

Public Health Transitions: National Best Practice
Y&H HIEC MIHC
Getting it Right from the Start Project



‘Developing complex, high level strategic partnerships’

Julie Watson, Project lead
Maternal and Infant
Health and Care theme



THE UNIVERSITY *of York*
Department of Health Sciences
Mother and Infant Research Unit

The principles agreed at the start of the process were that the work would:

- Be evidence based, based on a rigorous assessment of literature and incorporating practitioner and user views of that evidence base
- Involve multi-sectoral and multi-disciplinary working, with input from health and associated professionals, community and lay workers, women and their families
- Use mainstream, sustainable systems, building into the relevant work programmes of other organisations and using existing networks and resources
- Use a participatory approach to consultation and communication, tailoring approaches to the needs of local organisations and communities.
- Embed evaluation and ongoing feedback and dissemination

Developing complex, high level strategic partnerships

- The challenge
 - translating knowledge to practice
- The project 
 - turning best practice into common practice
- What works in changing practice at scale?
 - principle-led collaboration

The cycle of evidence into practice?



The Challenge

- Maternity and neonatal care
 - ‘touchstone of an organisation’s quality of care’
- Large, costly area of care
 - circa 134,000 women and babies in Y&H annually
 - more than half of NHS compensation payments relate
- Inequalities in health and care
 - needs consistent approach to ensure best care for all
- Need all staff, and all students, to be up to date
 - knowledge and skills
- Variations in quality of care and outcomes
 - Y&H breastfeeding rates at discharge <1-54%
 - Y&H c-section rates 19-25%
- Complex field

To change from one system to another, evidence of effectiveness is essential, but not sufficient
need to create
complex, sustainable, safe, multifaceted change



Yorkshire and Humber
Health Innovation and Education Cluster



- Funded by DH, Y&H SHA: 2010-2012
- To integrate evidence, education, practice, improve outcomes
- Competitive process – 17 HIECs
 - Y&H largest, pan-region
- Three themes
 - patient safety, long term conditions, maternal and infant health and care
- Aim to turn best practice into common practice
- Involves all NHS organisations, all universities
- Each theme works in different ways
- Times of austerity

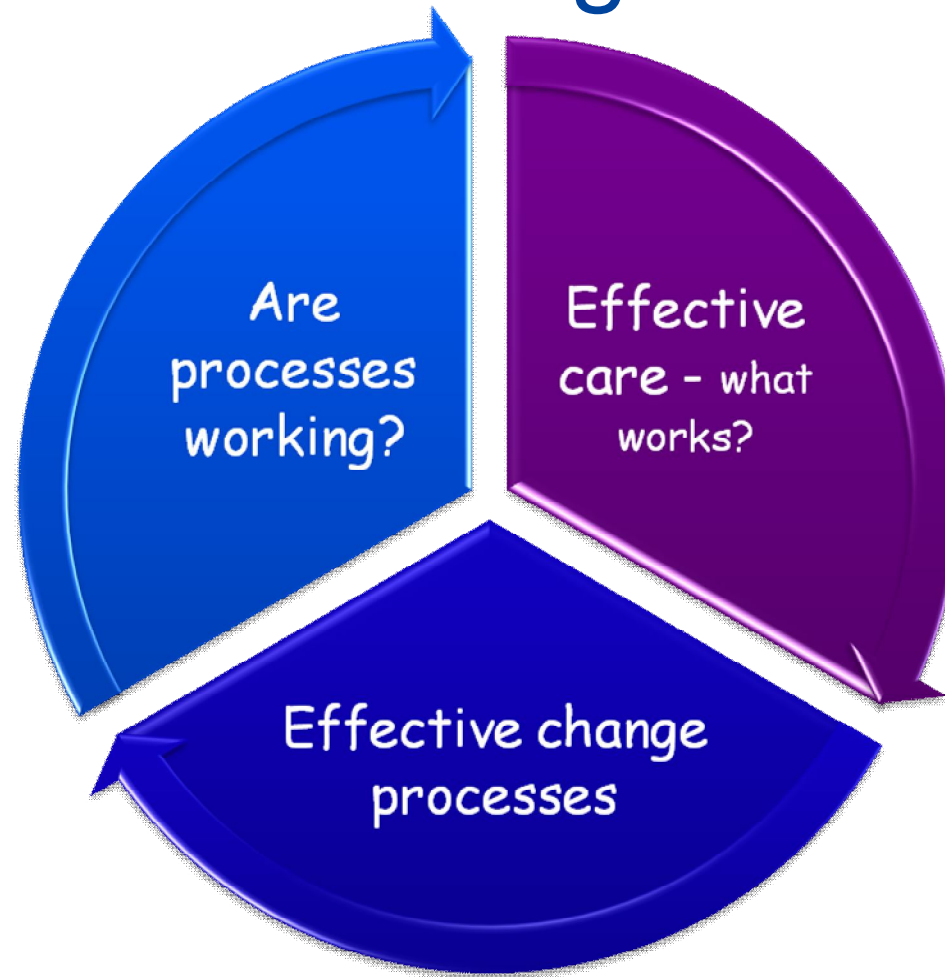
Maternal and Infant Health and Care theme

- Aim
 - to enhance the quality of maternal and infant care, improve health outcomes, and reduce inequalities in care and health
 - by creating sustainable evidence-based change at scale, across sectors
 - to turn best practice into common practice

Maternal and Infant Health and Care theme

- Theme Executive and staff - MIRU and HYMS
- Advisory Group, three sub-groups
- Engaging regional groups, structures
 - eg Maternity Forum, Labour Ward and Infant Feeding Coordinators, LSAMO, Neonatal Networks, universities, community groups
- Partners
 - Evaluation – ChiMat, Y&H Deanery, YHEC
 - National partners – universities, voluntary groups, West Midlands HIEC, Best Beginnings, Magneto Films, Apps4
 - Stakeholders – quality assurance for resources: eg Royal Colleges, UNICEF BFI, voluntary groups, academics.....
- Champions and enablers and staff, 42 maternity, neonatal units

Evidence needed for sustainable change



Evidence needed for sustainable change: Effective change processes

- What about changing behaviour at scale?
- Previous work to develop practice change in public health for NICE public health guidance implementation (NICE PH guidance 11, 2008)
 - resulted in conceptual framework

Conceptual framework for change at scale

- Evidence-based
- Multidisciplinary
- Whole health economy working
- Participatory approach
- Focus on inequalities
- Relate to existing structures
- Build on existing strengths
- Accurate, up to date intelligence with feedback
- Embedded evaluation
- Focus on sustainability

Participatory approach

- Identifying programme priorities
 - Maternal and infant nutrition, normal birth, tackling inequalities
- Planning programme structure
 - Tackling feeding and attachment in neonatal units, care at admission in labour
 - Whole region, multidisciplinary
- Identifying key activities
 - Assessing evidence base for impact, feasibility
- Planning programme content
 - Development, training, tailored approaches
- Presenting at workshops, conferences
- More co-ownership, co-creation, than participation

Participation



North Trent Neonatal Network

Supported by

- ✓ UNICEF UK Baby Friendly Initiative
- ✓ Royal College of Midwives
- ✓ The Breastfeeding Network



Yorkshire Neonatal Network



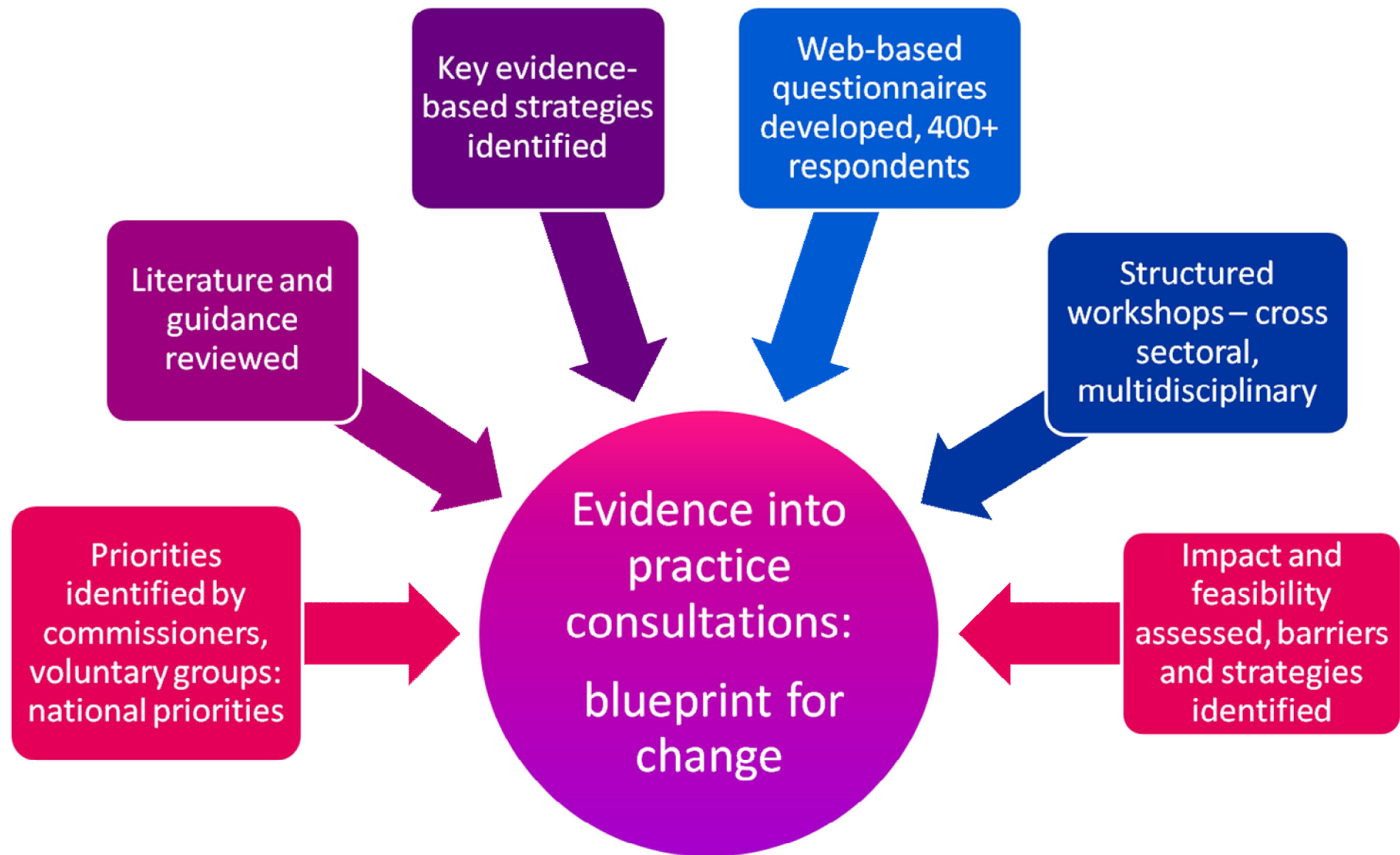
La Leche League GB

Magneto Films











New network launched



Is it making a difference?

Evaluating impact

- Evaluation team
 - Craig Baxter, Helen Duncan: ChiMat
 - Clare Offer, Public Health, NHS Wakefield
 - Karin Lowson, YHEC
 - Staff and clinical governance in Trusts
 - Magneto Films
 - West Midlands HIEC/University of Coventry
- Monitoring impact
 - embedded multi-method evaluation
 - processes, outcomes, resources, education and training, knowledge and attitudes
 - using routine data, audit, surveys of views, economic analysis, films

Is it making a difference?

Process metrics

- ✓ Engagement, communication
 - 42 units engaged and working on tailored programmes
 - Most relevant regional organisations engaged
 - 1600+ colleagues signed up to our networks
 - 120+ developed and trained champions and enablers
 - 50+ members of working groups
 - Spoken at 125+ conferences and workshops
- ✓ Development and training
 - 6 development days, 100+ attendees
 - 7 clinical skills days, neonatal and labour, 100+ attendees
 - 300+ staff and students: online education programme
- ✓ Sustainable processes
 - Staff developed, existing groups engaged
 - Resources available

Is it making a difference?

Outputs available

- ✓ Resources widely available and used, national and international interest
 - <http://yhhiec.org.uk/themes/maternal-infant-health-care/>
 - Evidence into Practice blueprint
 - Presentations on practice change
 - Photo library of positive images
 - Posters
- ✓ Films on response and engagement
 - Staff
 - Families
 - Launch of *HIEC MIHC Getting it Right from Start Film Channel* (from Dec 2012)

Is it making a difference?

Early findings – audit data quality

- ✓ Quality of audit data gradually improving
 - ✓ Ongoing data collection in neonatal care
 - ✓ Early labour – November, March, June snapshots
- ✓ Tailored audit reports to 42 units
- ✓ New field in national Badgernet data collection system – skin-to-skin care
- ✓ Early labour practices in routine LSA audits

Is it making a difference?

Early findings – qualitative responses

- ✓ Strongly positive qualitative responses
 - Service user groups
 - Trust staff
 - Commissioners, regional staff
 - Women and families
 - Students

What people say about the project

...

'I feel this study day has been exceptional ... useful, thought provoking and makes me proud of my profession' Participant in clinical skills workshop

'I would like to take the opportunity to thank you for teaching your grandmother to suck eggs EVEN BETTER' Participant in clinical skills workshop

'Keep up the good work. The mothers will really appreciate your efforts..... and so will the babies'
Infant Feeding Coordinator

Spread and adoption nationally

- Working with
 - University of Coventry/West Midlands HIEC
 - sharing change programme and methods
 - Best Beginnings Small Wonders programme
 - UNICEF UK BFI
 - clinical skills training programme and neonatal standards
 - RCM
 - NHS Institute for Innovation and Improvement
- development and training days for both neonatal and labour care: eg 4 clinical skills days in London
- Emotional intelligence programme for developing clinical skills

Is it making a difference?

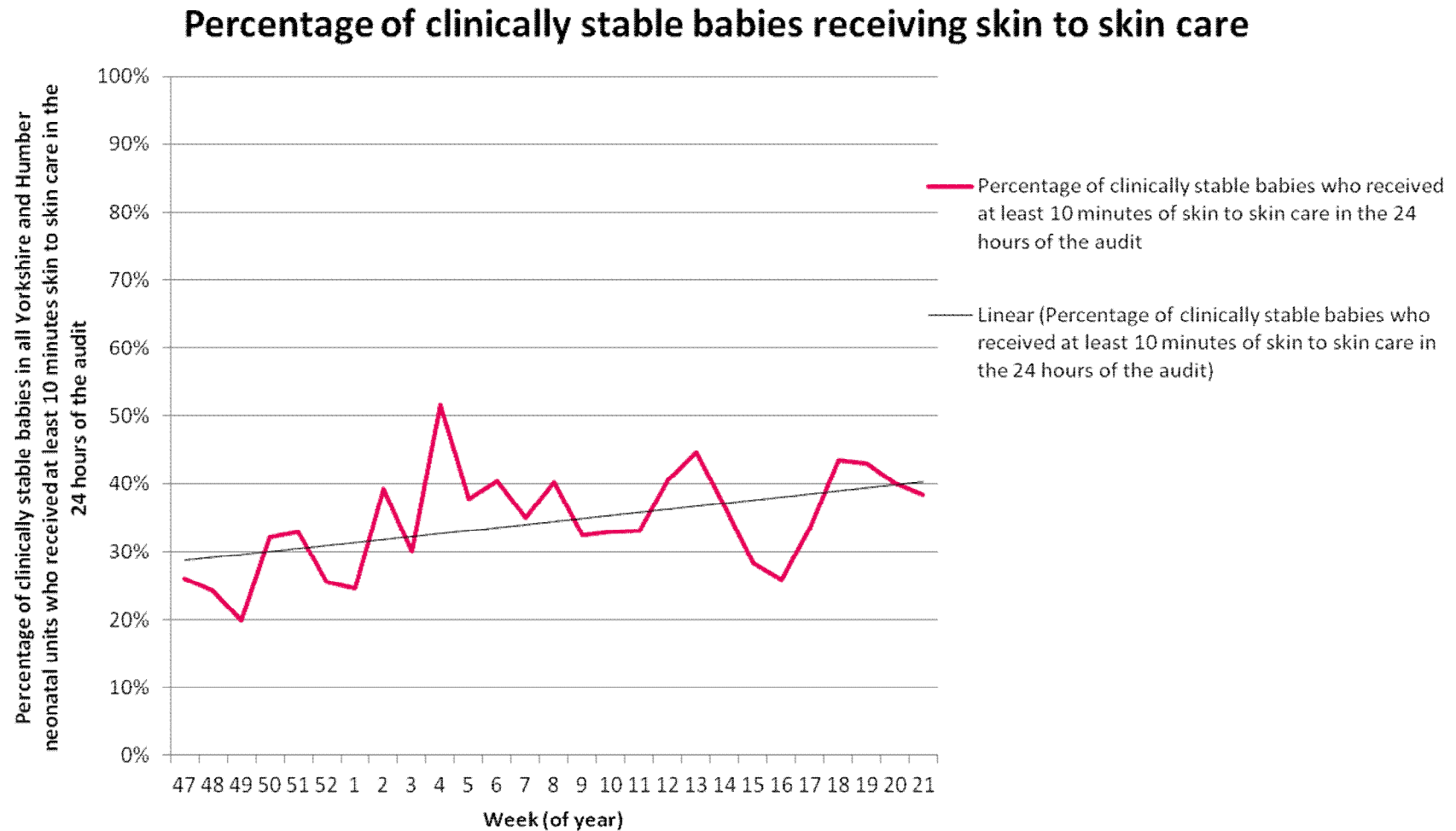
Early findings – skin-to-skin care

- Based on audit data from units
- 27 weeks of data
- Average of 118 babies/week audited
- Over 3000 babies involved in the audit so far



Skin-to-skin care across the region

Early findings



Welcome to **Your** labour ward

Informative	Understanding		Support
	 		
	Trust	Approachable	Listen

We are here to help you, **so talk to us**

Care in early labour

- Limited audit data
 - Audits in November (2011) and March, June 2012
- Lessons learned about the problems, eg
 - Belief that optimum practices in place already
 - Diverse classification of 'low risk'
 - One-way transfers to consultant care
- Wide range of new developments
 - Referral back to midwife care, latent phase guidelines, welcome posters for labour wards....

Impact in practice – normalising birth

- Routine early amniotomies have been reduced to a negligible level, and there is early evidence of some reduction in admission CTG for avoidable reasons.
- Mobility in second stage labour and the proportion of women 'off the bed' when giving birth has increased.
- Qualitative feedback from staff has been strongly supportive of the programme's approach and has identified numerous changes in practice.
- For example, one maternity unit has reconfigured its rooms to provide specific 'low risk' rooms.

What works in large-scale change?

Principle-led collaboration

- Evidence-based
- Multidisciplinary
- Whole health economy working
- Participatory approach
- Focus on inequalities
- Relate to existing structures
- Build on existing strengths
- Accurate, up to date intelligence with feedback
- Embedded evaluation
- Focus on sustainability



Thank you

Julie Watson

Julie.watson@york.ac.uk