

Examples of UK national child public health programmes and their implementation

Hong Kong Sept 2012

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Imperial College London and
Royal College of
Paediatrics and Child Health



**Sure Start
Children's Centres**

Plan

1. Describe the rationale of the current universal Healthy Child Programme in the UK
2. Two examples of more targeted programmes
 1. Sure Start - “*organic*” bottom up approach
 2. Family Nurse Partnership - “*prescribed and quality assured*” approach
3. How has the latest evidence base been translated into policy and what lessons can be learned from implementation science ?

The “epidemiological shift “

- 19th and mid 20th century success in reducing mortality through sanitary measures, housing, food supply, education and immunisation

replaced by the

- “new morbidities”

21st Century Millennial morbidity

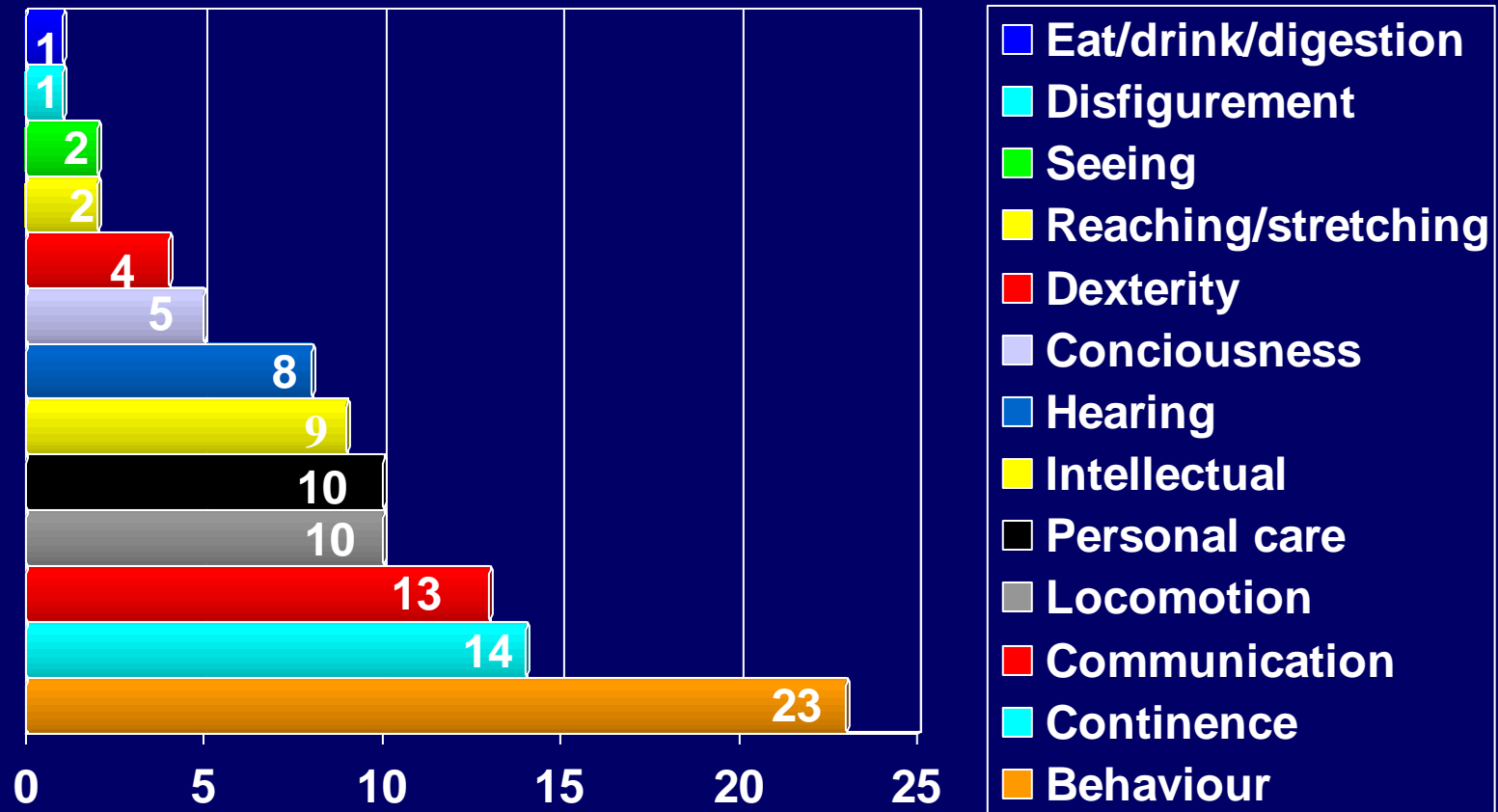
big challenges for practice

- Wellbeing /emotional health
- Obesity and re emergence of nutritional deficiencies (Vit D, Iron and other micronutrients)
- Speech, language, communication and cognition
- Keeping immunisation rates up
- Injury prevention/NAI (largest cause of A and E attendance)
- Adolescent Lifestyle behavioural change (violence, alcohol, drugs, smoking etc.)
- Health inequalities (cross cuts all)
- Disability and chronic longstanding illness

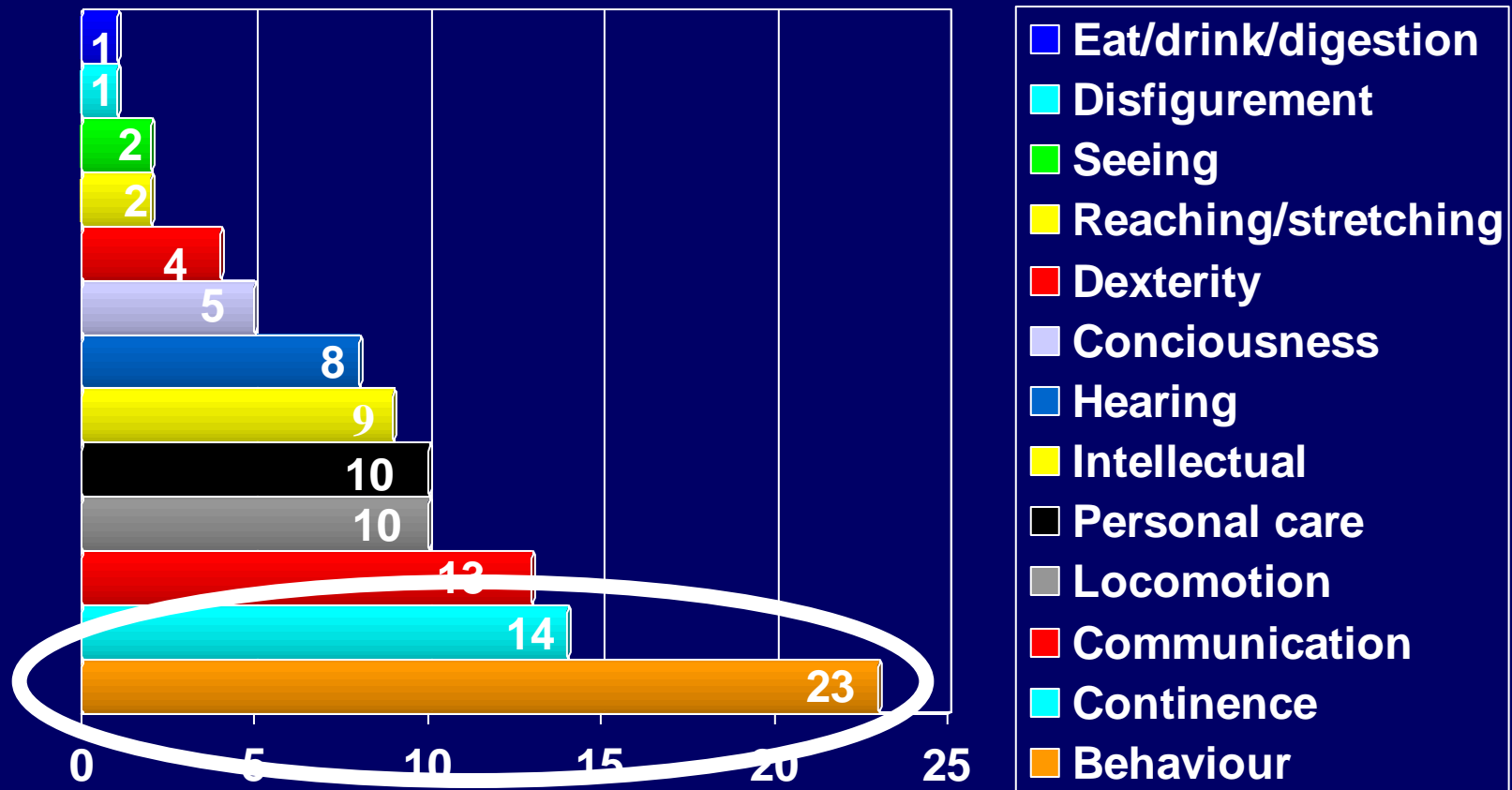
What is the public's image of disability?



Prevalence of Disability in Childhood (per 1000)



Prevalence of Disability in Childhood (per 1000)





The mental health of children and adolescents in Great Britain

Summary report

Victoria Nelson
Gemma Steward
and
Steven Stewart
Yamali Reed

The report of a
survey conducted in
1999 to assess
Survey Division of
the Office for
National Statistics
on behalf of the
Department of
Health, Education
and the National
Assemblies for Wales

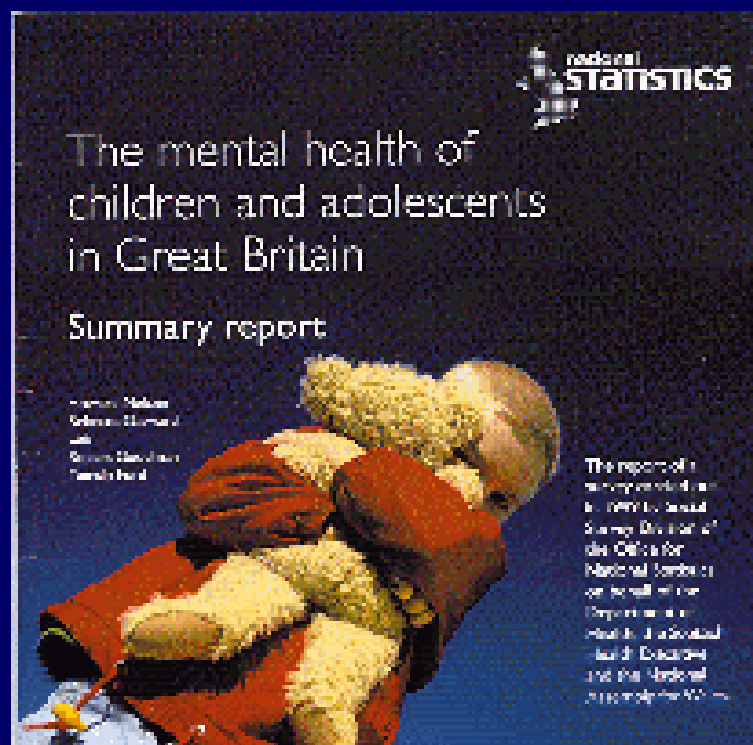


Figure 3.1 Prevalence of any mental disorder by age and sex

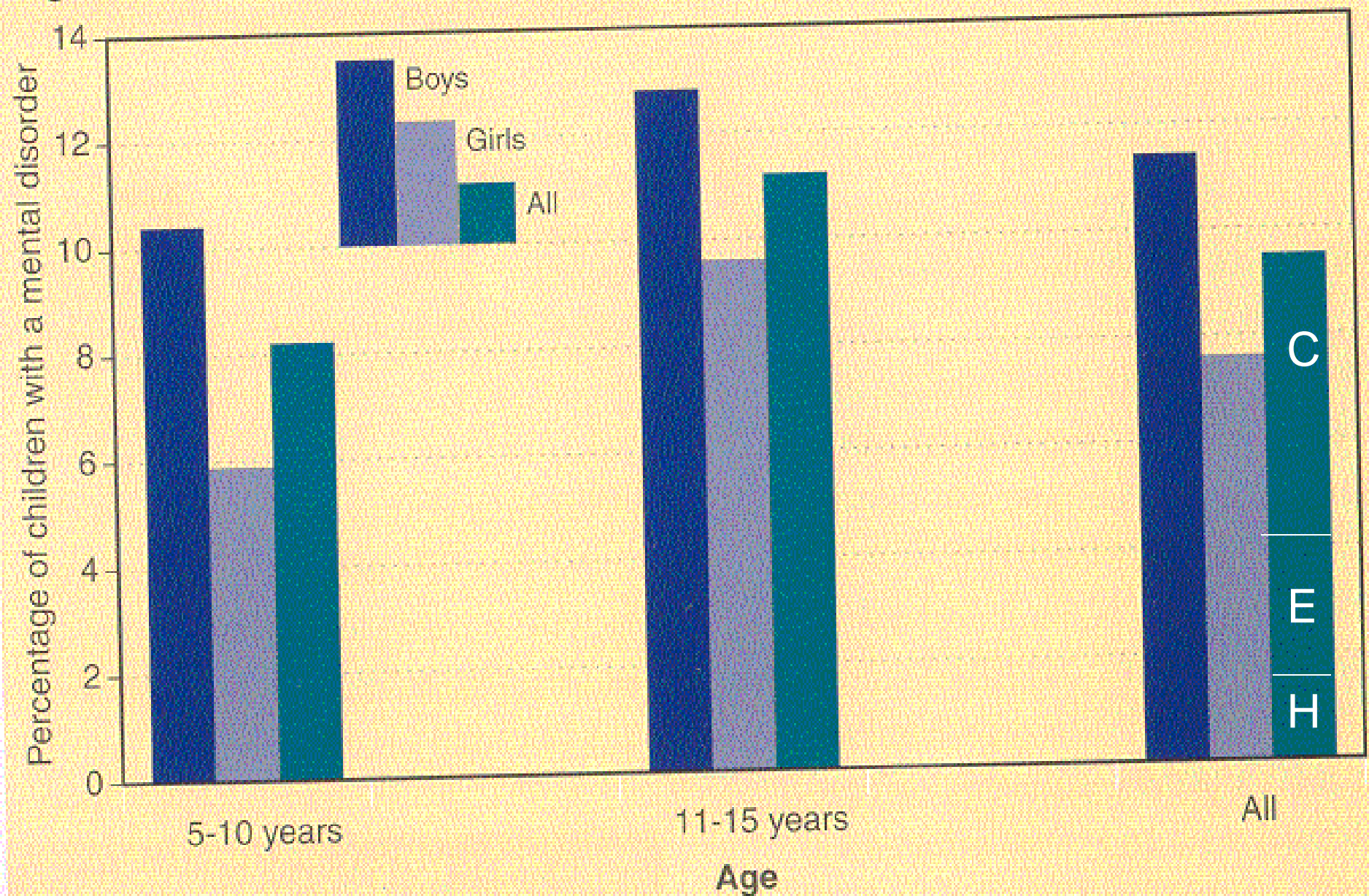
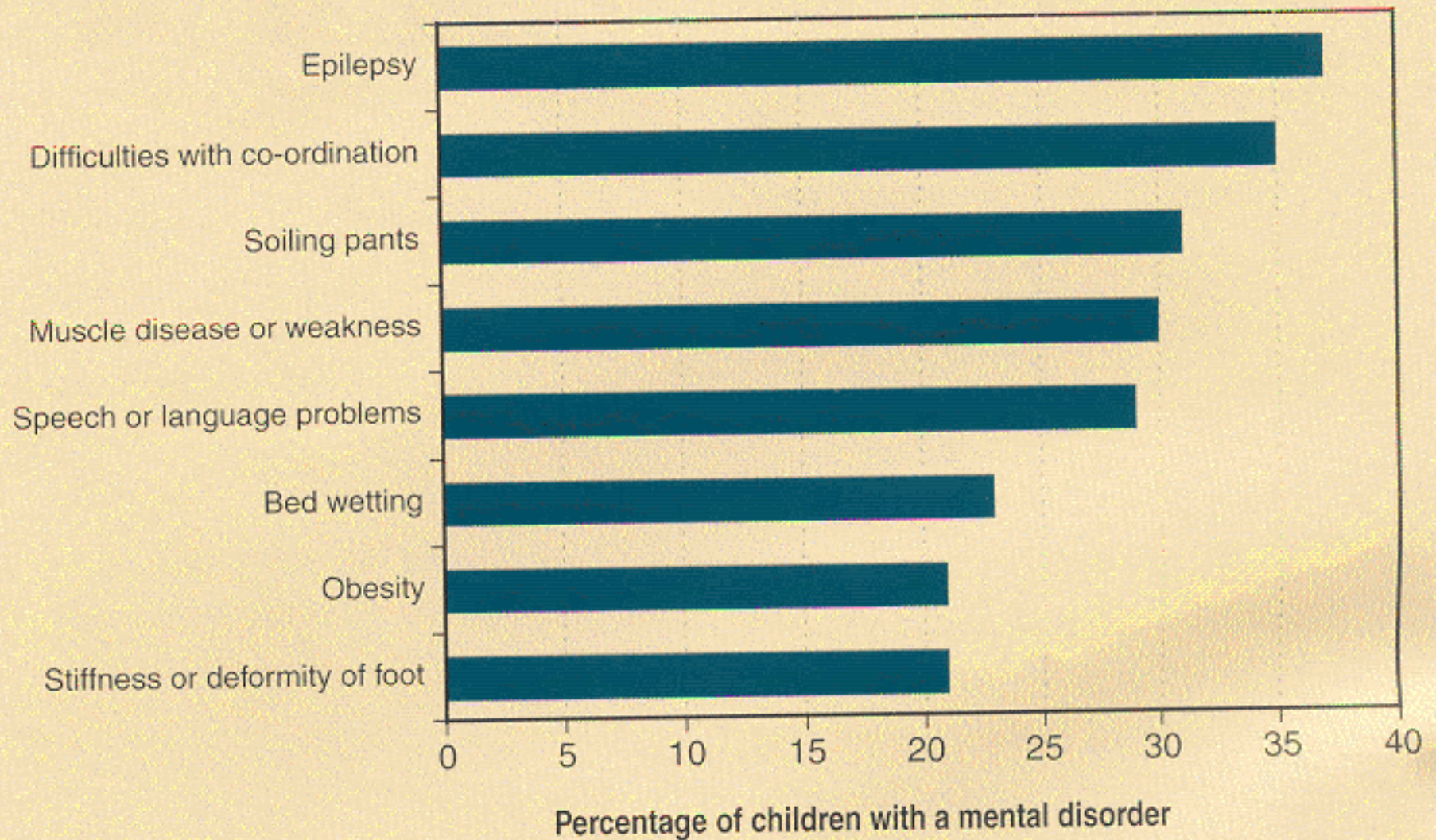


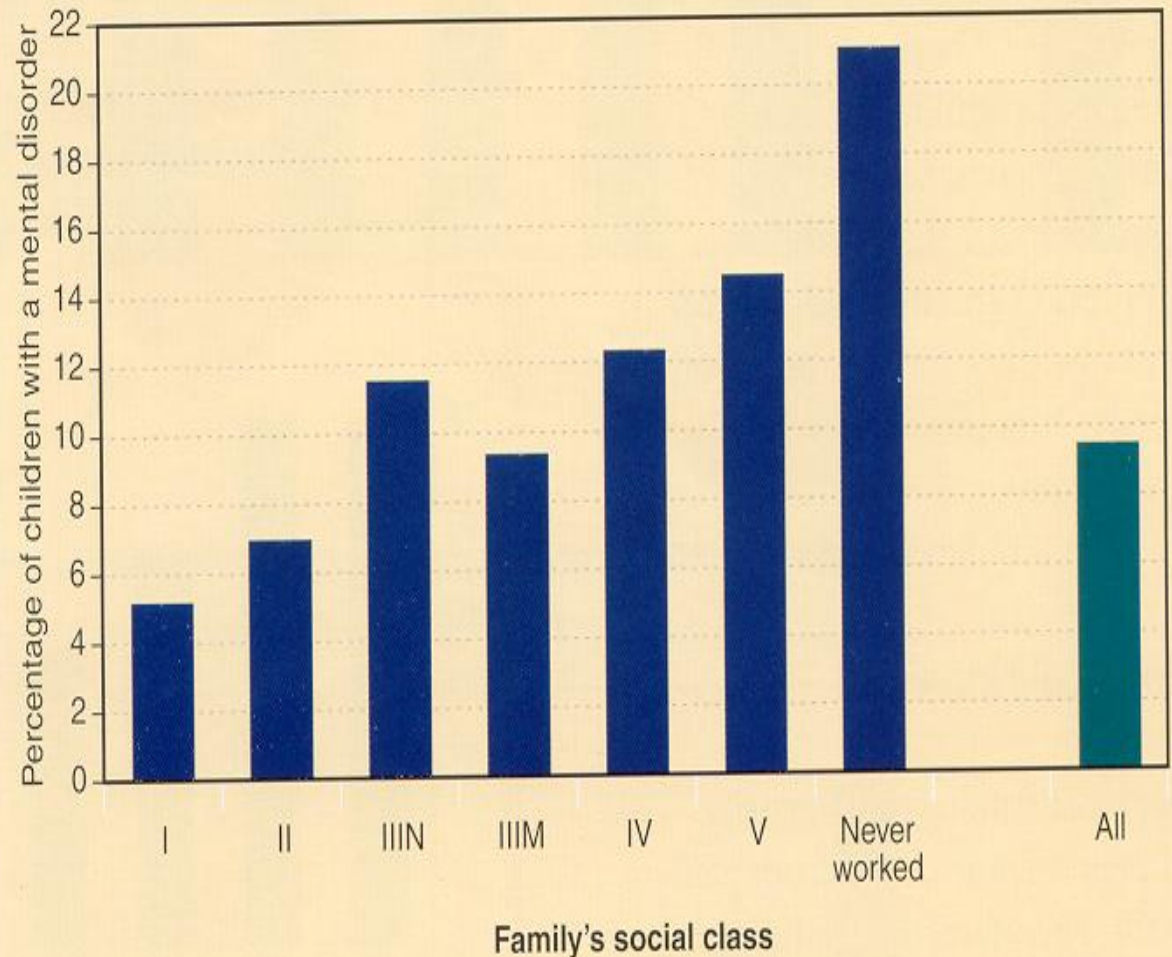
Figure 7.1 **Prevalence of any mental disorder by type of physical complaint**



Effects of social disadvantage- Mental health



Figure 5.2 Prevalence of any mental disorder by social class



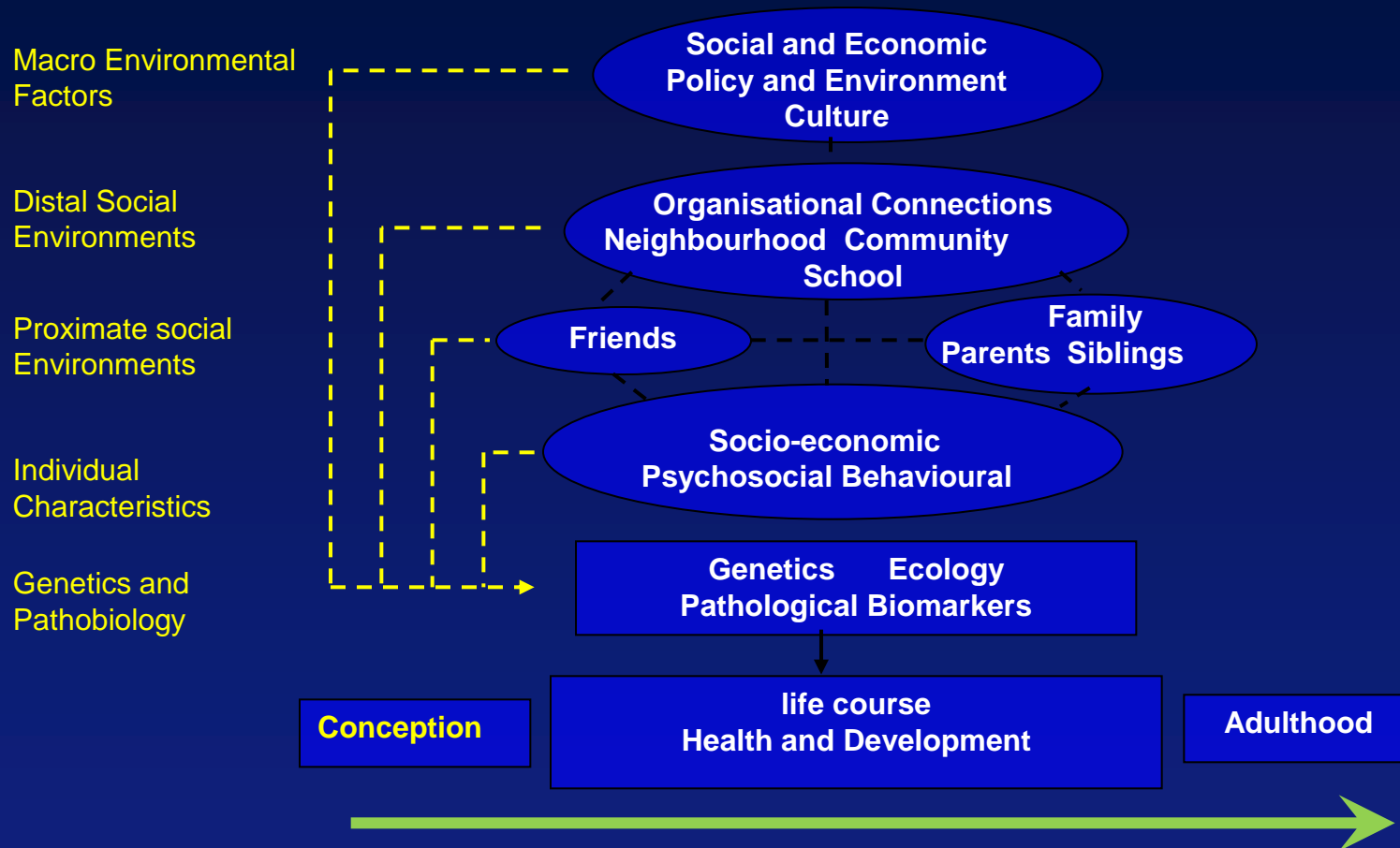
How might we characterise 21st century child health challenges ?

- Causation more complex and multifactorial
- Paradigm -Science of fetal origins of adult disease and lifecourse epidemiology
- Neuroscience, epigenetics and sensitive time windows
- Increased awareness of social injustice and health inequalities despite several decades of welfare system
- Focus on wellbeing and measures

A different approach is required!

Shift from expert “seek and treat”
reactive biomedical model -----→
holistic, empowerment/multilevel
partnership model

Ecological model of health and development across the life course



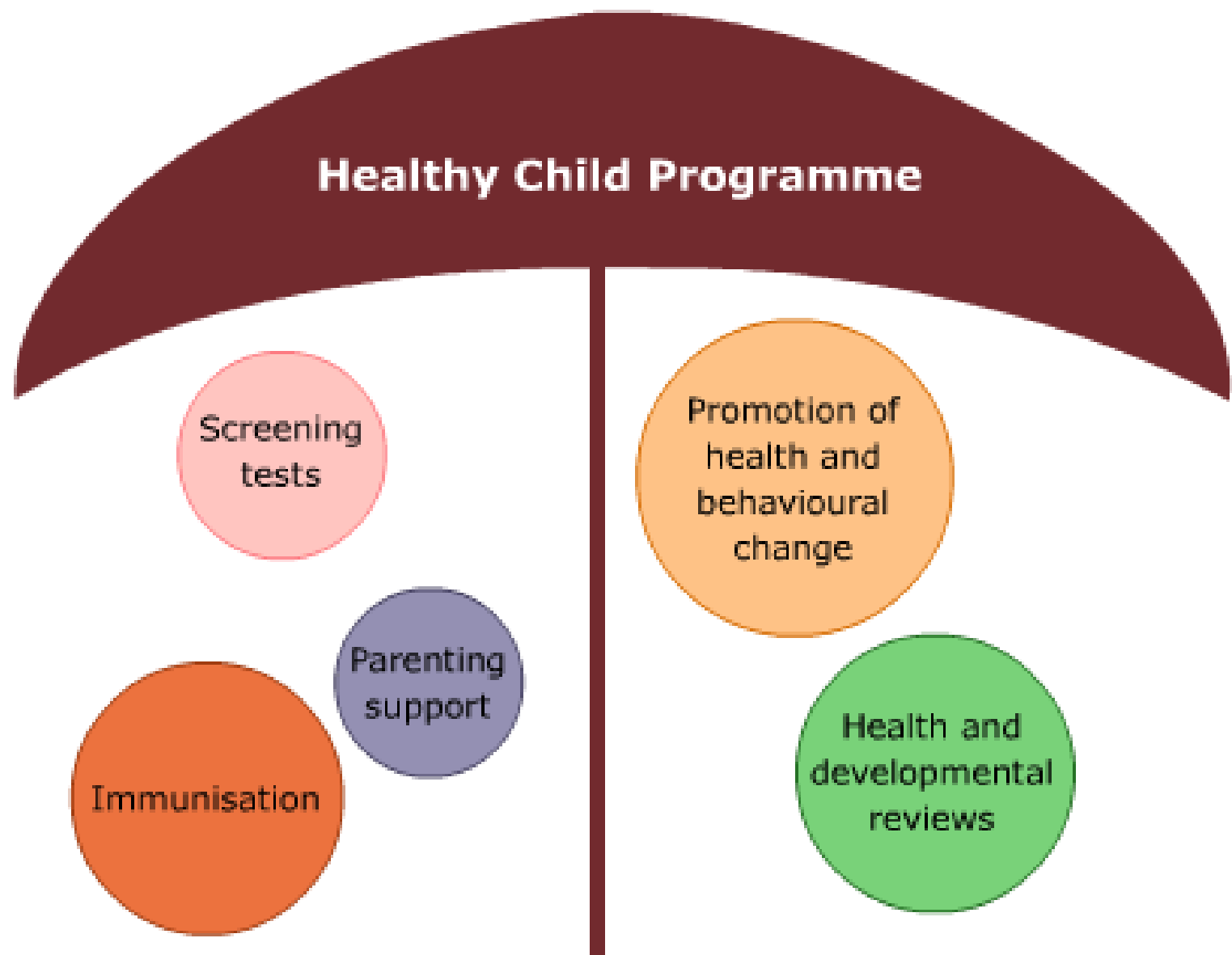
Lynch, J. 2000. Australasian Epidemiologist; 7: 7-15

Question for audience

- What would YOU wish for in terms of prime outcomes of a high quality 21st century preventive programme?

The ten prime outcomes of a high quality preventive programme:

- Strong attachment
- Positive parenting
- Improved social/emotional well-being
- Care which promotes health and safety
- Increased breastfeeding
- Healthy nutrition and increased physical activity
- Prevention of communicable diseases
- Readiness for school and improved learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection of deviations from normal physical and neurodevelopmental pathways



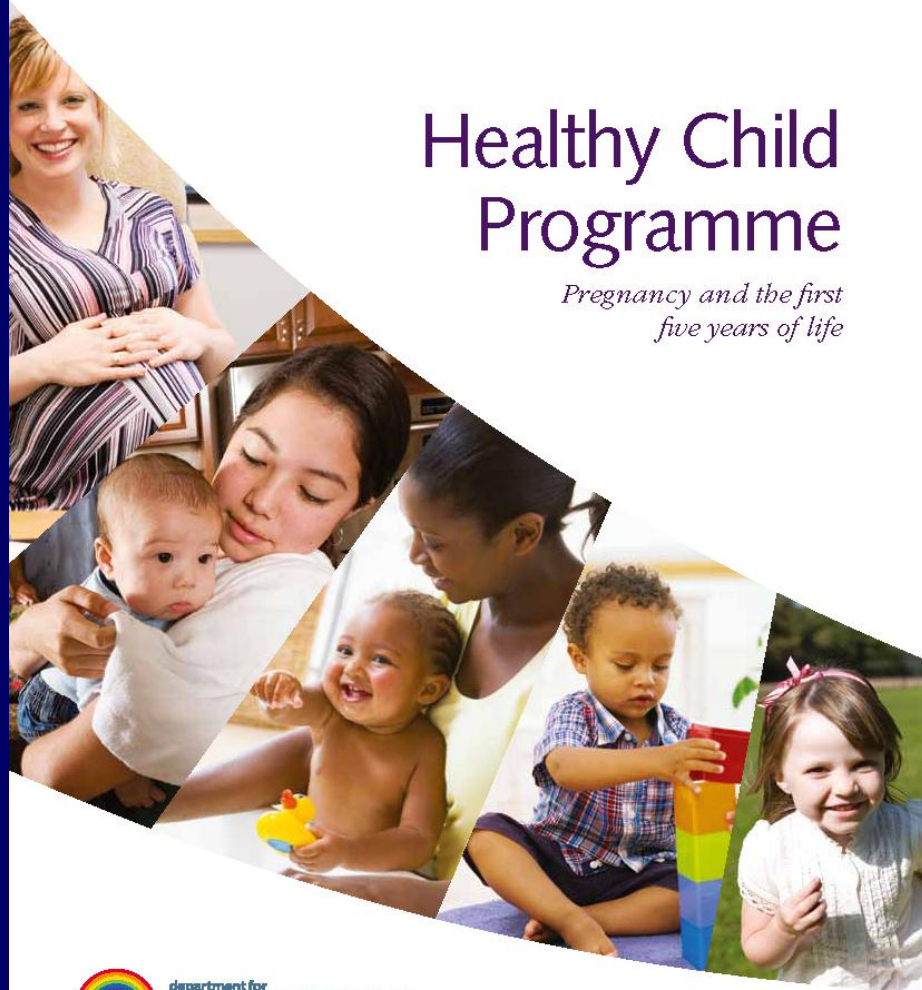
Responsive services led by the HV team working together with others

Evidence base?- 1989-2010



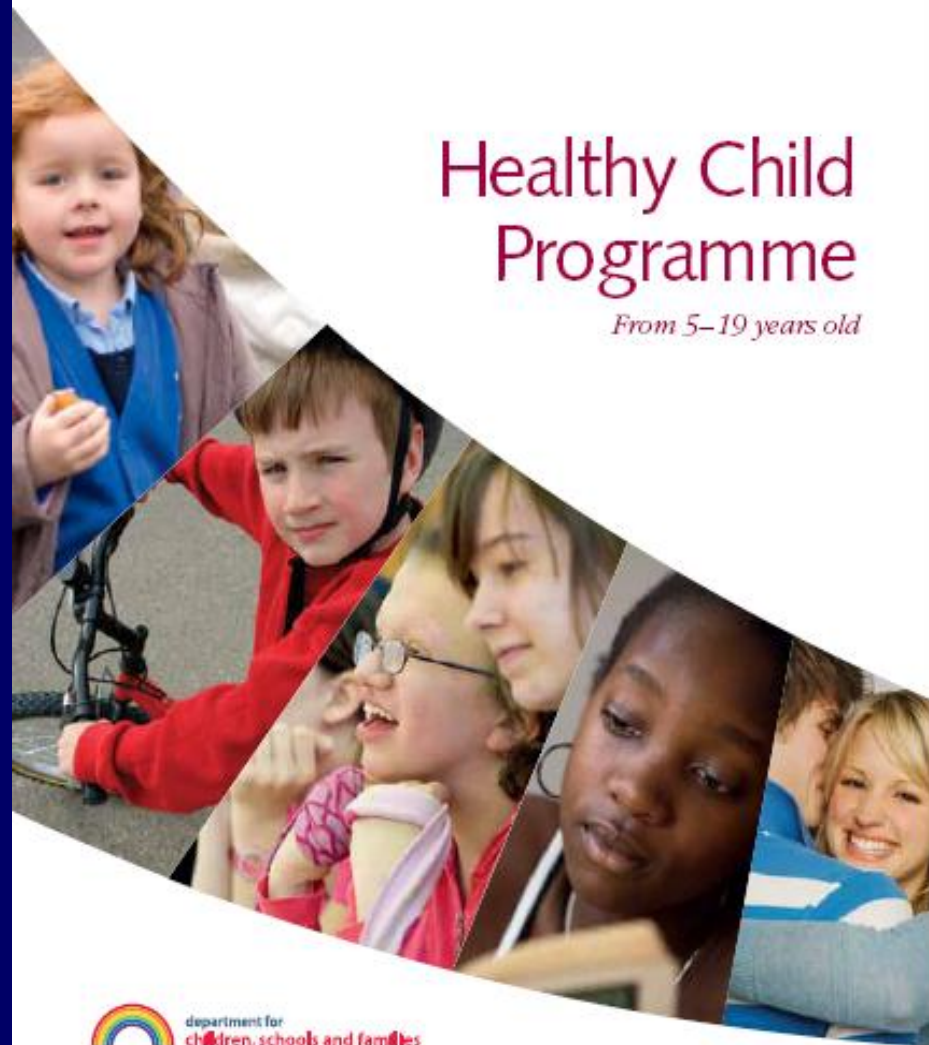
Healthy Child Programme

*Pregnancy and the first
five years of life*



Healthy Child Programme

From 5–19 years old



promotion of
health and
behavioural
change

Health and
developmental
reviews

Working together with others

12 weeks pregnancy

Neonatal

2 weeks

6-8 weeks

8m-12m

2-2.5 years review

3- 5years

School entry

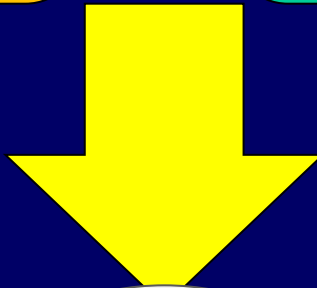
Translation

Practitioner

Capacity
Competence
Infrastructure

Population

Capacity
Competence
Infrastructure



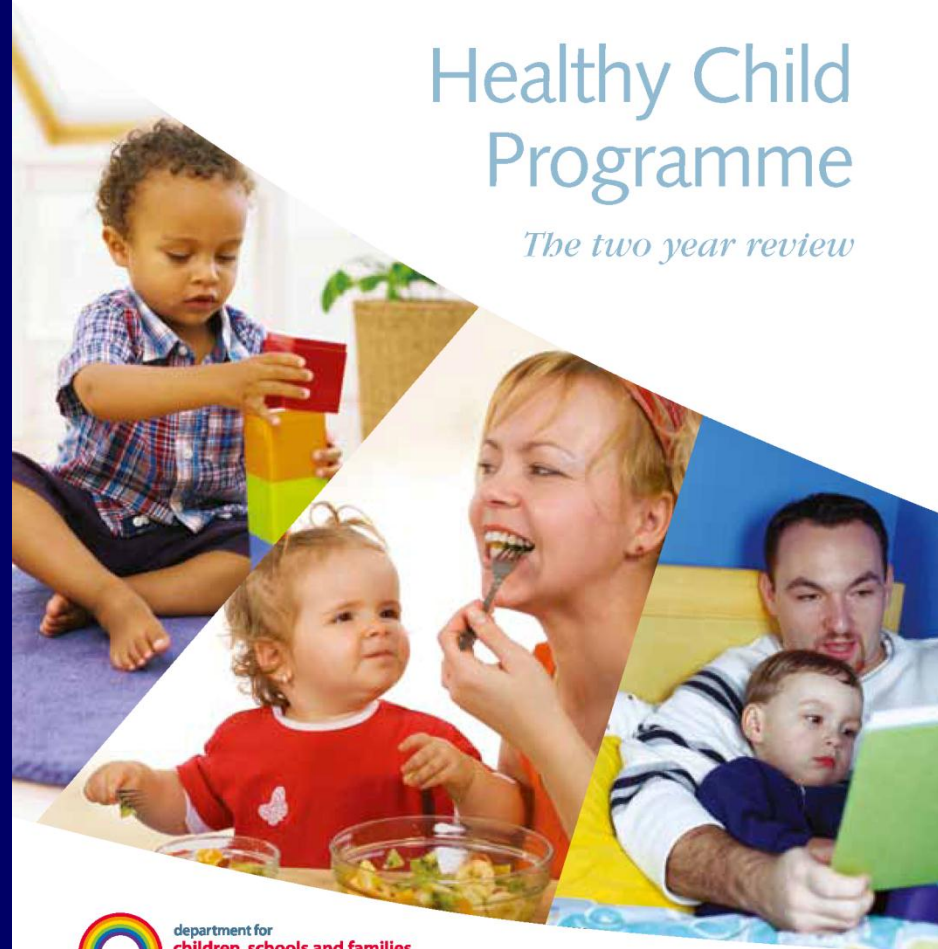
OUTCOMES
(especially
the most
vulnerable)

Competence

- Specific guidance for practitioners at key points

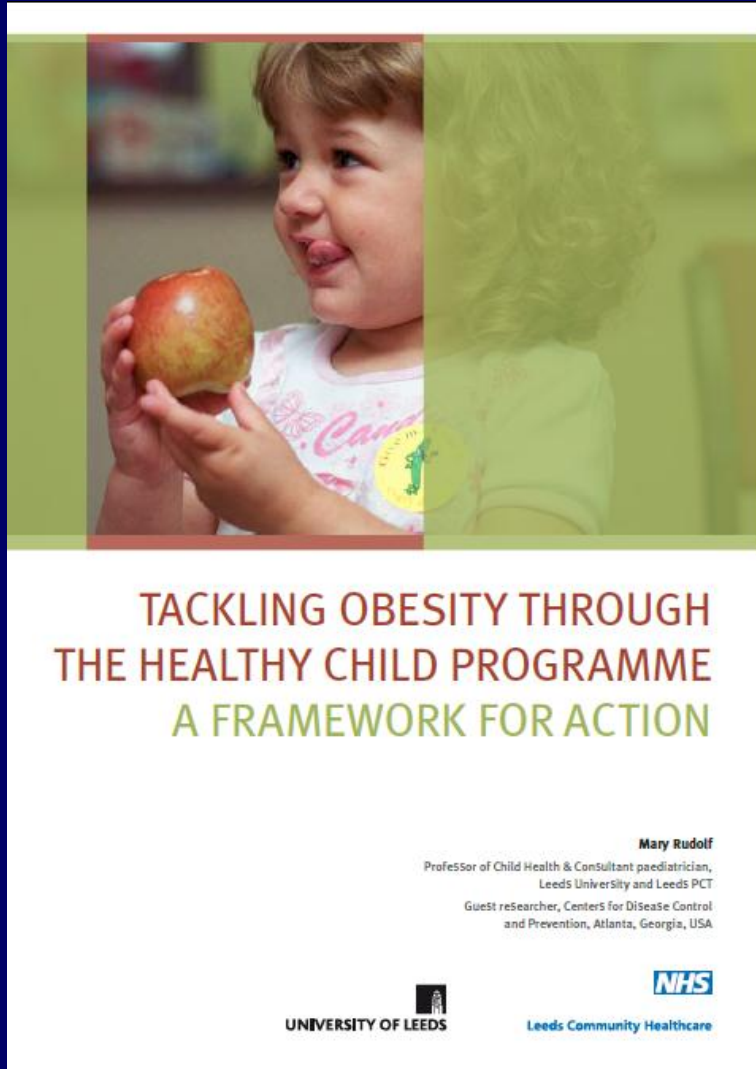
Healthy Child Programme

The two year review



Obesity prevention

www.noo.org.uk



- Framework for action
 - Developing healthy lifestyle
 - Enhance practitioner effectiveness

RCPCH led e-LfH projects



Adolescent Health

An online web based resource designed to help improve the health outcomes and experiences of all young people receiving healthcare



Healthy Child Programme

e-learning for healthcare professionals promoting the health and wellbeing of infants and children



A True Partnership

- Funded by the Department of Health
- Developed with a consortium of Royal Colleges and professional bodies
- 76 sessions written by over 50 experts in the field



12 Modules

1. Healthy Child Programme Basics
2. Communication, Record Keeping and Inter-professional Working
3. Family Health
4. Safeguarding
5. Positive Parenting & Parenting Issues
6. Development & Behaviour
7. Speech, Language and Communication Needs
8. Growth and Nutrition
9. Immunisation
10. Health Promotion
11. Screening
12. Health Visiting Model of Practice

- www.e-lfh.org.uk/healthychild



Log in to your e-learning

'An extraordinary project in terms of breadth and skill of content'

e-Learning Age – Judges citation

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Healthy Child Programme

e-learning for healthcare professionals promoting the health and wellbeing of infants and children



Menu

- Project home
- More information
- Sample sessions
- Get involved
- Meet the team
- Register

Home

Healthy Child Programme is being designed for healthcare professionals who are promoting the health and wellbeing of infants and children.

The e-learning resource will support the implementation of best practice set out by the Department of Health's [Healthy Child Programme](#).

The learning materials cover a range of public health priorities for infants and children:

- Communication, Record Keeping and Inter-professional Working
- Family health
- Safeguarding
- Positive parenting and parenting issues
- Development and behaviour
- Speech, Language and Communication Needs
- Growth and nutrition
- Immunisation
- Health promotion
- Screening



It will be available online 24 hours a day so you can learn when it suits you and is free for all NHS staff.

In partnership with


















e-LFH is a Department of Health Programme in partnership with the NHS and Professional Bodies


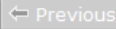





Royal College of Paediatrics and Child Health
Leading the way in Children's Health

What do the sessions look like?


Using the Personal Child Health Record (PCHR)

Session Overview Menu |  Previous 1 / 23  Next




Using the Personal Child Health Record (PCHR)





Description

This session on the Personal Child Health Record (PCHR) will help you become more familiar with the ethos of the PCHR, its use and contents.

Author  [Helen Bedford](#)

Module 02 - Communication, Record Keeping and Inter-professional Working




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Done


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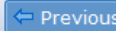
What do the sessions look like?

Using the Personal Child Health Record (PCHR)




Session Introduction

 Menu

 Previous

2 / 23

 Next

Learning Objectives


By the end of this session you will be able to:

- Describe the rationale, development and use of the Personal Child Health Record (PCHR)
- Identify the contents of the PCHR
- Describe how the PCHR can be used by all health professionals to support consultation with parents


Prerequisites


Before commencing this session you should complete sessions:


- Communication, Record Keeping and Inter-professional Working/Communication and Record Keeping
- Communication, Record Keeping and Inter-professional Working/Using Record Keeping to Promote Multi-agency Working





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Features - Video

Using the Personal Child Health Record (PCHR)



Using the Record in Practice ▶ Introducing the PCHR to a New Mother

Menu

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Next →

Let's now look at a video showing a health visitor introducing the Personal Child Health Record to a new mother. Although this discussion would usually take place at home, for the purposes of convenience this film was recorded in a clinic.

Cartier, 12 days old, is the first child of Laurisa aged 26. Today the health visitor Jackie, is doing the new baby review. This is the first time that Laurisa and Jackie have met. The scene opens after Jackie has made her introductions, and explained the role of the health visiting team.



Click on the play button to watch the video. (Note that the video may take a few moments to load.)

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Features – Interactive graphics

Introduction to the Healthy Child Programme **NHS**

Philosophy and Approaches ▸ An Example of a Children's Centre

Menu | Previous 12 / 23 Next



Tuesday:
Mark
Simmons
Citizen's
Advice
Bureau

Groups have been established to review child development in many centres where children can be observed in a natural play-based setting.

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Features – Self-assessment

Using the Personal Child Health Record (PCHR)



Question 6

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[Next >](#)

Can you match the following pages or sections of the PCHR with their associated descriptions?

Drag the labels on the right to the corresponding statements on the left.

Encourages parents to bring the book to all appointments and to share it with others

Personal Child Health Record page

A recommended key review and a specific page records some of the aspects it focuses on as well as a place for parents to record in advance issues they may wish to discuss

Child's development firsts, Finding out about words and people

The two year review

Key Stages of Development

UK-WHO growth charts

Height and weight charts


Submit

Features – links to resources and printouts

Feeding Preterm Infants in Neonatal Units / Resources – Microsoft Internet Explorer provided by Imperial College
http://cs1.e-learningforhealthcare.org.uk/content/HCP_08_005/d/ELFH_Session/441/resources.html

Resources

Feeding Preterm Infants in Neonatal Units

Author  [Karen Hayes](#)
Module 08 – Growth and Nutrition

Learning Objectives

Having completed this session you will be able to:

- List the nutritional requirements and how to meet them to support optimal growth of preterm infants in neonatal units and following discharge
- Decide when preterm infants need parenteral nutrition and enteral nutrition
- Describe the optimal initiation and progression regimens for parenteral nutrition and enteral nutrition
- List the nutritional and non-nutritional advantages of breastmilk for the preterm infants compared to infant formula
- Advise mothers of preterm infants on overcoming the challenges of establishing lactation and breastfeeding
- Advise parents on the use of specialist infant formulas available for in-patient and discharged preterm infants






Related Sessions

The following sessions may be of further interest:

- Health Promotion/Health Promotion and Breastfeeding

Links

Refer to the following links for more information:

-  [Patient's stories about breastfeeding preterm infants](#)
-  [Using preterm discharge formulas](#)
-  [Bliss – the premature baby charity](#)
-  [NDIGuk – Neonatal Dietitians Interest Group web page which is hosted on the BAPM web page](#)
-  [DH Guidelines on bottle feeding](#)

Downloads

Click each item to open in a new window **or** right-click then **Save Target As...** to save to your computer

- [Term and preterm enteral nutritional comparison](#)
- [Preterm infants vitamin and mineral requirements](#)
- [Boys Close Monitoring Chart](#)
- [Girls Close Monitoring Chart](#)

Further Reading and Activities

Start | 6 Microsoft Offi... | 14 Microsoft Offi... | 2 Windows Expl... | Skype™ - mitch.blair | 5 Adobe Reader... | Contacts | 13 Microsoft Offi... | 4 Internet Exp... | 100% | 11:54

Internet | 100% | 11:54

Health is Health

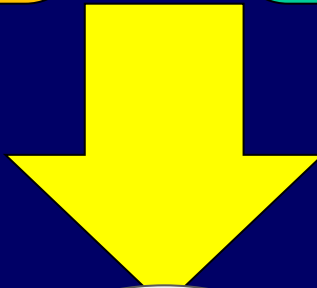
Translation

Practitioner

Capacity
Competence
Infrastructure

Population

Capacity
Competence
Infrastructure



OUTCOMES
(especially
the most
vulnerable)

Birth to five

Your NHS guide to parenting in the early years

Baby essentials

Health and development

You and your life

Introduction

Whether your child is a newborn, a toddler or a pre-schooler, this new Birth to five guide is for you. It has 150 pages of NHS-accredited information, videos and interactive tools to help you through the parenting process.

We answer all your questions, from how to soothe a crying baby to how to prepare your child for school. Learn how to spot the signs of serious illness, how to cope if an accident happens, and how to check your child's development.

And we haven't forgotten about you: as a parent or carer, your wellbeing is crucial too. This guide covers all you need to know about your health after having a baby, as well as your rights, benefits and NHS services.

> Baby essentials



> Health and development



> You and your life



Baby essentials

Health and development

You and your life



Health and development

Childhood illness

Childhood illness, including symptoms and treatments.

[More about childhood illness](#)

Accidents, first aid and safety

How to keep your baby as safe as possible and what to do if they have an accident.

[More about accidents, first aid and safety](#)

Reviews, tests and vaccinations

When your child needs their reviews, tests and vaccinations and what to expect.

[More about reviews, tests and vaccinations](#)

Healthy diet: weaning and beyond

A step-by-step guide to weaning your baby and ensuring they get a healthy diet as they grow up.

[More about healthy diet](#)

Sleep advice

How to encourage good sleeping habits and deal with sleep problems.



Popular pages

[Encouraging healthy sleep](#)

[Teething](#)

[How to potty train](#)

[How to help a choking child](#)

[Child vaccinations explained](#)



Also in Birth to five

Baby essentials

[Sleep](#)

[Crying](#)

[Feeding](#)

[Nappies](#)

[Washing and bathing](#)

[More than one baby](#)

You and your life

[Your health](#)

[Going back to work](#)

[Advice on childcare and schools](#)

[Bringing up a child on your own](#)

[Making new friends](#)

[Your services](#)

[Parental rights and benefits](#)



Search for services

Your NHS guide to parenting in the early years

Baby essentials

Health and development

You and your life



Healthy diet: weaning and beyond

This section is full of advice on how to make mealtimes fun and healthy, whether your baby is just about to start solids or is fully weaned.

[Solids: the first steps](#)

[Solids: the next steps](#)

[First foods](#)

[The food groups explained](#)

[Meal ideas](#)

[Safety and hygiene](#)

[Foods to avoid](#)

[Food allergies](#)

[Vitamins](#)



Also in Health and development

[Childhood illness](#)

[Accidents, first aid and safety](#)

[Reviews, tests and vaccinations](#)

[Sleep advice](#)

[Difficult behaviour](#)

[Learning and playing](#)

[Potty training](#)

[Teeth and teething](#)



Search for services

Find parenting and childcare services in your area

Located in:

Search Q



Parenting self-assessment

NHS choices

BabyLifeCheck

Welcome

WELCOME to the NHS Baby LifeCheck

This NHS Baby LifeCheck will help you to find out some things you can do to keep your baby happy, healthy and safe.

Your answers are private. No one can see your personal details and we won't ask for your name or address.

If you have a break of more than 20 minutes while you are doing the NHS LifeCheck, you may need to start again. Just skip any questions you don't want to answer.



[Start a new NHS LifeCheck >](#)

NHS Baby LifeCheck will:

- Ask some simple questions about you and your baby.
- Let you choose what you want to know more about.
- Help you decide what to do next for your baby.
- Show links to helpful websites and local services in your area.

Topics include:

- How's your baby doing?
- Talking and playing together.
- Feeding and healthy teeth.
- Keeping your baby safe.
- Sleep routine.
- Immunisations.
- Being a parent.

Are you?

Male

Female

Watch the video



NHS Choices - Opens in a new window

- Safety
- Talking & playing together
- How's your baby doing?
- Feeding and healthy teeth
- Sleep routine
- Immunisation
- Being a parent

Are all cleaning products, alcoholic drinks and medicines stored out of your baby's **REACH**?

☒ Yes

☐ No



To continue click the 'Next' button.
For results, videos and goals click the 'Feedback' button.

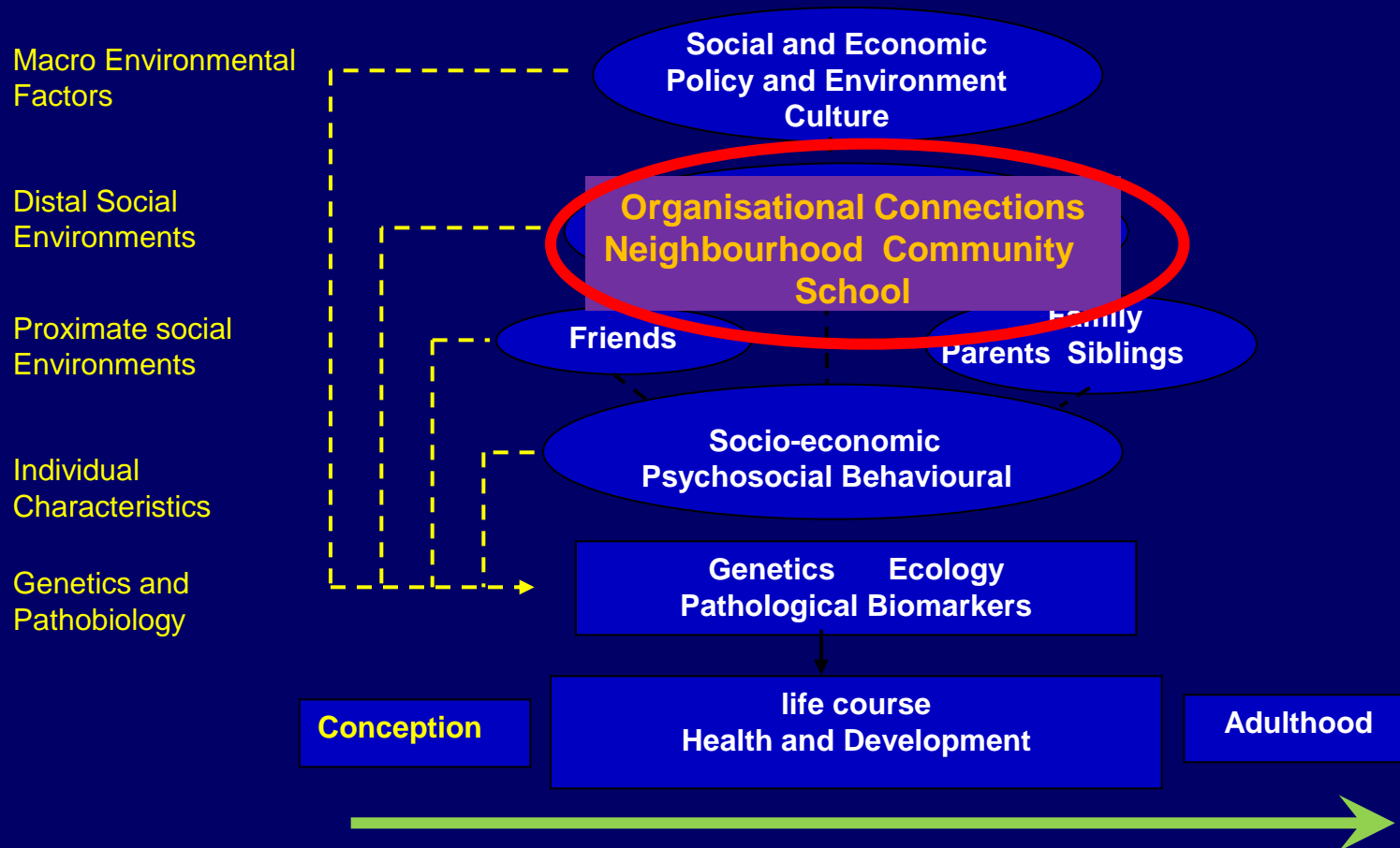
[Back](#) [Next](#)

Questions answered [Feedback](#) [My Answers](#) [My Goals](#)

Proportionate (progressive) universalism

- Delivery which ensures scale and intensity of programme elements are modified according to needs of the target population
-NOT SAME SIZE FITS ALL !

Ecological model of health and development across the life course



Lynch, J. 2000. Australasian Epidemiologist; 7: 7-15

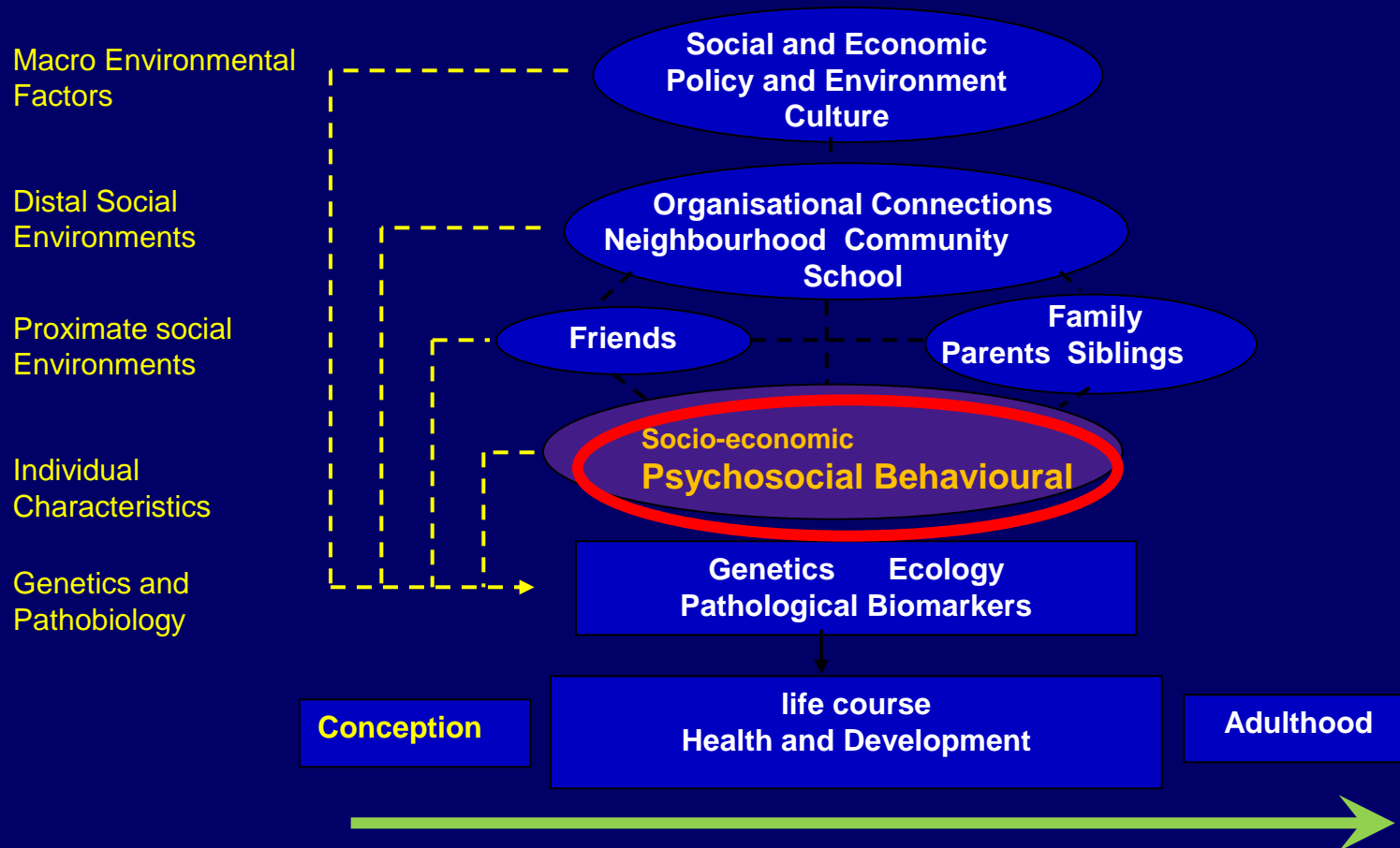
Sure Start Children's Centres

- Parent child centres in disadvantaged communities (3600 in England)
- Space for health education and social care services to meet and work collaboratively
 - child care/parenting classes
 - speech and language promotion
 - midwifery
 - Dietitian
 - Parenting classes

Evaluation

- Children in SureStart areas :
- **had lower BMIs** - this was due to their being less likely to be overweight with no difference for obesity.
 - **better physical health** than children in non-SS areas.
- Mothers in SureStart areas reported:
 - providing a more **stimulating home learning environment** for their children.
 - providing a **less chaotic home** environment for their children.
 - experiencing **greater life satisfaction**.
 - engaging in **less harsh discipline**.

Ecological model of health and development across the life course



Lynch, J. 2000. Australasian Epidemiologist; 7: 7-15

Family Nurse Partnership programme

What it is:

An intensive preventive programme through pregnancy until child is aged 2 (Olds D Colorado 1977)

Benefits children and families who have the poorest outcomes

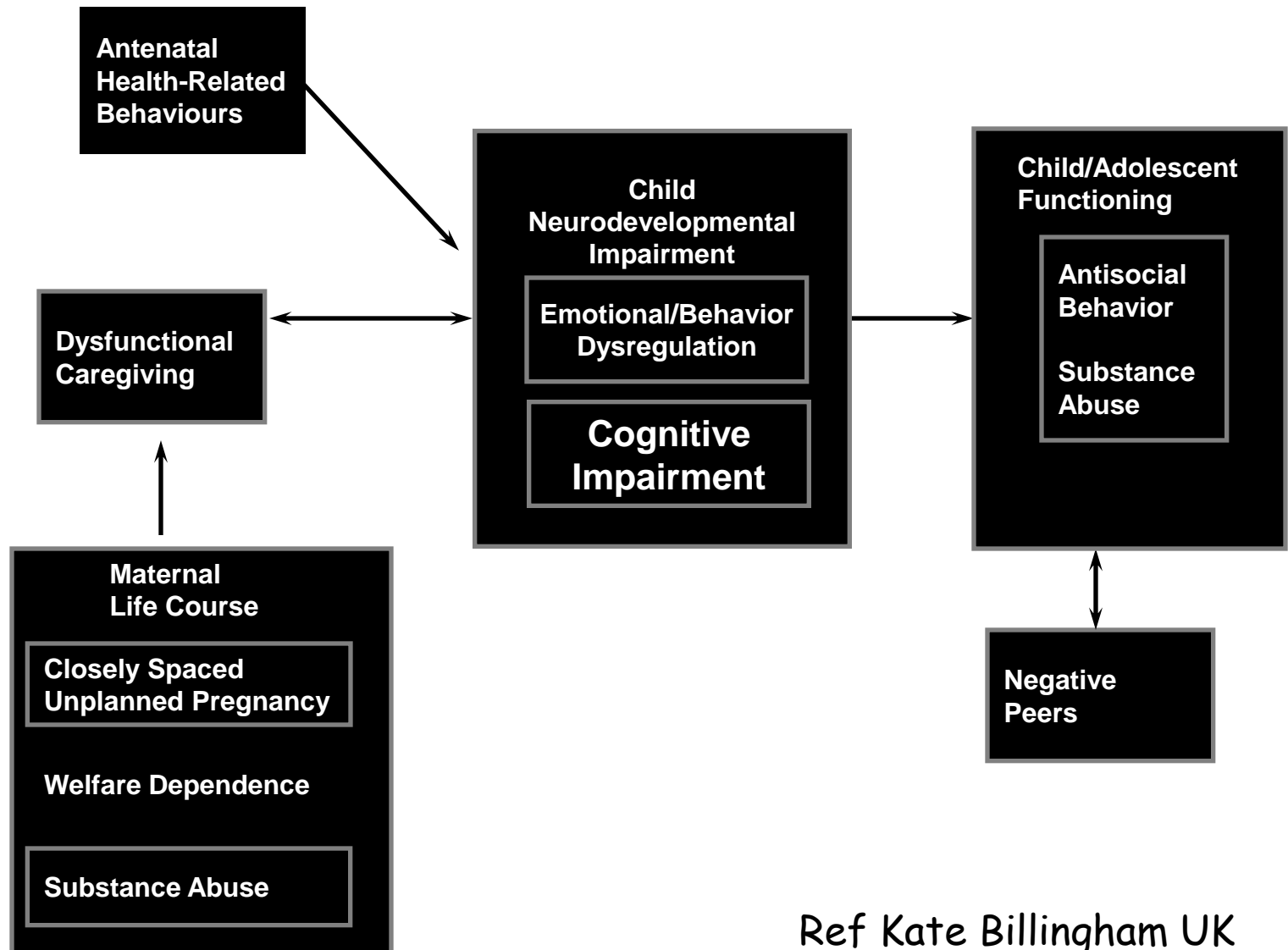
To improve antenatal health, child health and development and parents economic self-sufficiency



Very close clinical supervision
Small case loads
Manualised training

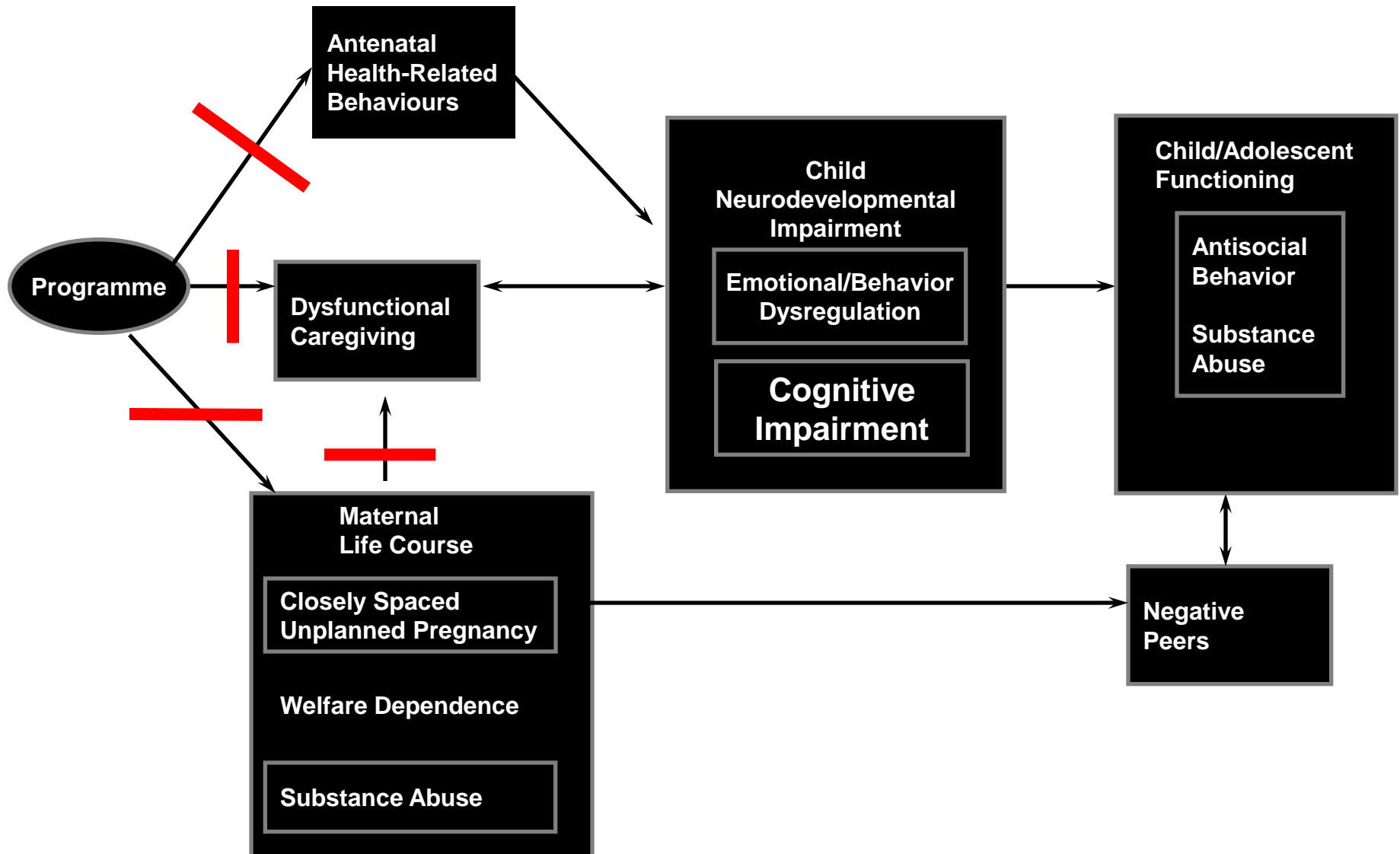
Ref Kate Billingham UK

FNP is a preventive programme



Ref Kate Billingham UK

FNP is a preventive programme



The evidence

Over 30 years of US research into FNP has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:

- improvements in antenatal health
- reductions in children's injuries, neglect and abuse
- improved parenting practices and behaviour
- improved early language development, school readiness and academic achievement
- fewer subsequent pregnancies and greater intervals between births
- increased maternal employment and reduced welfare use
- increases in fathers' involvement

• FNP one of only two programmes shown to prevent child maltreatment. Lancet, (MacMillan 2009)
Ref Kate Billingham UK

What we know about impact of FNP

- Many parents reported **positive changes** in their understanding of pregnancy, labour, delivery and their infant
- **more confident as parents**, doing activities with children likely to enhance cognitive and social development
- strong recall of the **nutritional advice** they had received
- Closer **involvement of fathers** with infants
- reported planning to **return to education**
- Feel **less judged and excluded**,
- There are early signs that **clients now have aspirations for the future** and cope better with pregnancy, labour and parenthood

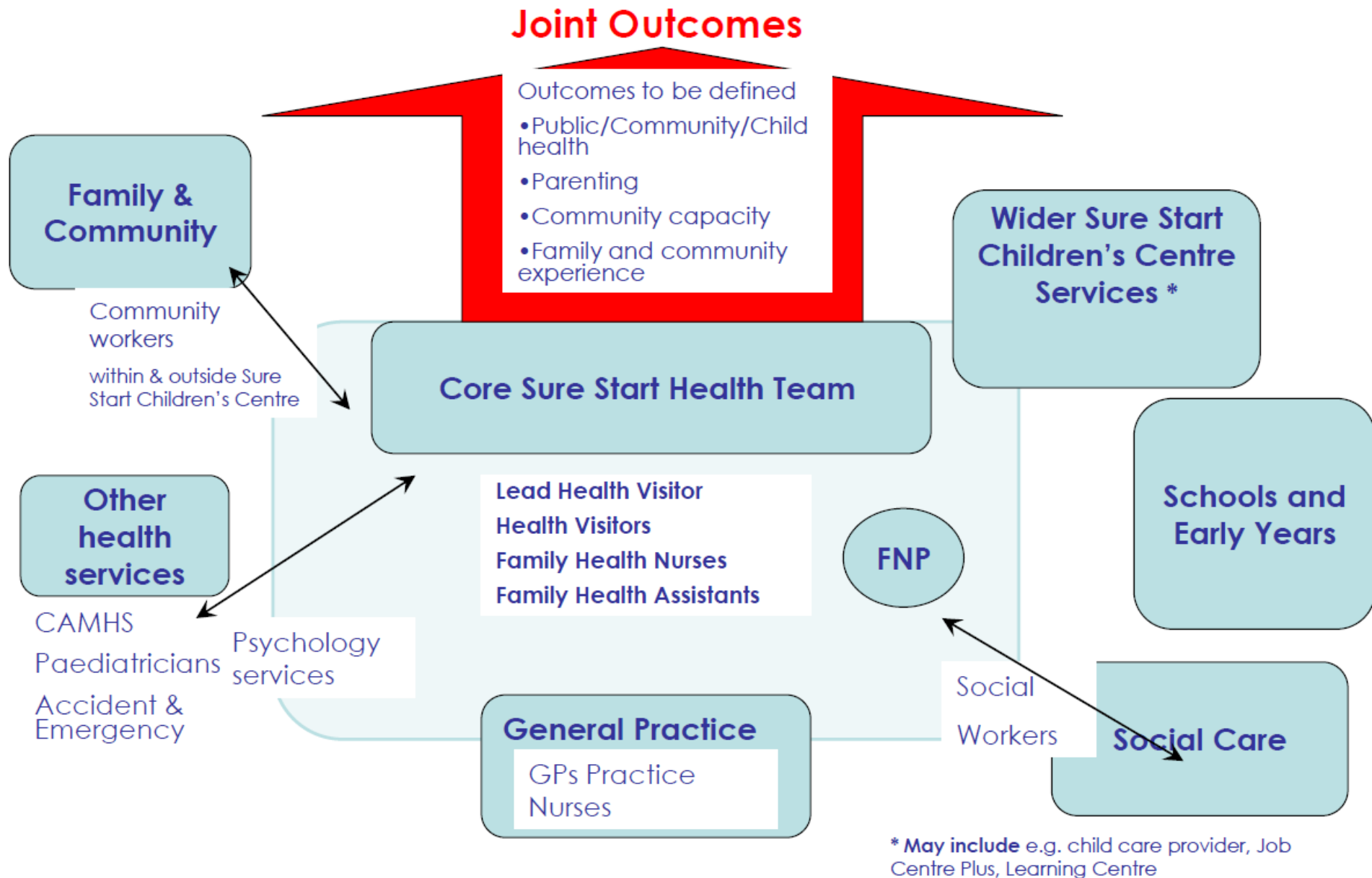
Impact FNP

- **Reduction in smoking** 40% to 32% during pregnancy (20% relative reduction)
- **Breast feeding initiation rate higher** than national rate for same age group (FNP = 63% UK under 20s=53%)
- Ref Billingham

Economic

- Cost savings in the US range from \$17,000 to \$34,000 per child by the time they reach 15, with a \$3-5 return for every \$1 invested.

Local Action: What might children and family services look like – co located model



What can experience of Sure
Start and FNP teach us about
programme implementation
more generally?

“99% of the medical research budget is devoted to understanding disease biology and developing effective therapies while 1% is devoted to learning how to implement those therapies safely with patients”

Pronovost P.J et al J of Critical Care, 2004, 19 (3) 158-64

Implementation defined

- “a specified set of activities designed to put into practice an activity or program of known dimensions”
- Paper → Process → Performance

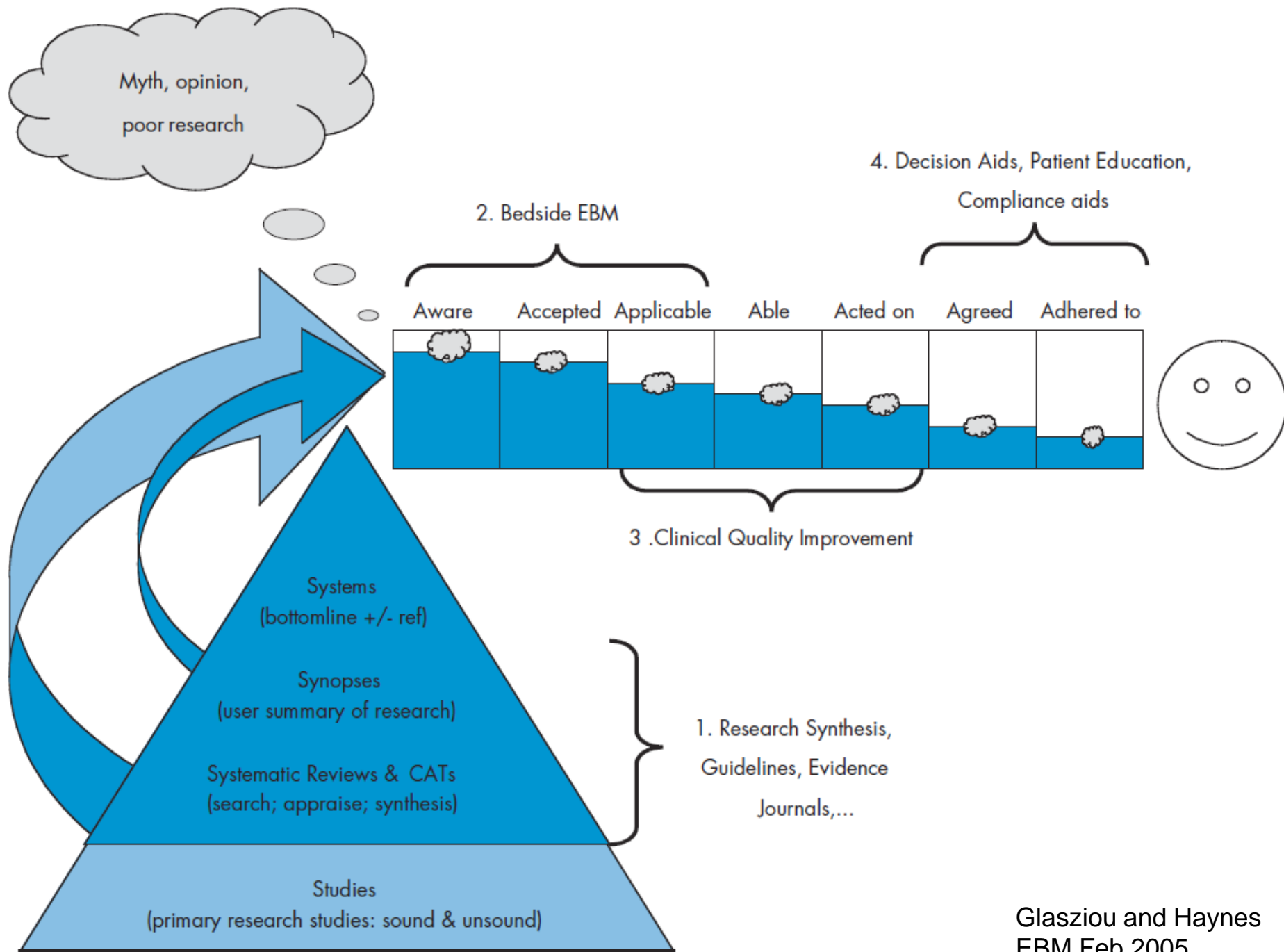
Shifting models of service provision

- Practitioners have individual educational and life experiences that lead them to provide treatment in a certain way
- When they are replaced accumulated knowledge and experience is lost and treatment outcomes likely to vary with adoption of new practitioner
- A “transformed human service system” ensures that services are program centred rather than practitioner centred.

- “ It is clear that the trappings of evidence based practices and programmes plus lip service do not equal putting innovations into practice with benefits to consumers”

(Implementation Research : A Synthesis of the literature Dean Fixson, Sandra Naom et al Univ of South Florida 2005)

- The “train and hope” approach (Stokes and Baer ,1977) to implementation does not appear to work



Essential implementation outcomes

- Changes in adult professional behaviours (Knowledge, skills, attitudes)
- Changes in organisational structures and cultures (values, philosophies, ethics, policies)
- Changes in relationships to consumers and stakeholders (location and nature of engagement, satisfaction)

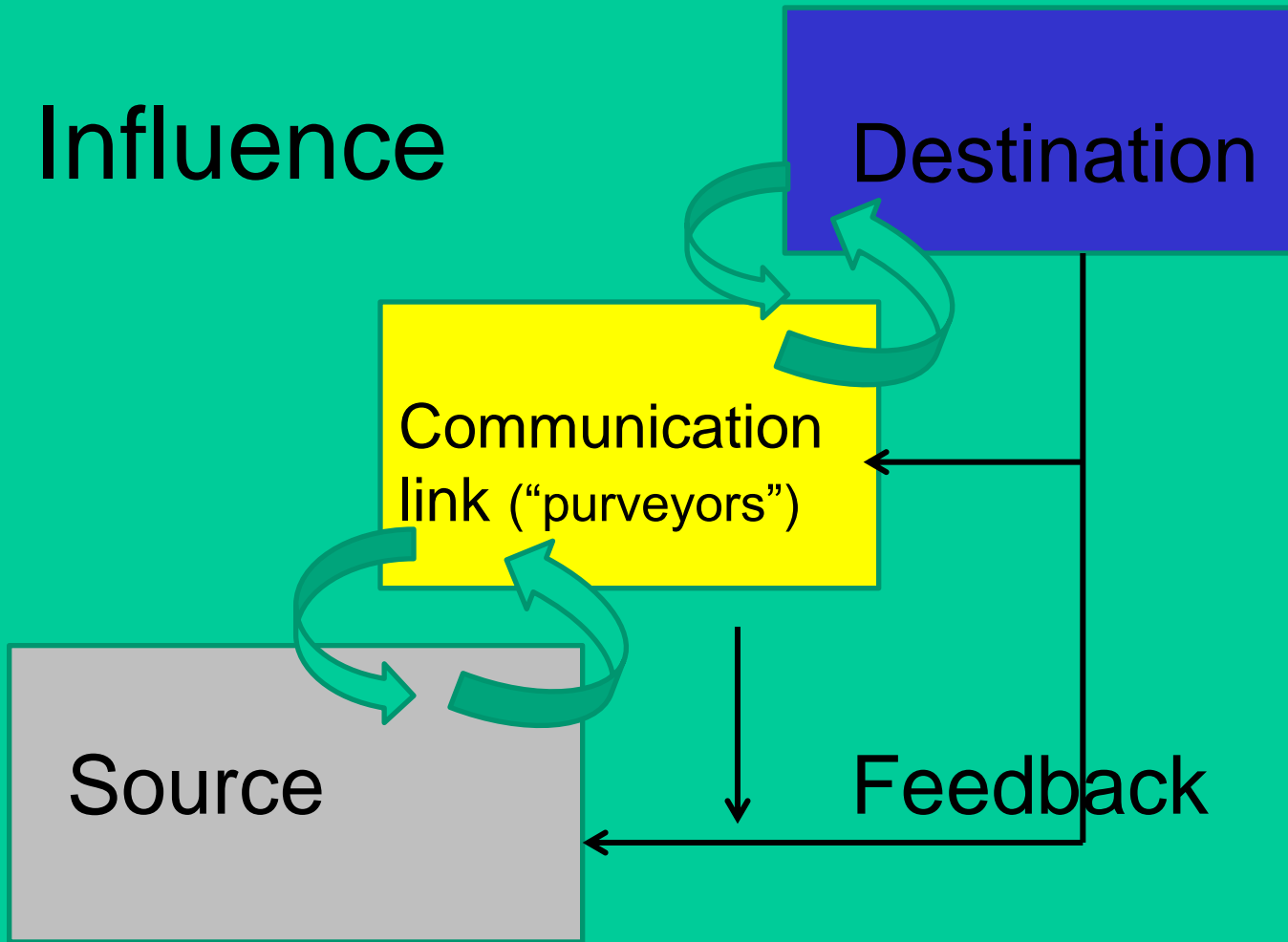
Influence

Destination

Communication
link ("purveyors")

Source

Feedback



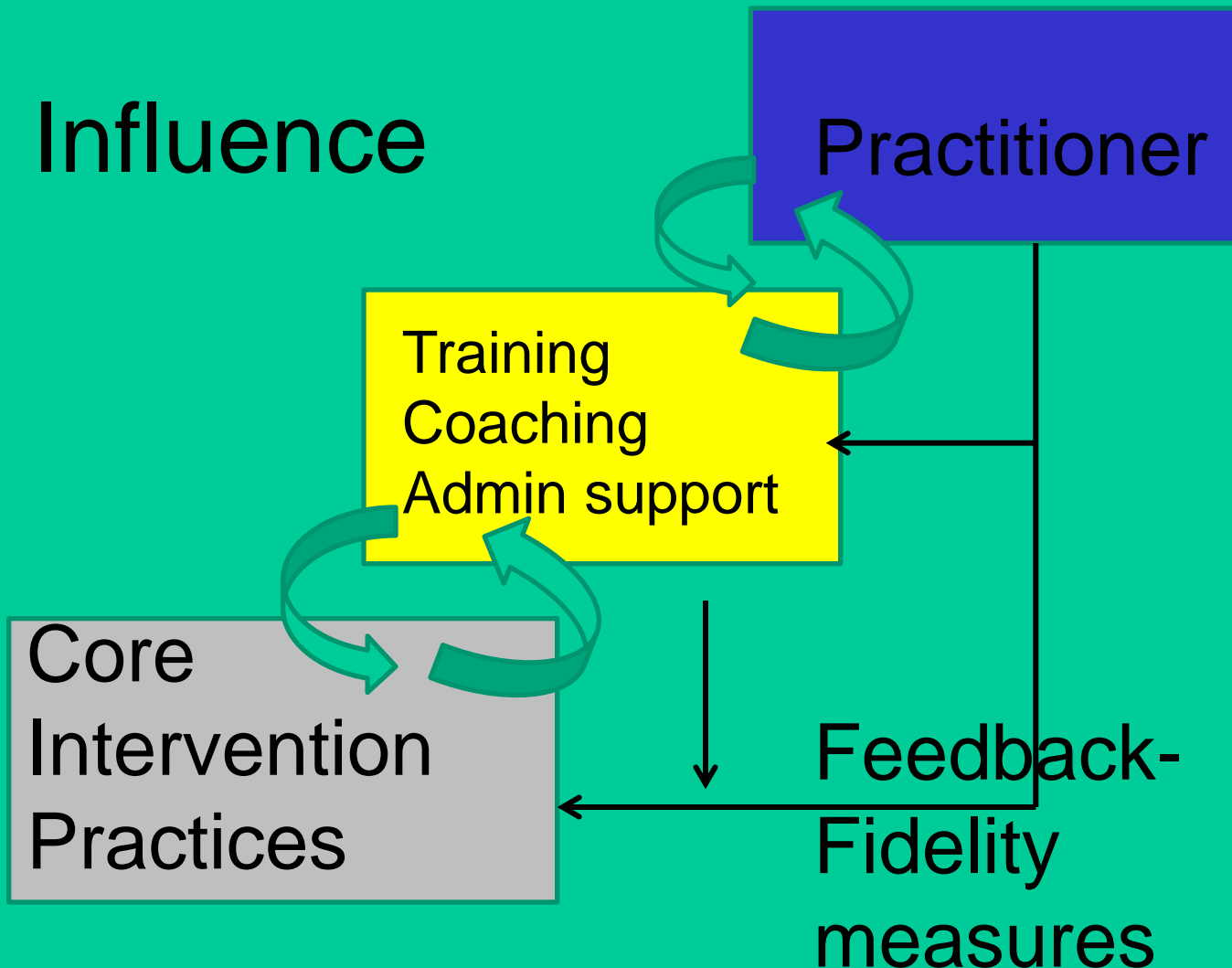
Influence

Practitioner

Training
Coaching
Admin support

Core
Intervention
Practices

Feedback-
Fidelity
measures



Fidelity measures

- CONTEXT fidelity measures -
 - Completion of training
 - Acceptable practitioner-coach ratio
 - Acceptable caseload
 - Availability of colleagues with special skills
 - Availability of certain resources

Fidelity measures

- COMPLIANCE fidelity measures
 - An outline of the core intervention components and their use by the practitioner
- COMPETENCE fidelity measures
 - Were the core components delivered with skill and attention to the craft when interacting with parents and children?

Outcomes

- Do NOT attempt outcome evaluation until well after quality and participation have been maximised and documented in a process of evaluation
- Importance of combining printed materials, manual and face to face continuous contact

Key actions

- Alignment of policies , procedures and practices at all levels
- Investment in development and use of implementation strategies and methods that are grounded in research and elaborated through accumulated experience
- Funding
 - Start up costs- exploration and planning, running current services while new ones come on line, equipment, infrastructure
 - Intensive implementation (attendance at community for a, working meetings, assessments. Program installation
 - Funding for the service itself
 - Funding that supports and facilitates ongoing operation of the infrastructure required for continued fidelity and sustainability

“ Too bad that all the people
who know how to run the
world are busy driving taxi
cabs and cutting hair”

George Burns