

<b>Meeting:</b> <b>CHILDREN'S TRUST BOARD</b>	<b>Date:</b> <b>14 March 2013</b>	<b>Agenda Item No:</b> <b>6</b>
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**TITLE OF PAPER: Family Nurse Partnership Programme (FNP)**

**SUMMARY OF PAPER:**

This report sets out the background and some of the evidence base for the Family Nurse Partnership Programme, and informs the Children's Trust Board of progress being made in Barnet. Barnet had its first annual review which was undertaken by the DoH FNP Development team November 2012. (Please see FNP DoH annual review Appendix A).

Introduction

The DoH review team found that Barnet FNP has had a good first year, with strong good outcomes achieved in getting the programme established and running well, with a presence in the Borough and some excellent client engagement. A very positive platform has been built, upon which the team, clients and stakeholders can continue to strengthen and grow.

Background

Following a successful application by NHS Barnet and LBB in June 2011. The Family nurse partnership was commissioned by NHS Barnet and the London Borough of Barnet, and commenced in November 2011.

It is an intensive support programme for first time young mothers which is grounded in theory, strength based and is a licensed programme. It is based on research from the USA over a period 30 years in different cultural settings, which found the outcomes to be consistent across different co-hort's of families.

The new team consists of four nurses from various nursing backgrounds and a family nurse supervisor. The team work very closely with midwifery, Children Centres education and social care.

It is a 3 year project, broken down into 2 stages

- 12 months recruitment of clients The minimum caseload size for a Family Nurse Partnership Team is 100 families, based on Barnet's population of teenage parent's we aim to recruit 100 families.
- Follow up of the infants until they are 2 years old.

Since the government announcement in late 2010 to recruit an extra 4,200 health visitors by 2015, there have been various documents published that reaffirm the commitment and provide information about how the NHS will be expected to implement the target. The FNP programme is part of the 'core offer' of support for young families in the first year(s) of life. The programme is run across a number of sites in the UK. Haringey and Islington are Barnet's local sites.

### Partnership Working

The DOH Family Nurse Partnership programme have learnt that successful delivery of the programme is more likely if NHS and local partner organisations really understand and embrace what Family Nurse Partnership implementation is about. The joint approach gives a clear commitment to the programme and the implementation plan clearly addressed the needs of key stakeholders.

### Programme Approach and Delivery

The specialised advice and support is focused on improving prenatal health, children's health and development and encouraging parents to be more economically self-sufficient.

A pattern of weekly and fortnightly visits begins in early pregnancy and continues until the child is two years old. The programme encourages women to fulfil their aspirations for their baby and themselves. The nurses use programme guidelines, materials and practical activities to work with mothers –as well as father and the wider family-on understanding their baby, making changes to their behaviours, developing emotionally and building positive relationships.

1. FNP Barnet began delivering services in November 2011
2. The programme is guided by a project board led by the Joint Head of Children's Commissioning and reports into the EIP Strategy Group.
3. The service is led and managed by the Divisional Manager for Children's Services at CLCH.

### FINANCE AND EFFICIENCY

The programme will span 3 years and costs £300,000 per year. The DOH contributed £150,000 in set up costs in year one 2011/12.

It costs £3000 per year per family on the programme, or £9000 per family over 3 years.

In the 3 randomised control trials in the US demonstrated that economic benefits came from breaking the cycle of disadvantage experienced by the children of teenage mothers. Independent economic evaluations in the US have shown that:-

- For every \$1 invested in the FNP there is a saving of \$5 for high risk families.
- There is a saving for \$15,000 per family by the time the child reaches 15 years.
- The savings come from less use of health services, reductions in child abuse and social care needs, better school achievement, reduced involvement with criminal justice services, improved mental health and increased earnings.
- For high risk families the costs were recovered by the time the children reached 4 years due to reduced use of health services and benefit savings.

## UK

FNP Aims are to reduce the following and improve maternal and child health, leading to substantial cost savings per family, and longer term health improvements:

If we prevent:

- 1 day in hospital for 10 pregnant women we save £10,000
- one overnight stay in SCBU for 10 babies we save £4,500
- 5 emergency hospital admissions we save £3,750
- 5 children going into foster care, saves £135,000 a year
- the need for 10 core assessments by children's social care we save £6,500

If we prevent:

- 10 cases of serious conduct disorder we can save society £2.25m over their lifetime
- poor outcomes for 50 children with multiple disadvantages we could help save local services over £5m by the time these children are 16
- 10 young women staying in NEET and getting work we can save the state £70,000 in benefits alone
- 80 children having poor literacy and numeracy we could help save society up to £5m over a lifetime.

Therefore the annual saving made for the most vulnerable families on the FNP programme is approximately £36,850 or

1 client returning to education and stopping benefits- saving the state £7000 per year, £21000 (3 years- FNP cost £9000 for 3 years).

### Expected Outcomes for clients on the FNP programme:

<b>Mother</b>	<b>Baby</b>
Reduced smoking rates Increase breastfeeding rates	Improved early language development, school readiness and academic achievement
Fewer subsequent pregnancies	Reduced child abuse and neglect, fewer childhood injuries
Reductions in benefit claims	Improved behaviour and emotional development
Increased employment	Fewer mental health problems
Fewer arrests and convictions	Reduced arrests and convictions by age 15 and 19.
Improved parenting	

### *Reduced child abuse and neglect*

- FNP is often cited as the most effective programme for preventing child abuse and neglect and reducing childhood injury and this is where some of its strongest evidence lies.
- Outcomes of the programme in this area include:
- Reductions in verified child abuse and neglect
- Reductions in health care encounters for injuries
- *More specifically:*
- 48% reduction in verified cases of child abuse and neglect by age 15 (Elmira)<sup>14</sup>
- 56% reduction in A&E attendances for injuries and ingestions during child's second year of life (Elmira)<sup>15</sup>

- 28% relative reduction in all types of health care encounters during child's first two years of life (Memphis)<sup>16</sup>
- 79% relative reduction in the number of days that children were hospitalised with injuries or ingestions in child's first two years of life (Memphis)<sup>16</sup>
- FNP has also been identified as the most effective programme for preventing child abuse and neglect in a review by MacMillan and colleagues published in The Lancet.<sup>17</sup>

#### Data for 2012: Barnet FNP Admissions to A&E for ingestion or injury

Age of child	No A&E attendances	No hospital admissions
Up to 6 months	0	0
Upto 1 year	0	0

51 % of clients recruited onto FNP have reported some form of abuse in their past, physical , sexual and emotional.

#### *Improved school readiness and academic achievement*

- The research shows that FNP children have better cognitive and language development and score higher on reading and maths achievement tests than do their control group counterparts with these effects limited to low-resource mothers. More specifically FNP children had:
  - 50% reduction in language delay at 21 months (Denver)<sup>12</sup>
  - Better academic achievement in the first six years of elementary school (Memphis, low resource mothers)<sup>18</sup>
  - Better language and emotional development at age 4 (Denver, low resource mothers)

#### Key Priorities 2013/14

- Continued pro-active recruitment of clients and promotion of service across the borough
- Embed referral pathway with Barnet maternity services( this will need help from commissioners).

#### Communication Plan

Key stakeholders have been engaged from the beginning of the project to ensure referrals are received. This is an ongoing process and at month 14 there is still further work to be undertaken.

- The FNP team have evaluated their service, by way of user questionnaires, overall feedback is positive and clients have committed to the programme.
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- Enrolled clients are being actively recruited to advisory board to obtain their views and advice how to further engaged this client group.
- Presented more recently at GP training forum.

Work presently ongoing:

- User focus group
- Media- articles for local newspapers
- Newsletter
- Consider facebook page.

Performance Management and Governance

Licence conditions and data/activity is monitored by the D.O.H. with regular on-sight visits to ensure the programme is performing as expected. These visits are supportive and enable the local team to learn from established sites.

A very positive DOH annual review was held in December, with favourable feedback and recommendations. ( Appendix - [..\annual review\DOH feedback report and recommendations.doc](#) )

Referral Pathway

The referral pathway into the service is paramount to the success of the service, communication of the referral pathway is ongoing and many services have engaged and are referring well, GP'S/ Social care/ youth support/LAC/Schools and family support workers.

Embedding the pathway into maternity services has been a little more difficult and is not yet robust. The majority of referrals are referred from maternity services, with weekly visits by the Family nurses, to embed the referral process permanently, input is now required from the commissioners of maternity services, to support joint working.

Table 1: Referrals/enrolments to date.

Year	Referrals Totals	eligible	Not eligible	Enrolled	Awaiting enrolment	declined	Gestation (Fidelity)	Babies
2011	16	9	7	8				
2012	134	57	70	57		5	<16 /52=55% >16 /52= 45%	2
2013	17	11	6	3	8	1	<16/52 = 60% >16/52=40%	51
	167	77	79	68	8	6		

Clients who were not eligible for the programme for the following reasons:

- >28 Weeks pregnant **(20)**
  - > 20 Years of age **(14)**
  - Living outside of Barnet **(17- Borehamwood/ Enfield/ Brent)**
  - Terminations/Miscarriages. **(15)**
  - Refused enrolment (these clients are revisited until they pass the 28 week gestation) **(6)**
- (9 unable to trace or make contact)**

Expected Referrals and attrition by month

The aim for 2012 was to recruit 100 clients as per DOH guidance; however it was recognised that the recruitment of 100 clients would not be achieved by year end.

Monthly breakdown of referrals:

If there is a similarity to 2012/13 figures, we would anticipate achievement of the 100 clients recruited by June 13, with recognition of the additional time this has taken. The DoH is aware of the additional time this has taken.

Average recruitment over the 14 month has been 5 clients per month; however positive recruitment was in quarter 4 of 2012, and quarter 1 of 2012/13, based on these figures the team anticipate recruiting to the 100 by June 13. This has significant impact on budget planning and commitment as will need budgeting into 2015/16 budget, if recruitment was to go past June 13, then this would cross into 2016/17 budgeting process.

Quarter	Referrals	Eligible	Enrolled	Non-eligible	Declined programme	Waiting enrolment	Leavers
2011	16	9	8	7	1		
Qrt 4 - 2012	25	13	13	12		8	
Qrt1- 2012/13	34	18	18	16			
Qrt 2- 2012/13	41	17	17	24	4		
Qrt 3- 2012/13	24	9	9	15	1		
Qrt 4- 2012/13 (present)	17	11	6	6	1	6	
<b>totals</b>	<b>169</b>	<b>92</b>	<b>71 (+6)</b>	<b>77</b>	<b>6</b>		<b>8</b> (moved out of borough)

#### Achieving Recruitment rate:

The team has not recruited 100 clients to date, due to the number of pregnancies within Barnet this has taken longer, and is expected to take another 3 months minimum.

- This is being monitored closely by the FNP Advisory Board chaired by the Joint Head of commissioning.
- Tenacious engagement is being pursued and DoH aware of concerns regarding referral numbers from maternity services.
- DoH has given clear guidance on measures to be taken in the event that the programme is unable to recruit 100 clients this includes review of Barnet's recruitment criteria.

Impact upon 2015/16 budgeting process, consideration to be given if continued reduced referral numbers and if the original 100 clients not recruited by June 2013.

#### Further Actions

- Continued pro-active and tenacious recruitment of clients
- Strengthen communications with maternity units senior via management team
- To improve referral processes with Barnet Maternity Services with commissioner input.

#### Conclusion

Family Nurse Partnership is making good progress in Barnet as highlighted by the DoH Annual review.

#### **ACTION REQUIRED BY BOARD:**

**The Board is asked to note the ongoing work of the FNP programme Board.**

#### **AUTHOR OF PAPER**

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