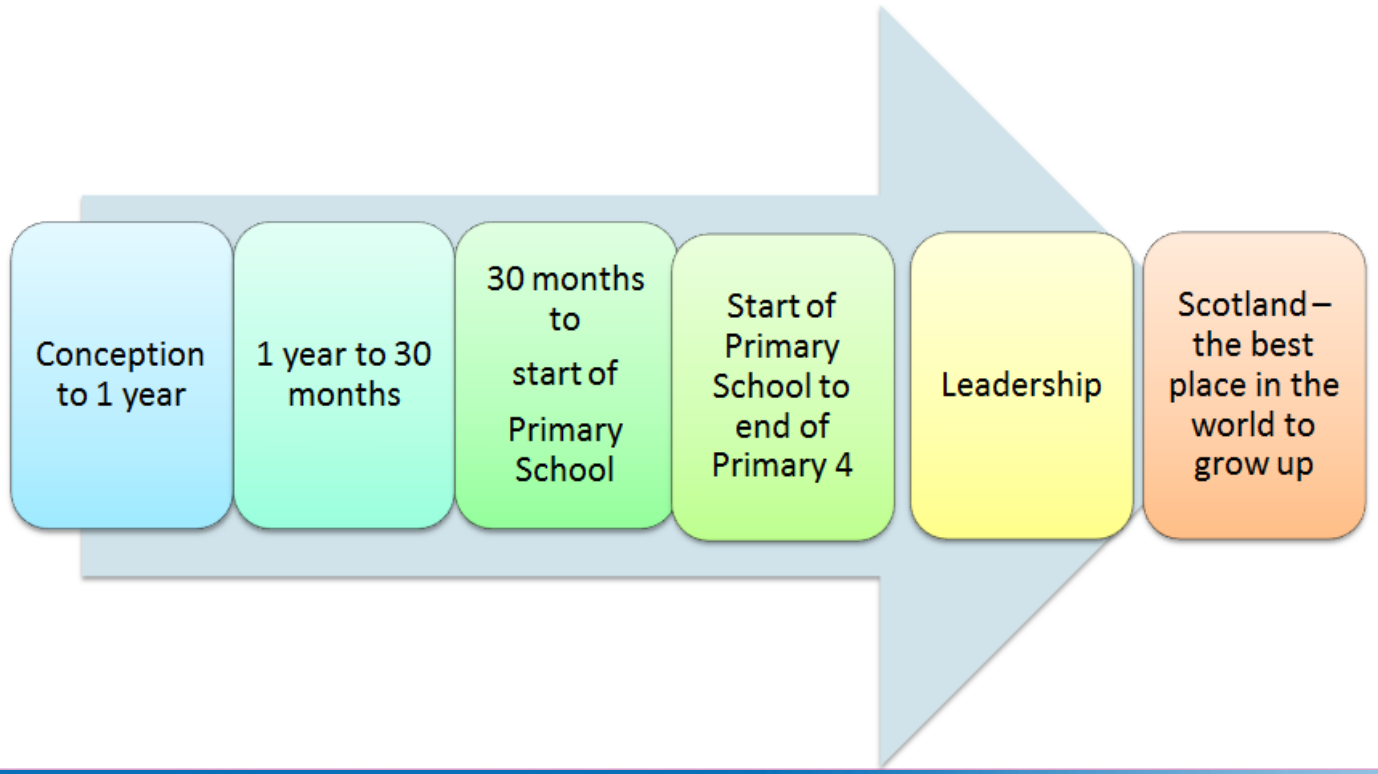
Workstreams



http://www.scotland.gov.uk/Topics/People/Young-People/early-years/early-years-collaborative

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Stretch Aims

- To ensure women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths(from 4.9 per 1000 births in 2010 to 4.3 per 1000 in 2015)
- And reduction of infant mortality from 3.7 per 1000 live births in 2010 to 3.1 per 1000 live births in 2015

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Quality Improvement Methodology

- Support ,inspirational leadership ,non-hierarchal ,sharing, confidence to broach QI
- Enriching and empowering , learning reliance and success but from support networks locally and wider ..Plan and prepare ..strategies for clinician engagement - what was in it for them and for patients and families ..to get a shared

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EVIDENCE BASED IMPLEMENTATION

- **STAFF CAPACITY**
- **COMPETENCY**
- **FIDELITY TO PROGRAMMES**
- **DATA COLLECTION**
- **MANAGERIAL BUY IN AND SUPPORT**

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Staffing Example




Universal Health Visiting Pathway in Scotland


Pre-Birth to Pre-School




October 2015

The Scottish Government
Riaghaltas na h-Alba

HEALTH VISITORS HOME VISITING PATHWAY

PRE-BIRTH TO PRE-SCHOOL

Pre-Birth

Antenatal Letter

Ante-Natal Contact

Home Visit
32 – 34 weeks

11 – 14 days ✸

New Baby
Home Visit

3 – 5 Weeks of Age

2 Home Visits

6 - 8 Weeks of Age ✸

Home Visit

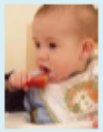
3 Months

Home Visit

4 Months

Home Visit

6 Months



Review GIRFEC Assessment
and confirmation of HPI

8 Months

Home Visit

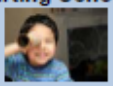
13 – 15 Months ✸

Home Visit –
Developmental &
Wellbeing Review

27 – 30 Months ✸

Home Visit –
Developmental &
Wellbeing Review

4 - 5 Years Prior to Starting School ✸



Home Visit –
Developmental &
Wellbeing Review

4 - 5½ Years

Transfer from outgoing Named Person (Health Visitor) to incoming Named Person (e.g. Education)

Antenatal Contacts

Child Health Review

✸ Proposed National Data Collection Points

The 6-8 week visit is in addition to the GP Review at 8 weeks

✸ **Ongoing Assessment**
GIRFEC Practice Model
HPI Definition

Health Plan Indicator Definition

An additional HPI indicates that the child (and/or their carer) requires sustained (>3 months) additional input from professional services to help the child attain their health or development potential. Any services may be required such as additional HV support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

8

Images supplied by NHS Health Scotland

Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes **
Pre-Birth (Suggested time: 10 minutes) 	• Standard service letter to pregnant women on notification of pregnancy. • Introduction to Health Visiting Services/National Leaflet.		Parent/carer aware of the Health Visiting Service and contact details
Pre-Birth Contact 32 – 34 weeks (Suggested time: 45 – 60 minutes) 	• Face to face contact to introduce Health Visiting Service and to begin to develop and build therapeutic relationship with mother/family. • Begin early assessment of maternal/family health, wellbeing and early identification of vulnerability or additional needs. • Initiate additional interventions as appropriate such as Alcohol Brief Interventions • Commencement of transition of care from Midwife to Named Person • Introduction of Red Book • Initiate additional joint visit with the Midwife where additional need is identified • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Assessment and support for infant nutrition; making an informed feeding decision, benefits of breastfeeding, value of skin-to-skin and support decision making and access to Support Workers for Breastfeeding including in-reach into the post-natal ward • Routine enquiry about family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services.	• Edinburgh Postnatal Depression Scale • Getting it Right for Every Child (GIRFEC) Practice Model • National Risk Assessment Tool • Learning Disability Assessment Tools	• Early development of a therapeutic relationship • Identification of parent/carer and child strengths • Early identification of vulnerability/need and active request for assistance or referral is made for clients at an early stage • Uptake of services/tailored support from third sector agencies to address wider determinants • Family awareness of Health Visiting Service and support available on transition from Midwifery care • Families recognise Health Visitor as professional offering credible and positive information, advice. support and help to access services • Parents/carer receive appropriate public health advice to maximise child/family wellbeing • More structured continuity of care and continuous assessments • Income of pregnant women and families with young children who are at risk of, or experiencing, poverty is maximised • Clear documentation of intervention

* **Throughout each visit/contact utilise Public Health Resource Toolkit (*Appendix 4*)**
** **This is current thinking. Ongoing work will determine the precise nature of measures to be captured**

Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes **
11-14 days (Suggested time: 60 – 90 minutes) 	• Engage with family following birth • Assessment and initiation of Getting it Right for Every Child (GIRFEC) and identification of child/family strengths and health/mental health and wellbeing needs and provisional HPI • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Physical developmental check of the baby • Introduce immunisation and developmental assessment schedule • Advice on sources of community support • If not previously carried out carry out routine enquiry for gender based violence and risk assessment undertaken following disclosure Build on and strengthen therapeutic relationship between practitioner and mother/family • Agree future plan of care with parents/carers • Routine enquiry about family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services	• Standard assessment/ recording proforma (Child Health Surveillance Programme) • National Risk Assessment Tool • Getting it Right for Every Child (GIRFEC) Practice Model • Learning Disability Tools • Refer to Chief Executive Letter (CEL) 41 and Edinburgh Postnatal Depression Scale as appropriate • World Health Organisation (WHO) Guidelines for Child Growth	• Families experience continuity of care through timeous information sharing between services • Partnership between practitioners and parents/carers is established • Profile of significant factors • Any risk or potential risk to child or parent/carer health and wellbeing is identified/ addressed early • Identification of physical and prolonged jaundice • Consideration should be given to early visual support to babies born to parents with addictions • Parents are empowered to understand and support child's developmental progress • Improved nutrition for child or parent/carer • Children are protected against infections through engagement/ uptake of immunisation programme • Increased breastfeeding initiation • Families recognise Health Visitor as professional offering credible and positive information, advice, support and help to access services • Parent/carers are supported to maximise wellbeing of self/baby • Continual assessment of child and development of a therapeutic relationship with family • Uptake of services/tailored support from third sector agencies to address wider determinants • Parents/carers receive appropriate public health advice to maximise child/family wellbeing • Income of families with young children who are at risk of, or experiencing, poverty is maximised • More structured continuity of care and continuous assessments • Clear documentation of any required intervention

* **Utilise Public Health Resource Toolkit (*Appendix 4*) for key contacts and all interventions**

** **This is current thinking. Ongoing work will determine the precise nature of measures to be captured**

Public Health Resources Toolkit Supporting the Universal Health Visiting Pathway

Age/Visit Appropriate Available Public Health/Health Promotion and Information Resources and Assessment Tools

Child's Age	NHS Health Scotland Resources unless specified			Assessment tools
Pre-Birth	Local antenatal letter	Ready Steady Baby online and app: information on preconceptual health including importance of folic acid, stopping smoking & eating a healthy balanced diet www.readysteadybaby.org.uk 		
Pre-birth contact 32-34 weeks **(Important:** resources outlined here are provided and discussed at booking in and earlier appointments by midwife or Family Nurse. Check whether parent has any subsequent questions/use as a tool for discussion)	Area health visiting leaflet Bump to Breastfeeding DVD 	Fresh start: and/or How to stop smoking and stay stopped  Off to a Good Start – All you need to know about breastfeeding your baby 	Ready Steady Baby and/or  My Pregnancy, My Choice  and Young Parents Survival Guide 	 Healthy Start information and application (DoH) Information on money advice www.moneyadviceservice.org.uk A guide to maternity benefits N1 17A Pregnancy and Work – what you need to know as an employee F8 Prescription exemption MAT B1 Maternity certificate	National Practice Model  Edinburgh Postnatal Depression Scale National Risk Assessment tool Learning disability assessment tool Domestic Abuse Risk Assessment Checklist (DASH RIC)

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Some of key actions key actions…

Finance – extra funding for 500 HVs by April 2018

Communication on new HV service to key stakeholders and wider public

Development and publication of Implementation Guide/Plan to Health Boards

Development of guidance for additional child health reviews at 13-15 months and pre-school

Detailed guidance on, associated visiting patterns, HPI definition and outcomes

HV Education – new programmes and formation and implementation plan for CPD

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PoPP aims

• To improve outcomes for children with significant levels of early-onset disruptive behaviour problems

• To increase workforce capacity around evidence-based parenting interventions for such children and their families

• To assist services shift towards preventive early years spending

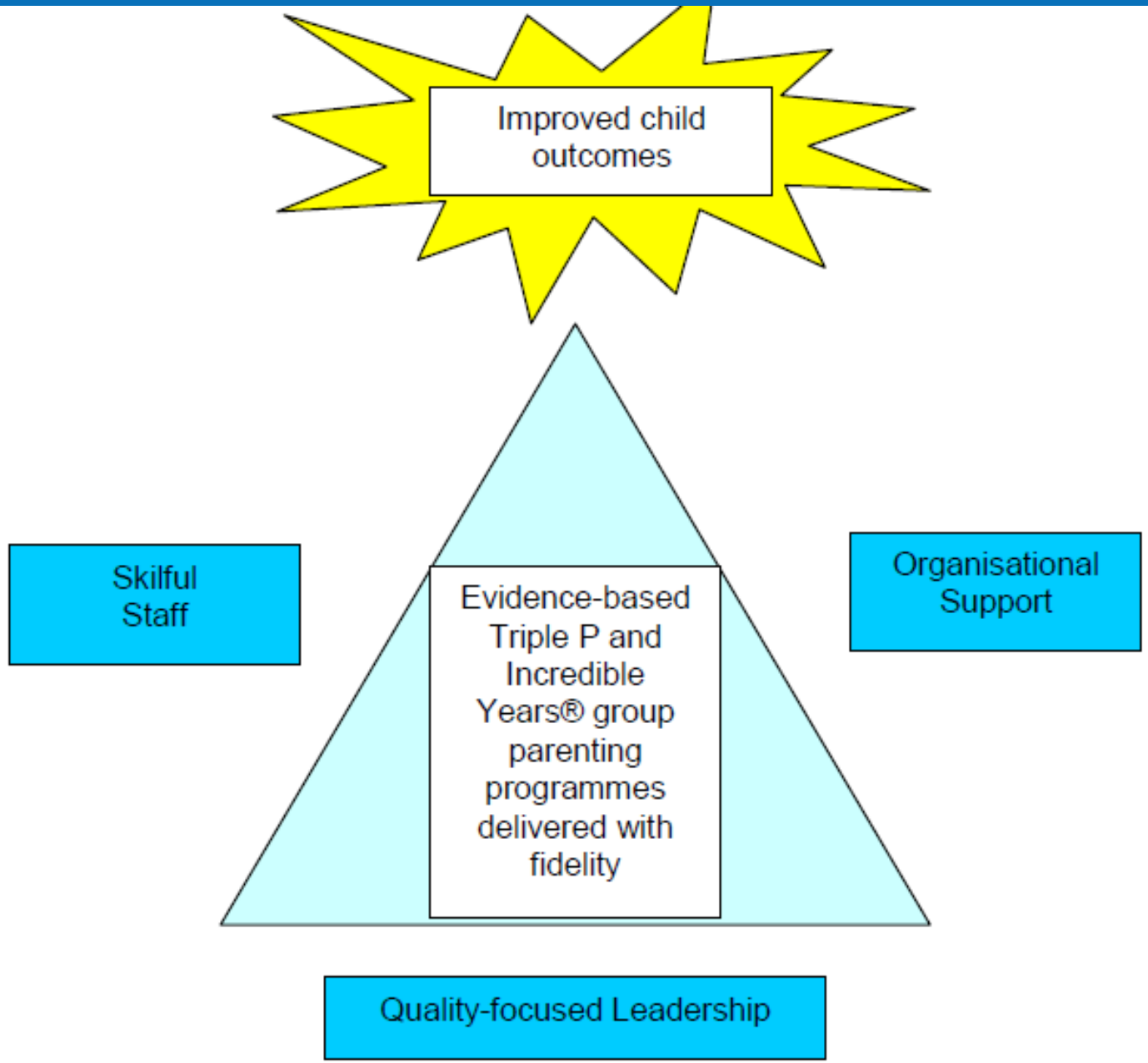
• To promote effective early years partnership working

The PoPP plan sets out a quality-improvement focused implementation plan designed to address the barriers that are inevitably encountered when evidence-based programmes of this nature are to be scaled up and delivered, with fidelity, in real-world settings. The framework is structured around three principal drivers: skilful staff, organisational support and adaptive leadership.

Within this framework, the PoPP plan outlines detailed arrangements for:

- the training and educational infrastructure required to deliver these evidence-based parenting programmes with fidelity.
- the local organisational supports required to complement this training. The plan promotes a changing working practices approach that makes the most of the existing workforce skill base by strengthening its capacity to deliver programmes of proven benefit.
- the local and national leadership frameworks and support required to oversee the quality management of this initiative. Data driven decision-making and problem-solving are core aspects of this support.

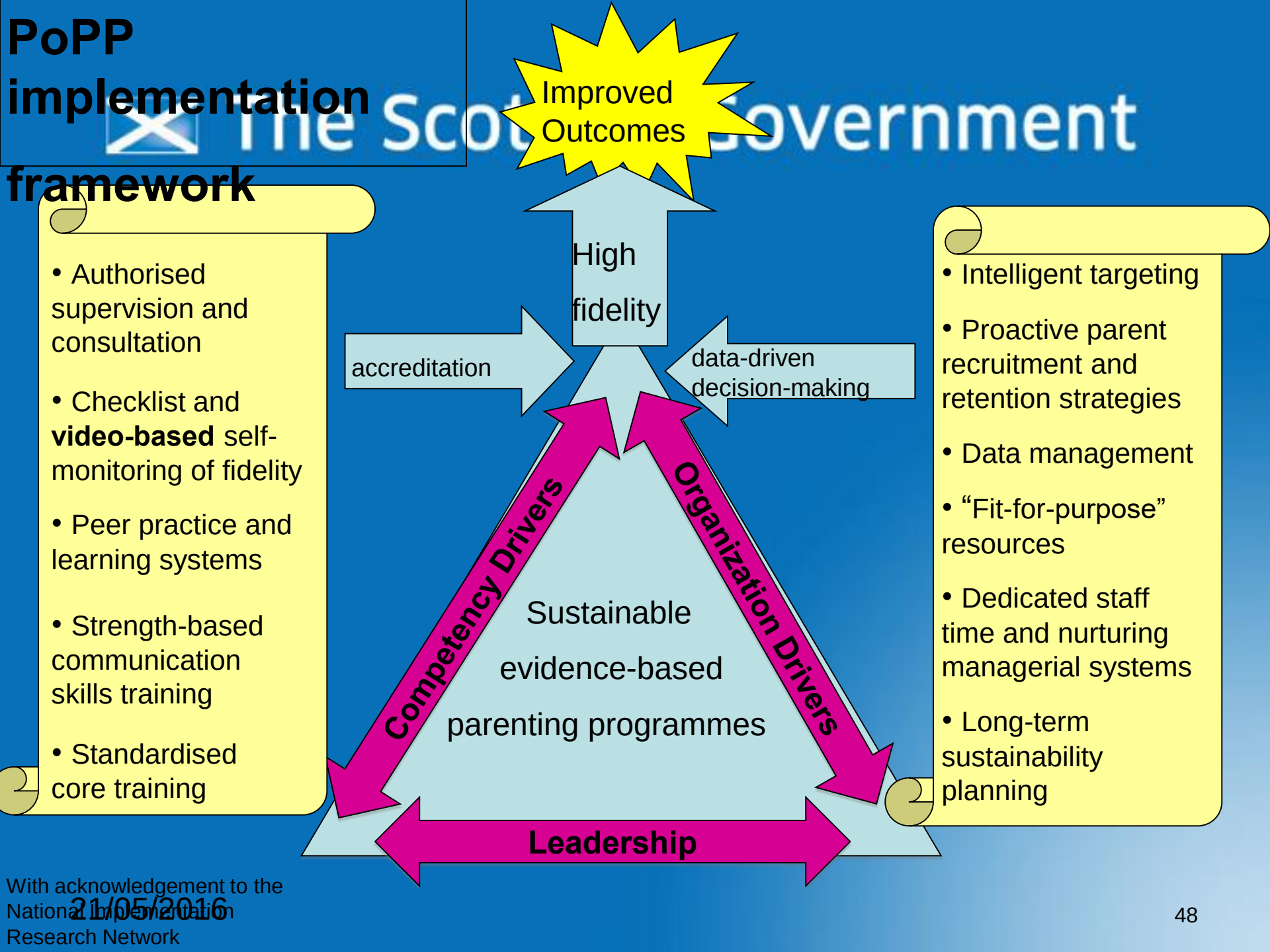
Together these elements aim to address the necessity of combining effective programmes with effective implementation methods to achieve sustainable improved outcomes for children, families and services.



21/05/2016

Within this framework, the PoPP plan outlines detailed arrangements for:

PoPP implementation framework



- Authorised supervision and consultation
- Checklist and **video-based** self-monitoring of fidelity
- Peer practice and learning systems
- Strength-based communication skills training
- Standardised core training

- Intelligent targeting
- Proactive parent recruitment and retention strategies
- Data management
- "Fit-for-purpose" resources
- Dedicated staff time and nurturing managerial systems
- Long-term sustainability planning

With acknowledgement to the National Implementation Research Network

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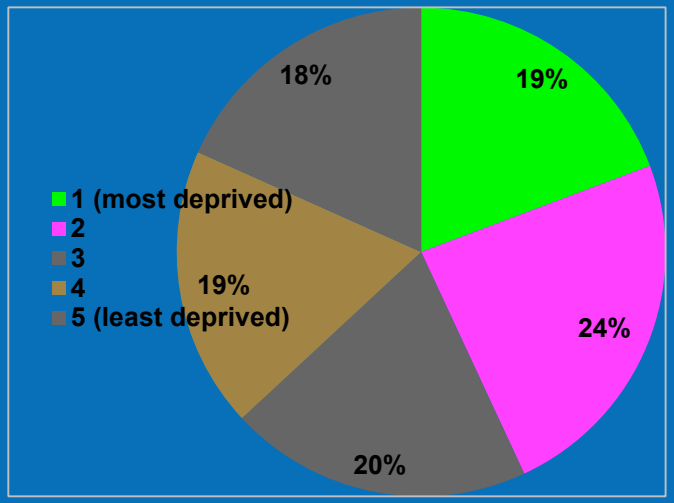
Progress of PoPP r

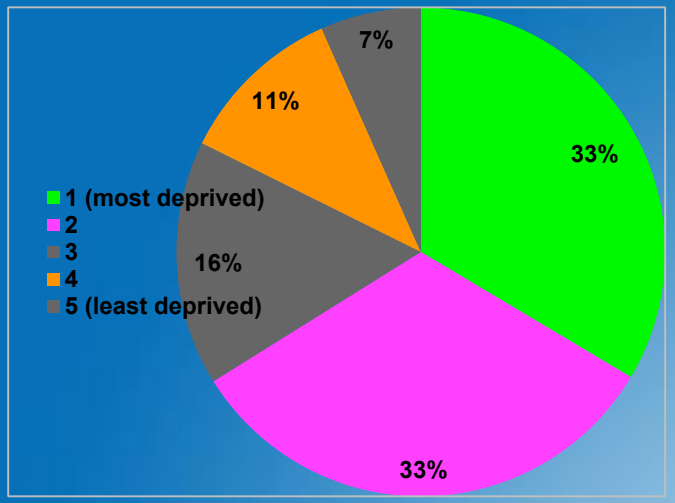
Wave	Preparation phase began	Groups start date	Implementation complete and still running groups	CPP
1	April 2013	August 2013	August 2014	Falkirk
			August 2014	West Lothian
2	Sept 2013	Feb 2014		Fife
				Stirling & Clackmannanshire
3	March 2014	August 2014		Argyll & Bute
4a	Aug 2014	Jan- Feb 2015		Edinburgh City
				Highland
				Perth & Kinross
				Scottish Borders
4b	Dec 2014	May 2015		East Lothian
5	Jan 2015	Sept 2015		North Ayrshire

% of families enrolled in PoPP groups according to p CAT scores

Overall residential Postcode DepCat for 3-4 year olds in PoPP sites



% of families enrolled in PoPP groups by deprivation category



Outcomes

Levels of improvement for children (for whom we have pre and post measures) who had initial SDQ scores in clinical range (N=244)

	Number	%
Moved out of clinical range	*149*	*61%*
Moved out of clinical range to normal range	*109*	*46%*

playtalkread

Cumulative period – 1st April 2013 to 31st March 2014

Source: Bus exit survey

Digital

103,389

Visits to the PlayTalkRead Website

63.52% Increase on previous year (1st April 2012 – 31st March 2013)

76,486	Unique Visits
359,737	Page Views
28%	Return Visits
01:46	Avg. Visit Duration
17,931	Email unique opens

3,102 Registrations to Website

8.35% Increase on previous year (1st April 2012 – 31st March 2013)

7,411 New Facebook Fans
(11,353 total)

Key Partners

(1st Sept 2013 – 31st March 2014)

The following partnerships are added value and NOT paid for. They are 'added value' promotional platforms, designed to extend our campaign reach

40+ stakeholder organisations running partnership activity, including local authorities and charities

Activity & Results

Stakeholder engagement – 40+ stakeholders have received PTR web buttons and **10,000 pieces of PTR** collateral has been distributed

SBT + Random House donated **210 books** for competition giveaways – over **600 entrants** to date – Book value £1,715

Scottish Book Trust – distribution of **13,000 PTR** bookmarks to all **32** Book Week Scotland Bookbug events

Baby Loves Disco – competition & event presence **63** comp entries & **20** website registrations

Bounty Partnership – email to 97,681 parents, with a **1,702 clicks through** to the PTR website

Bus Competition – 554 eligible entries. TNS completed **171 interviews** in total

Online Advertising & PPC

Site landings (14th Oct 2013 - 31st Mar 2014)

28,062 Facebook (All formats)

21,390 PPC **5,564** Display

Bus Tour

38,765 Visitors

(16,054 adults & 22,711 children)

459	Locations on 237 dates in 32 local authorities
71%	'I will play with my child more after today's visit'
71%	'I will talk with my child more after today's visit'
71%	'I will read with my child more after today's visit'

PR

(1st Sept 2013 – 31st March 2014)

Pieces of coverage: 224

Circulation: **1,641,142**

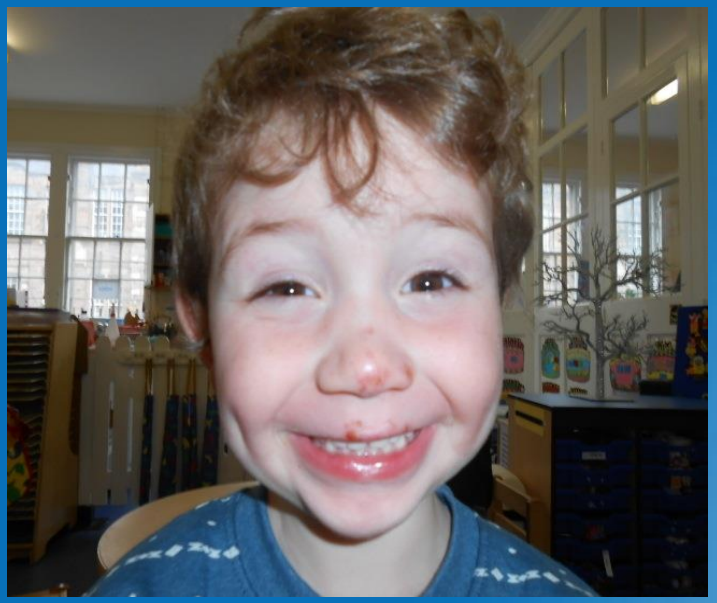
Reach: **10,403,565**

Key message inclusion

Ministerial quote	73%	Dates of bus	74%
Website url	68%	Location of bus	90%
Facebook url	29%	Time bus visiting	70%

Alfie

- *'I like my bedtime story because it helps me to dream'*



The benefits of having a laugh with your little one

Your child is **30x more** likely to laugh at something when they are with you.

Babies learn to laugh before they learn to talk, crawl, or walk.

The average 3 year old laughs **300** times a day

Laughter improves your little one's quality of **sleep**

Happiness and laughter is contagious - just watch a baby in a full belly laugh

HA HA HA HA HA

The more you and your little one **LAUGH** the more likely you are to **LIVE LONGER**

1 minute of intense laughter sets your heart at the same level as **10** minutes

http://playtalkread.org/laughter-benefits