

Health priorities 2013

Braunstone Children's Centre

What are we doing?

Improvement to public health has to be led by communities rather than centrally directed. Our work is about taking action early, focussed on prevention and building community resilience .

Early intervention is an enabling model helping people to help themselves, for us helping families to make the best choices to protect and enhance the health of their children and themselves. ***Making basic health education part of the core offer to families with young children.***

As a service we are well aware of the marked health inequalities between the rich and poorest in our society. With ever increasing budget pressures we are focussed not on spending more but ensuring what we do spend makes the greatest impact on those who need it the most.

What does this mean?

Using every scrap of information to build up a real time picture of health and the issues that matter *here* in this community.

Considering; ***what do we know, what do we think we know, what does research say, what does data show.***

Then using this to ask the question; ***what are the actions we can take, individually and collectively with partners that have the greatest potential to make a real and sustainable difference to the health of children living in Braunstone today.***

Then working really hard and really creatively to make sure we evidence the outcome of our efforts.

Be Healthy Targets 2012 / 13

- **Increase % of mothers initiating breastfeeding - 50.2%**
- **Increase % of mothers breastfeeding at 6-8 weeks - 28.1%**
- **Healthy weight in reception aged children - 76.4%**
- Reduce % in the under 18 conception rate
- Reduce the number per thousand of babies with a very low birth weight (less than 1.5Kg) and reduce % of babies with low birth weight (less than 2.5Kg)
- Increase early access for women to maternity services
- Improved personal, social and emotional development and relationships
- Stopping smoking
- **Stop smoking in pregnancy - 35.5%**

These are the targets given by the LA and government as a focus for Children's Centre services. The targets in red are those highlighted for additional resources for the coming year

What our data shows

- **TARGET : Increase % of mothers initiating breastfeeding**
- **50.2% of women locally initiate breastfeeding, the England average is 74.3% higher than this in more affluent and diverse areas of Leicester**
- *Research identifies breastfeeding as a key resilience factor in mitigating poor health outcomes for children*

- **TARGET : Increase % of mothers breastfeeding at 6-8 weeks**
- **28.1% locally England average 44.7% of women continue to breastfeed beyond 6 – 8 weeks.**
- *Research identifies breastfeeding as a key resilience factor in mitigating poor health outcomes for children*

Data

- **TARGET : Stop smoking in pregnancy**
- **35.5% of women locally continued to smoke during pregnancy.**
- *Research: Smoking in pregnancy causes adverse outcomes including, increased risk of miscarriage, foetal growth restriction and perinatal death.*

- **TARGET : Healthy weight in reception aged children**
- **76.4% of children locally are measured as within the healthy weight profile**
76% of children in England fall within this range. However 10.7% of children locally were measured as obese.
- *Research indicates a rising tide of obesity which has significant long term negative implications on overall health. Children obese in reception are 5 times more likely to become obese adults than children presenting within healthy weight measures*

What's working

Early access to maternity services is high, this is a huge **resilience factor** in **supporting healthy pregnancy**.

Infant mortality, which research demonstrates has a **correlation to maternity services access** is so low it is **measured as 0** in the latest data available.

This is a downward trend.

Under 18 conception has been **reducing for the last 4 years**. For wider public health such as immunisation programmes, childhood screening things are also slowly changing for the better.

Social Issues: We recognise *an enabling model helping people to help themselves*. For us recognition of non-medical causes of ill health, social isolation, worklessness have been pushed down the agenda as fuel and food poverty have become long term crisis issues on a scale and pace which has taken us all by surprise.

Who we are

Core partners

The children's centre co-locates multiple professionals across different disciplines supporting partnership working through shared planning and delivery of services. Effective data sharing has helped understand the health of the community and assess impact and outcomes. Currently we have:

- Parents
- Community Nursery Nurses
- Midwives
- Midwifery support workers
- Health Visitors
- Supporting families staff

We also have support from Speech and Language service, Occupational health, special needs teaching services, stop smoking pregnancy advisor and a local health advisor.

Working collectively provides a far more accessible service for families and has proved both popular and effective.

Uptake of services by our catchment off 1000 + children per year is consistently above 95%

What we do

We analyse the community carefully trying to establish children and families vulnerable to underachieving / poor health outcomes being a significant part of this. So families with a child or adult with a disability, workless households, children in need of statutory services, families with domestic abuse etc. are all actively encouraged to access services at the earliest opportunity.

Examples of services delivered:

- Adult learning - health
- Early Support service
- Health Visiting
- Family support and home visiting
- Health trainer
- Special needs teaching support
- Cooking on a budget type services
- Drop in health clinics
- Family advice sessions
- Ante natal and post natal clinics
- Smoke free homes
- STOP smoking support

Conclusions

Life in Braunstone today:

We may be told we are all in this together but we know life for some families in Braunstone is definitely getting harder. Despite our collective best efforts there is real hardship which is impacting significantly on the health and life chances of our children.

Despite all of this Braunstone remains a place of optimism for many a place they would choose to live, if, they had a choice. Changing health outcomes for the better is a slow process *literally a life's work* before we know if the choices made have made the difference.

Working together offers the best chance to make the most difference the issues are too entrenched and too vast for any one service to cure.

Our service focuses on the needs of young children from conception to 5 years. These children sit in families, extended families and the community. Working together offers the best chance to identify;

what are the actions we can take, individually and collectively with partners that have the greatest potential to make a real and sustainable difference to the health of children living in Braunstone today.