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## 1. Introduction and project scope

The [Redesigning Health Information for Parents \(ReHIP\)](#) is a major digital transformation project which aims to streamline and improve the accessibility of parenting and health information for parents and carers – ‘Once for Scotland’, in support of the NHS Scotland Shared Services approach. It also aims to ensure efficient use of public money in the redesign of a range of print and digital products covering pregnancy to 5 years. An overview of the project governance structure can be found in the Appendix.

The following NHS Health Scotland (NHSHS) products are in scope for full redesign or decisions on continued investment:

- Ready Steady Baby! (RSB): Guide, website, app, alternative languages
- Ready Steady Toddler! (RST): Guide, website, alternative languages
- For parents with learning disabilities: My Pregnancy, My Choice, You & Your Baby (0-1 year), You and Your Little Child (1-5 years), produced by CHANGE
- Young Parent Survival Guide (YPSG)
- Eight smaller resources

In addition, the project aims to influence the distribution and development of information for parents provided by partner organisations, including the third sector, the Scottish Government (SG) and local health boards.

‘Digital will be the key to the transformation of health and social care. NHS Chief Executives are committed to the major opportunities for the development and application of digital solutions to empower individuals, facilitate greater self-management and transform how our citizens engage and interact with a 21st century health service.’ p.15, A Digital Strategy for Scotland

## 2. Our customers

There are on average 55,000 births per annum in Scotland<sup>1</sup> supported by 2,390 (WTE) midwives, 1,290 (WTE) health visitors and a wide range of other clinicians and third sector services.<sup>2</sup>

We know that health inequalities in the antenatal period are often linked with the parents’ adverse and complex social circumstances. Women who are more likely to experience poor health outcomes in pregnancy and in the early years of a child’s life:

- Are young (i.e. under the age of 20)
- Are known to social services/child protection services
- Are unemployed or with experience of socio-economic deprivation
- Are affected by poor mental health
- Misuse substances (alcohol and/or drugs)
- Are recent immigrants and those who have difficulty reading or speaking English
- Experience domestic abuse

The suite of products in scope for ReHIP aim to meet the information needs of all parents, whilst ensuring additional resources are targeted to support more vulnerable women and families.

<sup>1</sup> [www.isdscotland.org/Health-Topics/Maternity-and-Births/](http://www.isdscotland.org/Health-Topics/Maternity-and-Births/)

<sup>2</sup> [www.isdscotland.org/Health-Topics/Workforce/Publications/2017-03-07/2017-03-07-Workforce-Report.pdf](http://www.isdscotland.org/Health-Topics/Workforce/Publications/2017-03-07/2017-03-07-Workforce-Report.pdf)

### 3. Digital participation and health literacy

We are committed to ensuring that the fifth of the population<sup>3</sup> that experience barriers to accessing digital information will be provided for through other channels.<sup>4</sup>

NHS Health Scotland is committed to providing high quality, accessible information and this is an aim of our *Accessible Information Policy*<sup>5</sup>. A range of legislation, policies and best practice guidance exists relating to the production of information by public sector bodies. NHS Health Scotland aspires not only to meet the minimum legal requirements, but also to achieve the highest standards possible within the constraints of finite budgets and time.

*Making it Easy: A Health Literacy Action Plan for Scotland*<sup>6</sup> also highlights that a quarter of the population have difficulties with day-to-day reading and numeracy.

Therefore, to respond to Making it Easy and to align with the Scottish Government's Digital Strategy for Scotland<sup>7</sup> but to avoid exacerbating inequalities caused by digital exclusion, we are taking a **Digital First but not only** approach.

### 4. Our strategic ambition

**'NHS Health Scotland commits to the universal provision of health information for parents, available in a variety of channels, mediated by practitioners. We will work with partners to facilitate a transition to digital channels for parents who can and will use them, so that print products can be targeted at those who cannot access or prefer not to use, digital channels.'**

A phased introduction of a **Digital First but not only** approach will be adopted, as outlined in Table 1.

This will allow for exploring and testing of options with practitioners. We recognise that to affect change and move towards a Digital First but not only approach, the influential role of the workforce in operating as knowledge brokers is essential, emphasising public health messages and signposting to quality assured information channels. This role is even more essential with vulnerable groups of parents.



To align with the Universal Health Visiting Pathway in Scotland contact points,<sup>8</sup> the following new age bands for the products have been agreed in principle, following consultation with parents, practitioners and policy makers:

- Pregnancy to 8 weeks. Ready Steady Baby! covers pregnancy and the first year and we have heard from parents that these later chapters are overlooked or covered by other resources, e.g. Fun First Foods.
- 8 weeks to 30 months (replacing Ready Steady Toddler! which covers 13 months to 3 years).
- 30 months to 5 years. There is no existing product, and early scoping has indicated some demand for information covering this preschool period.

<sup>3</sup> [www.ofcom.org.uk/\\_\\_data/assets/pdf\\_file/0021/12828/facts-figures-table16.pdf](http://www.ofcom.org.uk/__data/assets/pdf_file/0021/12828/facts-figures-table16.pdf)

<sup>4</sup> Digital Participation and Social Justice in Scotland, Douglas White, September 2016 for Carnegie UK Trust

<sup>5</sup> [www.healthscotland.scot/publications/access-for-all](http://www.healthscotland.scot/publications/access-for-all)

<sup>6</sup> [www.gov.scot/Resource/0045/00451263.pdf](http://www.gov.scot/Resource/0045/00451263.pdf)

<sup>7</sup> [www.gov.scot/Publications/2017/03/7843](http://www.gov.scot/Publications/2017/03/7843)

<sup>8</sup> [www.gov.scot/Publications/2015/10/9697](http://www.gov.scot/Publications/2015/10/9697)

**Table 1: Phased introduction of a Digital First but not only approach**

Phase	Print			Digital	Workforce
	RSB	RST	Other	Web, app, audio visual	
<b>1</b> By Summer 2018	Universal print redesigned  Reduced scope up to 8 weeks	Current resource maintained	Withdrawal of YPSG, and some smaller resources  Decisions reached on future of CHANGE resources	RSB/T websites continue, are withdrawn or can transition content to another provider  Withdraw the app and invest in a mobile-responsive site including new video content	Midwives, health visitors, third sector, Local Authorities  Materials on how the universal messages might be tailored for use in a face-to-face conversation.  Scoping out the system - current practice at NHS board level, in third sector and HEIs
<b>2</b>	Universal print  Maintained	Universal print redesigned scope increased from 8 weeks	Redevelopment of resources for parents with learning disabilities	Delivery of RSB/T digital content via NHSInform/Parent Club/Mygov.scot	Tests of change with practitioners on how to facilitate assessment of digital access/literacy
<b>3</b> <b>Digital first but not only</b>	Targeted distribution only	Targeted distribution only	Delivery of alternative versions	Delivery of RSB/T digital content via NHSInform/Parent Club/Mygov.scot	Implementation of learning from tests of change
<b>4</b>	Targeted distribution only	Targeted distribution only	Potential delivery of a preschool resource	Delivery of RSB/T digital content via NHSInform/Parent Club/Mygov.scot	Staff are better equipped to signpost to appropriate channels

We will review these projected timescales on a regular basis and amend if necessary.

## 5. Key commitments for the channel mix

The ReHIP Project Board has agreed the following initial commitments to provide information for parents across the new age bands:

**Table 2: Commitments to deliver our channel mix strategy**

	Channel	Commitments
1.	<b>Face-to-face (workforce)</b>	<p>a. Reach agreement with SG/NHS Education for Scotland (NES)/Healthcare Improvement Scotland (HIS) and via tests of change on how the workforce can promote digital channels at the booking appointment and at the 6-8 week home visit and how staff can assess the:</p> <ul style="list-style-type: none"> <li>• Digital access and digital literacy of parents</li> <li>• Demand for print from parents with low literacy and learning disabilities</li> <li>• Need for alternative languages where English is not a first language.</li> </ul> <p>b. Collaborate with partners to support referral to digital literacy skills training/digital access points, to promote digital inclusion</p> <p>c. Working with NES, NHS24 and the SG Digital Participation Unit, address the training needs of frontline staff in relation to their own digital literacy and how this impacts on the effective signposting to and engagement with digital channels, e.g. NHS Inform.</p> <p>d. Working with services (from all sectors) that support vulnerable women and families, explore the tailored communications which may be needed over and above universal resources. These might be materials for staff rather than parents, e.g. expanding on how the universal messages might be tailored for use in a face-to-face conversation.</p>
2.	<b>Web</b>	<p>a. Collaborate with NHS 24/mygov.scot/SG Marketing to reach agreement on how best to deliver parenting information across sites – ‘Once for Scotland’.</p> <p>b. Withdraw RSB/T websites following agreement about how parenting information should be delivered via other national services. Retain both sites in the interim until comprehensive approach with partners is agreed and deployed.</p> <div style="text-align: center;">  </div> <p style="text-align: center;"><i>‘If it is something to do with genuine health, I definitely do trust the NHS; but if it’s to do with something more like parenting style or anything like that, parenting choices, I’m more 50/50.’ REHIP Parent Adviser</i></p>

	Channel	Commitments
3.	Print	<p>a. Continue with RSB as a universal print resource in phase 1 and 2, targeted only in phase 3, reducing its size by:</p> <ul style="list-style-type: none"> <li>• reconfiguring its coverage from pregnancy to 8 weeks</li> <li>• streamlining content by including essential messages and improved signposting in areas that require regular updating</li> <li>• reducing duplication with linked smaller resources</li> <li>• transitioning some content to other service providers</li> <li>• Improving overall accessibility</li> </ul> <p>b. Redesign RST to cover 8 weeks-3 years, reducing duplication with other resources such as Fun First Food and Play@home.</p> <p>c. Develop alternative formats of RSB and RST for those with low literacy/learning disabilities and expand alternative language versions (subject to Health Inequalities Impact Assessment [HIIA]).</p> <p>d. Develop a shared understanding with partners that there must be a clear business case as to why smaller resources remain stand alone and cannot be brought into the main product suite. Where there is good justification for products to remain separate, they should be ‘brought into the family’ and branded as part of the new suite of products.</p> <div data-bbox="855 750 1422 1173" data-label="Image"> </div> <div data-bbox="467 1249 1433 1375" data-label="Text"> <p><i>‘I know from experience that some of my friends would receive some leaflets and I wouldn’t or vice versa. It’s up to your midwife or health visitor to give you these leaflets.’ ReHIP Parent Adviser</i></p> </div>
4.	App	<p>a. Within a transition plan, stop investing in the RSB app and remove it from the market, whilst investing in mobile-responsive partner websites including new video content.</p>
5.	Audio and Video (AV)	<p>a. Consider the user journey and map against current activity. Invest in a portfolio of AV content which would meet the expectations and requirements of a number of the target groups, e.g. parents with a learning disability, the deaf community.</p> <div data-bbox="724 1675 1422 1839" data-label="Text"> <p><i>‘I wanted [my partner] to know certain things, so I thought if we watch the video together, he’s definitely more visual, he’s more likely to watch something than he is to read something’ ReHIP Parent Adviser</i></p> </div>
6.	Peer support	<p>a. NHSHS should continue signposting to support services throughout its products but discontinue the national services directory included in RSB/T print and websites. The ALISS API should be added to the RSB/T websites. Regional NHS boards need to work with local communities to</p>

	<b>Channel</b>	<b>Commitments</b>
		<p>populate the ALISS database over the 12 months prior to launch of the new products.</p> <p>b. Link to recommendations from the social media channel.</p>
7.	<b>Social media</b>	a. We will learn from the inception of the corporate Instagram account to understand engagement levels and insights that have been gathered. We will then exploit social media channels to market and promote our products to parents to increase reach and engagement.
8.	<b>Media advertising</b>	<p>a. It is a unique offering and would enable resources and messages to be pushed in a targeted and measurable way. Consider once the new products are designed and delivered.</p> <p>b. Consider partnership marketing once the channel mix strategy is agreed.</p>
9.	<b>Helplines</b>	<p>a. The NHSHS role is to signpost accurately to helplines so parents are clear what support is being offered and if any costs could be incurred.</p> <p>b. NHSHS to ensure that signposted helplines meet the needs of all parents in Scotland, especially those that are deaf, in rural areas, isolated and those on low incomes.</p>
10.	<b>SMS</b>	a. Not a recommended channel for NHSHS to support. Unclear how it would benefit the target audience apart from reminder of pregnancy stage or antenatal appointments which would be facilitated at a local level.

## 6. Outcomes framework

The outcomes for the new products are included in a logic model (see Appendix). This has informed prioritisation of content and will provide the framework for evaluation.

## 7. Co-production with parents

We are committed to listening to the needs of parents in development and implementation of this strategy. The strategy aims to design the new products around the needs of parents and carers in a variety of circumstances, e.g. single parents, grandparents, foster carers.



During 2016, we consulted with 330 parents<sup>9</sup> and in 2017-18 we plan to involve parents in a number of ways presented in Table 3.

**Table 3: Engaging with parents**

When	Area of engagement	Methods
<b>May - June 2017</b>	<ul style="list-style-type: none"> <li>• Consultation on draft channel mix strategy.</li> <li>• Development and agreement of acceptance criteria for new products.</li> </ul>	<ul style="list-style-type: none"> <li>• One-to-one interviews with approx. 12 parents, conducted by phone, videoconference or face-to-face.</li> <li>• Participants to include those parents who were involved in Phase 1 and have chosen to continue participation in ReHIP, as well as additional recruits.</li> </ul>
<b>July - Sept 2017</b>	<ul style="list-style-type: none"> <li>• Targeted consultation with specific parent groups to ensure that any gaps in Phase 1 of parent engagement and the HIA have been addressed.</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying existing sources of research for target groups.</li> <li>• Working with stakeholders to conduct one-to-one interviews and focus groups where necessary.</li> </ul>
<b>December 2017</b>	<ul style="list-style-type: none"> <li>• Pre-testing of early concepts for new products.</li> </ul>	<ul style="list-style-type: none"> <li>• Focus groups co-facilitated with those health professionals who supported Phase 1 of parent engagement, and establishment of additional ones as necessary.</li> </ul>
<b>March 2018</b>	<ul style="list-style-type: none"> <li>• Pre-testing draft products.</li> </ul>	<ul style="list-style-type: none"> <li>• Three small scale events held across Scotland (e.g. Glasgow, Edinburgh, Aberdeen).</li> </ul>
<b>Spring/ Summer 2018</b>	<ul style="list-style-type: none"> <li>• Launching of redesigned RSB and embedding in practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Various communications, local and national.</li> </ul>
<b>2018 onwards</b>	<ul style="list-style-type: none"> <li>• Development of 8 weeks-3 year and preschool products</li> </ul>	<ul style="list-style-type: none"> <li>• Similar methods as above.</li> </ul>

*'For me the resources were almost like my bible, to go to and look to. My daughter's the first grand child in the family ... and my friends haven't got any children yet. So you feel almost like a pioneer; you don't know what you're doing is right or not and you have no idea if your child's development is normal, so the resources then become extremely important.'* ReHIP Parent Adviser

<sup>9</sup> [www.maternal-and-early-years.org.uk/file/aa017151-b4a4-4808-99f5-a76f00da1812](http://www.maternal-and-early-years.org.uk/file/aa017151-b4a4-4808-99f5-a76f00da1812)

## 8. Insights informing this strategy

330 parents views gathered through focus groups and surveys (phase 1)<sup>10</sup>

122 practitioners attended engagement events<sup>11</sup> and 14 local board visits

31 content leads in the Scottish Government and 39 associated expert groups

27 third sector agencies involved in a Health Inequalities Impact Assessment<sup>12</sup>

Scottish Government commissioned research – breastfeeding (Leith) and Parent Club (TNA)

IPSOS Mori surveys<sup>13</sup>

Strathclyde University/Barnardos – Young Parents project<sup>14</sup>

Ofcom – annual and other relevant reports

NHS Health Scotland analytics

SWOT analysis for each channel was carried out by five teams during Feb-March 2017, drawing on the above insights

Recommendations from the SWOT analysis was discussed at a meeting of NHS Health Scotland Organisational Leads (including Digital, Publishing, Marketing) on 23 March and approaches were agreed for each channel. The most significant of these were discussed and agreed at a Project Board meeting on 29 March 2017.

Collaboration with digital partners on implementation plans took place on 24 May

Parents were consulted in order to agree their 'acceptance criteria' during May and June

Strategy was refined in the light of consultation

The final channel mix strategy was signed off by ReHIP Project Board on 30 May 2017

<sup>10</sup> [www.maternal-and-early-years.org.uk/file/aa017151-b4a4-4808-99f5-a76f00da1812](http://www.maternal-and-early-years.org.uk/file/aa017151-b4a4-4808-99f5-a76f00da1812)

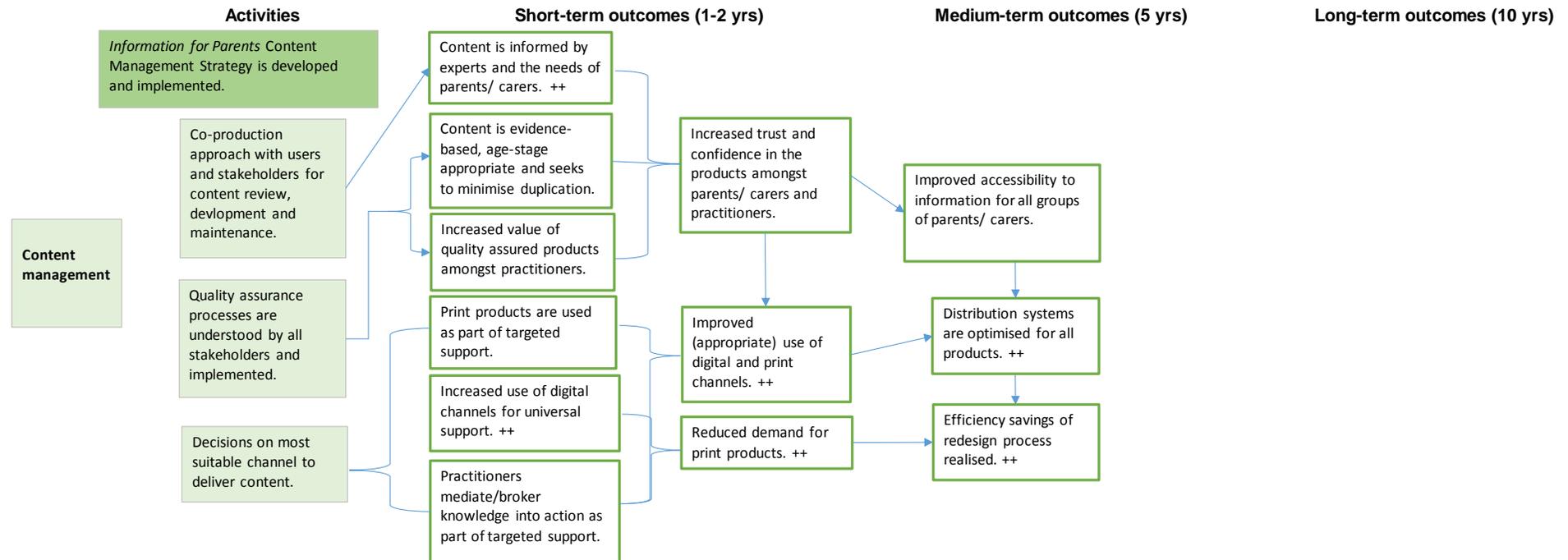
<sup>11</sup> [www.healthscotland.com/documents/27253.aspx](http://www.healthscotland.com/documents/27253.aspx)

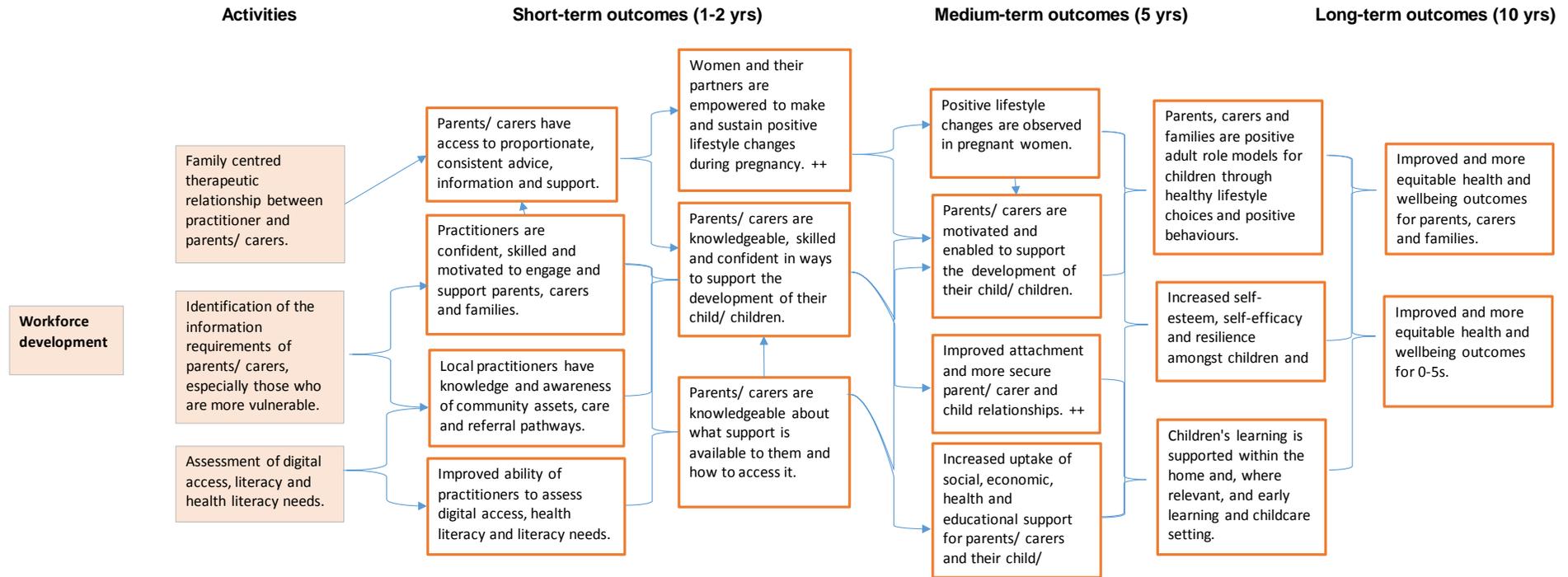
<sup>12</sup> [www.healthscotland.com/documents/28167.aspx](http://www.healthscotland.com/documents/28167.aspx)

<sup>13</sup> [www.ipsos-mori.com/researchpublications/researcharchive/3661/Parenting-in-Scotland.aspx](http://www.ipsos-mori.com/researchpublications/researcharchive/3661/Parenting-in-Scotland.aspx)

<sup>14</sup> [yftm.cis.strath.ac.uk/](http://yftm.cis.strath.ac.uk/)

## 9a. Outcomes framework





# ReHIP Governance Arrangements

