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| Health Visiting Programme  Weekly News | | | | | |
| Issue 39: 15th August 2013 | | | | | |
| **For Information — Deputy Director of Nursing  Appointed at Public Health England** | | | | | |
| Joanne Bosanquet MBE has been appointed the Deputy Director of Nursing at Public Health England.    Joanne brings knowledge and experience from a range of roles in public health, nursing and health visiting and from her work with the Royal College of Nursing, Queens Nursing Institute and both City and London Metropolitan Universities. For the last 7 years, Joanne has worked as a Nurse Consultant in North East and North Central London Health Protection team.    The role will lead on developing the nursing workforce within PHE and with local partners as part of the work on developing and supporting a skilled multidisciplinary workforce, providing expert advice to nurses and on nursing issues.    Viv Bennett, Director of Nursing at Public Health England said:  The role will be crucial in the implementation of the national nursing and midwifery strategy and promoting the nursing and midwifery public health contribution. I congratulate Joanne on her appointment and very much look forward to working with her. | | | | | |
| **Reminder - the health visitor programme has an online presence!** | | | | | |
|  | **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 **119** followers which is excellent. Keep on following for some more updates! | | | |
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| **Spreading the word more widely - sharing practice** | | | | | |
| **Communities of practise workshop**  **Doing learning sharing**  Case study using Preparation for birth and beyond PBB (DOH 2012) on a 1 to 1 basis during the early antenatal period, with an expectant couple living in poverty.  “Poverty is a much more subtle enemy than purely lack of money. Parenting is more important than income or schooling to a child’s life chances.” (Independent review on Poverty and life chances 2010)  PBB is acknowledged to support the HCP outcomes of building strong parent child attachments and positive parenting, promoting care that keeps children healthy and safe, it includes fathers, and supports couple relationships and the transition to parenthood. All factors that will influence the health and wellbeing in families and lead to better short and long-term outcomes for children who are at risk of social exclusion. (HCP 2009)  **PBB Themes**  1. Development of my/our unborn baby  2. Changes for me and us  3. Giving birth and meeting my/our baby  4. Our/my health and wellbeing (parents)  5. Caring for my/our baby (care safety and nurture)  6. Who is there for us – people and services?  **Background**  I work in an area of high poverty and deprivation, where our services are weighted towards a progressive universal HCP. It is hard to reach a large proportion of pregnant mums and new parents in this area. The most vulnerable will often not engage with professionals let alone in group work yet they are the ones that would benefit the most.  I was already working with mum S when she found out that she was expecting another baby. She already had a 14 month old son D whom she had never bonded with, by her own admission and by the observations we made. S gave D no eye contact she never noticed him or played with him, and he had learnt to soothe himself when he was hurt or upset. Mum S had also declined an offer from the PIMH team to work with her.  Her new partner had never had a baby before, but he was already working well with me and a family support worker to promote his and S’s relationship with D. Mum S was initially reluctant but agreed to let me visit weekly beginning in the early antenatal period to deliver a modification of the PBB programme. I had previously completed the 3 day PBB course last year with the National Childbirth Trust.  I began by using visual materials of babies in utero to help them get to think about and understand their unborn baby’s needs (Theme 1). Each exercise has the capacity to facilitate layered learning, which means you weave the other themes in, such as exploring what their baby might be like and what they will need when born (Themes 3 & 5). This leads expectant parents to explore how they might feel when their baby is born, and understanding behaviour such as crying and how they might cope with it. This then leads on to how both parents could support each other through difficult parenting times and who else could support them (Themes 4, 5 & 6).  PBB recognises the importance of baby states and we used lots of pictures of babies in different sleep awake states to help the parents understand the importance of recognising these in enhancing the relationship with their baby and his or her subsequent ability to regulate their behaviours after birth. (Themes 3, 4, & 5).  These are just two examples of the work carried out with the family utilising PBB materials and principles. It is also about developing a relationship between parents and professionals so that they will continue to access the health visitor and the health visiting service for support with their own and their child’s health at timely developmental intervals in the future.  By the end of the pregnancy S displayed occasional ambivalence, but was naming her unborn baby and thinking about him all the time. Baby M is now 6 months old and both parents have a very affectionate ‘good enough’ relationship with their baby. Although S did not breastfeed she has delayed weaning him. Mum S continues to work really well with myself and the family support worker. Mum S is now noticing D and giving him eye contact and praise, she does not play with him yet but that is still work in progress. However she makes sure he attends the nursery place provided for him. Mum S is also asking lots of questions about their general health and wellbeing.  Evaluation has been qualitative in that Mum S feels she has a good relationship with her baby and she believes she knows best what is right for him. Although I am a great advocate for antenatal preparation, this case study should be viewed within the context of being one part of a package of care the family has received to give them and their baby/child a good and hopefully far reaching positive start in life. Complex vulnerable families need a robust pathway of support at timely punctuated intervals from conception to 5 years. I believe using PBB with individual families is a useful addition to that progressive HCP pathway.  I would still like to deliver a group in our area as it will foster support networks and building community capacity as group members could then start their own antenatal/postnatal group to suit the needs and culture of their community.  *This article was written by Nita Solomon, HV following attendance at a Communities of Practice workshop.* | | | | | |
| [Norfolk Community Health and Care](http://www.norfolkcommunityhealthandcare.nhs.uk/)  Maria Richardson  [Looking after you locally](http://www.norfolkcommunityhealthandcare.nhs.uk/)HCP Clinical Lead, Community Children's Services  Mob: 07919534573  E: [maria.richardson@nchc.nhs.uk](mailto:maria.greenshields@nchc.nhs.uk) | | | | | |
| **For information — Public Health Outcomes Framework** | | | | | |
| Published 6 August 2013    The Public Health Outcomes Framework examines indicators that help us understand trends in public health.  **Contents**  [Publications](https://www.gov.uk/government/organisations/public-health-england/series/public-health-outcomes-framework#publications)  This data tool currently presents data for available indicators at England and local authority  levels, collated by Public Health England.  [View the Public Health Outcomes Framework data tool.](http://www.phoutcomes.info/)    The data is updated once per quarter. Details of updates since May 2013 are published below. [View previous Public Health Outcomes Framework data published on the DH website.](http://transparency.dh.gov.uk/2013/02/05/phof-feb-13/)    **Publications**  [**Public Health Outcomes Framework: August 2013 quarterly data update**](https://www.gov.uk/government/publications/public-health-outcomes-framework-august-2013-quarterly-data-update)  6 August 2013  [**Public Health Outcomes Framework: May 2013 quarterly data update**](https://www.gov.uk/government/publications/public-health-outcomes-framework-may-2013-quarterly-data-update)  17 July 2013 | | | | | |
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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, and will all be available on our website from next week. Details of the next 5 scheduled articles listed below:- | | | | | |
| **22 August – Suffolk**  29 August – West Essex  5 September – South West Essex  12 September – North East Essex  19 September – South East Essex | | | 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 | | |
| **Reminder – Building Community Capacity presentations are available online**   * Presentations from the July conference are available on the [event’s page on the website](https://www.eoedeanery.nhs.uk/page.php?page_id=2769). * Keynote presentations are available as well as those from the workshops. | | | | | |
| **Correction to weekly news 17 July 2013** | | | | | |
| At the end of Luton’s sharing practice article ‘The Role of Clinical Lead in Luton’, Hilary Hemmings’ email address was incorrectly stated as ‘hilary.hemmings@ccs.nhs.uk’  Please note that Hilary ***does not have an @ccs.nhs.uk*** email and that ***her correct email address is:*** [***hilaryhemming@nhs.net***](mailto:hilaryhemming@nhs.net)  Please accept our apologies for any confusion caused, and update your contacts accordingly. | | | | | |
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| **The HV Programme Team** | | | | | |
|  | | | | | I am delighted that the Health Education East of England Programme Team is now complete. The team will be working closely with workforce partnership colleagues and area teams in order to ensure the health visitor programme continues to be delivered successfully to improve health outcomes for children and families across the east of England.  The final team member to join us this week is Jenny Gilmour who will be working across Essex. |
| Already in post are Sue Mills (Beds & Herts), Rowena Harvery (Cambs & Peterborough), and Helen Wallace (Suffolk & Norfolk). All have significant experience as health visitors and in a range of roles, working both regionally and nationally in health visiting service development.  Sophie Lakes completes the team as programme support, and we are all looking forward to working together over the coming months.  Julia Whiting – Health Visitor Programme Lead | | | | | |
| **Contacts** | | | | | |
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