Using Scottish Government Scottish Index of Multiple Deprivation 2016 recognises that reducing inequalities in health is a long term process and needs a generational approach which requires significant shifts in culture and resources from dealing with the consequences of inequalities to prevention and early intervention. Deprivation is the most commonly cited factor influencing health inequalities and linked to poor access to appropriate services and support which aim to improve people’s health. The poverty related attainment gap remains a persistent feature in areas across South Lanarkshire with the gap evident before children start school consequently limiting their life chances and their future prospects through unfulfilled potential. The 27 month child health review aims to provide a balanced view of a child’s development and health; factors in their life that are likely to influence their future progress, and need for additional support to attain good outcomes and reduce the poverty related attainment gap. It is important that there is a high uptake of reviews including areas ranked within the Scottish Index of Multiple Deprivation (SIMD) to reduce inequalities in children’s health. We identified challenges with wide variation in uptake of the 27-30 month review across localities ranging from 52% - 91% and prioritised optimising coverage of all our eligible children to close the attendance inequality gap.

Global Aim :- Increase the uptake of the 27 month child health review across South Lanarkshire from a baseline of 69% to 90% by March 2017 and reduce existing inequalities. Sub Aim:- Increase the uptake of the 27 month child health review by 10% within SIMD Quintile 1

Methodology

- Increase the uptake of the 27 month child health review SIMD 1 versus All
- Teams - The Improvement Guide 2014 - 2016
- Teams produced a charter, driver diagram, measurement plan and change package
- Aim achieved: demonstrating improvement in one team implementation and spread to three teams and 6 teams
- Support: regular team visits and IA support to review data on progress, team improvement champions and improvement coordination subject matter experts
- Poster presentations and leadership walk through to discuss and solutions

Achievements and Results

- Chart 1 Source Discovery ISD: Uptake of 27 month child health review SIMD1
- Chart 2 Source Discovery ISD: % service breaches>32 months
- Chart 3 Source Discovery ISD: % service breaches>32 months
- Chart 4 Locality Cost Analysis: % of costs per case of delivery weekly
- Working at scale for 13 months we have now exceeded our improvement aim with evidence of sustained improvement. Chart 1 The % uptake within SIMD 1 currently is 93.6% a 13% increase, 3% above our goal.
- Chart 2 our data shows us a 7% decrease in service breaches (children being seen after 32 months of age)
- Chart 3 As staff efforts continue to focus on areas of multiple deprivation, we have not only seen an improvement in uptake across all SIMD data zones but have also seen the uptake inequality gap reduce by 9.1% from 11.1% to 2.0% between SIMD 1-5
- We have achieved 97% reliability of the (Early Warning System) amber alert process
- Over the period since September 2015 ,there has been a 24% reduction of children within SIMD 1 who previously had not attended for review (250 - 60 children)
- Chart 4 As a balancing measure we initially tracked the cost per case of delivering the services within an efficient weekday system in comparison to responding to waiting lists for breaches with Saturday clinics.

As a result of full scale service improvement across South Lanarkshire, our current ISD Uptake data for 16/17 is 94.1 % the third highest council area in Scotland.

Next Steps

Work in 2018 is focusing on holding the gains and improvements in post review pathways to shift the focus more firmly from coverage to impact of the review on the child. Uptake and participation of children and parents in the review is the foundation in which staff can facilitate improved outcomes

Parallel work is taking place across 7 specialist services ‘concern’ pathways, through process mapping and redesign using agreed change packages. This includes the efficient sharing of information with our nursery partners for children identified with a wellbeing or developmental need to ensure ongoing support and staged intervention response prior to transition to primary school.

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References

2. Scottish Government Scottish Index of Multiple Deprivation 2016

Change Package

- An improvement change package was implemented which included:
  - Service Improvement call/recall real time service tracker system
  - Health Visitor improvement Champions within each team
  - Consistent and standardised administrative process
  - Amber alert Early Warning Sign to negate national service breach and provide a triage for appointments
  - Real-time service tracker which included operational live data.
  - DNA 48 hr appointment prompts.

Key Learning

- An integrated response supported by the health visiting improvement champion has assisted in accelerating improvement across locality areas.
- A process mapping diagnostic has been very effective in identifying improvement priority areas.
- A key infrastructure has been the implementation of a service tracker incorporating a call/recall system which now has been scaled up across South Lanarkshire.
- Using real time service dashboard data for early response and home outreach provided equity of access for our most vulnerable children.
- Data Dashboard provides a sustainable component in the local monitoring of the service 3 C’s: Coverage, Completeness, Concerns.
- We have built belief through local and relevant data, building capacity for improvement at practitioner level creates practitioner led learning systems which provides an important infrastructure for future and lasting improvement.
- As part of the business case it is recognised that additional admin resource is required. However this can balanced against the savings of previously providing Saturday clinics.

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