



CENTRE FOR EFFECTIVE SERVICES

Implementation Network

Trinity Biomedical Sciences Institute, Dublin

27th April 2017



CENTRE FOR EFFECTIVE SERVICES

Welcome and Introduction

Nuala Doherty, Centre for Effective Services

Objectives of Meeting

- **13th Meeting** of the Implementation Network since its establishment in 2011
 - Coordinated and supported by CES
- Purpose of the Network:
 - Promote and *share learning about effective implementation* of policy and practice
 - **Across** health, education, social care and justice **sectors** in Ireland and Northern Ireland
 - **Connect** to *international learning*
- Members from Government departments, public bodies, community and voluntary, research and academia in Ireland and Northern Ireland
 - Approx. 130 members of the Network (on the Network members list)
 - Approx 30- 40 members attend the Network meetings (mix of regular and new/occasional attenders)

2016 – Year of Experimentation

- Review of the Implementation Network conducted in 2015 –**priorities agreed by the Implementation Network Steering Group**
 - Grow membership in Northern Ireland
 - Increase researcher/academic membership of the Network
 - Try new formats at Network meetings
 - ‘Implementation Network Updates’ to all Network members after each Network meeting
- **1st meeting of Implementation Network in Belfast, 23rd November 2016**
 - International guest speaker: Tom Jefford, Cambridgeshire County Council
 - Panel discussion on ‘building infrastructure fo implementation’
- New format **Ezine** circulated to Network members after Nov 2016 Network meeting (33% of members opened the ezine)
 - Will have 2-3 Ezines every year
- **Membership renewal:** increase in members from Northern Ireland, Ireland, and from academia
- **Schools Implementation Learning Community** renewed

Chatham House Rules

Chatham House Rules apply

i.e. participants are free to use information received at these meetings, but neither the identity nor the affiliation of the speaker(s) may be revealed

- Encourage openness, sharing of information
- Create 'a safe space' for honest dialogue and learning



Agenda

- | | | |
|----|--|---------------|
| 1. | Welcome and Introduction | 10.30 – 10.40 |
| 2. | Case Study - <i>Building the infrastructure for the national implementation of the Health Services Executive's Nurture – Infant Health and Wellbeing Programme:</i> <ul style="list-style-type: none">– Presentation by Anne Pardy (Health Services Executive), Francis Chance (Katharine Howard Foundation), Stella Owens (CES)– Table Discussion– Questions and Answers | 10.40 – 12.20 |
| 3. | Lunch | 12.20 – 13.00 |
| 4. | Panel Discussion - <i>Implementing New Approaches in Schools</i> <ul style="list-style-type: none">– <i>Is there learning from implementing programmes and other approaches in schools that can be used more generally?</i>– Discussion by a panel of 4-5 members, Questions & Answers | 13.00 – 14.15 |
| 5. | Updates: | 14.15 – 14.30 |

Building the Infrastructure for National Implementation of the Health Service Executive's Nurture Programme – Infant Health and Wellbeing

Presentation to the Implementation Network

27th April 2017

Anne Parry, Health Service Executive

Francis Chance, Katharine Howard Foundation

Stella Owens, Centre for Effective Services



Origins

- Conversations initiated by Atlantic Philanthropies – investment in targeted services, mainstream the learning into universal statutory services informed by evidence of critical importance of 0 to 3
- Involved Centre for Effective Services, Katharine Howard Foundation, Health Service Executive
- July 2014 – Logic model version 1
- December 2014 – Funding application to Atlantic – successful
- 2015: Structures established / Core lead staff recruited / Scoping report prepared / Implementation Planning commenced
- 2016: Implementation plan completed and accepted by Atlantic / Launch / Process evaluation commenced

Policy & Legislative Context

- ❑ Existing legislation
- ❑ New policy direction
 - Healthy Ireland
 - Better Outcomes Brighter Futures (BOBF)
 - National Healthy Childhood Programme
 - National Maternity Strategy
 - Committee on the Future of Healthcare (report due April 2017)



Child Health Context – Pre conception to aged 3

- 68,000 babies born every year in Ireland, highest birth rate in EU
- Statutory mandate to deliver a child health service – National Healthy Childhood Programme (screening, developmental surveillance and immunisations)
- Delivered through maternity and primary care services
- Multi-disciplinary – key Health Care Professionals: Midwives, GPs and Practice Nurses, PHNs and Community Medical Doctors
- Child health marginalised in context of other health priorities
- Lack of investment in child health – training, service development and improvement

Why Nurture Programme? Why now?

- Early brain development – foundations for all future development
- Improved longer term outcomes in adulthood
- Investment in early years accrues substantial savings and reduces demands on public services (health, mental health, social services, justice)
- Changing policy and service context
- Key enabler to support the implementation of the National Healthy Childhood Programme

What is the Nurture Programme?

- 3 year programme

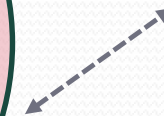
Four key components:

- Public information and education
- Human capital development
- Development and implementation of tools and resources
- Supporting implementation and delivery of an integrated service delivery model.



Programme Partners

Programme
Implementer



Steering group



Oversight group



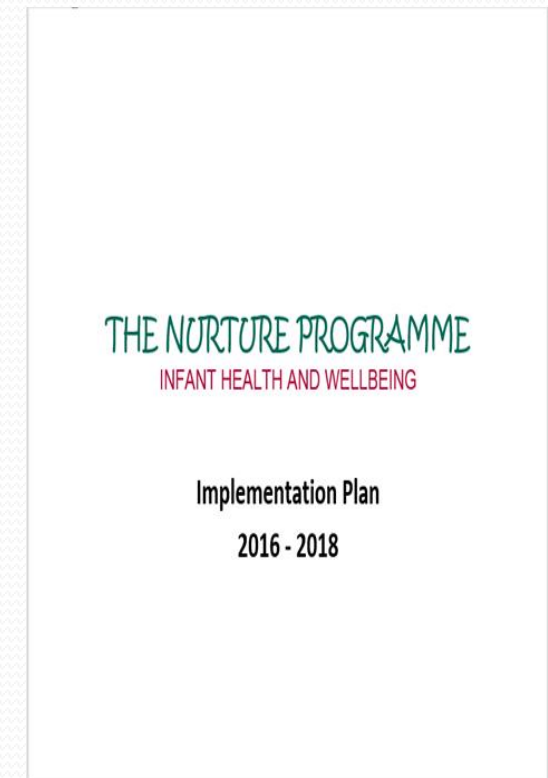
Programme
Implementation
support provider



Programme
grant manager

The Nurture Programme Planning

- Planning Group – CES, KHF & HSE
- Logic Model(s)
- Priorities
- Implementation Structure
- Implementation Plan



Objectives

To invest in holistic, universal health and wellbeing services for 0-2s and their families

To improve the health and wellbeing outcomes of 0-2s through prevention and early intervention services

To prioritise the health and wellbeing needs of the 0 to 2 years

To deliver a quality and consistent child health and wellbeing service

To build on best practice and national and international evidence

To disseminate and share core, consistent messages about the physical, social and emotional development of 0-2s

Inputs

Mothers, fathers, babies & infants, families & communities
HSE

Policy & strategy

Healthy Ireland
Better Outcomes, Brighter Futures
Paediatric Integrated Care Programme
Maternal & Infant Care Scheme
GP 0-6s contract
Maternity Strategy
Revised Breastfeeding Action Plan
Obesity agenda
Revised Child Health Model

Health and wellbeing service providers:

PHNs; Maternity services including midwives, community midwives & obstetricians; GPs; Paediatricians; Medical Officers; SLTs/OTs/ Physios; Psychologists; Dieticians; Psychiatrists; Social Workers (HSE); Pharmacists; Early Intervention Teams

Partners:

Early Childhood Care and Education providers
Schools and teachers
Tusla
Community and voluntary organisations
Children's Services Committees
County Childcare Committees
Citizen's Information
Atlantic Philanthropies
Katharine Howard Foundation
CFI
CES

Key Activities & Outputs

System Development

- Child health and well-being leadership will promote and position child health and well-being at the forefront of the HSE senior management agenda, including obesity agenda
- Advocate for development of a dedicated child health budget
- Develop integrated care pathways across GPs, primary care, maternity, public health, paediatrics & parent and family support services
- Explore & advocate for development of a dedicated child health PHN service
- Develop a communication plan – internal & external stakeholders
- Develop data collection & analysis processes to support data driven decision making, including KPIs
- Develop Child Health & Wellbeing section on HSE website

Ready For Baby (pre-conception to 6 months)

- Develop and deliver public information (booklets, social media etc)
- Develop an identification and notification system
- Develop resources to promote and support maternal and infant health and wellbeing, including diet and nutrition
- Promote positive parent-child relationships (attachment & bonding)
- Develop standardised content for antenatal classes and resources
- Develop support networks, including parent-led e.g. Parent and Baby/Toddler groups
- Support the implementation of the Revised Breastfeeding Action Plan
- Exploration of linkages with parenting programmes and supports
- To identify and support the delivery of evidence-based parenting programmes through a variety of structures
- Develop an online information source on local services in partnership with CYPSCs & CICs

Ready For Toddler

- Support rollout of universal screening of health and wellbeing, in keeping with revised child health model
- Identification of suite of standardised assessment tools (e.g. screening and assessment tools)
- Identification of children and parents with additional needs
- Review and development of referral pathways and processes (needs further discussion on scope)
- Resources to empower parents to support their children's health and development
- Promoting play, exercise and parental interaction for child development and health
- Supporting development of child health and immunisation information system
- Review, alignment and roll-out of Parent held Health Records
- Deliver child accident prevention programme

Ready For The Work

- Assessment of training and development needs to deliver universal child health & wellbeing services
- Develop an inter-disciplinary team to design & deliver a training and mentoring intervention inside and outside of HSE
- Develop coaching, mentoring, supervision and reflective practice for staff
- Development & delivery of training modules, including infant mental health
- Work with undergraduate and postgraduate bodies to develop common content/ module to support the universal child health programme
- Promote integrated training opportunities
- Training and supporting staff in data collection and usage, including KPIs

Short term outcomes (6 mths- 3)

System Development

- Greater knowledge & understanding of current service delivery innovation
- Improved internal and external communication within and outside of the HSE
- Improved data systems are informing policy, planning and service delivery
- Greater integration on planning of child health services across policy agenda
- Greater knowledge on evidence base for dedicated child health PHN service

Ready For Baby (pre-conception to 6 months)

- Parents more knowledgeable, confident and competent for pregnancy, birth and baby
- Pregnant mothers and potential mothers take better care of their health and wellbeing, including mental health
- Parents have greater understanding of their emerging relationships with their babies
- Parents have greater awareness of and are availing of antenatal care
- Increase in breastfeeding rates
- Improved diet and nutrition for babies
- Parents have more awareness and support for their mental health
- Better communication from antenatally
- Parents have access to a range of universal parenting advice and supports
- Greater availability of parenting programmes in area

Ready For Toddler

- Parents have accurate information and are more reassured about their children's health and development
- Parents have better knowledge and awareness of resources available for supporting them in their parenting role
- Increase in immunisation rates
- Earlier identification of child and maternal health and wellbeing needs
- More timely and appropriate referral to other relevant agencies & services
- Reduction in child accidents and injuries

Ready For The Work

- Key, consistent messages about healthy child development will drive integrated service delivery
- Motivated workforce will be empowered to identify needs and make appropriate referrals early
- Workforce collecting & using data to inform practice
- Clarity on roles and responsibilities of professionals delivering child health & wellbeing services

Longer Term Outcomes (3yrs +)

System Development

- HSE leaders consistently prioritise child health and wellbeing outcomes
- Dedicated child health budget
- Ireland is recognised as having best practice in the promotion of child health and wellbeing outcomes
- HSE influencing child health policy and practice outside of HSE (e.g. Tusla, courts, schools etc.)
- More integrated services
- Development of dedicated child PHN service, as appropriate
- Integrated maternity hospitals and community based services for pregnant and new mothers and fathers is implemented

Ready For Baby (pre-conception to 6 months)

- Strong parent-child attachments
- Parents are better connected to and availing of their support networks (family, friends, peers, community, services)
- Parents fully informed and empowered in their parenting role
- Babies have improved health and wellbeing

Ready For Toddler

- Earlier intervention for identified child health and wellbeing needs
- Speedier and consistent access to services for those with additional needs
- Improved child developmental outcomes, e.g. oral language
- Improved parental wellbeing, self efficacy, skills & capacity
- Improved parent-child relationships
- Reduction in child obesity
- Parents have access to standardised, consistent information on child health and wellbeing

Ready For The Work

- All professionals/ practitioners have common understanding of physical, social and emotional development of 0-2s
- An environment of continuous learning is fostered
- Shared responsibility for health and wellbeing of 0-2s across services
- Integrated approach to staff training and service delivery

Sample outputs

- Child health and wellbeing website
- Comprehensive child health training programme
- Infant mental health incorporated into all child health and wellbeing information and education for parents and Health Care Professionals
- Antenatal education resources – booklet and standardised antenatal classes
- Parent held child health record

Implementation Framework

Based on a synthesis of the implementation literature (Fixsen et al., 2005)

The Active Implementation Framework (NIRN):

- Implementation **Stages**
- Implementation **Drivers**
- Implementation **Teams**
- Implementation **Readiness**
- Improvement **Cycles**



Implementation Stages

Exploration

- Assess needs
- Examine fit and feasibility
- Form Team
- Develop communication protocols
- Identify infrastructure elements

Installation

- Assure resources
- Assess gaps
- Initiate feedback loops
- Develop infrastructure to support practice & organizational change

Initial Implementation

- Initiate new practices
- Use data for continuous improvement
- Strengthen the infrastructure to support practice & organizational change

Full Implementation

- Use improvement cycles
- Assess fidelity and outcomes
- Maintain skillful practice
- Produce more efficient and effective infrastructure

2-4 Years



What does a PHN need to support her practice?



- **Competency Supports**
- **Organisational Supports**
- **Leadership Supports**

Improved Outcomes

Coaching Process

Managing the
external system

Training Process

Organisational policies
& procedures

Selection Process

Using data to
inform decision
making

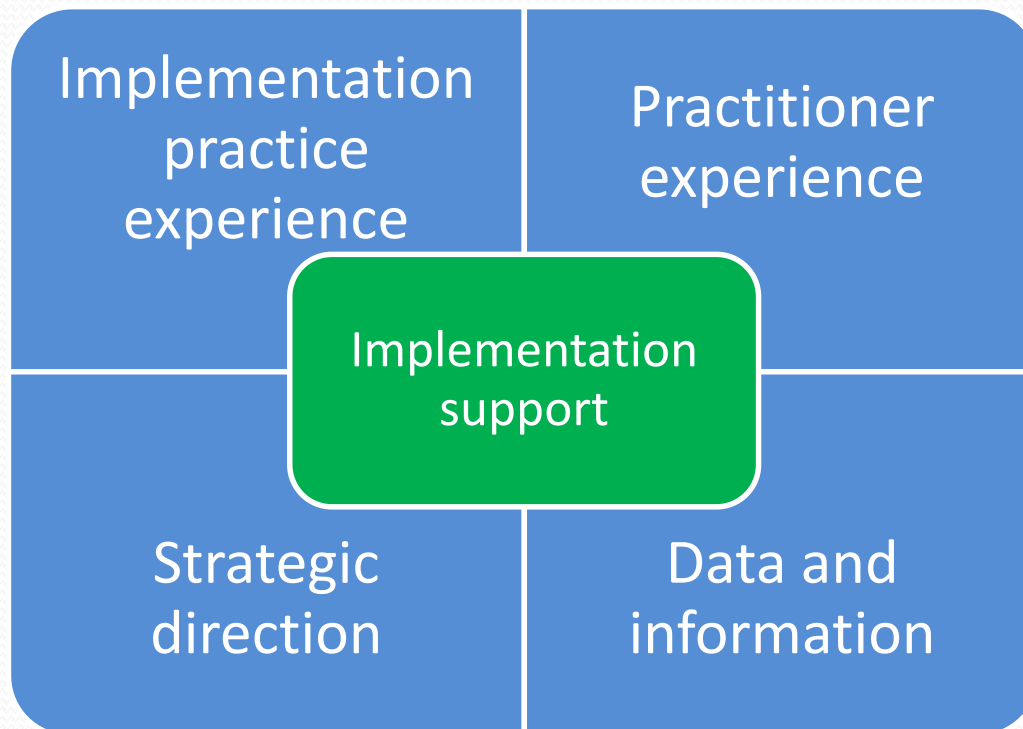
Leadership

Implementation Drivers

Improved Outcomes



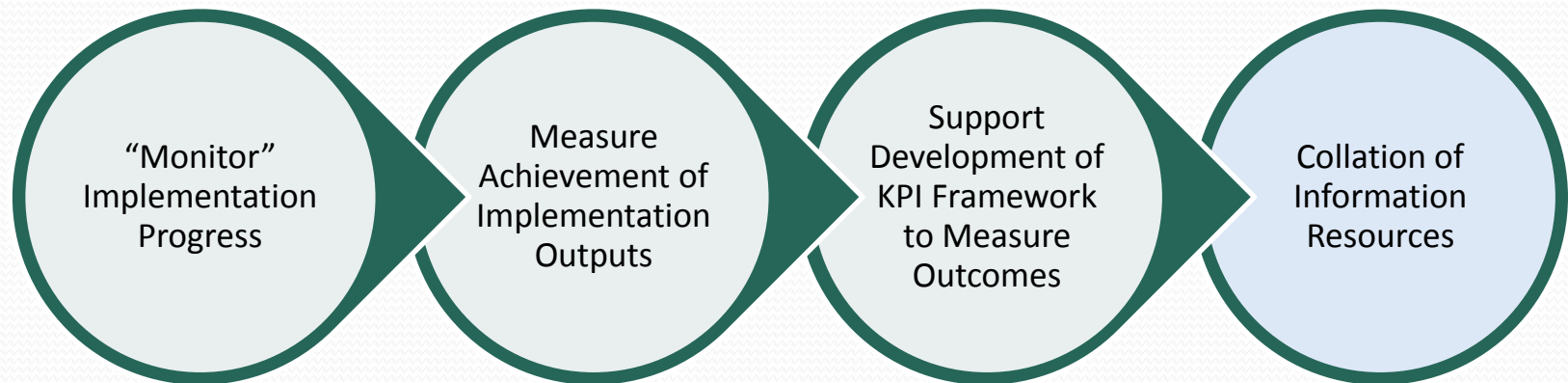
Building an implementation support team



Using data



Data and Information Framework to support Implementation



Using data

Implementation analysis system

- Facilitate measurement of progress with implementation tasks
- Quarterly reports to each implementation team
- Support planning and decision making

HSE lib guides

- Online Information repository
- Shared learning platform
- Latest news

Using Evidence

- Research synthesis
- Scoping surveys
- Evidence reviews
- Updating evidence
- Communication and dissemination of evidence

Implementation Teams

Implementation Teams provide an accountable and sustainable structure to move a practice through stages of implementation.



6 Integrated Implementation Teams

Health and Wellbeing
Promotion & Improvement

Training & Resources

Knowledge and
Communications

Infant Mental Health &
Supporting Parents

Standardised Records for Parents
and Professionals

Antenatal to Postnatal

Common features of Nurture Implementation Teams

- Chair selection – based more on process than content skills
- Geographic representation
- Discipline representation
- Community & Voluntary and other statutory
- Systems and content expertise
- HSE programme lead and CES on all teams
- Project support – key role in logistics

Common features of Nurture Implementation Teams

- Terms of reference agreed
- Implementation Plans
- Action oriented
- Pre meeting preparation and post meeting follow up
- Monthly – 4/5 hours duration/scheduling and momentum
- Assignment of tasks
- Alignment and information sharing
- Interdependency and co-ordination across six teams
- Chairs gathering
- Establishment of sub groups where appropriate

Empowered, Educated and Supported Child Health and Wellbeing Workforce



Active Implementation



Where are we now?

- Structures to support implementation in place
- Relationships developed, strengthened and maintained
- Greater clarity on decision making towards sustainability
- Early outputs visible – key messages, initial training modules, website, antenatal book
- Endeavouring to influence the policy environment (stakeholder mapping and influencing)

Where are the challenges

- Multi-agency roles and responsibilities for children
- Universal v targeted – getting the balance right
- Timeframes in putting resources in place
- Challenges in introducing a universal, system wide initiative in a context of changing structures
- Sustainability discussions underway, but challenging in an environment of non- multi annual budgeting and financial constraints

What are we learning

- The importance of developing and maintaining the relationships
- Working at multiple levels is essential – requires flexibility
- Importance of distributed leadership
- Could have tried to influence external and internal environments sooner
- Need to identify resource needs early in the process

What are we learning

- Managing expectations whilst building momentum
- Mindful of whole picture as well as component parts
- Implementation takes time e.g. a three year programme takes five years.....ish



Nudgegently nudge people forward

We need your advice on:

- Coping with changes in leadership at multiple levels
- Making child health and wellbeing a policy and funding priority
- Managing the expectations of Health Care Professionals

Thank You

Group discussion (20-25 minutes)

In your groups (for 20-25 minutes), discuss the presentation and **your advice for the Nurture team panel**, particularly on:

1. How best to cope with **changes in leadership at multiple levels?**
2. What could be done to **make child health and wellbeing a policy and funding priority?**
3. What should they be doing to **manage the expectations of health care professionals?**

Followed by
Question and Answer session with the presenters



Implementing New Approaches in Schools

Is there learning from implementing programmes and other approaches in schools that can be used more generally?

Panel Discussion

- Cathy Galway, Department of Education (Northern Ireland)
- David Hughes, Department of Education (Northern Ireland)
- Julie Healy, Barnardos (Northern Ireland)
- Hilary Johnston, Public Health Agency
- Gene Mehigan, Marino Institute of Education
- Mark Morgan, St. Patricks College/Dublin City University

Group discussion (20-25 minutes)

In your groups (for 20-25 minutes), please reflect on the following questions:

1. **What** have you heard that **will help you implement more effectively in your work?**
2. What **learning** do you have **to offer the panellists** in relation to implementation in schools?
3. What **questions** would you like **to ask the panel?**

Followed by
Question and Answer session with the panellists



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Implementation Network Updates

- Global Implementation Conference 2017
- European Implementation Collaborative
- Schools Implementation Learning Community



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Global Implementation Conference (GIC) 2017 – Toronto, June 19-21, 2017



Theme:

Expanding Implementation Perspectives: Engaging Systems

Global Implementation Initiative and GIC

- **The Global Implementation Conference is organised by the Global Implementation Initiative (GII)**
 - **International not-for-profit** (based in USA) which aims to advance implementation science and promote better implementation across the globe, north and south
 - Decision to ‘reformat’ the GII so that it will welcome and offer benefits to **members** (individual / organisational)
- **GIC 2015 - Dublin Convention Centre** with CES and TCD as local partners
- **GIC 2019 – hopefully in Europe**



Global Implementation Conference (GIC) – Toronto, June 19-21, 2017

- **4TH global/international conference** on implementation (2011, 2013, 2015, 2017)
- 2017 theme: ***Expanding Implementation Perspectives: Engaging Systems***
 - Focusing on the impact of systems in supporting quality and sustainable implementation that produces a positive social impact
 - Multi-disciplinary and attracting delegates from a variety of systems and sectors, with diverse perspectives on implementation and systems at local, regional, and global levels
- Main Conference: Sheraton Centre Hotel, Toronto
- **Pre-Conference Academy:** Sick Kids Hospital, Peter Gilgan, Centre for Research and Learning, Toronto, **June 19 2017**
 - Half day workshops/seminars with international leaders – small(ish) groups
- Number of people presenting and **attending from Ireland and Northern Ireland**

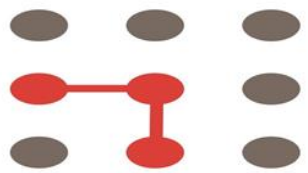


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IMPLEMENTATION
COLLABORATIVE

The mission of the EIC is to:

‘Improve the lives of children, youth, adults and families in Europe through evidence-informed implementation of evidence-informed human services’.

- 164 members from 17 countries



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Become a member!



➤ Website:

<http://www.implementation.eu/>

➤ Twitter: @implementEIC

➤ LinkedIn

<https://www.linkedin.com/groups/5101581>

➤ Monthly newsletter

➤ Youtube channel:

<https://www.youtube.com/channel/UCznJXsibFeOiQ8-1i2jNLYQ>

Schools Learning Community

- Schools Implementation Learning Community re-grouped on 24 February 2017, in Belfast.
 - The meeting was chaired by: Julie Healy, Barnardos NI.
- Participants...
 - discussed its history and its future direction
 - concluded that continuing the group was a worthwhile venture
 - suggested a range of issues for future meetings.
- Bernie Laverty, from Ballyfermot / Chapelizod Partnership, subsequently agreed to take the role of co-chair.
- The next meeting of the learning community will take place on **22 May 2017** in **Ballyfermot**.
 - Speaker: Daniel F. Perkins, Professor of Family and Youth Resiliency and Policy at the Pennsylvania State University.

Next meeting – Belfast, October 2017

- **Guest speaker: Warren Cann**, Chief Executive, Parenting Research Centre, Melbourne, Australia
- **Possible dates:**
 - Wed, October 4th
 - Thurs, October 5th
- **Asking ‘southerners’ to travel please!**
- **Venue tbc**



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Thank you

Our presenters today and all who attended