GETTING THE BALANCE RIGHT

DATA FOR TRANSFORMATIONAL COLLABORATION AND IMPACT

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EVERYTHING AMAZING STARTS OUT AS UNREALISTIC

INSTAGRAM: @plo's
NOTES TO SELF
This required us to:

- Understand that in the absence of meaningful data how are we making decisions
- Understand that by keeping knowledge and expertise in specialist tier 3 we were failing our duty of care at both a population and targeted level
- Challenge some of our most closely held beliefs about what makes for a good service
- Consider how to maximise our current resources across a tiered model of service organisation
- Value early intervention and prevention in its truest sense and resource this robustly
- Ensure leaders and influencers understood our direction of travel and supported the principles to make it happen
The Commission believes Scotland's public services are in need of urgent and sustained reform to meet unprecedented challenges.

Unless Scotland embraces a radical, new, collaborative culture throughout our public services, both budgets and provision will buckle under the strain.

Tackling these fundamental inequalities and focusing resources on preventative measures must be a key objective of public service reform.
Most services in the UK accept 98% of referrals
Between 40 – 60% of those waiting could have had their needs met through robust access to early intervention and prevention (Christie 2011)
Most services cannot explain who is waiting and for what
Eligibility criteria and accept / reject processes get in the way of people having their needs met.
Putting the decision about who needs assessment and for what back in the hands of experienced skilled AHPs
From problem based decision making to impact focused
Refer / assess / treat model does not meet the needs of our population
WHAT IT TAKES

- Most experienced practitioners at front line of referral decision making
  - Signpost, reassure, education or escalate

- Redistribution of workload of all specialist services to include much more capacity building upstream

- Pathways relating to outcome not input (how much therapy) and process (all with x will get y)
WHAT WE DID

- Understanding data and impact of demographic
- Changing the conversation with CYP and other requesters
- Taking risks around use of resources: shifting staff based on understanding of population need
- Valuing early intervention as part of what is measured and collected: this needs real resourcing
- Accepting that our way of doing things didn’t work!
USE OF RESOURCES TO ACHIEVE WELLBEING OUTCOMES VIA COLLABORATIVE TEAMS

Accessing Health Visitors, Public Health Nurses, Allied Health Professionals, Educators, 3rd Sector: expertise at best level (or multiple levels) to meet Children and Young People (CYP) centred and driven wellbeing outcomes.

**Definitions**

- **Specialist**: CYP whose wellbeing outcomes cannot be met through universal and targeted provision alone and require higher levels of episodic interventions in support of universal and targeted interventions.
- **Targeted Level**: Services and provision for CYP, their families, carers, and key stakeholders where CYP is more likely to be identified as having wellbeing needs. Specific at-risk groups (not necessarily active on the caseload of nursing/MHP).
- **Universal**: CYP, families, carers, and key stakeholders. Includes activities for promoting development (general education, prevention, training).

TRANSFORMING ACCESS TO AHP CYP SERVICES

C&YP measure – Access 02 – Core
% decrease in requests receiving specialist interventions in Children’s Occupational Therapy service – Fife
% reduction in the number of people requiring specialist assessment
HOW IT WORKS ON THE GROUND

- Improvements
  - More Person-Centred
  - Reaching Children in Poverty
  - Positive outcomes for children

- How?
  - Understand the system and data
  - Redistribute the resource
  - Change the Conversation
  - Whole systems approach
UNDERSTAND THE SYSTEM & DATA

- Understand
  - Prevalence
  - Deprivation
  - Predicted SLCN

- Distribution
  - Workforce
  - Provisions

- Universal
  - 33648 Population 0-18 years

- Targeted
  - 8194 (24%) Predicted population with SLCN

- Specialist
  - 516 Caseload

WORKING ACROSS THE FIVE STRANDS OF THE BALANCED SYSTEM®
### UNDERSTAND THE SYSTEM & DATA

#### LOCATION: CLACKMANNANSHIRE

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>FAMILY SUPPORT</th>
<th>ENVIRONMENT</th>
<th>WORKFORCE</th>
<th>IDENTIFICATION</th>
<th>INTERVENTION</th>
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</thead>
</table>
UNDERSTAND THE SYSTEM & DATA

KEY:  U = UNIVERSAL  T = TARGETED  S = SPECIALIST

LOCATION: CLACKMANNANSHERE
REDISTRIBUTE RESOURCE

Influence on Core Service Development

E.g. LIFT and previously CHAT & FOCAL

‘Closing the Gap’ Schools Pupil Equity Fund

Time Spent

Capacity

Specialist

69%

Serving specialist caseload

Targeted

18%

Supporting targeted populations e.g. training & establishing interventions such as Nursery Narrative & Colorful Semantic groups

Universal

13%

Population activities for all children e.g. training, social media, communication environment, whole class & school approaches

Family Support

Environment

Workforce

Identification

Intervention

New Innovation & Research

Additional Funding

Core Funding
• It’s important to me as a specialist. It should be important to you.
• Is my work making a difference in the child’s life?
• Is this work important to the child /family? Their priorities.
• Am I the right person?
CHANGE THE CONVERSATION

Nursery
Teacher
Individual has raised expectations
Accept
Reject
Referral
(Speech & Language)
Health
Waiting list...
Hand problem over
Reassurance
Escalation
Referrer
GP
**Speech & Language Therapy Patient Story**

We would like to know about you and your child's story. This will help us understand what is causing you most concern and where the impact of your child’s difficulties are.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What are your biggest concerns about your child at present?</td>
<td>(prioritise if lots of concerns given)</td>
</tr>
<tr>
<td>Who else has expressed concerns about your child? (family and professionals)</td>
<td>(who else is involved)</td>
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<tr>
<td>When is your child at their happiest?</td>
<td></td>
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<tr>
<td>What situations does your child find more difficult? (times/places/people)</td>
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<tr>
<td>Is your child aware of their difficulties? How do you know?</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Is there anything you would like to do that you avoid at present?</td>
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<tr>
<td>What have you tried doing to help your child?</td>
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<tr>
<td>Did this work?</td>
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<td></td>
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<tr>
<td>What have nursery/school tried?</td>
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<td>Did this work?</td>
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<tr>
<td>What would you like your child to be able to do?</td>
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<td>- General aspiration</td>
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<td>- Specific next steps</td>
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<td>What do you think SLT can do to help? Why are you asking for help now?</td>
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Request for Assistance / Help

- Education & Advice
- Reassurance
- Sign Post
- Help
- Intervention
- Escalation

Change the Conversation
REDISTRIBUTION OF RESOURCE

REQUESTS FOR ASSISTANCE

- Investigation: 74.9
- Intervention: 8.2
- Education/Advice: 7.8
- Reassurance: 4.5
- Signposting: 4.5
CHANGE THE CONVERSATION
MEANINGFUL OUTCOMES

- Level of Need
- Why it matters
- What difference we make
  - TOMS
- Pre / Post Child Measures
- Small tests of change
- Person Stories
POSITIVE OUTCOMES FOR CHILDREN

- True Collaboration
- Empowering others
- Whole systems change
- Reaching Children in Poverty
- Positive outcomes

Forth Valley
Children’s Speech & Language Therapy