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| Health Visitor Programme - Weekly News |

Issue 20

28th February 2013

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**Congratulations – EIS National Conference – London 27th February 2013**

Congratulations to Rowena Harvey, Stephanie Farr, Cath Slater and their teams who displayed their poster presentations at yesterday’s ministerial event, which celebrated the Phase 2 EIS programme. Rowena also gave a very moving presentation of her leadership journey from the rostrum to the 200 delegates who attended.

Jan Mitcheson ran a workshop, Building Leadership Capability Through Strengthening the Role of the Practice Teacher. Included in the workshop was discussion on the roving practice teacher model currently being evaluated by UCS and ARU. Additionally, Jan has been invited to present the evaluation work we have commissioned at the CPHVA conference.

Maria Richardson and Pamela Agapiou presented their work in the main auditorium as EIS Leads who are delivering the full service offer. Additionally Maria Richardson’s work was featured in the directory produced by DH or achievements during phase 1 of the EIS programme. The projects reported on were;

1. Roving Practice Teacher Model (Maria)
2. Increased Antenatal Contacts (Maria)

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| **Sharing Practice – Harlow Families First Service** This change in practice initiative is part of the Essex Family Innovation Project, working with Harlow Essex Family (HEF) key workers and a small number of specific families to help improve “the promoting good health” aspect of the whole family assessment and action planning. The service is a pilot under the Essex Family banner and is an effort to exemplify community budgeting in practice. Families accepted on the service have been allocated one named Key Worker who works with the family throughout accesses all additional specialist support required. A mixture of statutory and voluntary organisations have come together to provide this service.Current organisations involved: * Harlow District Council (HDC)
* Harlow Education Consortium (HEC)
* Safer Places
* Harlow Children’s Centres
* Health

So What’s different? Families in need are able to work with the Key Worker to gain access to all the support services required-this may be housing, employment, education or health. This is not a sign posting programme. Using health expertise the HV role works intensively with the Key Worker and principle family members in identifying the health improvements required, drawing up programmes and interventions to meet these and supporting (along with the Key Worker) the delivery of these. This programme identifies the benefits of close multiagency working with swift referral mechanisms between agencies and inputting to a whole family evaluation process by use of the “Family Star”.Some benefits already achieved include earlier referrals reducing waiting times, and the ability to manage mental health issues in the antenatal period which reduced postnatal support requirements. **Contact:** judy.hurry@sept.nhs.uk  |

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**Information and Action – Use of EoE Twitter Account**

Julia has been actively Tweeting about the Programme, including events at yesterday’s ministerial event in London. We would like you to follow our Twitter account, **East of Eng HV Prog@HealthVisitors** and encourage practitioners to set up their own accounts. Please consider this as part of your communications strategies and work with your communications teams as care has to be exercised when considering the content.

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**Information and Thank You – Rapid Appraisal Process by SUSTAIN**

Today is the last day of the rapid appraisals. A big thank you goes out to all those who have taken part and given of their time and expertise, particularly the peer reviewers.

Next stage will be the production of a final report which will bring all the themes together which is due to be delivered during April.

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**Information – Journal of Public Health Article**

Abstract: Background Outbreaks of measles in Gypsy–Traveller communities are well recognized. Their contribution to the overall burden of disease is less clear. Methods Measles case-management information was collated retrospectively for the Thames Valley population comprising 2.2 million people over the 4-year period from 2006 to 09. Suspected cases notified by general practitioners and hospital clinicians were sent a saliva testing kit. Cases were defined as those whose measles IgM was positive. Risk factor information was collected and collated including vaccination and membership of the Gypsy–Traveller communities. Results Of 142 cases of laboratory confirmed measles, 63% were in Gypsy–Traveller communities. These included 10 family clusters and outbreaks confined to the Gypsy–Traveller communities and one with a wider spread. The pattern was consistent across the 4 years studied. Among the Gypsy–Traveller communities 27 of 55 cases eligible for measles, mumps and rubella (MMR) vaccination had received one MMR vaccination. Overall seven cases were admitted to hospital with either pneumonia or dehydration. Conclusion These findings showed a more than 100-fold higher incidence in the Gypsy–Traveller communities than the rest of the population. The high burden of disease in the Gypsy–Traveller communities highlights the importance of targeting immunization resources towards these communities.

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**Information – Training**

We are happy to announce that we have commissioned Ashridge to deliver the next phase of leadership training further news to follow.

Next week is a full week of training; starting with Leadership Training for 3 days followed by Promotional Guide Training. We look forward to seeing you there.

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**Information – Commisioners’ Retention Report Card no longer needed**

The Retention Report Cards provided valuable information at the start of the project, now with the change of commissioners there will be a revision to the reporting and we no longer need you to send these cards in. Many thanks to everyone who sent in the report cards.

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| **Reminder – Spreading The Word More Widely – Sharing Practice**In order to share the good practice that is underway in all our providers we are seeking an article, each week, from our providers on a rota basis which we will share via the HV Weekly News. This will help to ensure that we accelerate the roll out of the new offer and promote the health outcomes achieved by health visitors. Attached is a rota, starting with ECCH from the 7th February 2013.Articles of **up to** 200 words highlighting an innovation or area of good practice (including contact details) are to be sent to Lucy Hall, HealthVisitorPA@eoe.nhs.uk by the Wednesday of each week. |

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