

Issue 2 January 2014

Welcome to the second newsletter for the Early Years Collaborative in South Lanarkshire.

In this issue:

- Chat about workstreams
- Learn more about the improvement science method, with a discussion on using data to your advantage.

Introducing our workstreams

Over the summer the South Lanarkshire partners reviewed our approach and we agreed it would make more sense for us to arrange our workstreams around local priority themes. We will still be working towards the national stretch aims – but the way we do this should make more sense to practitioners and link more clearly to existing structures. The national stretch aims are:

- To ensure that 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 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).
- To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016.
- To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.

In Issue 1 we introduced you to the Early Years Champion, Andrea Batchelor and Programme Manager, Michele Dowling. Here we introduce you to the new look workstreams and their leads.

Group name: Parenting support and attachment

This group will look at:

- Understanding child development
- Fostering positive relationships between parents and children
- Evaluating and rationalizing parenting support programmes



Chair: Maria Reid, Assistant Health Promotion Manager, NHS Lanarkshire

Group name: Substance misuse



This group will look at:

- Neo-natal abstinence syndrome
- Substance misuse and child protection
- Issues related to pre-conception and contraception
- Link to existing substance misuse groups

Chair: Val McIntyre, ICS Area Manager, East Kilbride

Developmental Milestones

This group will look at:

- Processes to collect and report on Stretch Aims 3 and 5
- Training issues related to developmental milestones
- Improving interventions to support children to reach their developmental milestones
- Transition processes and information sharing between health and education



Chair: Michele Dowling, EYC Programme Manager

Applying the science – improving practice through testing

In the first issue of the newsletter we introduced Improvement Science – a method to support quality improvement that encourages practitioners to test out changes at very small levels, learning from the results and gradually scaling things up. This uses the PDSA tool - where we Plan, Do, Study and Act – in a number of cycles to test ideas and assess the results of our tests as we move towards our final aim.

In discussions with practitioners both in South Lanarkshire and in other parts of Scotland, is it clear that most people make good progress in planning their tests of change and doing what they set out to do in the test. Where they struggle is at the Study and Act stages. These stages require good data collected while carrying out the test and monitored on a regular basis while testing your idea.

This section looks at **data for improvement** in a bit more detail, using an example from a South Lanarkshire test of change to help explain how defining measures and understanding data is a critical part of learning from your tests to improve service outcomes for children and families.

We need to rethink what we mean by 'data' and 'measurement'.

- Some things are easy to count, but they are not always the things that matter most to us in our daily work. You need to think about the information that helps you to see whether your improvement work is making the difference that you thought it would.
- Your data may not be perfect – but it must be useful.
- Unless you have data, you are simply someone with an opinion. Data collected while testing allows you to see and to show others the impact doing something differently can make.
- Data for improvement is different from data for performance management or judgment. You will be working with much smaller numbers and using the information to study as part of the PDSA cycle.

Once you have your data you can make informed decisions about what you will do next – or how you will Act. There are three possible ways you can Act in the PDSA cycle:

- **Adopt:** this means you think your change idea is working as expected and you will now extend the numbers of people involved in the change as you move towards full implementation. New PDSA cycles will be carried out as you include more people.
- **Adapt:** you think your idea is still valid but it needs to be tweaked or changed a bit to get the results that you want. You tweak and carry out a new PDSA cycle.
- **Abandon:** the results show that your idea doesn't hold water and it is time to go back to the drawing board. Remember, don't just abandon your test without trying to understand why things didn't work out as you thought they might. This information will help you to define new changes to test.

Can you give me an example of a piece of work that uses data for improvement?

One of the tests of change already going on in South Lanarkshire is trying to increase the number of pregnant women who are referred into the Money Matters Advice telephone help line by their midwives.

The issue: the Tackling Poverty Fund had provided money to run a telephone helpline aimed at supporting women to maximize their income during and after pregnancy. Referrals to the helpline could come from a number of sources and a review of referrals showed that there were far fewer than expected from community midwives. This group of staff sees all pregnant women in South Lanarkshire so it was important to ensure that they were actively promoting the service among their patients.

What did we do? Once we understood more about referrals and where the biggest gaps were, one of the Hamilton community midwifery team was contacted to see if she would take part in the test of change. She had not previously referred anyone to the service and it turned out this was because she didn't know much about it. A test of change was set up to try and increase both the number of women she referred to the service and the number of women who accessed the service following referral.

PDSA 1:

Plan and prediction: The midwife would provide information to her patients and this would result in an increase in the numbers of women accessing the service.

Do: information was given to women at their visit to the midwife. Data collected: number of women contacting the telephone advice service following information.

Study: the data showed that no one contacted the service after they had been given information.

Act: Adapt – we needed to re-think what we do and change the level of our intervention. A new PDSA was developed.

In this case the data (a nil return) showed that merely giving out information did not increase the number of women contacting the service. There was no benefit to these women from this intervention – we needed to do something else. Before moving on, staff spoke to some of the women to find out why they didn't call the service. It was suggested that it would be better to give women the option to allow their details to be passed to the MMAS service who could then phone them back.

PDSA 2:

Plan and prediction: women get information and allow their details to be passed to MMAS who then call back, increasing the number of women who engage with the service.

Do: names passed to the service and they contacted two of the women. Data collected was number of women whose details were passed on and number who used the service. Over time this continued and a total of 6 women were contacted by the service from the end of June to the beginning of August.

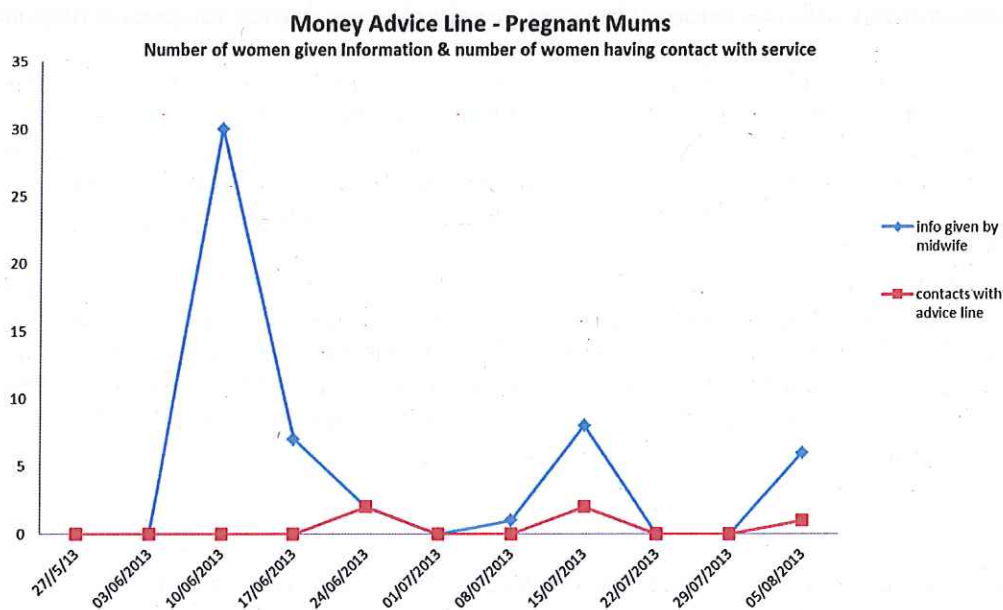
Study: Changes resulted in 6 names being passed to the service, and five of these benefited financially following advice given. Increase in referrals from the NHS to the service – both direct and indirect impact from the test of change (word of mouth between midwives as well as the work done as part of the test of change).

Act: Adopt - further discussions with the MMAS regarding capacity to continue this approach and look to increase the number of midwives involved in the test of change.

PDSA 3: will be done with a larger group of midwives to see if the approach works across other staff groups and in other areas.

In our example about the Money Matters Advice service, the data was recorded in a simple list and then put into a line chart as shown below. The blue line shows the number of women who received information from the midwife and the red line shows the 5 women who accessed the

service following a referral by the midwife. This started to show access after the intervention to allow the 'call back' option.



The EYC gets support about data and information from a working group made up of officers from our partner organisations. We will also soon be arranging training in the methodology for staff at locality level and they will also be able to provide support for people who are carrying out tests of change.

Group name: Data and information



This group will provide information and planning support to all workstreams in the EYC

Chair: Stacey Rooney, Clinical Quality Manager, NHS Lanarkshire

In the next issue of the Newsletter look out for:

- **New national stretch aim** – work is ongoing to agree a stretch aim for children aged 5-8.
- **A focus on Parenting and Attachment** – looking in more detail at this theme, including sharing some learning from tests of change across South Lanarkshire
- **More about improvement science** - this includes more about data, charts and sharing the learning from your improvement work
- **The South Lanarkshire EYC website** – going live this Spring!

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