Workshop 4

‘Implementation of the pre-birth to pre-school universal pathway’

• Debbie Balshaw, Lead Nurse – Early Years, NHS Tayside
• Rosemary Robertson, Associate Nurse Director, South Ayrshire Health and Social Care Partnership
• Liz Kearney, Interim Associate Director of Nursing, NHS Lanarkshire
Implementing the Universal Pathway Across NHS Tayside

Tuesday 22nd August 2017

Debbie Balshaw
Lead Nurse Early Years
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

8 Months
Home Visit

6 Months
Review GIRFEC Assessment and confirmation of HPI

4 Months
Home Visit

4 – 5 Years Prior to Starting School
Home Visit – Developmental & Wellbeing Review

13 – 15 Months
Home Visit – Developmental & Wellbeing Review

27 – 30 Months
Home Visit – Developmental & Wellbeing Review

4 – 5½ Years
Transfer from outgoing Named Person (Health Visitor) to incoming Named Person (e.g. Education)

3 Months
Home Visit

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.

Images supplied by NHS Health Scotland
Transforming Health Visiting and School Nursing Journey 2015-2017

- Consultation Event
- Early Years
- HV & SN Transforming Web Site
- Immunisation Consultation Event
- Engaging Fellow Travellers - Supporting Learning in Practice
- Practice teachers trained and supported
- Delivery of University of Stirling Teaching Programme
- Staff Consultation & Engagement Events Communication Strategy
- Learning & Development Manager & Administrator on board
- Education Sub Group Established
- Student Programme Evaluation & Review
- National Groups - Implementing & Supporting
- National CPD Programme
- Production of Infant Developmental Films
- Successful recruitment & selection of future Health Visitors
- Development & application of Case Load Weighting Tool
- Preceptorship Model to support newly qualified staff implemented in practice
- Class 2016
- All Aboard!
- Learning Log
- Training
Growing and Developing the new Workforce
Learning from Health Visitors

Class of 2015/16

Class of 2016/17

Trainee Health Visitors

In house CPD Programme

Commissioning Education Community Practice Teachers

National CPD Programme

Leadership, Organisation, Funding

Learning Logs
Current Position

- Full Pathway implementation February 2018
- Commence 13-15 Month Review May 2017
- Commence 4-5 Year Review August 2017
Current Position

- Full Pathway implementation February 2018
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• Workforce Planning
• Geography – Rural / Travel
• Workforce Profile
  ➢ Newly trained
  ➢ Preceptorship
  ➢ Supervision
• Change of Practice – Clinical vs Home
• Electronic Records – New IT System
• Partnership Working – 3 Local Authorities
• Establishing Immunisation Team
• Ante-Natal Visit
• Resources - Equipment
Achievements / Lessons

- Maintain momentum and Communications
  - Work together, everyone well informed
  - Health Visiting Development Events
  - Practice Teachers Development Events
  - Support and Supervision
  - Preceptorship
  - Ongoing educational programmes / CPD

- Utilise all Resources – Early Years Workforce
- Integration / Partnership Working
- Improved Staff Morale
- Supportive Learning Environment for HV Students
- Positive Service User Feedback / Experience
100% of women interviewed reported that staff were kind & considerate at all times.

97% of women very happy with care.

“HV very supportive and got me through those early challenging days.”

“My HV has been really good and supportive. I will miss her as she is not coming again until my baby is 8 months.”

“Very, very happy with my HV, great service.”
Action Plan/Next Steps

- Workforce Planning – Re-apply Caseload Weighting Tool
- Performance Reporting / Scottish Government
  - Implementation of Pathway
  - Health Visiting Training Status and Sustainability Plans
  - GIRFEC Implementation
Thank you!
Implementation of the pre-birth to pre-school universal pathway

Rosemary Robertson
Associate Nurse Director
NHS Ayrshire and Arran
MSc, BSc (Hons), HV, RM, RGN
Implementation of the pre-birth to pre-school universal pathway

- Where are we?
- Fully a home visiting service
- All antenatal to school age contact is delivered at home
- No clinics
- Established pre birth visit
- Pre school visit not established in all areas and an approach to develop this part of the pathway planned for August 2018
Implementation of the pre-birth to pre-school universal pathway

**Challenges**
- Delivering the Vision
- Workforce
- Declining HV numbers
- Retirement
- Financial Constraints
- Development of Partnerships
- Educational Component for HV at (Masters Level)
Implementation of the pre-birth to pre-school universal pathway

Lessons Learned

• Adopting the principles on a pan Ayrshire basis
• Staff Involvement
• Forming an overarching plan for the partnerships
• Flexible workforce
• CPD
Implementation of the pre-birth to pre-school universal pathway

**Action Plan**

- Staff Skill Mix, Imms, Review of work pattern, e.g. Adults
- No well baby clinics
- Education for staff – 4 CPD development sessions
- UWS
- Home Visiting
- Named Person
- Person Centred Approach
- Focus on Family
- Promote, Support, Safeguard, Relationship
Implementation of the pre-birth to pre-school universal pathway

Deliver the pathway

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Provide a service that supports families and children to reach their full potential
IMPLEMENTATION OF THE UNIVERSAL PATHWAY IN NHS LANARKSHIRE

LIZ KEARNEY, SENIOR NURSE
HEALTH VISITING LEAD

22nd AUGUST 2017
WHERE WE ARE NOW

- **Antenatal**  March 2019
- **11 - 14 days**  Full implementation
- **3 - 5 weeks**  Full implementation
- **6 - 8 weeks**  Full implementation
- **3 months**  Based on need
- **4 months**  Full implementation – predominantly completed by HVs
- **8 months**  March 2018
- **13 - 15 months**  Partial implementation, full by 1st October 2018. Mixed model clinic and home.
- **27 - 30 months**  Full implementation
- **4 - 5 years**  March 2018
CHALLENGES & BARRIERS TO THE IMPLEMENTATION OF THE UNIVERSAL PATHWAY

• The rate of increase to Health Visiting establishments.
• NHS Lanarkshire required to undertake a service redesign to supplement the Scottish Government allocation of funding to deliver the pathway.
• Many of the student Health Visitors are looking for part-time posts which has impacted on the rate of increase to establishments.
• We have seen a reduced number of applications for the HV course over the past few years.
LESSONS LEARNED ALONG THE WAY

PIioneer Site in Coatbridge
92% of children who have had a 13 – 15 month review including anticipatory guidance are meeting their developmental milestones when they are reviewed at 27 – 30 months, exceeding the stretch aim of 85%.
HOW DID WE DO IT?

Leadership
Practitioners encouraged to lead: bottom up approach

Health Visitors
Knowledge, expert skills in identifying areas to direct guidance and support (4 principles of Health Visiting)

EYC Funding and Support

Improvement Methodology
6 month rolling skills programme to support HI learning and implementation;
Opportunities to share learning
HOW DO WE KNOW THAT OUR RESULTS ARE CONSISTENT AND RELIABLE?

• This project has been funded by the Scottish Government via the Early Years Collaborative (now CYPIC) since July 2014, which is a driver for meeting original SG stretch aims.

• We have carried out all the work using the principles of Improvement Methodology, being supported by an Improvement Advisor.

• For each test of change there has been an associated PDSA cycle, and data collection (approximately 230 tests of change to date)

• Monthly reports have been provided and scrutinised as to the work and improvements with a commitment to further improvement

• All changes made have been made using evaluation feedback from parents, Health Visitors and admin staff.
“If you think you are too small to make a difference, try sleeping with a mosquito”

His Holiness the 14th Dalai Lama
Q&A

Good assessment, helpful, informative, useful.

Child, family, support, reassurance, answers.

Next steps, contact, reassassment, considered.

Excellent progress, reassured, progressed.

Healthy, speech, school, answers.

Attractive, like, think, feel, consider.

Questions, answered, reassurance, reassured.

Great, year, professional, advice.

Information, autism, develop, develop.

Useful, great, progress, appointment.

Good, now, speech, found.

Appointments, beneficial, now.

Health, child’s, speech, able.

Visitors, like, reassured, reassurance.

Family, reassured, reassurance.

Deficulties, difficulties, reassured, reassurance.