

Ready to Act in action:

An interim report on the implementation of the five ambitions across the allied health professions' children and young people's community in Scotland and recommendations to 2020

November 2018

Ready to Act in action:
an interim report on the implementation of
the five ambitions across the allied health
professions' children and young people's
community in Scotland and
recommendations to 2020

Contents

1. Introduction	3
2. What did we achieve?	6
3. Our focus for 2018–2020	9
4. Key indicators of success	11
5. Conclusion	12
6. Last word	13
References	14
Acknowledgements.....	15
Appendix 1. AHP CYP AILP Reference Group membership.....	16
ANNEXES	17

1. Introduction

“We are arriving at a place that doesn’t exist yet!”
AHP CYP Lead

Ready to Act (Scottish Government, 2016a) is the national transformational framework supporting the development of an allied health professions’ (AHP) children and young people’s (CYP) community across Scotland. Its focus is on promoting early intervention and prevention and enhancing accessibility of services for stakeholders, CYP, their parents and carers, and it is responsive to the wellbeing needs of CYP.

Two years on from the launch of *Ready to Act*, Scotland’s AHP CYP services have embraced its ethos, committing to local implementation of the five ambitions for transformational change, embedding the principles of improvement methodology into practice to deliver effective and efficient services, and placing CYP’s wellbeing at the heart of practice.

This whole-systems transformational change project tells the story of change from populations, across provision, to practice and evidencing impact, strongly linked to key policy and legislation in Scotland.

“We have had freedom to act and think outside the box, to show initiative, make connections and influence.”
AHP CYP Lead

We have established an effective communication network that engages practitioners in change across health, social care, education and the third sector, recognising the critical place of Getting it Right for Every Child (GIRFEC), the *Health and Social Care Delivery Plan* (Scottish Government, 2016b) and Primary Care Transformation (Scottish Government, 2017a), and embedding *Ready to Act* in local children’s services planning where possible.

We have collaborated at strategic and practice levels to embed the critical role of AHPs in CYP services in supporting delivery to the literacy and numeracy challenge in Scotland and, through a commitment to a public health programme, are working to interrupt the intergenerational cycle of poverty and deprivation (see: ANNEX A. Collaborative CYP Framework) with significant shifts in the culture of practice towards early intervention and prevention through a tiered model of service delivery (see: ANNEX B. Tiered Model of Service Delivery).

Recognition of the critical place of data and its analysis has been central to the improvement activity in AHP CYP services, with an emphasis on leads’ understanding of local needs driving best use of resources and ensuring CYP-centred outcomes that are linked to wellbeing. We have piloted the Balanced System® Better Communication outcomes-based framework for the commissioning and delivery of therapy and other

services for CYP (Better Communication CIC, 2018) in four NHS boards across speech and language therapy, occupational therapy, physiotherapy and dietetics, with the evaluation of this whole-systems approach published in 2018.

AHP CYP communities in all of Scotland's NHS boards have co-created shared drivers for implementation of *Ready to Act* ambitions (see: [ANNEX C. Example Driver: National CYP Occupational Therapy Professional Leads Group Driver](#)), with clear deliverables supporting transformational change to improve accessibility to expertise at the most appropriate time and place to meet needs (see Box 1).

Box 1. Examples of impact from transformational change – NHS Fife

Wellbeing questionnaires

Wellbeing questionnaires were co-produced with service users as a vehicle for facilitating wider wellbeing conversations and assessments. The process includes a wellbeing website for further self-assessment. Feedback to date from service users and clinicians has been good.

Access: occupational therapy

CYP, their families and others who are concerned can access the occupational therapy service directly. Within two weeks of an initial request for assistance being made, their concerns and what matters to them are discussed and listened to. The response is appropriate to the help required to address wellbeing concerns and enable self-management and empowerment.

Access: podiatry

The introduction of request for assistance removes all access criteria, thereby enabling any person who is concerned about a child's or young person's foot health to have a telephone conversation with a podiatrist and, if necessary, a face-to-face appointment as follow up. This has been piloted in one clinic and will be rolled out over central Fife prior to becoming pan-Fife. All those who have contacted the service have evaluated it well, both in terms of advice given and convenience.

With thanks to the CYP, parents and families, and AHP CYP leads and practitioners of Fife for sharing their stories of implementation of *Ready to Act*.

The adoption of a national approach to requests for help/assistance represents a critical change process within AHP CYP services, with seven boards undertaking effective conversations training in 2016/2017 (supported in part by AHP Fellowship funding) and another two providing training in 2017/2018 through board funding. This change in thinking at the point of request is already having a significant impact on the positive destinations of CYP in Scotland (see: [ANNEX D. Request for Assistance Improvement Project, Occupational Therapy, NHS Lothian](#); [ANNEX E. NHS Fife CYP Service Journey, 2007–2017](#); and Box 1).

The Scottish Government and the Royal College of Speech & Language Therapists (RCSLT) are taking forward the outcomes of the two communication summits held in Scotland in 2016 and 2017, with the emergent cross-agency and cross-profession recommendations relating to speech, language and communication due for publication in spring 2018.

Ready to Act sits within the Starting Well programme for the Active and Independent Living Programme (AILP) (Scottish Government, 2017b), with key commitments to delivery of the Eat Well and Move More programmes for CYP in Scotland. In collaboration with key stakeholders at strategic and practice levels, we are building on the excellent activity already underway to address the obesity epidemic in Scotland's CYP and increase their physicality.

As we progress into the next phase of the transformational CYP programme to 2020, we will focus on the national workstreams, addressing the emerging policy agenda with key deliverables for all AHPs working with CYP in Scotland to ensure effective partnerships and collaborative practice focused on health and wellbeing outcomes is CYP's right, and not just "a nice thing for AHPs to do". This will require a commitment to true partnership-working built on a solid foundation of collaboration and positive relationships, with a focus on the voice of CYP at the centre of every decision we make, every action we take and every outcome we set.

"The shared flexible ambitions of Ready to Act, with the child at the centre, have given space to co-create and innovate."

AHP CYP Lead

The Starting Well AILP programme is the beginning of a journey in taking a whole-life approach to the health and wellbeing of the people of Scotland. By putting in place creative, innovative and evidence-informed approaches, AHPs in CYP services will demonstrate the critical place they have in achieving real change for the CYP of Scotland.

2. What did we achieve?

“Does that mean we can use the advice you have given us for [X] with other children before we contact you? That is great!”
Teacher

The creation of an AHP community is one of the most significant outcomes of the transformational CYP programme so far. This community has a dynamic, creative and intuitive view of the world and a commitment to challenge complexity in CYP service development and delivery (Plsek and Greenhalgh, 2001).

“There is power in feeling part of an AHP CYP community.”
AHP CYP Lead

We have adopted a complexity theory approach based on the understanding that health and social care systems are interconnected and form a landscape that is continuously changing (Best et al., 2012).

Following the launch event in 2016, each NHS board area held an AHP CYP *Ready to Act* event with stakeholders and parents to discuss how best to translate the ambitions of *Ready to Act* to the local context to meet the needs of local populations. Since January 2016, the AHP CYP AILP Reference Group (Appendix 1) has been working to develop a realistic and effective approach to implementing the National Framework in response to the emerging CYP policy and legislative landscape (Craig, 2017 (unpublished)).

“We are doing realistic medicine. We have lots of synergy with other policy areas across CYP and adults.”
AHP CYP Lead

AHP CYP board leads have been integral to the success of our transformational change, and we recognise the need to commit to supporting their role at board level.

“The AHP CYP Leads have become a strong team and we can often take more informed risks whilst doing no harm.”
AHP CYP Lead

The focus of improvement planning and delivery of impact outcomes has focused on a number of key areas.

- Shifting the practice culture to a focus on early intervention and prevention, with a demonstrable increase in the availability of targeted interventions supported by AHP expertise across Scotland, including Eat Well, Play Well, Learn Well (NHS Tayside in 2017), Inclusive Gym (NHS Tayside in 2017), Nursery Narrative (NHS Forth Valley in 2017) and drop-in clinics (NHS Lanarkshire), to name but a few. This commitment to the value and upstream benefits of AHP CYP targeted activity has resulted in some initial evidence of changes in patterns of access to assessment and intervention (see: [ANNEX E. NHS Fife CYP Service Journey, 2007–2017](#)).
- Changing the conversation at the point of request (see Box 2) will be an ongoing workstream across the CYP programme (in collaboration with NHS Education for Scotland (NES)), with pilots proposed in adult services in 2018. This is a major culture shift in practice at the point of request for help (referral), impacting on the nature of conversation with the person making the request and, critically, changing the focus of activity from the CYP to the person requesting help on their behalf. A key performance indicator (KPI) for the CYP programme will be evidence of a shift in positive outcomes from the point of request for CYP and those seeking support from AHPs across four outcomes (see: [ANNEX F. Request for Assistance /Help Decision-making](#)).
- This commitment requires recognition of the place of data collection and analysis, the recognition of improvement methodology to underpin change activity and the need for the movement of resources from specialist individual caseload activity to targeted and universal. This is further evidenced by the need to address the impact of adverse childhood experiences on long-term health, and social and educational outcomes for CYP in Scotland through a robust public health programme of activity in collaboration with partners in CYP services and communities.

Box 2. Changing the conversation

What matters to you – service users:

- for my daughter to be happy, safe and supported in school (parent)
- she just wants to be accepted (parent)
- I want to be able to understand what’s going on for him (parent)
- I want to find the best tools to help him with his future life (parent)
- I want to be able to run faster (child).

Clinicians’ thoughts on impact of changing the conversation

- It helped me decide where to go from here and what would best help the family move forward.
- It gave me the child’s perspective on “what matters”, which was very different to what matters to mum at the moment.
- It contributed to the picture that we are not the right service for this family right now.
- I definitely think it helps the parents to feel listened to – even if the most important thing to them is nothing to do with our role, it is important for them to know that is what we care about most too and we can signpost them to the best help.

The emphasis on the need to support all change through local improvement projects and data has resulted in emerging impact improvement data evidencing contributions to attainment projects locally.

The benefit of improved access, with reassurance, signposting and alignment of our learning and targeted interventions to the universal health visiting pathway, has the

potential to result in increases in self-referrals, self-reliance and resilience, with reductions in the need for specialist services referral for GPs; an example is the Fluctuating Growth Pathway of the dietetic services of the Royal Hospital for Children in NHS Greater Glasgow & Clyde.

“All I wanted was to speak to a therapist and have strategies to use. This time I've not needed to wait 12+ weeks for it!”
Parent

The impact of reassurance as an outcome of initial conversations plus our commitment to self-referral should impact on attendance at GP surgeries. Evaluation of these outcomes will be a critical part of our work going forward.

We have worked to ensure that the crucial place of effective compassionate relationships in teams is central to effective change through funding and piloting the Important to Me resource, supported by AHP Fellowship funding from NES.

There has been significant partnership-working and collaboration across AHP CYP services and education in closing the attainment gap. The importance of speech, language and communication, fine motor skills, physicality and nutrition in supporting learning outcomes has been recognised, with data to evidence this impact emerging.

To support the sharing of best practice and information across Scotland's AHP CYP community, we have worked with Knowledge Services to establish a separate AHP CYP Community of Practice (COP),¹ with each board and AHP CYP Professional Network having access to an individual page. The COP will act as a hub for all activity, resource-sharing, information and discussion relating to AHP CYP in Scotland.

¹ You can access the COP at: <http://www.knowledge.scot.nhs.uk/ahpcypcommunity/ready-to-act.aspx>

3. Our focus for 2018–2020

“It’s been very helpful to talk to you first. I’m not worried about bringing him now.”
Parent

By the end of 2018, AHP CYP services in Scotland will evidence the following.

- **Impact and change in delivery to the ambitions of the AILP CYP programme** through a demonstrable increase in provision of early intervention and prevention offerings using baseline universal and targeted scoping activity from 2015 and comparative data from 2018 across agreed pilot board sites (see: ANNEX G. AILP CYP Programme: Key Performance Indicators).
- **Activity to interrupt the intergenerational cycle of poverty and deprivation across the CYP age ranges**, with a focus on early years and early primary schooling, criminal justice, mental health, and involvement of CYP, parents, carers and families and their stories.
- **Creation of mutually beneficial, collaborative and supportive partnerships** to deliver CYP wellbeing outcomes, with pilots of effective innovative projects that have been tried elsewhere and evidence of close collaboration with third sector organisations, communities, CYP and their parents, carers and families.
- **Impact of the request for assistance/help workstream through the systematic collection and analysis of improvement data** from pilot sites. This work will become one of the three key deliverables across all AHP CYP services in Scotland.
- **Impact in four new services of piloting the Balanced System®** to enable effective use of demographic data and spread and use of resources to meet CYP’s needs across a tiered model of service delivery.
- **Evidence that the voices and stories of CYP are central to decision-making** through a pilot of the Talking Mats CYP resource in two AHP service areas and evidence from other child-centred outcomes projects nationally. We will also evidence commitment to gathering CYP, parent, carer, family and stakeholder stories of their experiences of services – good and bad – and act to put in place real change on the basis of feedback.
- **The development and delivery of a national postural care strategy** across adult and CYP services, in collaboration with the Scottish Government, AHPs, PAMIS, parents and CYP. The first meeting to take this forward took place on 11 October 2017. The strategy will be developed in collaboration with strategists and leads in adult learning disability and physical disability services, including third sector colleagues, and a draft will be prepared in spring 2019.

- **Deliver to a robust public health programme of work to interrupt the intergenerational cycle of poverty and disadvantage** through the ongoing development of targeted interventions and the spread of innovative collaborative partnership pilots. We will collaborate to ensure consistency of universal messages and activity across Scotland, with ongoing involvement and collaboration relating to the redesign of *Ready Steady Baby!* (NHS Health Scotland, 2018) and toddler universal literature. We will build on existing accessible web-based knowledge and support content to develop a once-for-Scotland digital portal/website to improve access to expert knowledge and increase resilience and self-reliance.
- **Evidence the visibility and understanding of the role of AHPs in delivering to the CYP policy and legislative agenda** through integration and representation in Scottish Government activity, including the adverse childhood experience COP, the Realigning CYP Services project, the Education (Scotland) Bill 2017, the Children and Young People (Scotland) Act 2014, and the development of the CYP wellbeing plan.
- **Evidence the impact of the CYP Improvement Collaborative (IC) Practicum**, supported by Scottish Government. This will bring together 14 AHP teams with colleagues from early years, primary education and health visiting to learn together and build on existing best practice improvement learning in relation to adverse childhood experiences and closing the attainment gap. Matched funding will be sought from the Scottish Government to enable learning sessions to support improvement teams' understanding of demographic and population need going forward, as well as a shared understanding of initial conversations and request for help decision-making across and between agencies and practitioners.
- **Increase in early intervention and prevention activity in the AHP CYP community** to deliver consistent evidence-informed activity for Scotland through pilots of innovations that have been tried elsewhere.
- **Bring together AHPs working in child and adolescent mental health services (CAMHS)** in line with the *Mental Health Strategy 2017–2027* (Scottish Government, 2017c) and ongoing work across CAMHS in Scotland.
- **Hold a national CYP *Ready to Act* event** in collaboration with stakeholders, partners and parents to showcase good practice and impacts and develop a collaborative action plan to 2020 that delivers to GIRFEC, the attainment agenda and wellbeing outcomes for CYP in Scotland.

“We must keep going ... it is working!”
AHP CYP Lead

4. Key indicators of success

“It can be so hard to get to appointments. It helped so much I could pop in to speak to you during my lunch break!”
Parent

The key performance indicators for the Starting Well AILP programme will be shared across AHP CYP services, with outcomes data gathered from four agreed pilot areas.

Improvement data to evidence impact of increased early intervention on access to service expertise will be gathered and reported monthly (see: [ANNEX E. NHS Fife CYP Service Journey, 2007–2017](#)).

AHP CYP services in Scotland will be delivering improvement-based change pilots relating to request for help/assistance and targeted intervention resourcing.

A small-scale evaluation of the place of activity of AHP CYP services in relation to the intergenerational cycle will be undertaken in Autumn 2018.

Work to support the developing Scottish Government report, *Equity and Excellence for Scotland’s Children and Young People: breaking the intergenerational cycle of speech, language and communication needs*, will be undertaken in partnership with all agencies at local and national levels to ensure the development of a national approach to speech, language and communication in Scotland, tied into the Scottish Government CYP-IC Language Meets Literacy Practicum.

The National AHP Lead for CYP will continue to support local services to evidence implementation of the CYP programme’s ambitions across Scotland through a high-profile presence with CYP leads, AHP directors and practitioners. As part of the work to create this interim report, appreciative enquiry sessions were facilitated by NES with the AHP CYP AILP Reference Group. The national lead role was highlighted at these sessions as pivotal to the ongoing transformational change process in AHP CYP services in Scotland.

AHP CYP leads, supported by AHP directors, will commit to the provision of evidence-based data to demonstrate success in transforming service delivery.

All AHP CYP services will review and update their board AHP CYP driver diagrams, supported by demonstrable evidence of impact and wellbeing change for CYP.

“Thank you very much for fixing my toe. It was bothering me for years. P.S. The surgery wasn’t scary at all.”
Cameron (aged 12).

5. Conclusion

At the heart of the AHP CYP journey is a commitment to make the best and most effective use of current resources to fulfil objectives relating to GIRFEC. It is about being open to reform, change and challenge to find ways to utilise resources and properly understand how well we are meeting the needs of CYP, their families and carers, in collaboration and partnership with our colleagues across agencies in Scotland. The economic benefits of preventative proactive early interventions are unlikely to be realised in the short term and require ongoing commitment from those in practice and leadership positions to move from reactive individualised provision to proactive targeted provision.

The AILP CYP programme requires long-term planning and strategic support to build on the transformational changes already taking place in Scotland and to demonstrate activity to interrupt the intergenerational cycle of poverty and deprivation through a focused collaborative public health workstream. This will require a 5–10-year strategic plan, delivering impact evidence and evaluation of change with respect to AHPs' value and roles in meeting the wellbeing needs of CYP in Scotland at population and individual levels, while supporting and delivering against key policy imperatives based on CYP's rights, engagement, participation and access to information, knowledge and support as and when required.

The development of sustainable, impactful interventions requires collaborative partnership-working based on systematic collection, collation, analysis and reporting of local demographic data to meet local need.

There is still much work to be done. We recognise that this is a transformational journey and that while there is commitment to collaborative change that meets the wellbeing needs of CYP, their families and carers, there are still stories to be heard where services have not met these needs. We need to reflect on these “not so good” stories to progress, and are committed to using real feedback from CYP about their experiences to inform our change journey.

The principles of *Ready to Act* and this interim report are not just about CYP. They are equally relevant to the outcomes for the adult population of Scotland, and the ambitions are also of importance to the workforce in adult service provision.

By starting with CYP, however, we are more likely to achieve improved health and wellbeing outcomes for the whole population of Scotland in the longer term.

6. Last word ...

To finish, a test of change *Ready to Act* poem, by Catriona Black, speech and language therapist, NHS Lothian.

Once upon a time in Edinburgh West
There was a team of speech therapists doing their best
But *Ready to Act* said “go make a change”
Think of new ways, nothing is too strange
Meetings about meetings immediately were had
New words became normal, although some thought them mad!
Requests for Assistance replaced the referral
5 new ambitions were learned – forget at your peril
So I was dispatched to DLE to start to think...
Who I am, how I learn, how I lead and make a link
Between where we have been, where we are and where next
Without leaving the team feeling horribly vexed.
I’d a project to do and had to know how
Where to start, how to measure and what to do now
Julia taught us lots of QI methods to use:
Fishbones, driver diagrams and others to chose
Un-necessary appointments was a problem in the west
Could we send fewer out, do something else with the rest?
Did we need to see all of them no matter the worry?
Cramming them in, giving advice in a hurry.
To cut a long “test of change” story much shorter
We found our processes not actually cast in mortar
We introduced triage, language drop ins and more
And the number we discharged at first appointments hit the floor.
My poster will show you much more about how
We achieved what we did and how it looks now
We’ve stopped seeing so many families just to send them away
Or who actually weren’t right for us at the end of the day.
Advice is more timely and quite locally found
And we have all of the info for decisions most sound
SLTs have more time for other work to be done
We’ll always move forward whilst keeping things fun!

References

Best A, Greenhalgh T, Lewis S et al. (2012). et al. Large system transformation in health care: a realistic review. *Milbank Q.* 90(3):421–56 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479379/>).

Better Communication CIC (2018). *The Balanced System®* [website]. Harpenden: Better Communication CIC (<https://www.bettercommunication.org.uk/the-balanced-system/>).

Craig A (2017). *Practising early intervention and prevention*. Unpublished PhD thesis, University of St Andrews.

NHS Health Scotland (2018). *Ready Steady Baby!* [website]. Edinburgh: NHS Health Scotland (<http://www.readysteadybaby.org.uk/index.aspx>).

Plsek PE, Greenhalgh T (2001). Complexity science: the challenge of complexity in health care. *Brit Med J.* 323(7313):625–8.

Scottish Government (2016a). *Ready to Act – a transformational plan for children and young people, their parents, carers and families who require support from allied health professionals (AHPs)*. Edinburgh: Scottish Government (<http://www.gov.scot/Publications/2016/01/1324>).

Scottish Government (2016b). *Health and Social Care Delivery Plan*. Edinburgh: Scottish Government (<http://www.gov.scot/Publications/2016/12/4275/downloads>).

Scottish Government (2017a) *Primary Care Transformation* [website]. Edinburgh: Scottish Government (<http://www.gov.scot/Topics/Health/Services/Primary-Care/Strategy-or-Primary-Care>).

Scottish Government (2017b). *Allied Health Professions Co-creating Wellbeing with the People of Scotland. The Active and Independent Living Programme in Scotland*. Edinburgh: Scottish Government (<http://www.gov.scot/Publications/2017/06/1250>).

Scottish Government (2017c). *Mental Health Strategy 2017–2027*. Edinburgh: Scottish Government (<http://www.gov.scot/Publications/2017/03/1750>).

Acknowledgements

With thanks to the AHP CYP leads and professional representatives who have taken the ambitions of *Ready to Act* and made them real in their local areas, undertaking tests of change and collecting data to evidence impact. Thanks to Gail Nash NES for her support and knowledge.

Thanks to the leads and practitioners who have participated in short-life working groups and national workstream groups and who have been willing to share their data as part of our monthly reporting for AILP.

Thanks to Audrey Taylor (NES) for facilitating our appreciative enquiry events to help us think about this interim report. Thanks also to Claire Wood, AHP Director, NHS Highland, who has supported the work of the CYP programme.

The importance of the NES AHP Fellowship scheme funding, which has enabled services to test out initiatives and learning to support change, is acknowledged.

And thanks to the AHP CYP community of Scotland, who have run with this transformational change programme to make a real difference to practice, learning about impact of change and putting CYP's wellbeing and voices at the heart of everything we do.

Appendix 1. AHP CYP AILP Reference Group membership

Name	Organisation
Alexandra Berry	Capability Scotland
Alyson Hogg	NHS Dumfries and Galloway
Anna Cove	NHS Borders
Anne Brockman	NHS Grampian
Catherine McDerment	NHS Lothian
Christine Lapsley	NHS Western Isles
Claire Wood	AHP Directors Scotland Group representative
Dayle Chrichton	Podiatry representative
Elaine Cargill	NHS Tayside (alternate)
Elsbeth Mair	NHS Ayrshire and Arran
Gail Nash	NHS Education for Scotland
Ged Quirk	AILP Improvement Advisor
Hazel McWhinnie	Orthoptist representative
Jacqui Hirst	NHS Orkney (alternate)
Jan Chapple	NHS Highland and dietetics representative
Jo Robinson	NHS Shetland
Lorna Davis	NHS Greater Glasgow and Clyde (alternate)
Lynn Dorman	CAMHS representative
Maureen Cochrane	NHS Lanarkshire
Melville Dixon	Orthotists and prosthetists representative,
Morag Dorward	NHS Tayside
Morag McKellar	NHS Forth Valley
Penny Martin	NHS Orkney
Sarah Negrette	NHS Fife
Catherine Gorry	Retired
Allison Morrison	NHS Greater Glasgow and Clyde

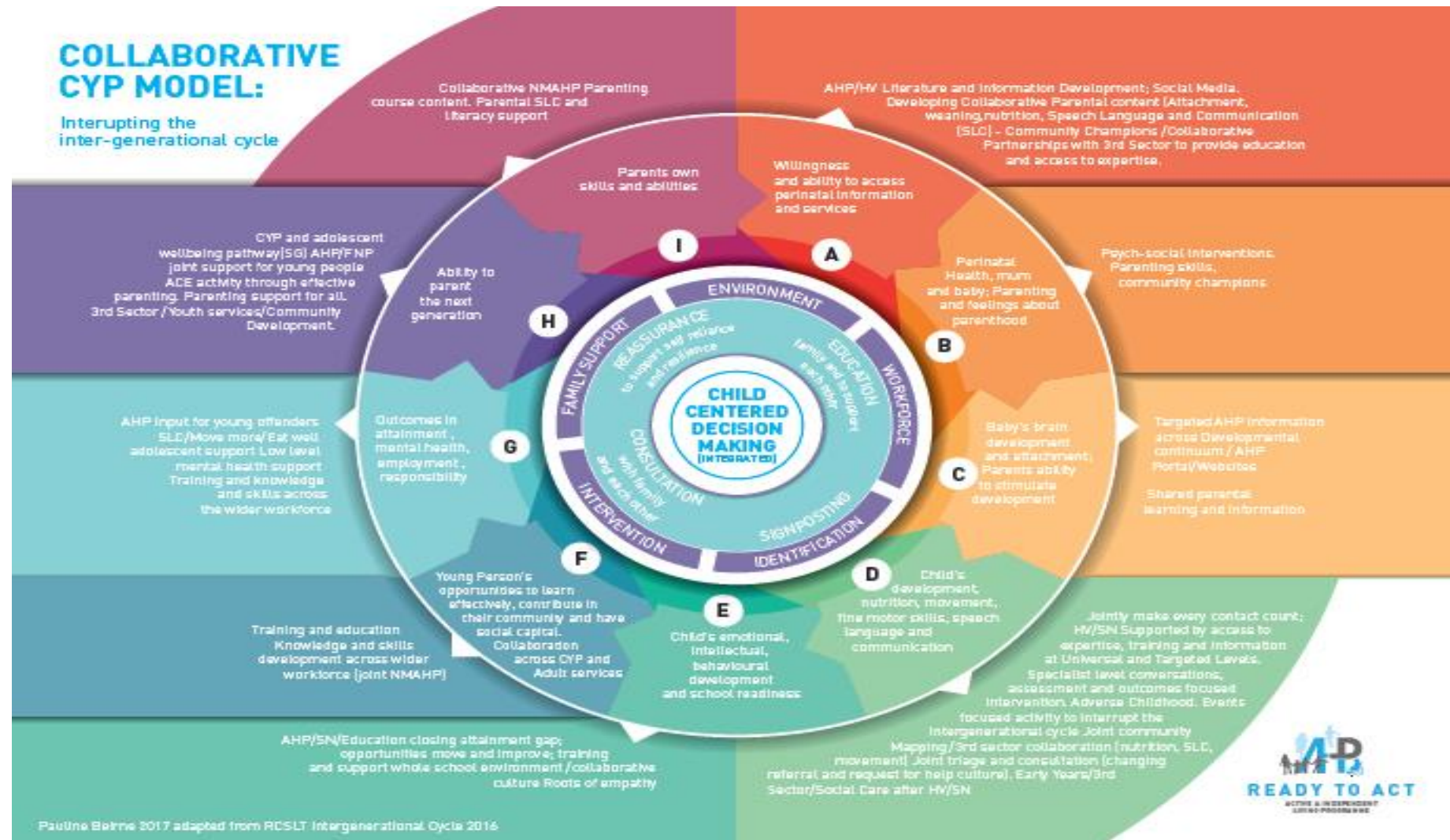
**Ready to Act in action:
an interim report on the implementation
of the five ambitions across the allied
health professions' children and young
people's community in Scotland and
recommendations to 2020**

ANNEXES

Contents

ANNEX A. Collaborative CYP Framework.....	3
ANNEX B. Tiered model of service delivery	4
ANNEX C. Example driver: national CYP Occupational Therapy Professional Leads Group driver.....	5
ANNEX D. Request for assistance improvement project, occupational therapy, NHS Lothian	6
ANNEX E. NHS Fife CYP service journey, 2007–2017	7
ANNEX F. Requests for assistance/help decision-making	8
ANNEX G. AILP CYP programme: key performance indicators	9

ANNEX A. Collaborative CYP Framework



ANNEX B. Tiered model of service delivery



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

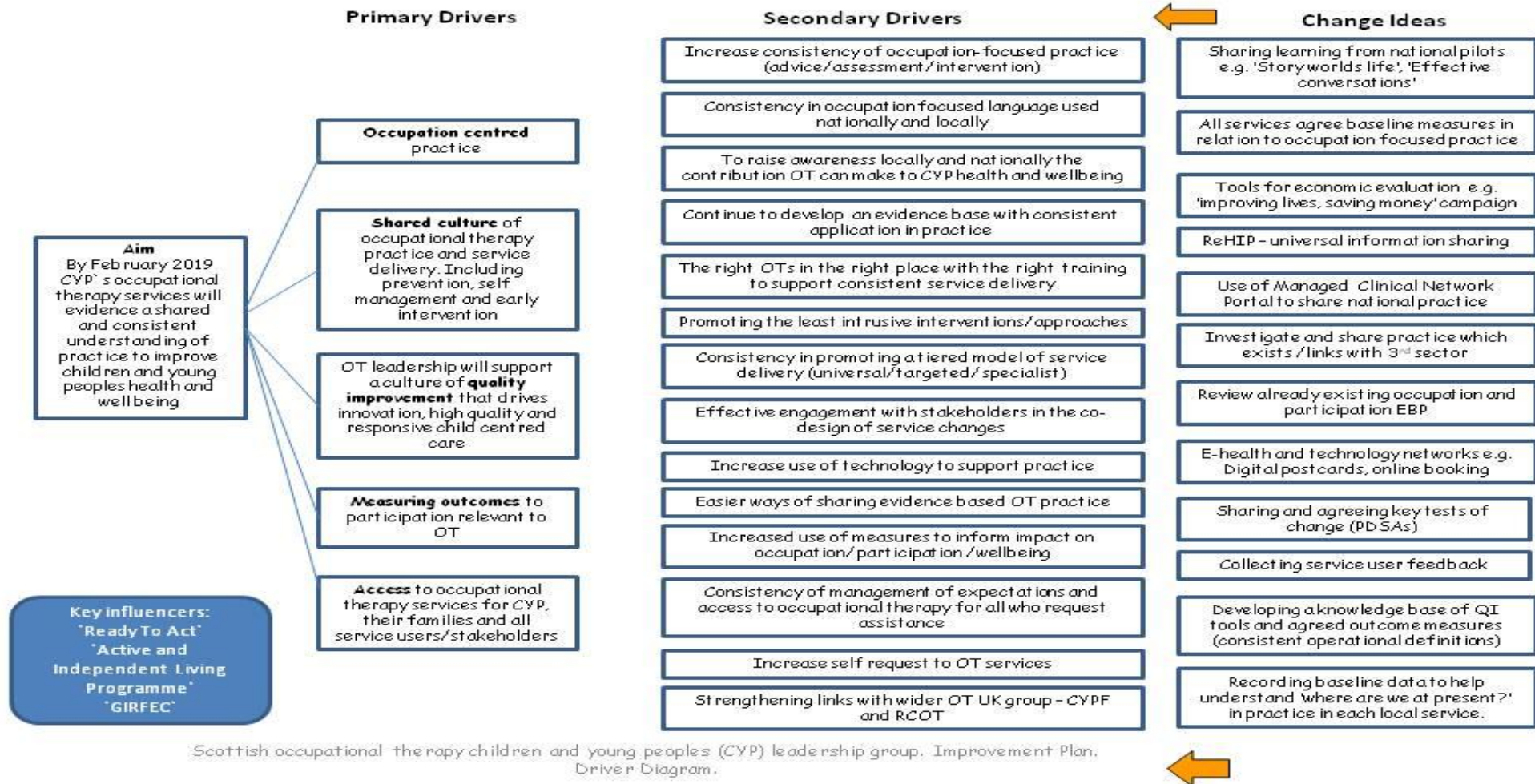
- Specialist:** For all CYP whose Well being outcomes cannot be met through universal and targeted provision alone and require higher levels of episodic interventions to support universal and targeted interventions.
- Targeted Level:** Services and provision for CYP their families carers and key stakeholders 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)

Adapted from the Balanced System® (© M.T. Gascoigne), and Care At Risk Intended Outcome Framework (©K. Malcolmson) in collaboration with Pauline Bellin, NHS Scotland, (2017)



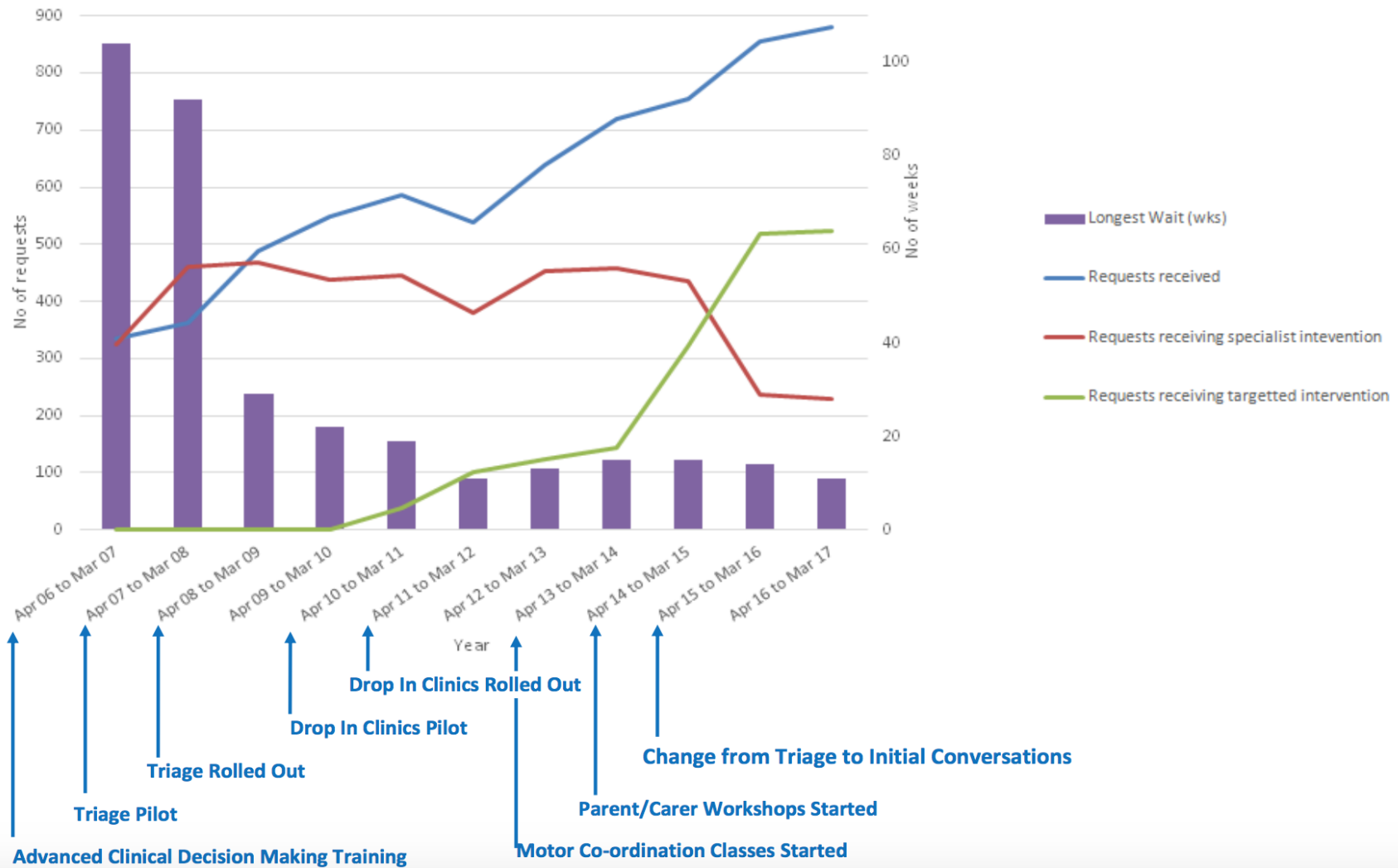
ANNEX C. Example driver: national CYP Occupational Therapy Professional Leads Group driver

Vision CYP occupational therapy maximising children and young peoples participation, health and wellbeing

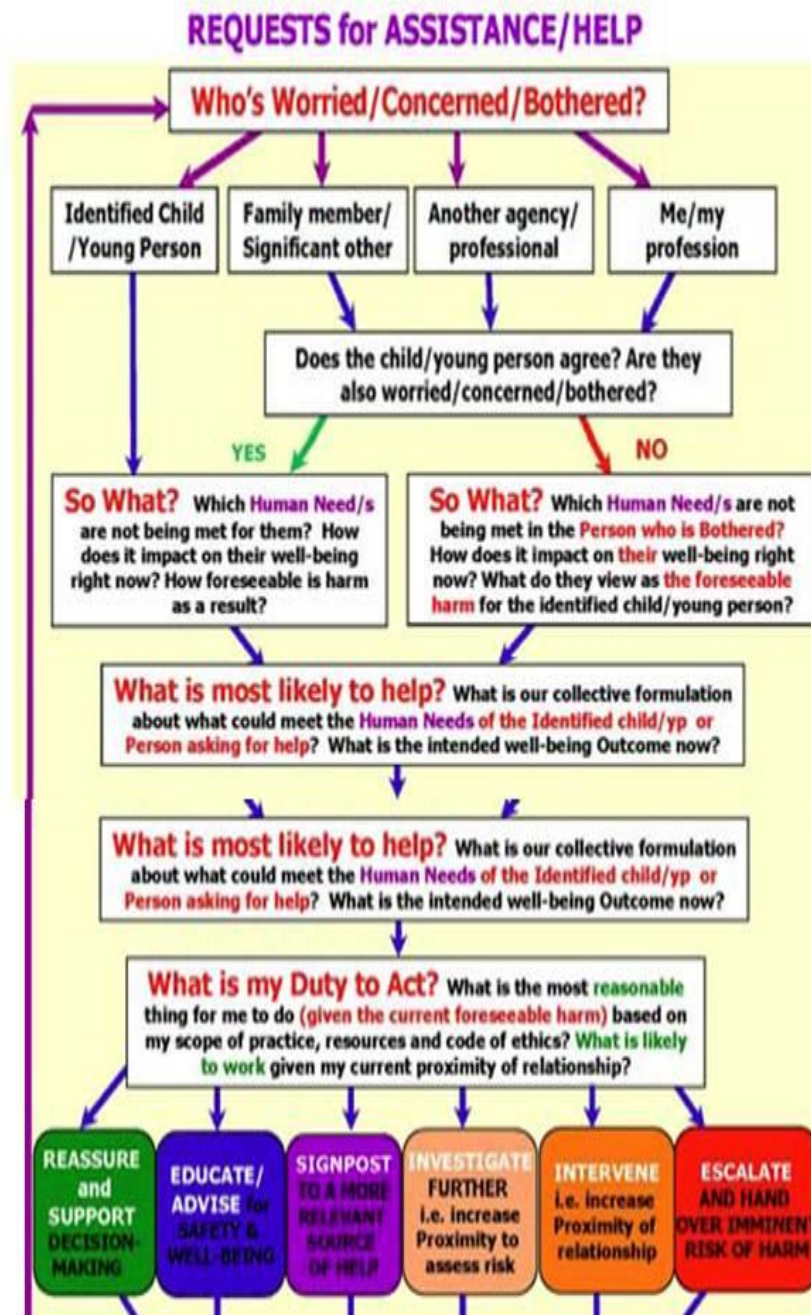


ANNEX E. NHS Fife CYP service journey, 2007–2017

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



ANNEX F. Requests for assistance/help decision-making



© Kate Malcomess Consultancy Limited. Reproduced by permission of Kate Malcomess.

ANNEX G. AILP CYP programme: key performance indicators

1. Aim: by October 2018 there will be an annual increase in self-referral to AHP CYP services from local baseline across four pilot sites.
2. Aim: there will be a % increase in each of four positive destinations from point of request for help across four pilot areas (reassure, educate, signpost and advise, investigate, intervene and escalate).
3. Aim: from October 2016 to October 2018, AHP CYP services will show a 40% increase in provision of both targeted and universal activities/opportunities across four pilot board areas.
4. Aim: by October 2018 there will be a 40% decrease in the number of CYP requiring specialist assessment across four pilot sites.
5. Aim: by 2019 there will be impact improvement data for each of the teams participating in the Language Meets Literacy Practicum (Scottish Government CYP-IC).



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2018

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78781-026-6 (web only)

Published by The Scottish Government, November 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS433746 (11/18)

W W W . G O V . S C O T