

GETTING THE BALANCE RIGHT

DATA FOR TRANSFORMATIONAL COLLABORATION AND IMPACT

- **Pauline Beirne** - National Lead AHP CYP, Scottish Government
- **Glenn Carter** – Speech and Language Therapy Coordinator, NHS Forth Valley

EVERYTHING
AMAZING
STARTS OUT
AS
'UNREALISTIC'

Make your voice heard
for people's
voices on
the 23rd

INSTAGRAM: [@...](#)
NOTES TO

HEALTH WARNING: THIS IS NOT A QUICK FIX

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



**KEEP
CALM
THERE'S NO
QUICK
FIX**

CAMPBELL CHRISTIE 2011....

- ▶ 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.



CHANGING THE CONVERSATION

- ▶ 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 have 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)

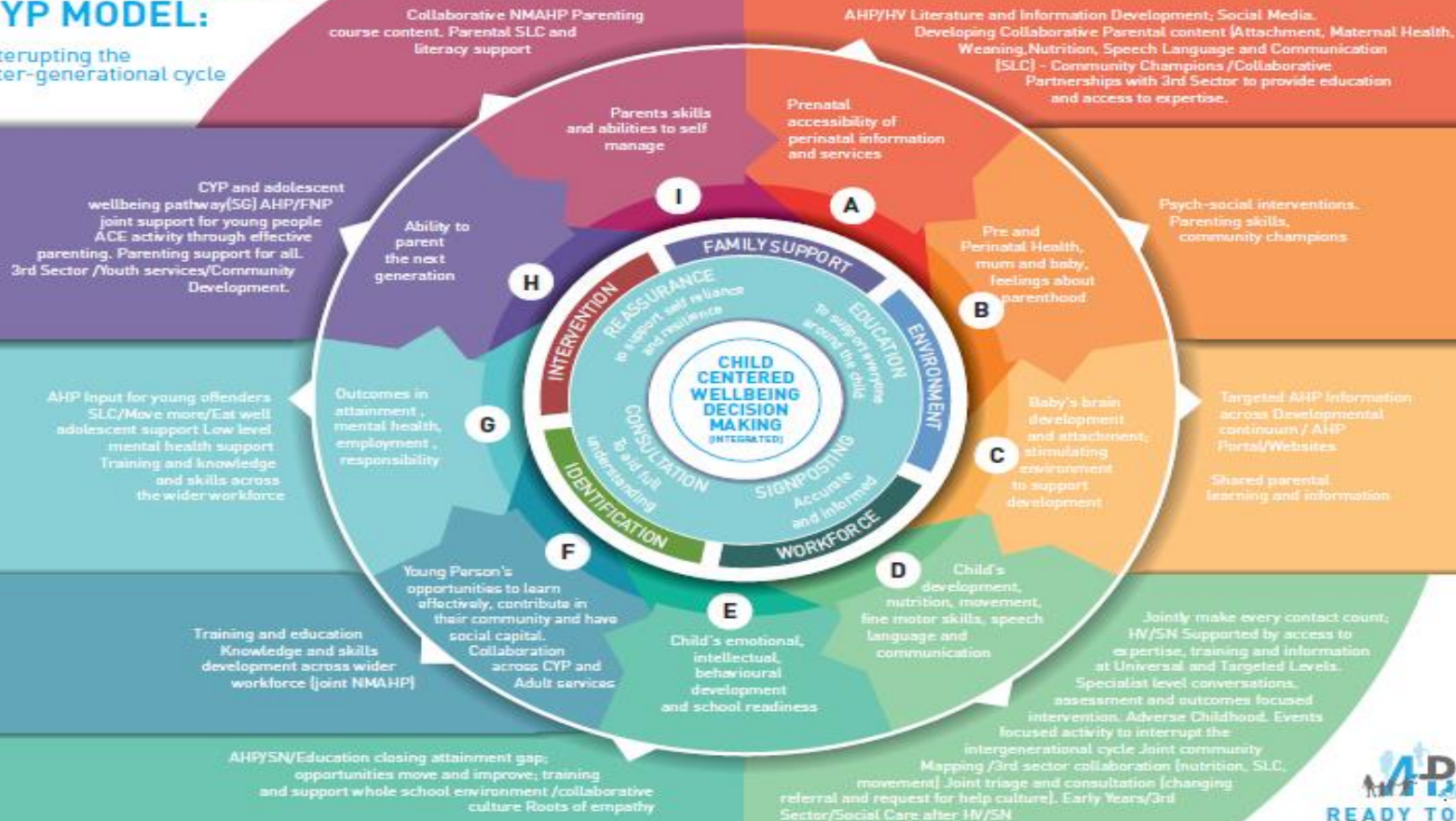
what*it*
takes

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!

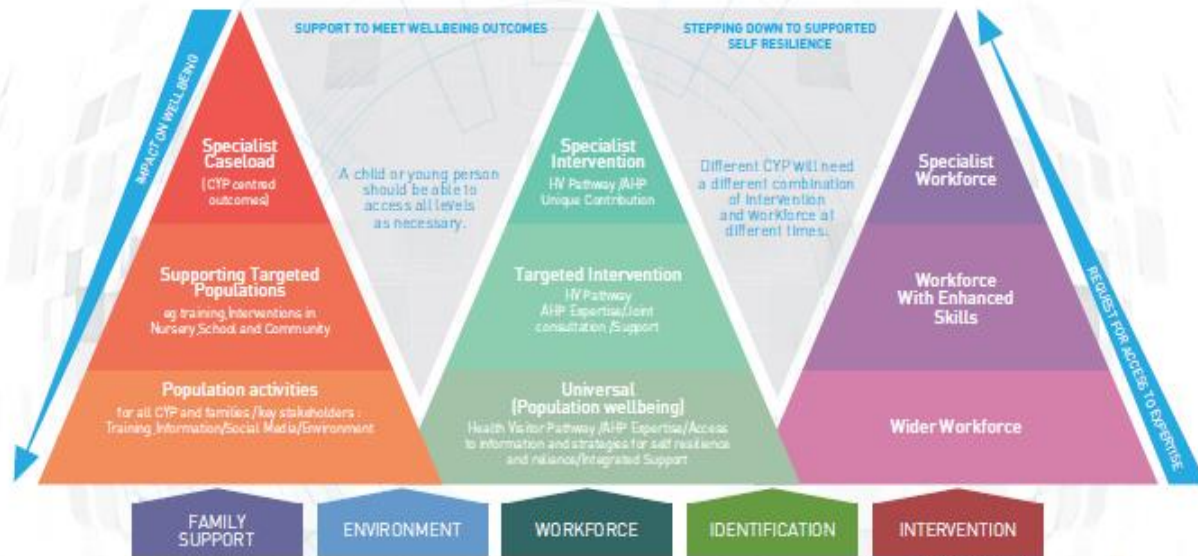
COLLABORATIVE CYP MODEL:

Interrupting the inter-generational cycle



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:** For all CYP whose Well being outcomes cannot be met through universal and targeted provision alone and require higher levels of episodic interventions to support 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 Well being needs. Specific at risk groups (not necessarily active on the caseload of nursing/AHP)
- Universal:** All CYP, families, carers and key stakeholders. Includes activities for promoting development (general education, prevention, training)



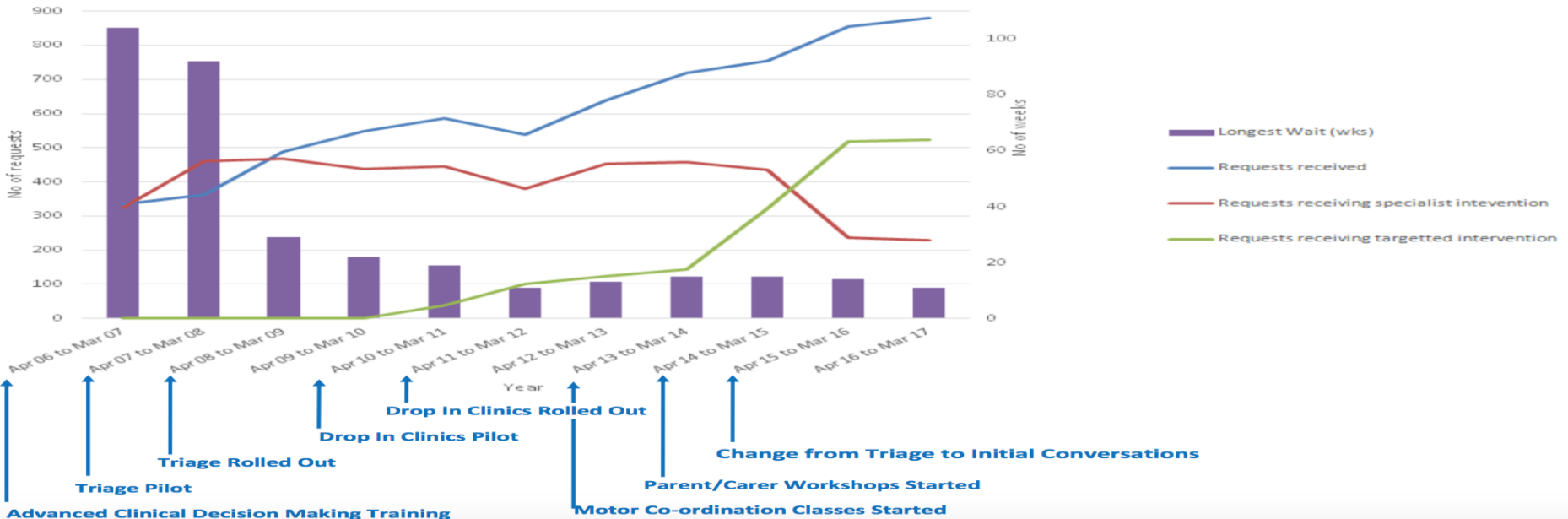
TRANSFORMING ACCESS TO AHP CYP SERVICES

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

Fife Children and Young People’s Service Journey 2007 to 2017



HOW IT WORKS ON THE GROUND

▶ Improvements

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

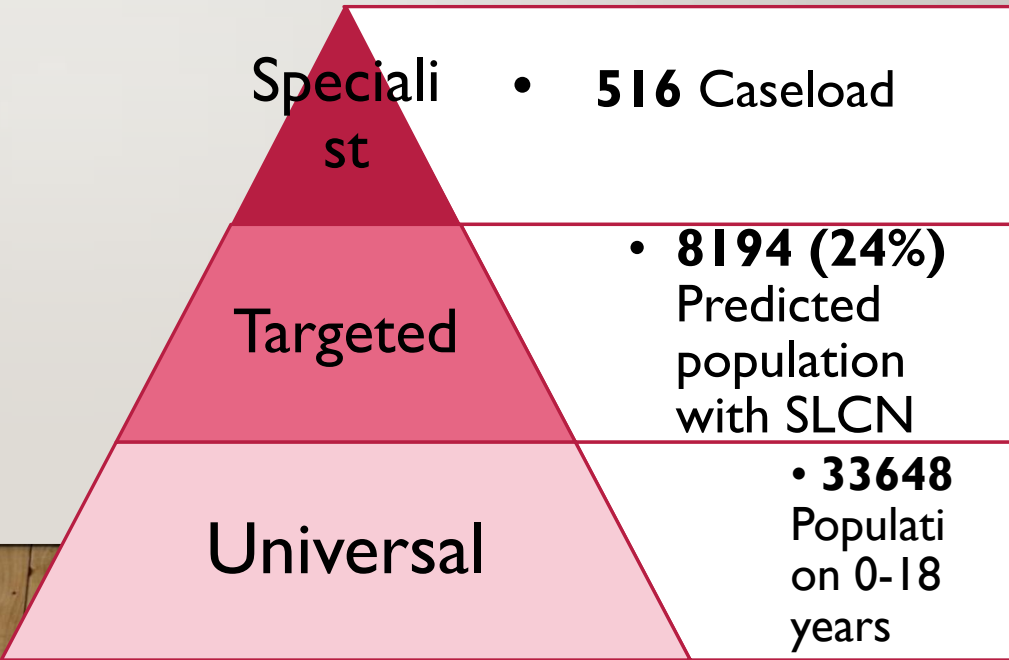
▶ How?

- ▶ 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



UNDERSTAND THE SYSTEM & DATA

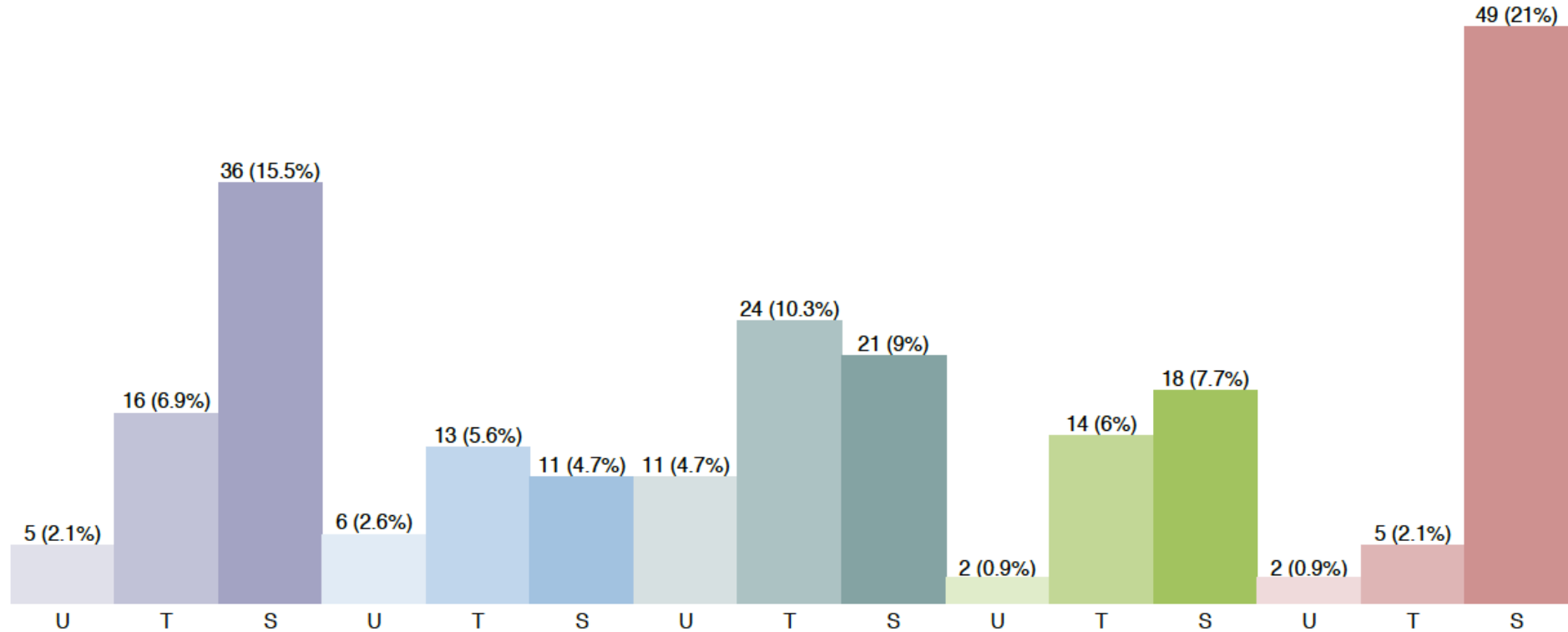
LOCATION: CLACKMANNANSHIRE

LEVEL	FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
Specialist	Provisions: 36	Provisions: 11	Provisions: 21	Provisions: 18	Provisions: 49
Targeted	Provisions: 16	Provisions: 13	Provisions: 24	Provisions: 14	Provisions: 5
Universal	Provisions: 5	Provisions: 6	Provisions: 11	Provisions: 2	Provisions: 2

UNDERSTAND THE SYSTEM & DATA

KEY: U = UNIVERSAL T = TARGETED S = SPECIALIST

LOCATION: CLACKMANNANSHIRE



FAMILY SUPPORT

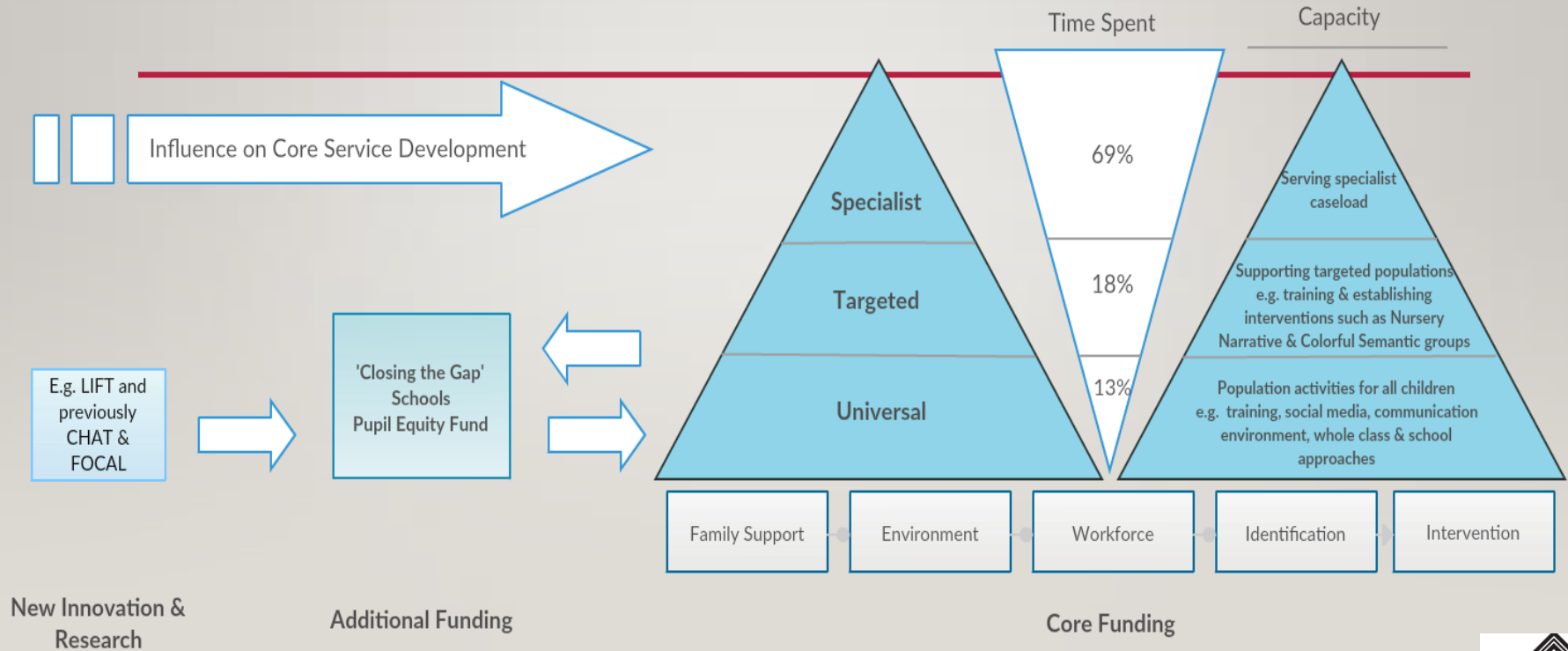
ENVIRONMENT

WORKFORCE

IDENTIFICATION

INTERVENTION

REDISTRIBUTE RESOURCE



CHANGE THE CONVERSATION

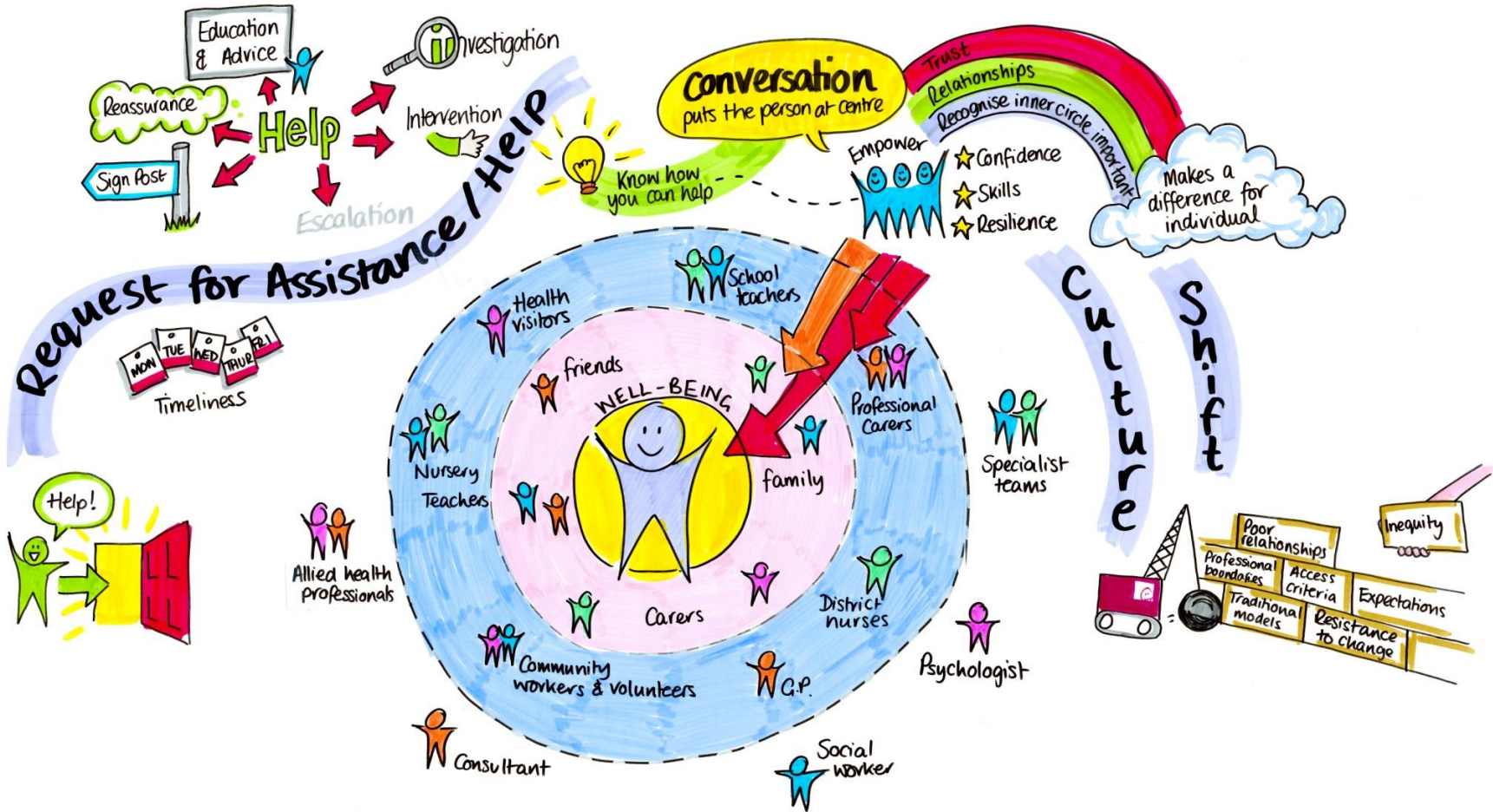
-
- It's important to me as a specialist. It should be important to you.
 - Is my work making a difference in the child's life?
 - Is this work important to the child /family? Their priorities.
 - Am I the right person?

Expert



Perceived
Power

Enabler



CHANGE THE CONVERSATION








CHANGE THE CONVERSATION






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.

	<p>What are your biggest concerns about your child at present? (prioritise if lots of concerns given)</p>
	<p>Who else has expressed concerns about your child? (family and professionals) (who else is involved)</p>
	<p>When is your child at their happiest?</p>
	<p>What situations does your child find more difficult?(times/places/people)</p>
	<p>Is your child aware of their difficulties? How do you know?</p>

CHANGE THE CONVERSATION

	<p>Is there anything you would like to do that you avoid at present?</p>
	<p>What have you tried doing to help your child? Did this work?</p>
	<p>What have nursery/school tried? Did this work?</p>
	<p>What would you like your child to be able to do?</p> <ul style="list-style-type: none">- General aspiration- Specific next steps
	<p>What do you think SLT can do to help? Why are you asking for help now?</p>

CHANGE THE CONVERSATION



REDISTRIBUTION OF RESOURCE

REQUESTS FOR ASSISTANCE

Investigation
74.9 

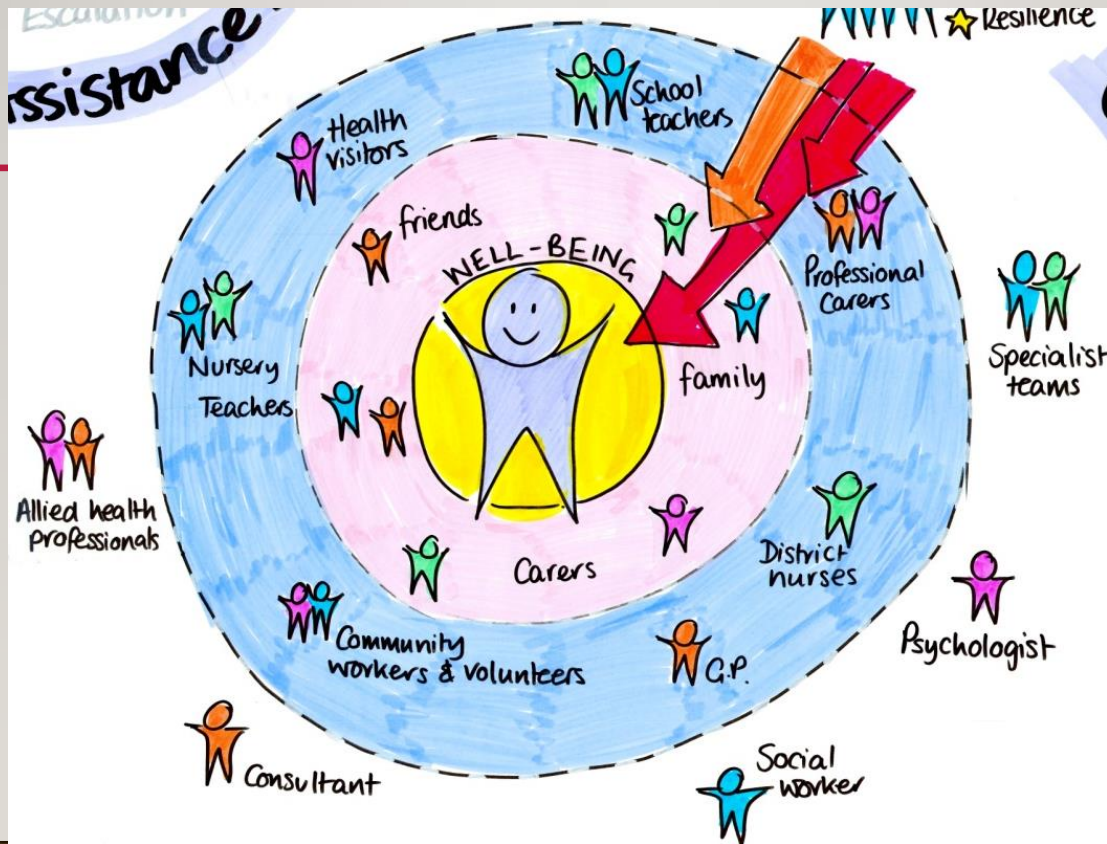
Intervention
8.2 

Education/Advice
7.8 

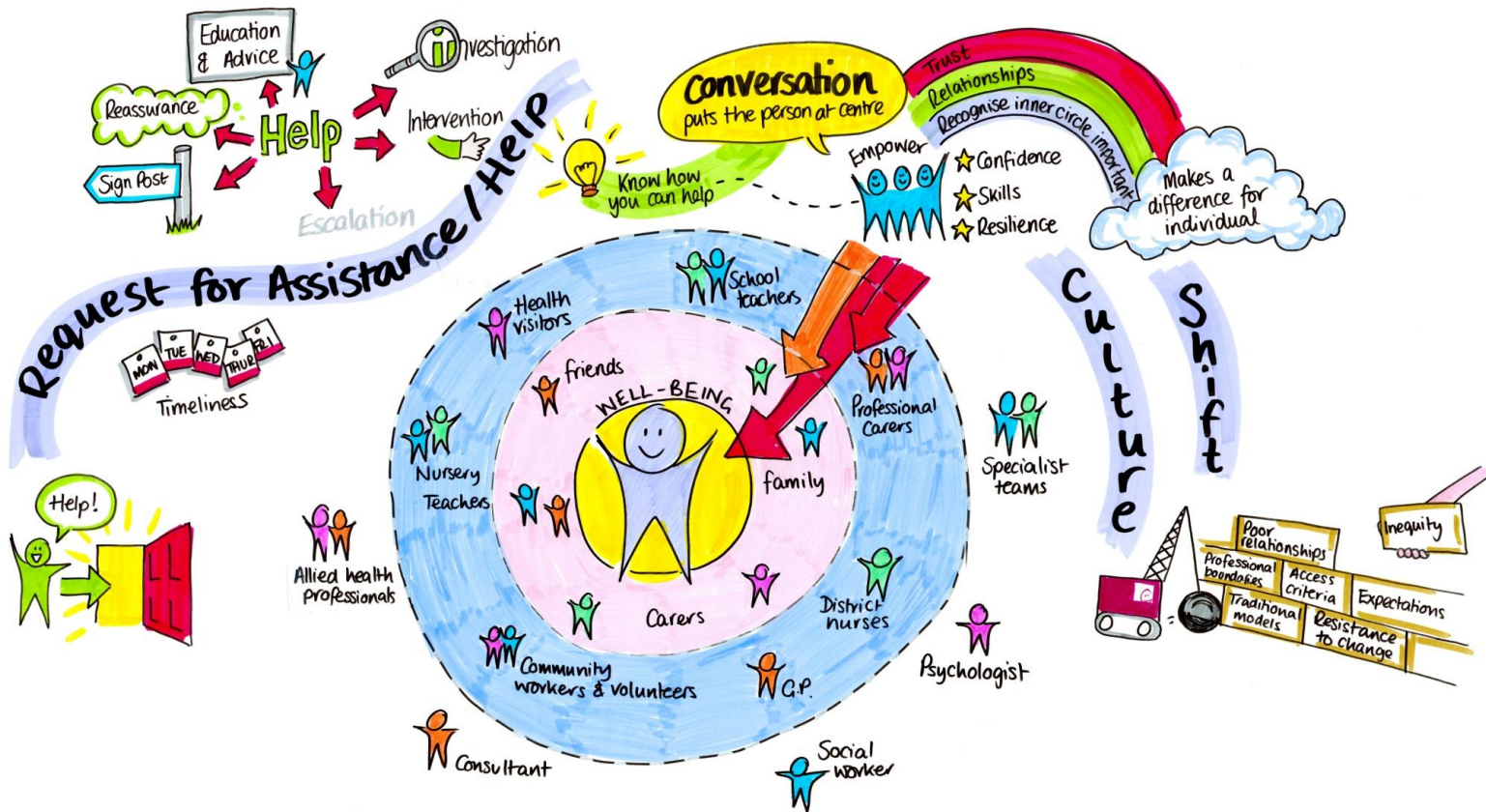
Reassurance
4.5 

Signposting
4.5 

CHANGE THE CONVERSATION

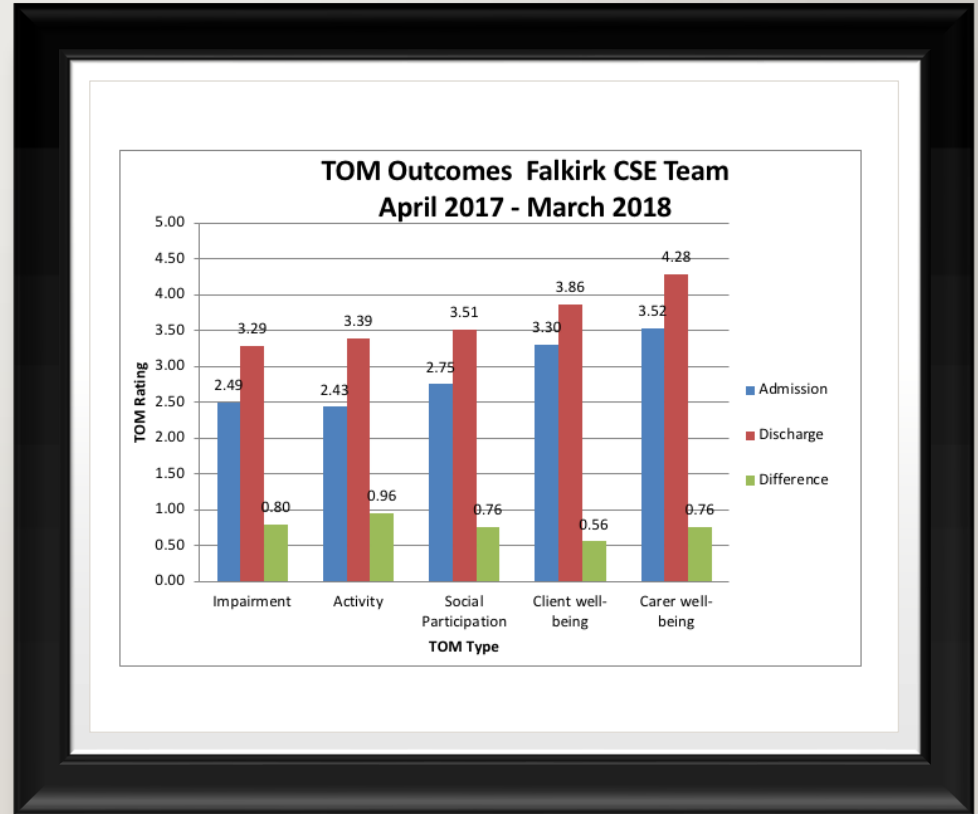


CHANGE THE CONVERSATION



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



Forth Valley
Children's Speech &
Language Therapy

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