



Childsmile Early Years Pathway Update

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We know a lot of people are concerned right now about the changes to IRN-BRU. We understand. But we want to reassure you of a few things.

1. IRN-BRU will still be made with the same secret flavour essence as it's always been. So it'll still have its unique taste. This isn't changing and it never will.
2. IRN-BRU will still be a sugary drink. We're reducing the sugar, not losing it altogether. There will still be about 4 teaspoons of sugar in a can.
3. We've done a shed-load of taste tests on this. In these tests, 9 out of 10 people said we've got an excellent or a good taste match.

We know we won't convince everyone right now. But when you try it, we hope you'll agree it still tastes amazing.



IRN-BRU @irnbru · 3d

A message to our fans And some much-needed facts about BRU.

947

2,063

5,628





13:54

Tweet

Replying to @irnbru and @...

Will putting my own
return it to its rightfu



05/01/2018, 09:53

Tweet your reply

15:18 52%

Tweet

I won't be trying it - I've got my
stash sorted to see me through
the #Brupocalypse until you come
to your senses!
(over 600 units - the @asda
delivery woman was away to do
the same!)

Still space under the stairs for
more if you're offering ;)



9 8 80

Tweet your reply

12%

Tweet

6

in... · 2d

@irnbru

rselfs by announcing
the Irn-Bru Chewbar.



211 743

... · 3d

@irnbru

Tweet your reply







Health Visitors:

Registered nurses/midwives who have completed additional qualifications.

Work in the community setting and visit all parents with new babies and young children in their own home.

Promote health and wellbeing, tackle health inequalities and deprivation.

Health visitors
in community



2015 – A new health visiting pathway under development



Universal Health Visiting Pathway
in Scotland

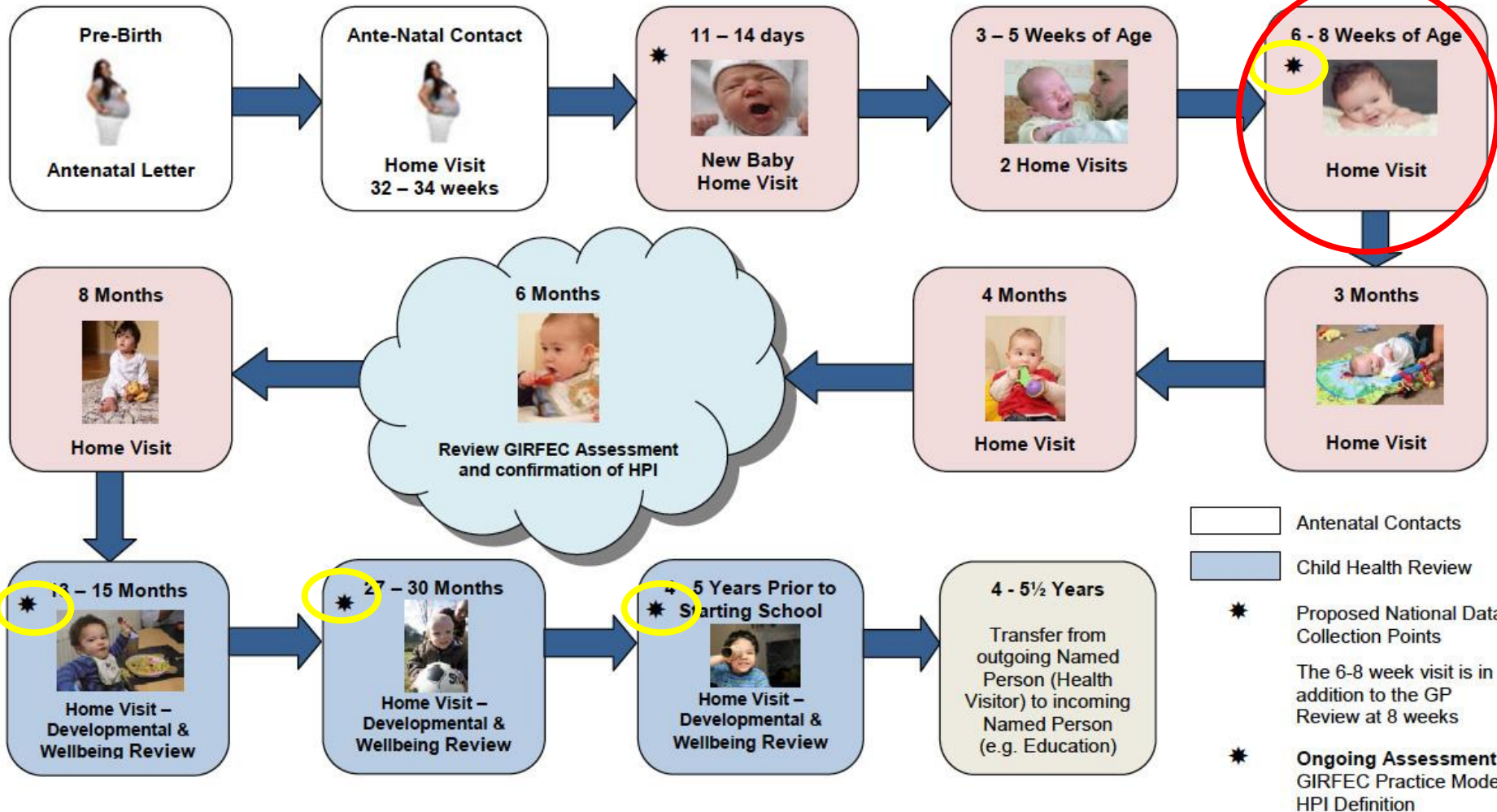
Pre-Birth to Pre-School

October 2015

The Scottish Government
Riaghaidas na h-Eilbha

Wish
List

Universal Health Visiting Pathway



Oral health in the health visiting pathway



Antenatal –
Free dental
care for
mother-to-be,
introduction to
Childsmile



6-8 weeks –
Encourage early
dental registration, 6-
8 week assessment,
key oral health
messages



3&4 months –
Key oral health
messages,
toothbrushing pack
and free flow drinking
cup, dietary advice



8 months –
Key oral health
messages, dietary
advice

13-15 months –
Key oral health
messages, dental
registration and
attendance,
toothbrushing twice
daily

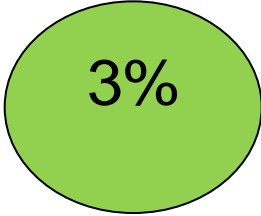
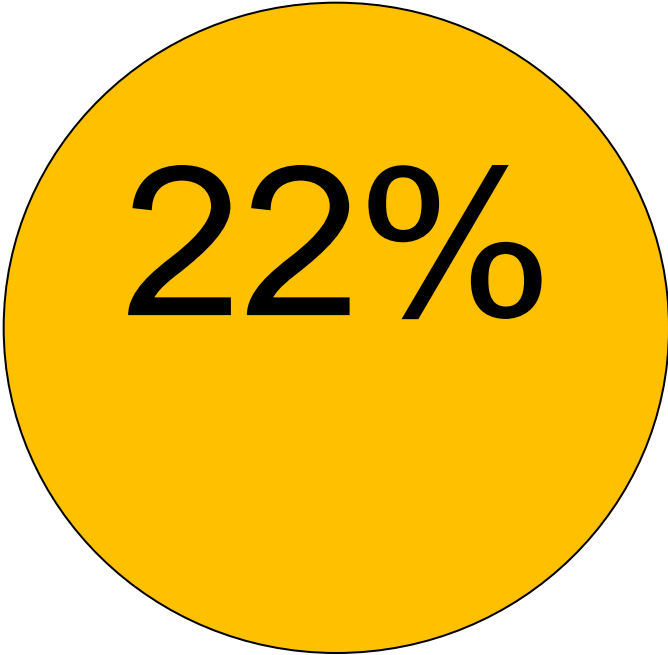
27-30 months –
key oral health
messages, dental
registration and
attendance,
toothbrushing twice
daily



Childsmile referral recorded for children at 6-8 weeks

December 2015

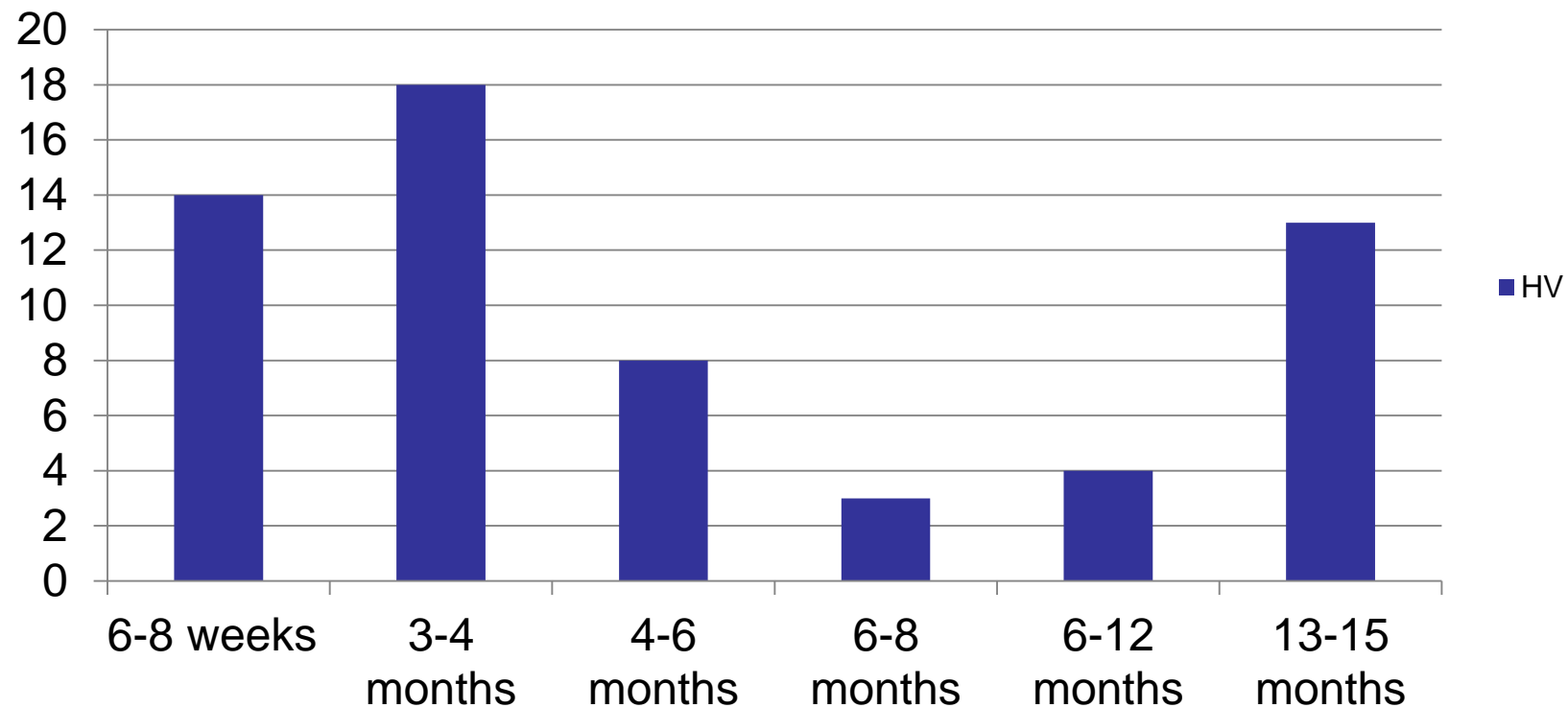
December 2016



Health Visitor Conference, Sept 2017



Health Visitor votes (n=60) for best time for support worker intervention





“with **weaning** information”

“**too much information** at 6-8 weeks – recommend 3 months”

“leading up to **weaning**”

“**too much going on** in early weeks and closer to weaning”

“**prior to first teeth** and teething starts”

“combine with **weaning** advice”

“when parents/grannies start to think about **juice**”



SCHEDULED DATE OF ASSESSMENT: _____ ACTUAL DATE OF ASSESSMENT: [][][][][][]

CHI NO _____ HB _____
 GENDER _____
 PUBLIC HEALTH NURSE _____
 TREATMENT CENTRE _____
 GP _____

PLEASE WRITE CLEARLY IN BALL POINT PEN EDD

Please check the information above and if appropriate, enter amendments below. Please also advise the GP of any changes.

Change of name to: _____ Change of GP to: _____

Change of TC to: CHSP PS [][][][] SIRS [][][][] Change of Case Load PHN to: [][][][][]

Change of address to: _____ Postcode: [][][][][][]

Oral Vitamin K given Date 1 [][][][][] * Date 2 [][][][][] * Date 3 [][][][][]

FEEDING: (Based on previous 24 hr period). Enter (Y) in one box only
 Breast milk only Formula milk only Both Date, if stopped breast milk: [][][][][] *

Sleeping: (Y/N) Prone Supine Side Childsmile Hat? (Y/N/R)

Concerns raised by carer, enter (R)
 Feeding Illness Crying Appearance Behaviour Weight
 Hearing Eyes Movement Sleeping Other

Blood Spot Results *

PKU			
CHT			
CF			
MCD			
HBO			

Newborn Hearing Screening Results
 R * L *

Development: If appropriate, in the summary boxes, enter N-normal, A-abnormal, D-doubtful or uncertain or I-not done/incomplete.
 If appropriate, in the area boxes, enter O-direct successful observation, H-history or carer's report or X-not achieved.

Gross motor skills Pull to sit (head lag decreasing) Ventral suspension (head briefly to horizontal) Handling (not floppy or stiff) Summary

Hearing and communication Response to sudden sound Response to unseen carer's voice

Vision and social awareness Intent regard of carer's face Follow dangling object past midline Social smile

CHI No. _____

Physical examination: Length (cms) _____ Weight (kg) _____ OFC (cms) _____ Date measured [][][][][]

For each of the items below, enter N - normal; A - abnormal; D - doubtful or uncertain; I - not done/incomplete.

Heart Hips R L Testes R L Genitalia Femoral Pulses R L Eyes: (red reflex) R L

Enter diagnoses, social issues or other concerns that are likely to be relevant to the continuing health and development of the child including congenital conditions.

ENTER PROBLEM STATUS

PLEASE PRINT CLEARLY

	Sev	Lat	Professional Code	Problem Status	Read Code
(1)					
(2)					
(3)					
(4)					
(5)					

Recall to Dr in [][][] wks Appt - enter S, M, L Reason for recall _____
 Recall to PHN in [][][] wks Appt - enter S, M, L Reason for recall _____

Health Plan Indicator (HPI) * Updated HPI National Support Needs Status *

Summary comment (include matters that should be considered at a later age) _____

Signature (1) _____ (2) _____
 Print name (1) _____ (2) _____
 Professional (Y/N): GP Community Paediatrician PHN Number [][][][][]



2010

1 possible universal contact & recording point (6-8 weeks)

1 question – refer to Childsmile?
Yes/No

2017

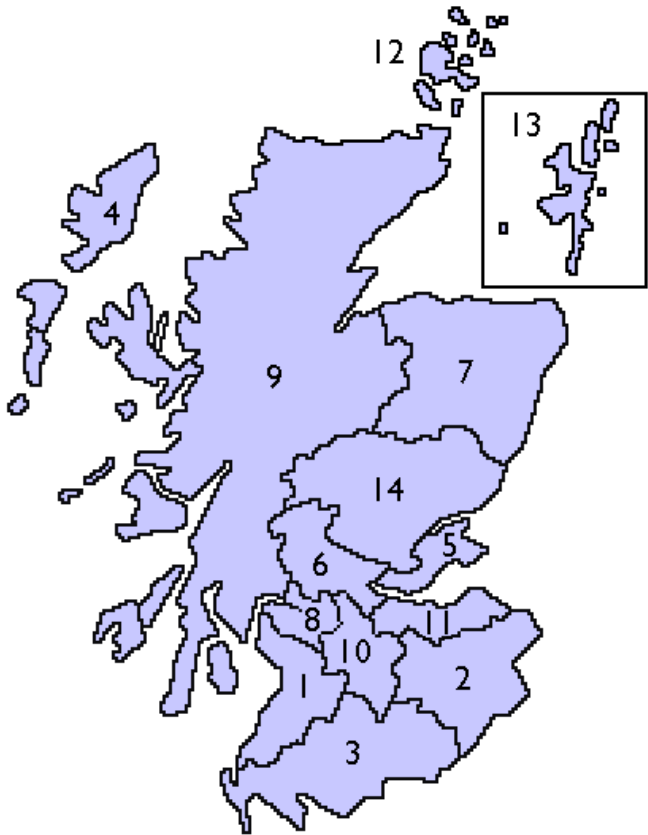
10 possible universal contact points, 4 national recording points

Refer to Childsmile?
P,R,S,D

Lots of opportunity for discussion of key oral health messages

Lots more opportunity in 2017 but have we lost the focal point we had in 2010?

Health Visitor Leads



- One for each health board (14)
- Responsible for health visiting services in their area

Why has recording of referrals dropped so much?

How well is our current guidance shared/read/understood/implemented?

Is there a better way of doing this?



Future Actions – systems 1

- ✓ Engage with all stakeholders to identify the optimal stage for ensuring referrals are made and recorded
- ✓ National review of child health surveillance system to be completed by Autumn 2019



Future Actions – systems 2

- ✓ Commitment to look at Childsmile referral as part of Children & Young People Improvement Collaborative QI work (PDSA)
- ✓ Universal Health Visiting Pathway not fully implemented – 500 extra health visitors, no 13-15 month review until Sept 2018 etc

Future Actions - guidance



- ✓ Our current guidance is out for consultation with health visiting leads
- ✓ Discussions with them highlighted differences of opinion regarding how referrals should be recorded
- ✓ Support from HV leads for distribution and implementation

Summary



- ✓ Integrating one complex intervention with another isn't easy – even when opportunities are presented
- ✓ We need to optimise our referral process in partnership with health visiting colleagues
- ✓ We need to redevelop our guidance to ensure the process of Childsmile referral is clear and implemented
- ✓ Irn Bru still contains 4 tea spoons of sugar...



Thank you