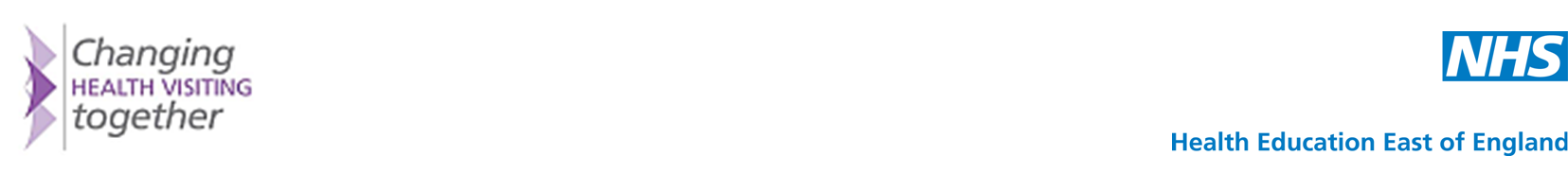
Health Visiting Programme

Weekly News



Volume: 56 13th December 2013

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| **Recent events** | | | | | |
| The Programme Team have been involved in 2 highly successful events recently  **4th December ARU Celebration Event** – this was a joint event with Anglia Ruskin University and health visiting teams from Essex and Cambridgeshire. The word cloud below gives a taste of the evaluation. | | | | | |
| **9th December Leadership Final Event – ‘From the Baby to the Boardroom’**  Over 150 participants of the leadership training delivered by Kate Billingham and Ben Fuchs met at Trinity Park Ipswich for an exciting and stimulating final event with national keynote speakers and an overall theme examining organisational culture and its effect on health visiting and the delivery of the healthy child programme.  The evaluation from the 6 Band 7 cohorts and Band 8 cohort was delivered at the event :    More news and photos to follow next week. | | | | | |
| **Improving the public's health – a resource for local authorities** | | | | | |
| Local authorities have been given renewed responsibility for public health as part of the health and social care reforms introduced in April 2013, alongside dedicated funding and a new public health outcomes framework. But given the scale of need and the challenges facing different local communities, how can councils decide which aspects of public health to prioritise, and what actions are most effective?  While detailed guidance is yet to be developed, this report fills the gap by providing [information and resources in nine key areas](/projects/improving-publics-health) to help council leaders answer these questions. It brings together a wide range of evidence-based interventions about 'what works' in improving public health and reducing health inequalities. It presents the business case for different interventions and signposts the reader to further resources and case studies. Key findings The broader determinants of health – people's local environment, housing, transport, employment, and their social interactions – can be significantly influenced by how local authorities deliver their core roles and functions. Local authorities also now have to demonstrate that they are delivering 'social value' – that is, that they have considered the social, environmental and economic impacts of their commissioning decisions. The report considers nine key areas where local authorities can have a significant impact on the public's health:   * [early years](/projects/improving-publics-health/best-start-life) * [education](/projects/improving-publics-health/healthy-schools-and-pupils) * [helping people get and keep good jobs](/projects/improving-publics-health/helping-people-find-good-jobs-and-stay-work) * [active and safe travel](/projects/improving-publics-health/active-and-safe-travel) * [warmer and safer homes](/projects/improving-publics-health/warmer-and-safer-homes) * [access to green and open spaces and leisure](/projects/improving-publics-health/access-green-and-open-spaces-and-role-leisure-services) * [community resources, wellness and resilience](/projects/improving-publics-health/strong-communities-wellbeing-and-resilience) * [public protection and regulatory services](/projects/improving-publics-health/public-protection-and-regulatory-services) (including takeaway/fast food, air pollution, and fire safety) * [health and spatial planning](/projects/improving-publics-health/health-and-spatial-planning).  Policy implications  * For local authorities, improving the public's health requires clarity of purpose and a robust local framework based on outcomes-focused partnerships, and commitment to systematic health impact assessment. * Local authorities need to be supported by central government policy, reforms such as welfare, which are likely to have significant public health impacts, should be subject to macro-level health impact assessments. * Health impact assessments should be championed across central and local government. For that to happen, public health needs to be prioritised across government departments – not just within the Department of Health. | | | | | |
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|  | **East of Eng HV prog@HealthVisitors** | | | | **We are also on http://mediafunnel.com/wp-content/uploads/2011/11/flickr-logo.jpg**  Visit [www.flickr.com/healthvisitors](http://www.flickr.com/healthvisitors) to see the photographs from July’s Building Community Capacity Conference |
| We are now up to **197** followers which is excellent. Keep on following for some more updates! | | | | |
| **Sharing practice – spreading the word more widely** | | | | | |
| **Building Community Capacity in the East of England: Apprenticeships linked to Children’s Centres and Health Visitors** | | | | | |
| This project sets out to equip young people with the skills, knowledge and experience needed to help them contribute to their own communities and bring about positive changes they want to see.  Since March, 2013, Lucy Goldsmith has been employed on an Apprenticeship by Norfolk Community Health and Care NHS Trust, Sure Start Children’s Centre, Kingsway, Thetford.  Since that time Lucy has become fully involved in the day-to-day work of the Children’s Centre, as well as undertaking an Intermediate Apprenticeship Framework in ‘Children and Young People Workforce’. She also supports the work of 8 Health Visitors, with one mentoring her. She is working with 2 Health Visitors on a Building Community Capacity Project: Buggy Walking.  The aim of the project is to promote wellbeing by encouraging new parents and parents with young children to participate in buggy walking around Thetford. This promotes physical activity, the opportunity to socialise, as well as learning from Health Visitors about services, in an informal setting.  The group meets fortnightly and lasts for up to two hours, giving them time to walk and talk. There is also a wet weather plan, which is nearer to the meeting point in the town centre, where they have toys and mats for the children. This project gives the parents a chance to share problems and baby experiences between themselves and also with the Health Visitors, when they can receive some advice and guidance. It is a chance for them to learn and pick up parenting tips.  The buggy walks are a community project so are now mainly being led by two of the mums, one of which, since coming to buggy walks has started up her own church led baby group in the town.  The two Health Visitors who initiated the buggy walks and Lucy still attend the walks occasionally. Lucy’s role is now mainly advertising this group. She has been distributing leaflets around local facilities, such as the Library, Children Centres and the Healthy Living Centre as well as updating leaflets and renewing posters. She also promotes to other groups that she attends, such as at baby massage and clinics. This is a good time to get the parent’s involved, to help new parents get out of the house and make new friends, which will help to prevent low mood and depression. Getting/keeping parent’s active has so many health benefits.  There are now many parents and children attending the buggy walks, some coming to every walk, others just coming when they would like, through advertising at groups and word of mouth the uptake has risen well and it is hoped that in time this will increase more.  Health Visitors promote the opportunity at ‘new-birth’ visits. Lucy feels that this is a good time to do this as it is reassuring to know that there will be people at the walk who they know. Lucy felt that there are some young parents who need to engage but do not do so and this needs to be considered in the future.  As well as getting involved in the Building Community Capacity project, Lucy is also involved in the work of the Children’s Centre, Health Visitors, Community Nursery Nurses, School Nursing Team, Community Support Workers, Special Needs Portage worker and working within the Nursery. Within the Children’s Centre she helps with groups: setting them up, taking registrations, encouraging uptake and then inputting the information onto the system; inputting group attendances also working on reception. When working with Health Visitors she helps with Health Clinics by welcoming parents and helping to weigh babies. She helps when the Health Visitors visit homes to carry out reviews, by interacting with the child, which helps the parent and Health Visitor have more time to speak to one another and carry out assessments. She also helps when there is more than one child. Lucy has also been out with the School Nursing Team, when doing hearing and sight tests and height and weight checks. Lucy has also been involved with the Community Support Workers by accompanying them on home visits. Lucy has accompanied the portage workers on home visits and observed their work with Special Needs children. Lucy has also spent time with the Community Nursery Nurses, assisting with their developmental reviews where Lucy engages with the children whilst the Nursery Nurse carries out the check. Lucy also spends time in the sensory room with some of their clients. In all of these circumstances Lucy is proving to be a great additional resource. Spending regular time in the Nursery has enabled to see the children in a different setting and understand more about child development.  Lucy is enjoying her time at the Children’s Centre gaining experience with the different services. Now has increased knowledge of the importance of the Children’s Centre and its staff, also a greater knowledge on child development which she feels this will be helpful in her future career prospects, her new found confidence is also going to be invaluable in her future. She is very grateful for the opportunity of working within this team.  This project is expanding across the Region. Barnardos, in North Essex, have just taken on 3 Apprentices and Spurgeons, in West Essex, are about to recruit 4. Their progress will be reported later in 2014.  If you would like to know more about this initiative, please contact Carolyn Mason on [cmventures2012@gmail.com](mailto:cmventures2012@gmail.com) or 07912 079589. | | | | | |
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| **Restructure of the Multi-disciplinary Assessment (MDA) and Groups in the Children’s Assessment & Development Unit (CADU) at Anglian Community Enterprise (ACE)** | | | | | |
| September 2013 saw the launch of the restructuring of services in CADU at ACE. This was due to the unnecessarily long waiting times causing service users/carers significant distress. There followed a consultation process of eight months with the Multi-disciplinary team (MDT) led by the then recently appointed Specialist Health Visitor (SHV).  The restructured services are jointly delivered by ACE and Colchester Hospital University Foundation Trust (CHUFT). The MDA process commences with referral of the client to the Community Paediatricians by HV’s and other professionals and then if considered by the Paediatrician to need a more complex assessment a referral is made for a MDA in CADU.  **The MDA** consists of triage with the Consultant Community Paediatrician and the SHV. The client is allocated one of the two pathways, dependent on need and obvious diagnosis on first observations.  Pathway one:   * Home visit & observation by SHV, nursery/pre-school observation by SNN & a 4 weekly MDT assessment, with diagnosis and feedback on week 4.   Pathway two:   * **Fast tracked** into the same process as above with a 1 week MDT assessment, with diagnosis and feedback on week 1. * Following diagnosis/feedback the client is referred back to the referring Paediatrician for a 4-6 month follow up. Occasionally the client is reviewed in CADU in 6 months if required. * A post diagnostic joint home visit is offered to the family with the HV * The parent/carer is invited to the Information Sharing Workshop and groups offered in CADU are presented and applied for. * The client continues to receive HV & Specialist HV services.   Benefits over previous programme   * Substantially lowered the waiting list * The diagnosis/feedback meeting for parents is given on week 4 (previously parents/carers received diagnosis/feedback several weeks after this). * A new group programme has been established and is offered to all children with special/additional needs which all professionals can refer into. * Improved MDT involvement * Closer working relationship with HV’s who now carry a special needs caseload with consultation from the SHV if required. * Each client receives a Post Diagnostic joint home visit with the HV. | | | | | |
| For more information, please contact:  Gillian Harrison  Specialist Health Visitor  [Gillian.Harrison1@acecic.nhs.uk](mailto:Gillian.Harrison1@acecic.nhs.uk) | |  | | | |
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| **Reminder – spreading the word more widely – sharing practice** | | | | | |
| Please ensure you get your article in to us in plenty of time.  The sharing practice article contents that we have received so far have been excellent.  Schedules have been circulated again, so please note when your next submission is due. Details of the next scheduled articles listed below:- | | | | | |
| **19 December – South East Essex**  27 December – Mid Essex  2 January – Hertfordshire  9 January – Bedford | | | Articles of up to 200 words in Word format highlighting an innovation or area of good practice (including contact details) are to be sent to Sophie Lakes, [sophie.lakes@nhs.net](mailto:sophie.lakes@nhs.net) by the Wednesday | | |
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