

**DELEGATED POWERS REPORT NO.****1639****SUBJECT:** Early Intervention and Prevention Services – Family Nurse Partnership

**All of the following actions MUST be completed at each stage of the process and the signed and dated report MUST be passed to the Governance Service for publishing**

<b>All reports</b>		
1. Governance Services receive draft report	Name of GSO Date	Jeremy Williams 10 April 2012
2. Governance Services cleared draft report as being constitutionally appropriate	Name of GSO Date	Chidilim Agada 16 April 2012
3. Finance clearance obtained ( <i>report author to complete</i> )	Name of Fin. officer Date	Kerry-Anne Smith 3 April 2012
4. Corporate Procurement clearance obtained ( <i>report author to complete</i> )	Name of Procurement officer Date	Lesley Meeks 17 April 2012
5. Staff and other resources issues clearance obtained ( <i>report author to complete</i> )	Name of Resources officer Date	Rena Abraham 23 April 2012
6. Trade Union response received (Staffing issues only)	Name of TU rep. Date	Not applicable
7. Legal clearance obtained from ( <i>report author to complete</i> )	Name of Legal officer Date	Phillipa Dieobi 16 April 2012
8. Policy & Partnerships clearance obtained ( <i>report author to complete</i> )	Name of P&P officer Date	Andrew Nathan 3 April 2012
9. Equalities & Diversity clearance obtained ( <i>report author to complete</i> )	Name of officer Date	Andrew Nathan 3 April 2012
10. The above process has been checked and verified by Director, Head of Service or Deputy ( <i>report author to complete</i> )	Name Date	Robert McCulloch-Graham 24 April 2012
11. Signed & dated report, <u>scanned or hard copy</u> received by Governance Services for publishing	Name of GSO Date	Jeremy Williams 25 April 2012
12. Is this a Key Decision?	Name Date	No
13. Report published by Governance Services to website	Name of GSO Date	Chidilim Agada 8 May 2012
<b>Officer reports:</b>		
14. Head of Service informed report is published and can be implemented.	Name of GSO Date	Chidilim Agada 8 may 2012
<b>Cabinet Member reports:</b>		
15. Expiry of call-in period	Date	Not applicable
16. Report circulated for call-in purposes to Business Management OSC members & copied to Cabinet & Head of Service	Name of GSO Date	Not applicable

## **ACTION TAKEN UNDER DELEGATED POWERS BY OFFICER (EXECUTIVE FUNCTION)**

**Subject:** **Early Intervention and Prevention Services – Family Nurse Partnership**

**Officer taking decision** Director of Children’s Service

**Date of decision** 24 April 2012

<b>Summary</b>	This report seeks approval to enter into a contract with Central London Community Healthcare NHS Trust (CLCH) as part of the Councils joint bid to the Department of Health (DOH) for the implementation of the Family Nurse Partnership (FNP) in Barnet.
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**Officer Contributors** Stav Yiannou, Divisional Manager, Early Intervention & Prevention

**Status (public or exempt)** Public

**Wards affected** All

**Enclosures** Appendix 1 - Family Nurse Partnership Service Specification

**Reason for exemption from call-in (if appropriate)** Not applicable

**Contact for further information:** Stav Yiannou, Divisional Manager, Early Intervention & Prevention

Tel: 020 8359 7604

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## **1. RELEVANT PREVIOUS DECISIONS**

- 1.1 DPR no: 1340, dated 21 June 2011 Outlines the restructuring of the Parenting Support team and the Council's drive to 'Invest to Save'. Through the Early Intervention Grant allocation, creating a holistic approach to the development, sustainability, planning and implementation of prevention and early intervention initiatives for children 0 – 19 (up to 25 with a disability) and their families.

## **2. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 2.1 Current early intervention and prevention services contribute towards the key priorities and objectives of the Council's 2012-13 Corporate Plan:

- Better services with less money;
- Sharing opportunities, sharing responsibilities and
- A successful London suburb.

- 2.2 Services also contribute to the priorities outlined in the Children and Young People's Plan 2012-13:

- intervene early to strengthen families; ensure the early identification of children and families to enable appropriate preventative interventions through the Common Assessment Framework (CAF);
- Invest in early intervention to reduce the number of children and families experiencing complex problems
- ensure every child has a good start to life by providing access to high quality early years provision and support;
- Increase choice and access to maternity services
- promote access for all children and young people to positive activities;
- ensure access to affordable and suitable childcare
- support parents to build confidence and skills
- address health, including mental health both as a cause and consequence of poverty

- 2.3 The Family Nurse Partnership also contributes to the Draft Health and Wellbeing Strategy for Barnet 2012 – 15, considered at the Health and wellbeing Board on 22 March 2012:

- work in collaboration with partners in the statutory, commercial and third sectors, and with stakeholders in the community, to enhance individual and family self-reliance
- narrowing the gap in terms of health and social care outcomes
- Expand the Family Nurse Partnership initiative to support families who are experiencing significant challenges
- Supports strategies aligned to the health and well-being related to young children

## **3. RISK MANAGEMENT ISSUES**

- 3.1 The FNP Programme Advisory Board have the responsibility for overseeing the progress of the strategic and operational delivery plan of the FNP programme. This

includes monitoring of the allocated budgets, resources, and ensuring that the fidelity of the programme is maintained.

- 3.2 The FNP team can recruit up to 100 families. However this is dependant on variances, e.g. complexity of cases etc which may mean the number may be lower.
- 3.3 Barnet is in a learning phase of the programme and as such the focus will be on to achieve the best outcomes in order to get the maximum benefit. The FNP team will therefore focus on recruiting at 16 -28weeks gestation.
- 3.4 The FNP programme numbers and criteria will be regularly reviewed and monitored through the FNP Programme Advisory Board who will mitigate any risks associated with the programme by;
  - seeking permission from the DoH to review the current criteria for recruiting clients/patients to the programme, for example, raising the age from 19 and under to 20 years.
  - increased and rigorous engagement with Maternity Services and GPs to ensure we gained maximum referrals to the programme.
  - seek support and help from the DoH to advise those partner agencies who have been identified as non complying.
  - ensure that the care pathway and FNP activities are followed to the letter in line with the FNP license
  - CLCH has committed in principle matched funding for the duration of the programme and sustainable measures are also a key factor in our planning.
  - continue to raise the profile of FNP across the partnership

#### **4. EQUALITIES AND DIVERSITY ISSUES**

- 4.1 Barnet Children's Service operates in line with Barnet's Equality Scheme and the Equality Act 2010. The Barnet Children and Young People Plan 2010-2013 states that 'All partners in Barnet's Children's Trust are committed to ensuring that children and young people, regardless of ethnicity, religion, disability, economic status or other differences, are able to access opportunities and activities, and are enabled to achieve their potential.
- 4.2 The Equality Act 2010 requires a public body in the exercise of their functions to have "due regard" to the need to: (a) eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act; (b) advance equality of opportunity between different groups; and (c) foster good relations between different groups. The Council has considered the potential impact on the protected groups, pursuant to the Equality Act 2010.
- 4.3 Service users will be able to access services, irrespective of their ethnicity, religion or disability. This will be checked during the regular performance monitoring of the contract.

#### **5. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 5.1 Children's Service is taking an 'invest to save' approach to Early Intervention and Prevention initiatives and was granted an investment of £1m in 2011/12 with the aim of achieving £2m of savings in the medium-term.
- 5.2 Of the £1m granted from the Invest to Save, £750,000 was allocated to the Family Focus Team with a commitment from Children's Services of £75,000 towards the FNP in 2011/12. Due to the delay in identifying pregnant teenagers the project start up costs were delayed.
- 5.3 Children's Services confirmed contribution to the FNP for 2 years commencing in 2012/13, Year 1 is £150,000 and 2013/14 and Year 2 contribution will be up to £150,000 (tbc). The Councils contributions towards the FNP will be contained within the overall Children's Services budget.

## **6. LEGAL ISSUES**

- 6.1 The services to be provided under the FNP programme fall within Category B of Schedule 3 to the Public Contracts Regulations 2006, for the purposes of European procurement rules, and procurement of such services do not have to follow the full European procurement regulations.
- 6.2 In accordance with the Council's Contract Procedure Rules there will be a need for the Council and Central London Community Healthcare NHS Trust (CLCH) to enter into written agreement to document the terms and condition for provision of the services.

## **7. CONSTITUTIONAL POWERS**

- 7.1 Constitution Part 3 Responsibilities for Functions section 6, paragraphs 6.1 and 6.2 sets out the Powers Delegated to Chief Officers (i.e. Chief Executive, Heads of Service and Directors as listed in Article 12 of the Council's Constitution can take decisions, in consultation with the Cabinet Member concerned (or without consultation where it is a decision authorised to be taken by the Chief Officer under the Contract Procedure Rules).
- 7.2 Constitution, Part 4 –Contract Procedure Rules Table 5-1 – sets out the authorisation and acceptance thresholds for contracts for works, supplies or services.

## **8. BACKGROUND INFORMATION**

- 8.1 Barnet's Early Intervention and Prevention Strategy provides a strategic framework for interventions at every level of need, from universal through to high end and complex needs.
- 8.2 As part of this strategy we are developing a holistic approach across early intervention initiatives. The key objectives of our strategic intervention and prevention approach are to:
- improve the lives of children, young people and their families through improved outcomes;
  - the programme is a licenced programme with nationally evidenced based outcomes and is a key outcome of the NHS Operating Plan 2012/13

- build community resilience;
- reduce pressure on higher level services;
- reduce longer-term costs - the 'Invest to Save' model;
- reduce the impact of child poverty;
- provide a strategic framework for early intervention and prevention work, with shared principles

8.3 There are numerous services and initiatives within Children's Service, and partner organisations, which contribute to the early intervention and prevention agenda at every level of need, from universal (tier 1) through to high end and complex needs (tier 4). As part of an increased focus on early intervention and prevention we are further developing activities aimed at reducing the need for higher level support later on, intervening early to prevent family breakdown and, ultimately, improving outcomes for children, young people and their families.

8.4 Research in the areas of childhood risk and resilience informs us that supporting the development of specific strengths or resilience factors in the child, the family and the community will positively enhance outcomes for children and young people. This will underpin multi-agency working.

8.5 To take this forward, we have built our services to ensure that seamless and holistic services are provided to our vulnerable children and families at tier 2 and 3. Linked interventions;

- Children's' Centres
- Commissioned Services
- Community Coaches
- Common Assessment Framework Social Workers
- Family Focus team
- Family Nurse Partnership
- Intensive Family Focus
- Multi-agency Coordinators
- Multi -agency groups
- Safer Families project
- Team Around the Setting
- 2 year old childcare project

8.6 In April 2011 the Council submitted a partnership bid with NHS Barnet to the Department of Health for the Family Nurse Partnership (FNP), and were accepted into the FNP programme in May 2011. The FNP provides early interventions and preventative support for vulnerable first time, teenage parents is developing in partnership with NHS Services in Barnet. This offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child's age is two

8.7 Service definition:

The Family Nurse Partnership (FNP) is an evidenced-based, preventative programme offered to young mothers having their first baby. It begins in early pregnancy (16 weeks gestation) and is orientated to the future health and well-being of the child. It is a nurse-led intensive home visiting programme aimed at

making a difference and to fill a gap in the continuum of the progressive universal Healthy Child Programme (HCP).

8.8 FNP is a licensed programme with structured inputs and well-tested theories and methodologies.

Aim:

- Improve pregnancy outcomes
- Improve child health and development and future school readiness and achievement
- Improve parents' economic self-sufficiency

8.9 Central London Community Healthcare NHS Trust (CLCH) will carry out the service as detailed in the Service Specification (appendix 1) in accordance with the Family Nurse Practitioner Licensed Programme. No changes to this Agreement shall be valid unless agreed and signed by the representatives.

8.10 The FNP will work closely with Children's Centres to plan services to meet the needs of this vulnerable group and encourage teenage mothers to access mainstream services at the earliest opportunity.

8.11 The Early Intervention and Prevention service will manage the contract for the duration of the project and undertake quarterly monitoring and evaluation meetings. The Early Years Services Manager is a member of the FNP strategic partnership group which steers the development and implementation of the overall project.

## **9. LIST OF BACKGROUND PAPERS**

9.1 Family Focus: Early Intervention and Prevention Services for Children and Families in Barnet, December 2011

## **10. OFFICER'S DECISION**

**I authorise the following action:**

**The funding of the FNP programme to the value of £150,000 in quarterly instalments in year 1 2012/13 and up to the value of £150,000 in quarterly instalments in year 2, 2013/14 and the Council to enter into an agreement with Central London Community Healthcare, NHS Trust Barnet for the provision of the services under the FNP programme.**

**Signed**                      **Robert McCulloch-Graham**  

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**Director of Children's Service**

**Date**                         **24 April 2012**  

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## Family Nurse Partnership Service Specification

### The service will:

Offer intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two. The programme will run up to 2 years duration from the start date of this Agreement, to ensure that the programme is completed for clients in year 2 cohort.

The FNP National Unit expectation is that all existing sites who have been delivering FNP for two years or more will progress to the small scale permanence stage. i.e. when the programme is well established, quality is good and sustainable funding and systems are in place.

### The content of home visits by the Family Nurse Practitioners covers 6 domains:

- Personal health – women’s health practices and mental health
- Environmental health – home and neighbourhood
- Life course development – women’s future goals
- Maternal role – skills and knowledge to promote health and development of their child
- Family and friends – helping to deal with relationship issues and enhance social support
- Health and human services – linking to other services

### Goals of the FNP:

1. Improve pregnancy outcomes
2. Improve child health and development and future school readiness and achievement
3. Improve parents’ economic self-sufficiency

### Delivery Resources

The service will be delivered by qualified health practitioners who are appropriately trained and have been CRB cleared.

### The health delivery team comprise:

Designation	Band/Grade	Hours
Family Nurse Supervisor	Band 8a	1 wte
Family Nurse Practitioners	Band 7	x 4 wte
Administrator	Band 4	0.8 wte

### Delivery Locations

The service will be delivered in the client’s home as per programme, in conjunction with opportunities to sign post to and refer clients into the range of clinical and non clinical



community services, which includes those services offered in children centre settings when appropriate.

The FNP team are based at the Graham Park Health Centre, located within the West Learning Network.

## **Delivery Outputs**

The stated outcomes are evidenced and are therefore based on previous scientific trails:

- Improvements in women's antenatal health and behaviors
- Reductions in children's injuries, child abuse and neglect
- Increase in breast feeding initiation rates
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in maternal employment
- Reductions in welfare dependency
- Better parenting
- Improves children's cognitive development, school readiness and academic achievement
- Improves children's emotional and behavioural development
- Reduces children's involvement in crime and anti-social behaviour later in life
- Reduced substance use initiation
- Substantial cost savings – up to £5 for every £1 ( approx) invested by age 15
- Client feedback survey/stories

### **A. Recruitment and Enrolment of clients:**

**The programme attains enrolment goals of;**

- At least 60% enrolled *before* 16 weeks of pregnancy and 100% no later than the 28 weeks
- 100% clients enrolled are first-time mothers, within the specified site age bracket
- 75% of eligible clients who are offered the programme are enrolled
- Each nurse enrolls 25 families (or pro rata adjusted) within 12 months of recruitment commencing.

### **B. Attrition:**

Clients leave the programme at no more than these rates:

- Cumulative programme attrition is 40% or less through to the child's second birthday
- 10% or less during the pregnancy phase
- 20 % or less during infancy phase
- 10% or less during toddler hood.

**Clients receive:**

- 80% or more of expected visits during pregnancy
- 65% or more of expected visits during infancy
- 60% or more of expected visits during toddler hood
- On average, length of home visits with participants is  $\geq$  60 minutes.

## **Promotional Activities**

All promotional material produced by CLCH, such as leaflets and posters, are to be approved by the FNP Advisory Board Representatives to ensure consistency. CLCH shall bear all costs for FNP related promotional materials and activity.

## **Roles and Responsibilities**

CLCH Barnet NHS Trust Representative shall:

- Oversee and manage delivery of the FNP contract
- Report performance data on a quarterly basis to the Council on an agreed monitoring form
- Attend contract review meetings to a timetable set by the Council Representative
- Share conduct information-sharing in an open and transparent manner to ensure a quality service
- Shall notify the Council Representative immediately should the volume or quality of service delivery be at risk

The Councils Representative shall:

- Ensure that information and communication with CLCH is open and transparent
- Be clear about performance expectations
- Monitor service delivery appropriately
- Be available to discuss issues with service delivery

## **Strengthening links with the Council**

There is considerable scope to strengthen links between the FNP and the Councils services such as Children's Centres, Family Focus Team, and Intensive Family Focus Team. This might be delivered in the following ways:

- FNP team Linking and referring clients to services (reciprocal arrangement based on referral criteria).
- Capitalise on available opportunities for integrated working
- FNP and the Council to share all relevant information which will enhance service delivery.
- Delivery of joint promotional activities for ongoing awareness of the FNP and the Council among children's workforce.
- FNP and the Council will work together in organising and planning; in particular with children centres to ensure children at age 2 years and their families make a smooth transition into mainstream services as part of the programme exit strategy.

## **Monitoring and Evaluation**

There will be streamlined contract management to show accountability of spending public funds. The contract management process will be robust and structured and will aim to support future service providers to achieve contractual performance and compliance.

CLCH will be expected to permit access to data to the EIP Team upon request. Instances of low performance will be supported with stepped-up reviews to achieve targets. CLCH will be expected to demonstrate the impact of their project at mid-term stage and final stage by producing a relevant report to be submitted by the deadlines set. As such it is

expected that CLCH will have in place its own robust and effective monitoring and evaluation systems for capturing results as set by the Department of Health.

#### Contract Monitoring Timetable

<b>Review Dates</b>	<b>Biannual data</b>	<b>Monitoring and evaluations meetings</b>
August 2012	August 2012	August 2012
February 2013	February 2013	February 2013
August 2013	August 2013	August 2013
February 2014	February 2014	February 2014