

# Magnum workshop presentations

North of England  
Health Visitor  
Celebrate,  
Share and Learn  
Event

15th October 2014

Building Community  
Capacity;  
Making it Real

Specialist Services

Secure Services

Mental Health

Community Services

Children and Families

Building Community Capacity is  
a core part of the Health Visiting offer.  
It is placed within the  
Health Visitor Implementation Plan 2011-2015 .

This is the opportunity for Health Visitors to reclaim  
the role which brought many of us into the  
profession and to refresh and develop our public  
health skills. It brings new leadership challenges  
with opportunities to lead Health Visiting teams  
across a range of early years settings.

## COMMUNITY

Interaction at community level, building capacity and using that capacity to improve health outcomes and lead the Healthy Child Programme for a population

## UNIVERSAL SERVICES

Working with Midwives, building strong relationships in pregnancy, leading the Healthy Child Programme with children under the age of 5

## UNIVERSAL PLUS

Additional services that any family may need at some time. Intervening early to prevent problems developing or worsening

## UNIVERSAL PARTNERSHIP PLUS

Additional Services for vulnerable families requiring on-going support for a range of needs especially Safeguarding and Child Protection.

# Building Community Capacity....



Building Community Capacity.....

**enables**

us to

**motivate and encourage**

individuals and communities

to identify and

**express their needs,**

create opportunities

**to work together**

whilst utilising existing

**strengths and skills**

to help our Communities meet their needs.

## Bridging and Bonding...



## What does Building Community Capacity look like?

It could be ..

**a project**

**a system**

**a policy change**

**an intervention**

**an initiative**

...that aims to meet the needs of a community as expressed by that community and fulfils any key Local or National targets for Health Improvement.



# Building Community Capacity....



...What is so good about it?

Improves access to services

Teamwork

Empowerment

Respect

validation

Ownership

Participation

Engagement

Being listened to

Partnership Working

# LANCASHIRE, NORTH WEST ENGLAND

**The Health of people in Lancashire is varied compared with the England average**

**Deprivation is higher than average**

**18.2% children live in poverty**

**Lower life expectancy than the England average**

**Health Inequalities for Lancashire include;**  
**Mental Health**  
**Accidents**  
**Emergency Admissions**  
**Infant Mortality**





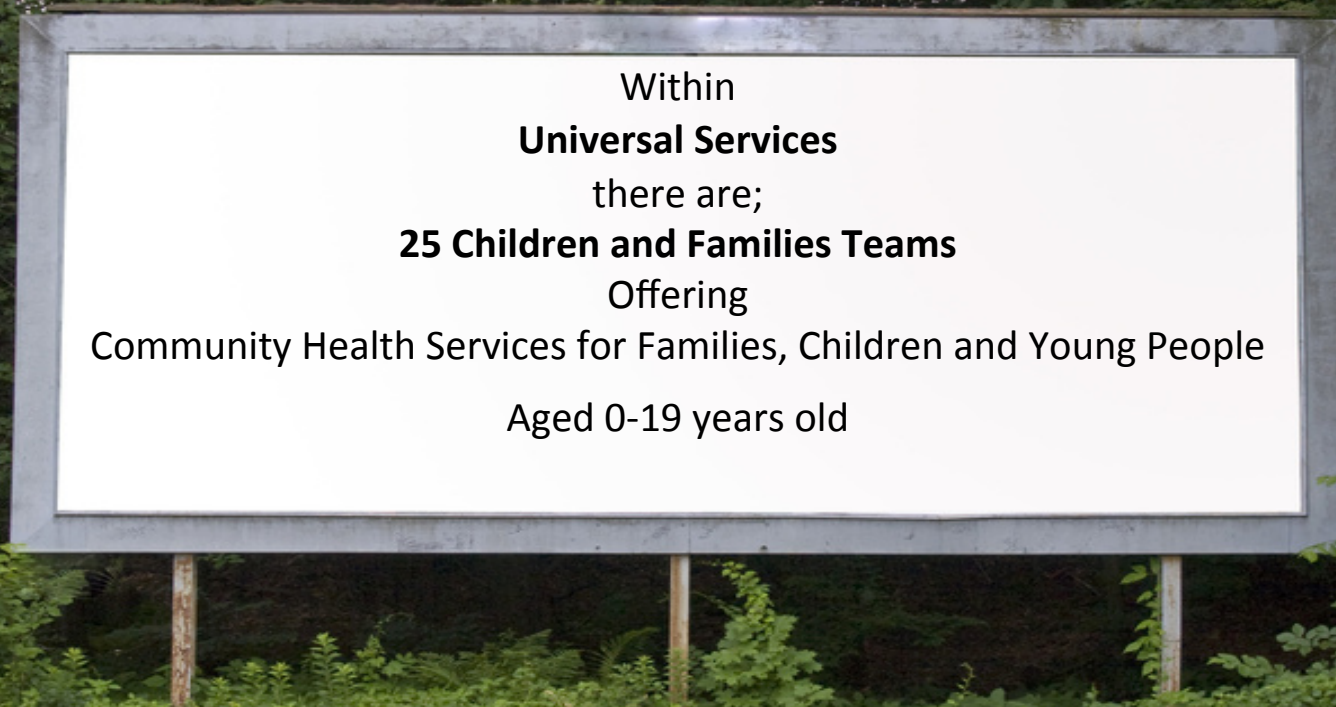


## **LCFT Children and Families Network**

has 5 service lines;

- Child and Adolescent Mental Health Service (CAMHS)
- Early Intervention Psychosis Services
- Sexual Health
- Children's Integrated Therapies and Nursing Services
- Universal Health Services that includes the 0-19 Universal Services and Health Improvement.





# Early 2014.....



A Project Management Team were commissioned to roll out Building Community Capacity across CFHS teams in Lancashire Care NHS Foundation Trust.

## Building Community Capacity Implementation Health Visitor (BCCHV)

- \* Experience and knowledge of caseload working
- \* Support and expertise from Health Improvement Service
- \* Support from a managerial and organisational level
- \* Capacity to gain knowledge, challenge, question and create opportunities.
- \* A resource to teams for support, enquiry and progress development
- \* Based with School Health Needs Assessment Team promoting a linked approach to learning and Public Health
- \* Mentorship to teams



Supporting Health and Wellbeing  
Children and Families





# The Health Improvement Service

Public Health philosophy

Outcome focussed

'Can do' attitude

Project management skills

Multi skilled team

Troubleshooting skills

Training and workshop skills

Mentorship

Quality assurance



Support and advice from;

Lancashire Care   
NHS Foundation Trust

Lancashire Care   
NHS Foundation Trust

Senior Management Team

Service Integrated Manager

Innovation Programme Manager



Department Head

Health Coordinator HIS

Project Consultant HIS

Organisational Learning Facilitator

Colleagues

 Supporting Health and Wellbeing  
Children and Families

# Our Goal;

Every team to develop  
at least one Building  
Community Capacity  
Initiative by March 2015  
that is of benefit to the  
Children and Families in  
our communities.



Start at the end;

Outcomes

What

How

Measures

What

How

Point of reference;  
Northumbria University 6 Phases approach.

**Building Community Capacity on-line module ;**

<http://www.e-lfh.org.uk/projects/building-community-capacity/>

# Building Community Capacity Life cycle;



# Opportunities

Champion role for specialist portfolio

Unique Role of BCCHV

Working together with other localities

Training

Team leader integral to success

Regular support forums

Enjoyable

Champion/Team Leader partnership

Investment in time to release time

# Challenges

Capacity

Communication

Unrealistic expectations

Impact on supporting staff

Other pressures during times of change

Change culture

Confidence

Fear of the unknown



# The Ripple Effect of Building Community Capacity

Communities know their Community Health Service

Greater approachability

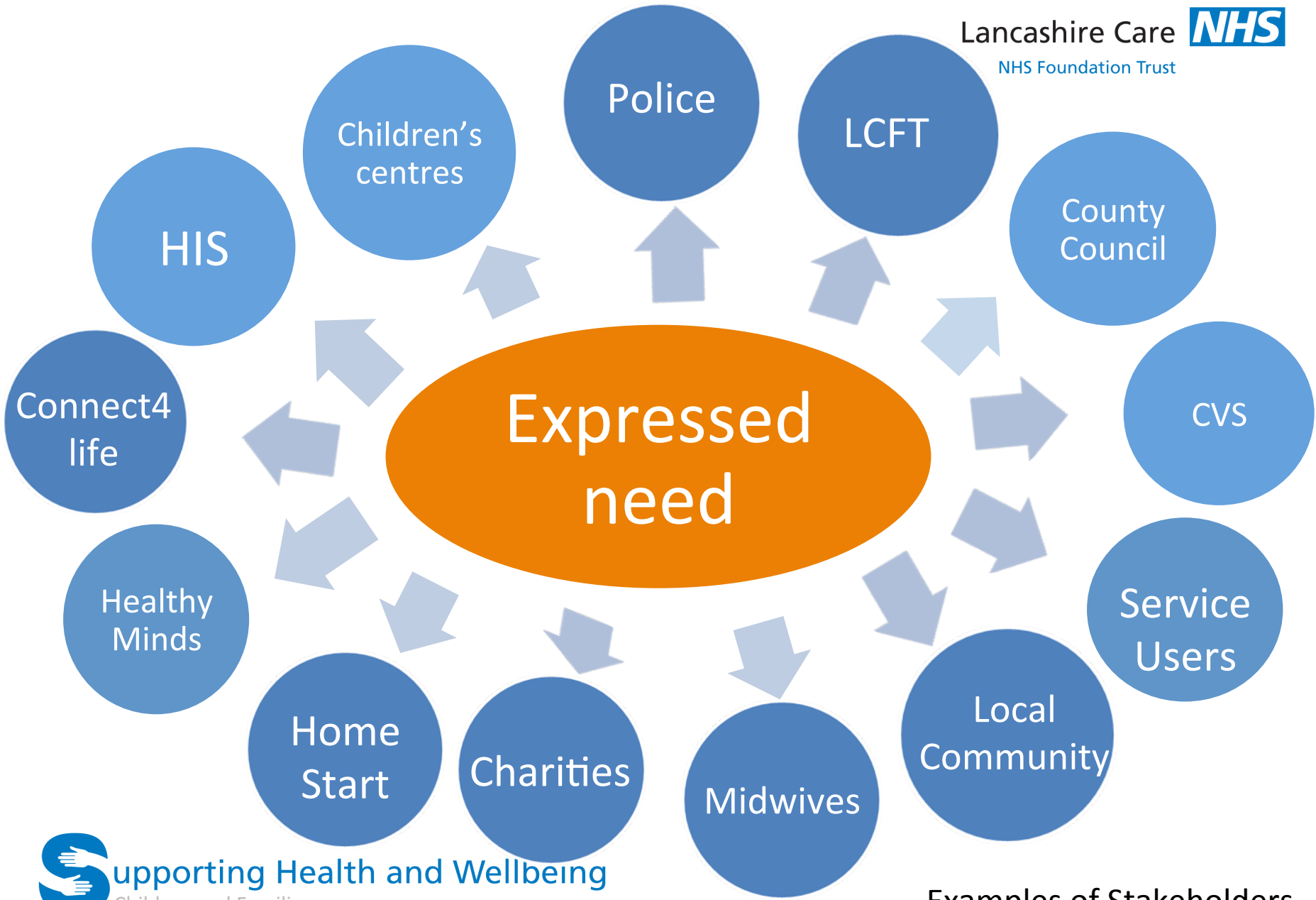
Success breeds success

Portability of projects

Knowing Colleagues    Knowing Communities

Project sharing

Joint working with Stakeholders....



# Some examples of Building Community Capacity in LCFT;

Pram  
Walks

Weigh,  
Stay and  
Play



The Butterfly  
Community

Mums R Us

HOPE

Stay, Play and learn for Eastern European  
families

‘Now we R Cookin’

## Where to next?



- Share point
- Podcast
- Legacy
- Celebration event
- Specialist Training
- Sustainability of BCC in Teams
- Keep BCC on agenda
- Further Development
- Developing Community relationships
- Developing Stakeholder relationships
- Embedding BCC philosophy.....

Thank you.

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# School Health Needs Assessment & Action Planning

Specialist Services

Secure Services

Mental Health

Community Services

Children and Families

**Lee Dawson**

**Paula Lawrenson**

# What is the SHNA?

## – an initiative to develop:

- a participatory and achievable framework for assessing health needs of school age children
- a better way to inform interventions and demonstrate evidence of change
- a systematic approach to target best use of available resource
- a preventative approach rather than reactive.

# Why this started

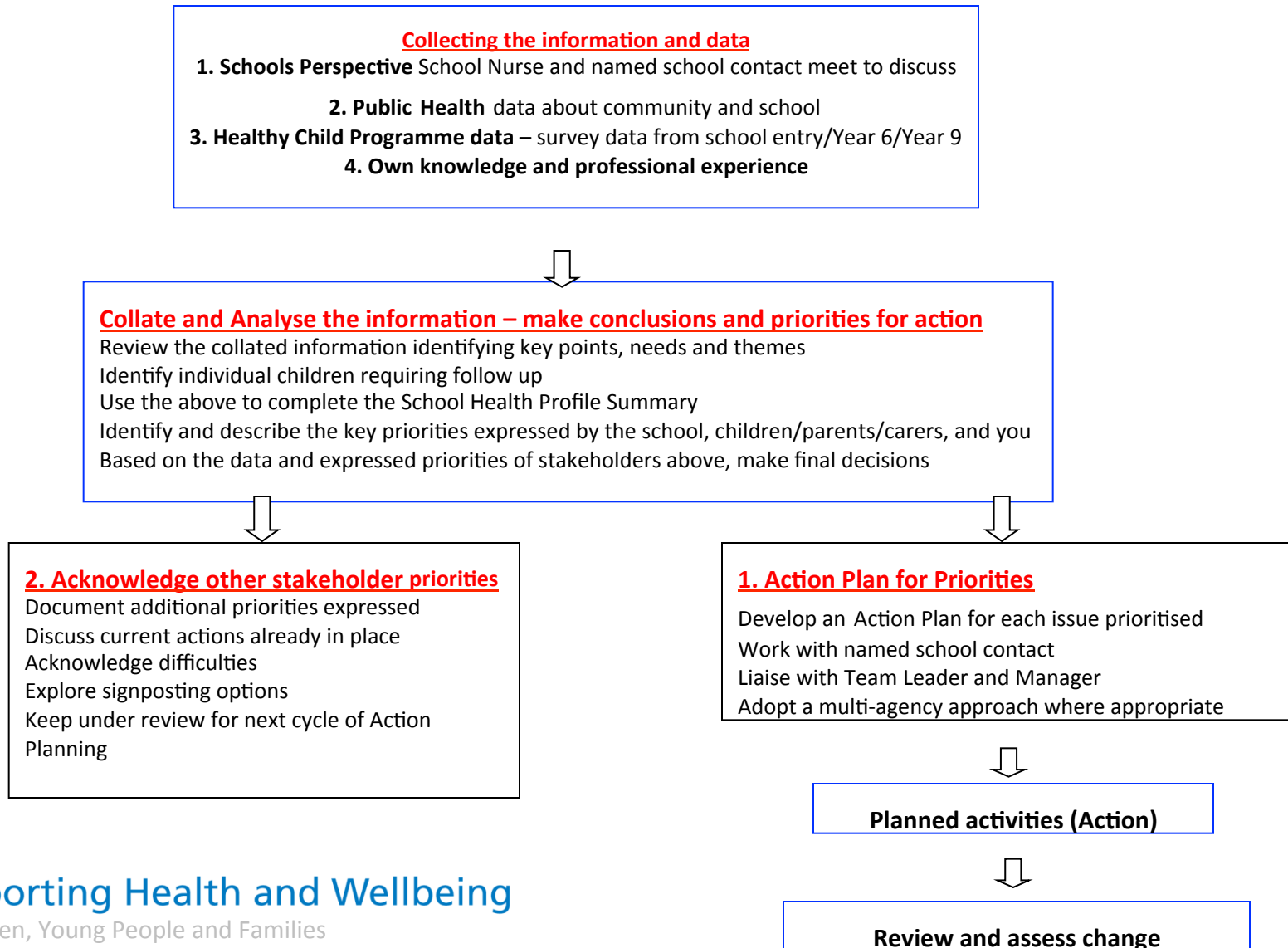
- Inequitable service for children
- Public health role of School Nurses eroded
- Safeguarding dominated
- Schools dissatisfied
- Limited outcome measures
- Policy demands: Healthy Child Programme

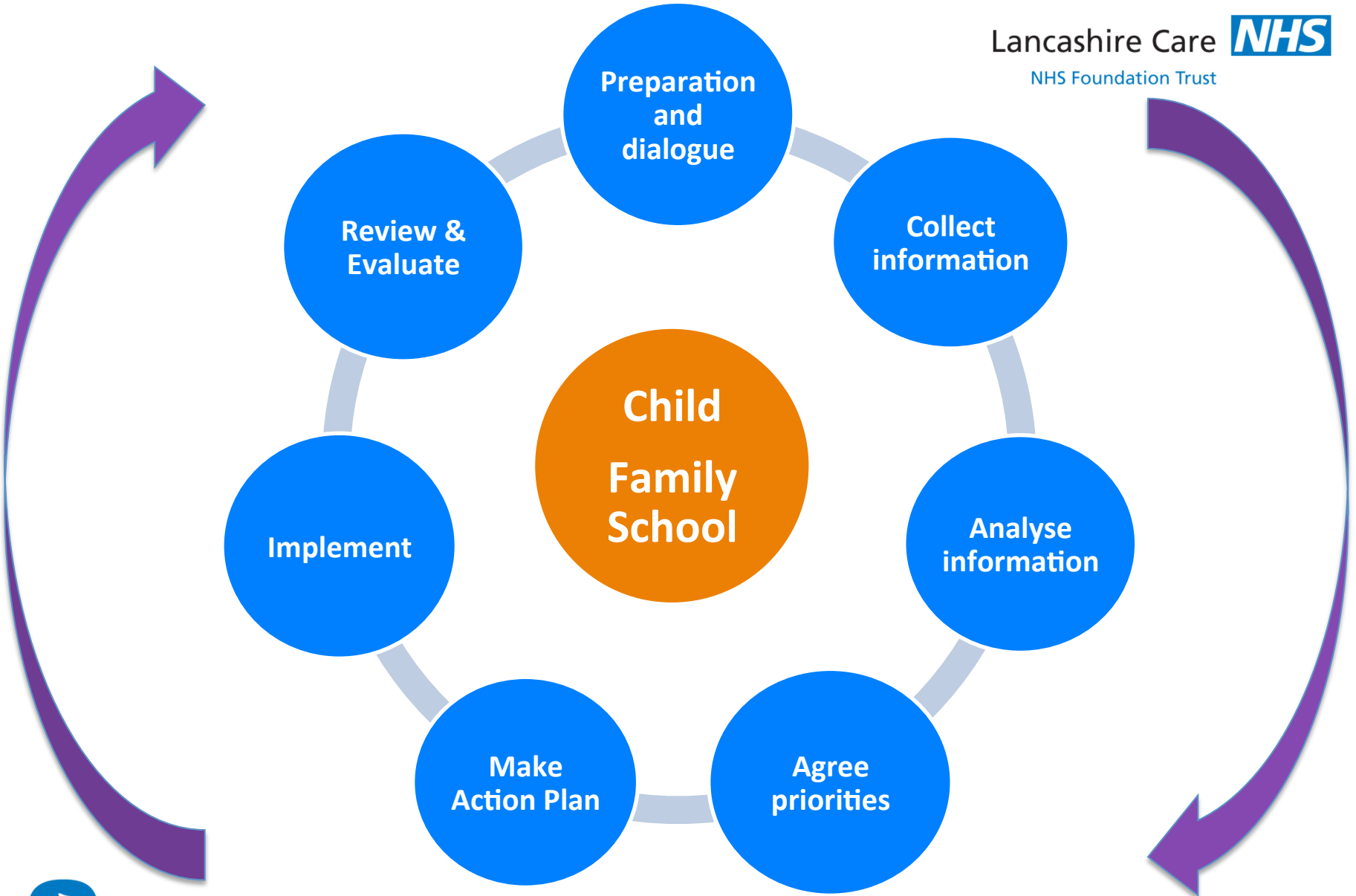


# What we did...

- Identified staff to lead design & development
- Mapped current service against govt policy
- Created a project group of skill mixed staff
- Considered barriers to progress
- Developed and piloted some initial tools
- Developed a HNA process and framework
- Support, training and regular forums for staff

# School Health Needs Flow Chart





# Collecting the Information

## Four core sources for all:

- Schools Perspective tool – completed with school
- Key public health data about school & community
- Healthy Child Programme data – questionnaires at school entry, Year 6 and Year 9
- School nurse knowledge and professional experience

# Collate & Analyse: agree priorities

- Review info to state key points, needs and themes
- Use to complete the School Health Profile Summary
- Identify key priorities expressed by all stakeholders
- Select the focus / problem for making an Action Plan

## Common focus for Action Plans

- Poor access to health care and information
- Bullying & emotional well being
- Food and nutrition
- Effects of witnessing domestic violence
- Poor home management of common illness
- Puberty concerns and lack of information

**Some unique to school and some common**

# Reach and findings 2013-14

## Participation of schools

**481** schools out of 498 = **96.5%**

- 417 Primary Schools out of 419 = **99.5%**
- 64 High Schools out of 79 = **81%**



## Participation of children & parents

Total participants = 32,192    Children = 17,727

- Year 6 = 89.3%
- Year 9 = 72.5%

**Estimated indirect beneficiaries: 125,000**

## Responding to children

2013-14: over **5000** identified for follow up  
**21%** of Year 6 **17%** of Year 9

Wide range of support – identifying children with needs not known before  
From reassurance & information giving - to serious safeguarding, self harm

Three examples:

1. Young carer with emotional needs and witnessing DV
2. Year 6 child with night time enuresis but hidden due to embarrassment
3. Year 9 facing DV, self-harm, anger and bullying problems

## Example findings from Year 9 – 7,573 participants

- Know how to contact the SN? – 46.1% (15-72%)\*
- Young carers with difficulties – 3.7% n.280 (1.7–9.6)
- Often lonely – 14.2% n.1077 (6-24%)
- Often happy - 87.6% (81-94%)
- Bullied last year – 14.8% (3-28%)
- Affected by DV – 4.5% n.344 (2-15%)
- Confident to reject unwanted sex – 90.3% (81-97%)
- Want to talk to a SN? – 8.2% (5-13%)

\*range of findings across 25 teams and localities

# What do young people think about SHNA?

We talked to 209 Year 9 pupils in 2 High Schools

## They liked:

- Being asked – felt it was important; they were ‘cared about’; made them think about their own health
- The format – quick and easy

## They didn't like:

- If there wasn't enough privacy to complete it
- Worries about lack of confidentiality
- Some felt the questions were too personal

## Have we missed anything?

- More about anxiety and emotions

## Did you answer honestly?

- Most said they did, despite privacy concerns

“Yes! Because its for our benefit. They are trying to help us“

“Yes coz I speak the truth“

## So far...

- SHNA covers most of Lancashire
- Increased visibility 0-19 school health service
- High rates of coverage and participation
- Positive feedback from schools
- Enabling early intervention for unmet need

### **But essential to:**

- Set realistic expectations
- Be organised, coordinated and work as a team



# Why are other stakeholders so interested?

- Meaningful data fields collected annually
- About both individuals & population health
- Informing interventions & resource
- Allowing comparison between areas
- Measuring change
- Improving child participation & rights



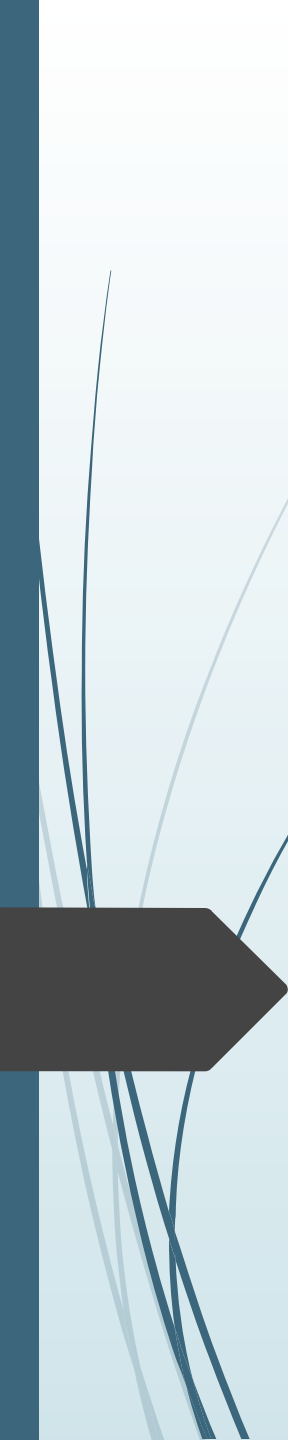
# Challenges for introducing and implementing SHNA

- Think about your own setting. What strengths/resources do you have to help you implement.
- What could you achieve for children if you used a model like this.
- What are the likely challenges you will face?


# Evaluation

What key messages will you take  
away from today?

How would you take this forward in  
your workplace?



# Integrated working in the delivery of the Healthy Child Programme - Bradford's response

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Bradford's Universal Integrated  
Care Pathway - Engaging with  
and responding to families  
voices in the delivery of care.

Rugare Musekiwa (HV ICP lead)

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## Why do we need the ICP ?

- ▶ 140,000 children 0-17 years and of those just over 40,000 under 5 years of age
- ▶ High levels deprivation and child poverty
- ▶ Many health, wellbeing, early learning and development outcomes for children 0-5 years in early years are worse than national averages
  - ▶ Infant mortality and obesity rates in 4-5 year olds high (10%)
  - ▶ poor oral health
  - ▶ School readiness low; below national average aged 5 yrs
- ▶ Significantly worse outcomes in more deprived areas of Bradford district

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## What is the ICP 0-5 years approach

- Agreed pathway across midwifery, health visiting and children's centre staff
- Provides leadership and clarity for early years staff
- Already many examples of integrated working and good practice
- To ensure approach is:
  - Systematic, robust, integrated and joint approach by all early years staff
  - Avoids duplication of work by staff



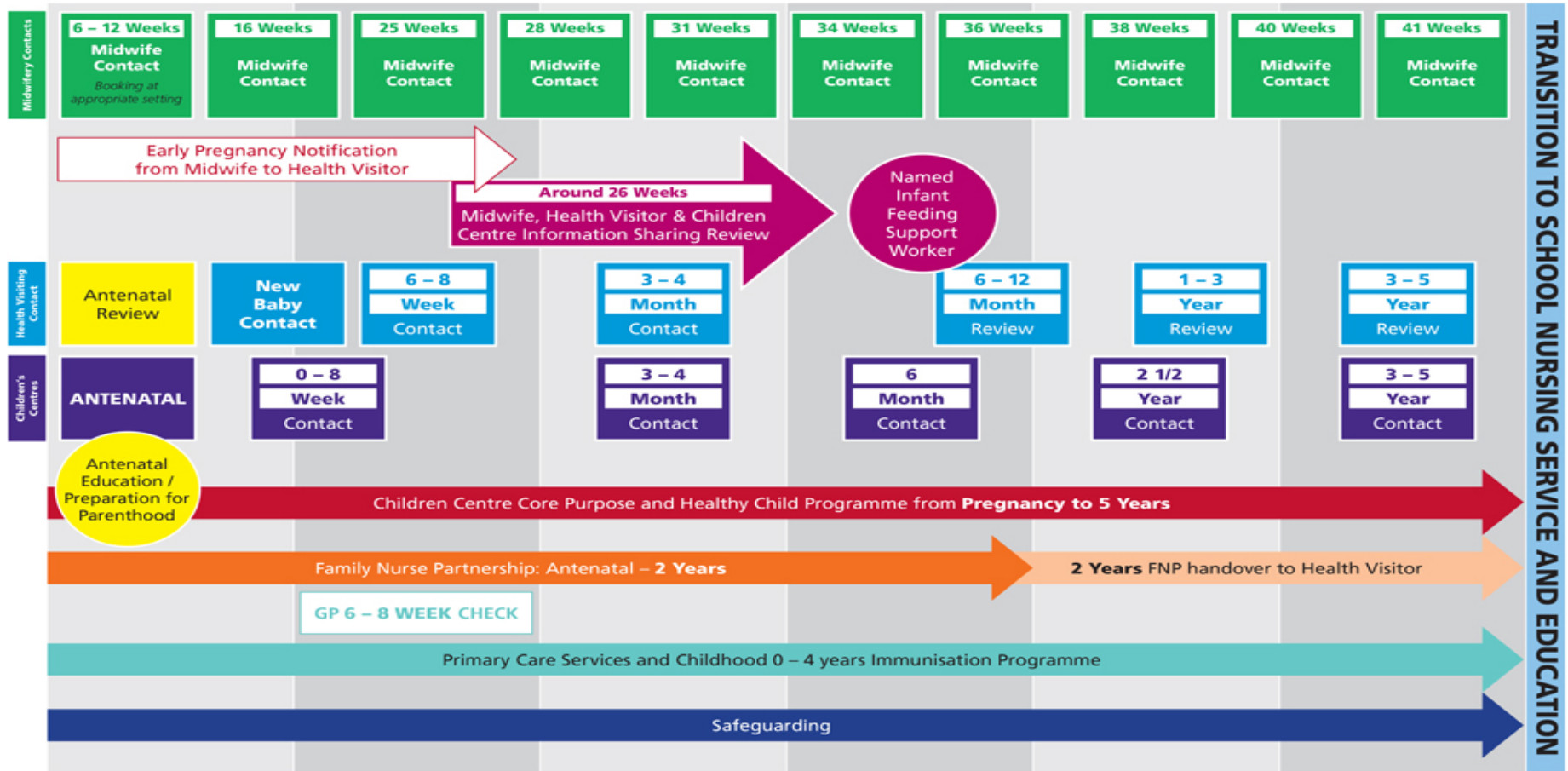
# Benefits of ICP

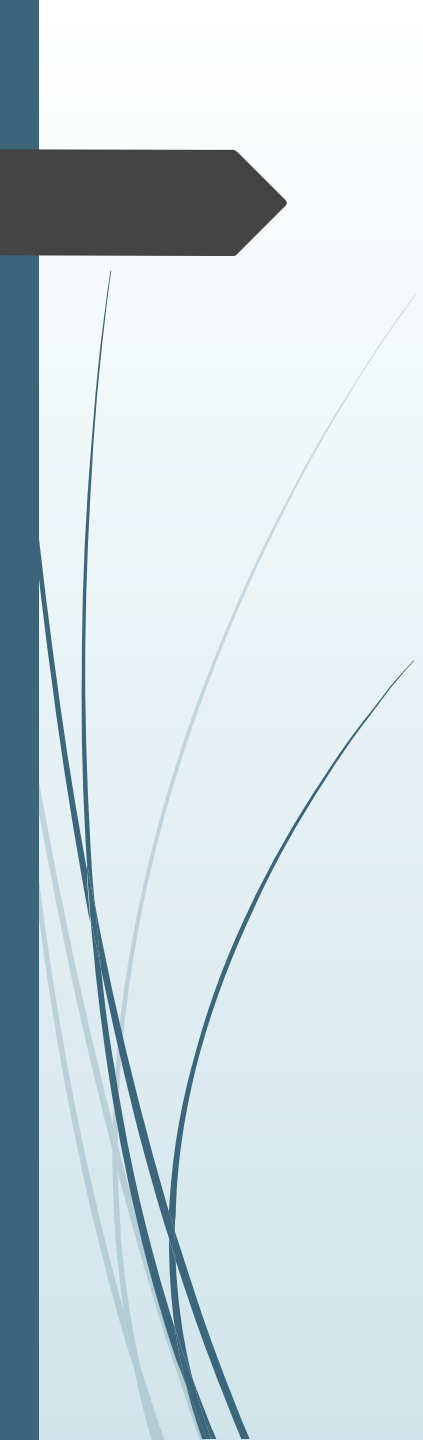
- Seamless service for families which is easier to access,
- Best use of resources through reduction of duplication of work by different agencies,
- Skilled up workforce that can deliver a fit for purpose service.
- Staff motivation and job satisfaction improvement.



# Becoming a Parent: Our Commitment

Midwifery, Health Visiting and Early Childhood Services





The change of practice in the delivery of the NSPCC coping with crying project - An antenatal approach.

Alison Dinsdale (HV Coping with crying lead)

# Coping with Crying



NSPCC   
Cruelty to children must stop. FULL STOP.

# Coping with Crying

- The NSPCC is piloting an exciting new programme to keep babies safe.
- The Coping with Crying programme aims to help prevent head injuries in babies by educating parents about the risks of shaking a baby.
- The programme is based around a DVD and provides parents with practical tips to cope with crying, keep calm and learn how to soothe their baby.



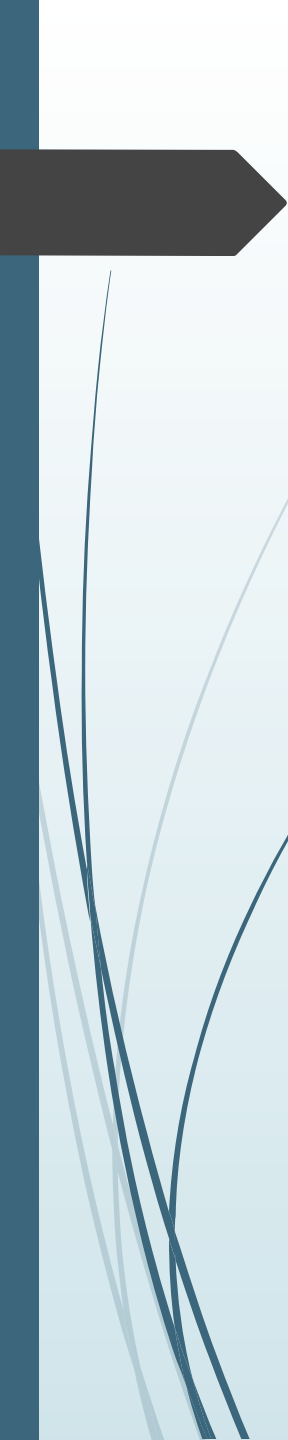
# Bradford's plans - integrated delivery within the ICP:

- As part of Bradford District Care Trusts integration work with other agencies we joined forces with our health, social and charitable care partners across the Bradford and Airedale District and bid to be a pilot area.
- We were successful in our bid and we are now one of the 19 areas in the UK supporting the NSPCC in delivering the programme.
- It is estimated by the NSPCC that the project will reach at least 45,000 parents in the next 18 months.
- The NSPCC estimate that around 200 babies a year in the UK suffer from serious head injuries as a result of being shaken, hit or thrown.

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# The challenges of changing practice with integrated services:

- ▶ Delivering the programme within antenatal education in community settings is a new approach within the ICP.
- ▶ Antenatal education previously delivered only from the hospital setting.
- ▶ Data sharing for engagement on to the programme relies on communication between midwives, HVs and CC's.
- ▶ Ensuring adequately trained staff are present and evaluation methods are adhered to.

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Innovative ways of working in  
Better Start Bradford - Early  
intervention with a community  
led partnership.

Jo Howes (HV lead Better Start  
Bradford)





# Better Start Bradford



- Improvements in 3 outcomes for 0-3s:
  - Social and emotional development
  - Language and communications
  - Diet and nutrition
- 5 areas successful: Bradford, Blackpool, Nottingham, Lambeth and Southend
- Bradford area: Bowling and Barkerend, Bradford Moor and Little Horton wards (Bradford City & Bradford District CCGs )
- £49 million over 10 years for Bradford

# The journey of a Better Start Bradford Family



Our life chances will be improved because....

Our mum received a Bookstart Bump Pack from her Midwife, and we will receive books up until our 3<sup>rd</sup> Birthday

Our family learnt about baby brain development so they talk and sing to us, even when we were just a bump!

We have fun with our dad at Bookstart corner learning new rhymes and songs, this helps us to develop our language

Our mum had help with healthy eating and exercise when she was pregnant, and now we are healthy and love our food

Our mum breastfed us and was supported by the Volunteer Breastfeeding Supporters, this helps to build our immune systems

Our mum and dad are really confident about how to give us the best start and we feel healthy and loved

Our family know what to do if we cry through the Coping with Crying DVD, so they are less anxious when we do

The places we walk and play have less air pollution which means our brains will develop better

Our homestart volunteer showed our mum where the nearest Children's Centre is so we have made friends and she does not feel isolated

Our mum was well prepared for our birth thanks to the antenatal programme and help from her Doula, which made her more relaxed when we were first born

# Integration is the key to delivery of Better Start:



- ▶ We will work and learn together with our joint training programme.
- ▶ We will deliver the programme from a range of settings and integrate in to the community.
- ▶ We will rely on a range of volunteers to promote and support the programme.
- ▶ We will have a community partnership to ensure decisions are community led.

We will work together to ensure our children will reach their potential and have much better life chances in the future.

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## Integrated working - Bradford's response

- Joint training.
- Data sharing.
- Consultation with all partners considering all those working with families in a local area.
- Listen to the community voice.



# References



- Munro Report (2011) Munro Report of Child Protection : A Child centred system
- Public Health Outcomes Framework Department of Health 2013-2016 (2012)
- The Guide to Early Years Profiles' published by Public Health England March 2014
- A Call to Action for Health Visiting Services 2011-15 Department of Health 2014
- Marmot Review (2010) Fair Society- Healthy Lives