Health and Wellbeing Board

Agenda – Part: 1	Item: 6
Subject: **The Family Nurse Partnership Programme (FNP)**	
Date: 23 April 2013	

REPORT OF:
Andrew Fraser
Director of Schools and Children's Services

Contact officer and telephone number:
Sarah McLean
Ext 5592
E mail: sarah.mclean@enfield.gov.uk

1. EXECUTIVE SUMMARY

The Family Nurse Partnership (FNP) is an evidenced based, preventative programme offered to vulnerable young mothers having their first baby. It is a nurse led intensive home-visiting programme from early pregnancy to the age of two. It has three aims:

- improve pregnancy outcomes;
- improve child health and development;
- improve parents' economic self-sufficiency.

It is a "licensed" programme with structured inputs and well-tested theories and methodologies. It has a strong and rigorous US evidence base, developed over the last 30 years and has been shown to benefit the most needy young families in the short, medium and long term across a wide range of outcomes, helping improve social mobility and break the cycle of inter-generational disadvantage and poverty.

The criteria for women to be offered the FNP are:

- All first time mothers aged 19 and under at conception;
- Living in the agreed catchment area;
- Eligible if previous pregnancy ended in miscarriage, termination, still birth, multiple births included.
- Enrolment should be as early as possible in pregnancy and no later than the 28th week of pregnancy. 60% should be enrolled by the 16th week of pregnancy.

Women are excluded if they plan to have their child adopted or they have had a previous live birth.

The Government made a commitment in October 2010 to double the number of places on FNP, to 13,000 places by 2015. There are now around 9,000 places in 74 teams in 80 local areas. There is a new commitment to increase the numbers to 16,000.

FNP will be fully funded for the first two years during which time commissioners will be expected to develop a strategic vision for FNP in Enfield as part of wider maternity and children's services and ensuring that the programme is included in future commissioning plans for the wider Health Visiting service from April 2015.

It is imperative that for FNP to succeed that it has senior sponsorship from the NHS and Local Authority, ie, LA Director of Children's Services, Director of Public Health, Chief Operating Officer in the provider organisation

2. RECOMMENDATIONS

The Health & Wellbeing Board are asked to:

Note:

- the aims of the Family Nurse Partnership (FNP); and
- progress to-date implementing the FNP in Enfield.

Agree:

- To support the development of FNP across Enfield.

3. BACKGROUND

3.1 FNP Team have caseloads of up to 25 families per practitioner, and therefore the work is much more intense, and relies heavily on the ability of the practitioner to build a trusting and lasting therapeutic relationship with the mother.

3.2 The Team undergo comprehensive training and are expected to maintain the "fidelity" of the programme by ensuring that they deliver the programme to the families they are working with as specified by the license. The license ensures that the programme is not diluted or compromised when implemented, ensuring that children and families are likely to benefit as shown in the research. Expected outcomes include:

- Improvements in antenatal health
- Reduced numbers of low birth weight babies
- Increase in breastfeeding rates
- Increased uptake of childhood immunisations
- Reductions in children's injuries, neglect and other abuse
- Improved parenting practices and behaviour
- Fewer subsequent pregnancies and greater intervals between births
- Improved early language development, school readiness and academic achievement
- Increased maternal employment and reduce welfare use
- Increases in fathers' involvement.

3.4 From the outset the parents know that FNP finishes when their child is two years old. During this time the Family Nurse works with the parents to help them become confident and independent making the most of local services, such as Children Centres.

3.5 FNP sits at the intensive end of the prevention pathway for more vulnerable children and families. It needs to be embedded within the local Healthy Child Programme and safeguarding arrangements as part of health visitor, children's centres, GP and maternity services.

3.6 FNP must have a Local Advisory Board who understand and are committed to the programme. The Board provides strong strategic leadership and clear accountability as well as ensuring that the conditions of the licence are met. They must also ensure that a project plan is in place and delivered on time, along with making sure that FNP is delivered to the highest quality standards, including information collection.

Progress in Enfield

3.7 A small project group has been established to initially set up and drive FNP. An immediate priority is to establish an FNP Advisory Board. Initial discussions have identified that the Board will have the following membership which is in accordance with what the programme recommends:

Name	**Role on Advisory Board**	**Organisation**
Claire Wright	FNP Lead Commissioner and Chair of Advisory Board	NHS North Central London
Kathy Soderquist	FNP Lead Provider	BEH Mental Health Trust
Eve Stickler	LA Lead	Enfield Council
Michele Guimarin	FNP Commissioner and Joint Implementation Manager	NHS North Central Lonond
Sarah McLean	Joint Implementation Manager	Enfield Council
Cath Fenton	Healthy Child Programme Lead	Public Health, Enfield Council
TBA	Children's Services (Safeguarding)	Enfield Council
TBA	Maternity Services	Acute Trusts
TBA	Service Users	-
TBA	Voluntary Sector	-
Jackie Luther	Children's Centre Lead	Enfield Council
TBA	Change & Challenge	Enfield Council
TBA	Designated Safeguarding Nurse	BEH Mental Health Trust

3.8 Members of the small project group have met with Pip O'Byrne to discuss progress, issues and ensure that we are committed to the FNP. Contact will be made with neighbouring Boroughs

such as Barnet who have been running FNP for a year so that we can learn from their experience.

3.8 Office and storage space has been identified for the Team on the St Michael's Hospital site.

3.9 Team members will need to be a qualified Health Visitor, School Nurse, Midwife or Mental Health Nurse. The Team will be supported by a part time administrator

3.10 An advertisement for the Supervisor post is currently being drafted. The appointee will need to attend 3 days residential training from 3 – 5 July 2013, and then a further 5 days residential training in October. Therefore, the rest of the team will need to be appointed by the end of September 2013 so that they are all able to attend the 5 day residential training.

3.11 In 2010, there were 192 births to women under 20 years of age and it June 2012, according to the Department of Health there were estimated to be 207 teenage mothers under the age of 20. Based on this figure, it has been agreed that in the first instance FNP in Enfield will be delivered by a team of 5 including a supervisor, who will have a smaller caseload of about 4. This will ensure that appropriate clinical supervision is available for the Team. Therefore, the total caseload of the team will be 104. They will need to achieve enrolment of 60% by 16 weeks of their pregnancy, and 80% by 28 weeks of their pregnancy.

3.12 During the first year it will be decided if the Team needs to be expanded to six.

4. ALTERNATIVE OPTIONS CONSIDERED

No alternative options have been considered.

5. REASONS FOR RECOMMENDATIONS

The FNP brings an opportunity for Enfield to participate in the delivery of a programme with 30 years of high quality US research which brings significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

The programme is fully funded by the Department of Health for first two years. During this time commissioners will be expected to develop a strategic vision for FNP in Enfield as part of wider

maternity and children's services and ensuring that the programme is included in future commissioning plans for the wider Health Visiting service from April 2015.

6.2 Legal Implications

6.2.1 Section 2B of the National Health Service Act 2006 came into force on 1 April 2013. Section 2B(1) imposes a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area. Subsection 3 sets out the steps which may be taken under subsection 1. These include (a) providing information and advice; (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) and (c) providing assistance… to help individuals to minimise any risks to health arising from their accommodation or environment.

6.2.2 Section 195 (1) of the Health and Social Care Act 2012 also came into force on 1 April 2013. It imposes a duty on a health and wellbeing board, for the purpose of advancing the health and wellbeing of the people in its area, to 'encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner'.

6.2.3 This proposal would appear to meet the requirements of both these statutory duties.

7. KEY RISKS

7.1 The provider organisation are unable to recruit the right calibre of staff to FNP Team or there are delays due to notice periods.
7.2 General slippage in the overall implementation could delay the start of the FNP.
7.3 Strategic Leaders across the agencies are not committed to delivering FNP in Enfield.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All

FNP supports vulnerable young women and their families to access services and have improved health and education outcomes for themselves and their families.

8.2 Growth and Sustainability

FNP is proven to improve the take up further education and employment of this vulnerable group, and therefore, will impact not only on their own self-esteem but that of their family, and reduce the burden on the welfare state.

8.3 Strong Communities

Supporting some of our most vulnerable young families will encourage them to take-up services to help them become less reliant on others and have aspiration for the future. FNP has proven outcomes in term of crime prevention.

5. EQUALITIES IMPACT IMPLICATIONS

Further discussion is required with regard to the equalities impact implications.

6. PERFORMANCE MANAGEMENT IMPLICATIONS

The programme has very clear performance management outcomes that must be adhered to, and the staff, who will be employed by the provider organisation (Barnet, Enfield & Haringey Mental Health Trust) will follow the performance management scheme of that organisation.

7. HEALTH AND SAFETY IMPLICATIONS

The staff delivering the programme will be employed by the provider organisation, and will be protected by the organisation's policies in relation to health and safety, such as their Lone Worker Policy.

8. PUBLIC HEALTH IMPLICATIONS

By targeting vulnerable young women and their babies FNP has the potential to impact on the health and well-being of these families. For example, infant mortality, low birth weight, take up of immunisation. In addition, FNP aims improve parenting and attachment between mother and baby which will impact on the future outcomes of the child in terms of language and emotional development, school readiness and academic achievement.

Background Papers

None