

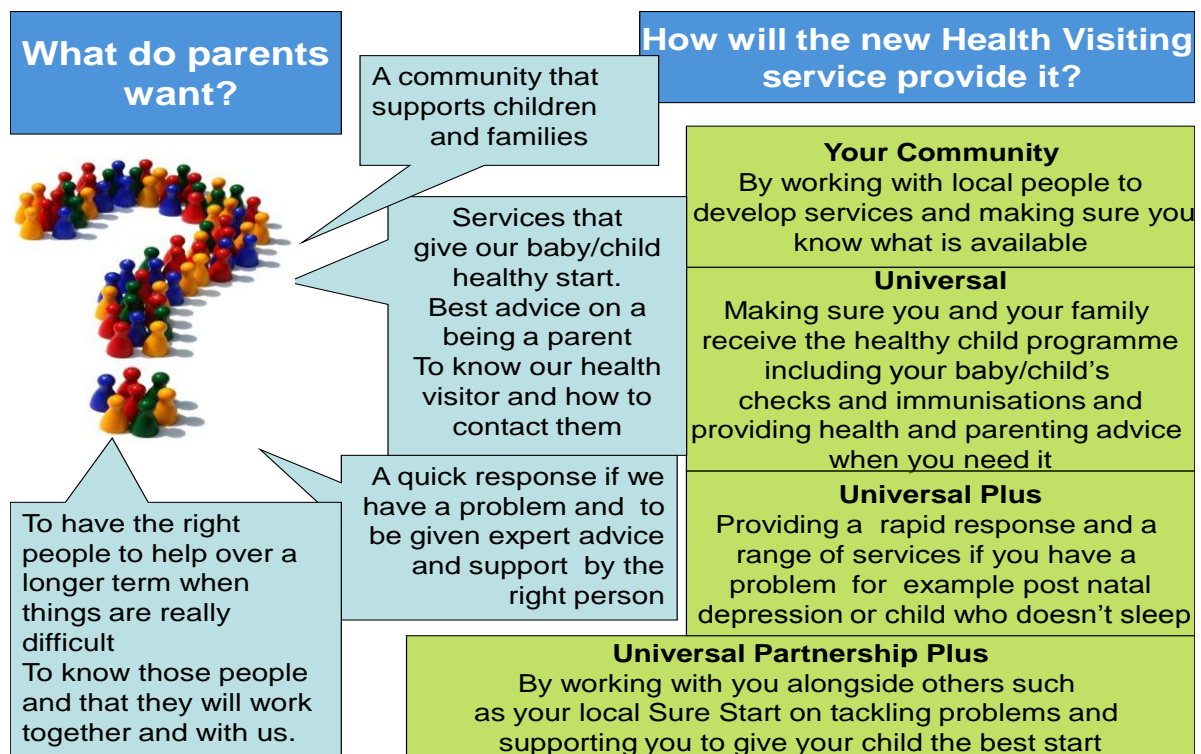
## Health Visiting and Family Nurse Partnership

### 1. INTRODUCTION

1.1 The aim of this paper is to give the Health and Wellbeing Board an overview of the Health Visiting and Family Nurse Partnership Service provision in Telford and Wrekin

### 2. OVERVIEW

2.1 The Health Visiting Implementation Plan 2011-15: A Call to Action published in January 2011 set out the commitment for a larger, re-energised Health Visiting profession to lead and deliver improved services to achieve the best possible outcomes for children, families and communities. This is a challenging agenda to transform the Health Visiting workforce, which includes both a significant increase in numbers of registered Health Visitors and a redesign of the service to deliver the four key offers for families and communities (Community Development; Universal Services - including the Healthy Child Programme; Universal Plus and Universal Partnership Plus). (See diagram 1 below)



2.2 The Family Nurse Partnership programme developed in the United States is an intensive home visiting programme offered as an alternative to health visiting provision through a different model of working, which is reflecting in the skill set and training of the team.

### 3. HEALTH VISITING

#### 3.1 National Drivers

As detailed in the national documentation the vision for health visiting provision is one of progressive universalism detailing a core service element to be received by all families based on the healthy child programme. Below is a short description of what families can expect from health visitors and their teams – it is this service vision that the profession, the early years sector, and provider organisations recognise and support and are working to deliver across England by 2015

- 3.1.2 Your Community has a range of services, including some sure start services and the services families and communities provides for themselves. Health Visitors will work to develop these and make sure families know about them.
- 3.1.3 Universal services from the health visiting team to provide the Healthy Child Programme to ensure a healthy start for children and family (for example immunisations, health and development reviews), support for parents and access to a range of community services/resources.
- 3.1.4 Universal plus gives a rapid response from your HV team when specific expert help is needed, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.
- 3.1.5 Universal partnership plus provides ongoing support from the HV team plus a range of local services working together to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.
- 3.1.6 The service will be available in convenient local settings, including Sure Start Children's Centres, and health centres, as well as through home visits.
- 3.1.7 The White Paper 'Healthy Lives, Healthy People: Our strategy for public health in England', set out a bold vision for a reformed public health system in England. Health visitors will have a role in helping to develop local approaches to public health, provide links between public health and the NHS and provide leadership in promoting good health and addressing inequalities. So, as capacity in the workforce grows, we will see health visitors leading and contributing to:
  - greater reach and influence in the wider community, promoting health lifestyles and social cohesion

- improved planning of local services to reduce health inequalities
- reduction in the variation in quality of service provision and coverage of the Healthy Child Programme
- families feel supported and able to make positive changes to their health and wellbeing
- children and families are offered preventative services tailored to their needs and all families can access evidence-based programmes.
- families reporting a high level of satisfaction with health visiting service provided.
- early intervention leading to reduced number of children requiring formal safeguarding arrangements.
- improved maternal mental health and well being
- increased uptake of immunisations, breast-feeding
- early identification of need and appropriate response to meet need.

### 3.2 Local Context

- 3.2.1 The whole time equivalent (w.t.e.) health visiting workforce in May 2010 was 36.1. Commissioners have agreed an uplift of **5.6 w.t.e. by 2015** to a total health visitor workforce for Telford and Wrekin of 41.7 w.t.e.
- 3.2.2 The workforce figure includes non-case loading health visitors such as Family Nurses, Safeguarding Named Nurses, Designated Nurse for Looked After Children and Health Visitor co-ordinators
- 3.2.3 Caseload numbers will reduce from **373 children to 311 children per whole time Health Visitor by 2015** based on the population figures used by the strategic health authority to calculate required growth. (10,557 in 2010 to 10572 in 2015),
- 3.2.4 Total growth in Health Visitor numbers across Shropshire including Telford and Wrekin is 25.83 WTE
- 3.2.5 In order to support the workforce growth across the Strategic Health Authority area Health Visiting providers are required to take a quota of health visiting students both to support the sustainability and growth of the local workforce and that of the Strategic Health Authority Area. Students are clinically placed within team for a 12 month period and require a qualified Clinical Practice Teacher (CPT).
- 3.2.6 We have two CPT posts in Telford and Wrekin and five in total across the Community Trust. The table below details the student intake requirement for the Community Trust:

Year	Student Placements
2011/12	16
2012/13	25
2013/14	25
<b>Total</b>	<b>66</b>

### **3.3.1 Early Implementer Site**

- 3.3.2 In March 2011 the DoH established 20 Early Implementer Sites, to begin a step-change in the way health visiting services were provided across the country.
- 3.3.3 NHS Telford and Wrekin and Shropshire County PCT were one of six additional Early Implementer Site (EIS) identified in September 2011.
- 3.3.4 As part of implementing the new service, sites have focussed on the transition to parenthood and improving uptake/effectiveness of the Healthy Child Programme review at 2 to 2 ½ yrs, reflecting wider government priorities. The sites are also testing and piloting a range of things including the Build Community Capacity training module in preparation for national rollout.
- 3.3.5 As the universal public health programme for children, delivering the Healthy Child Programme largely defines the health visitor's role, developing the role of an "applied clinical leader" for the Healthy Child Programme is an important step in enhancing local coverage and quality.
- 3.3.6 Through the local Implementation plans, all communities will deliver, through a staged approach signed off between commissioners and providers, a delivery plan in place by March 2012. Full implementation is to be achieved, as workforce capacity increases, towards 2015
- 3.3.7 Progress towards delivery of and readiness to progress to the full offer has been monitored through returns to the Department of health on the following areas:
- Service specification reflecting the HCP in place
  - Outcome measures identified within the service specification
  - A named HV on every children's centre advisory board
  - Families uptake of 2 year review
  - Community Practice teachers signed up to the new vision
  - Workforce growth known & agreed
  - Recruitment to commissioned posts
  - Development and Implementation of a Communications strategy
  - Evidence of the Health Visitor's leading the HCP
  - Work with midwives to strengthen antenatal pathway

## 4. Family Nurse Partnership

“Every child deserves the best start in life. The first years of life have a long lasting impact on a child’s future health, relationships and happiness.

We know that early intervention – as provided by the Family Nurse Partnership programme – can help young parents to look after their children better, and can help break inter-generational patterns of disadvantage. And it can improve the health and wellbeing of the parents themselves – they are reducing smoking during pregnancy, are coping better with pregnancy, labour and parenthood and are improving their confidence and self esteem. The evidence base for expanding this programme is clear.

That’s why I want to see the numbers of families who get this intensive support to double by 2015. This, together with our plans to put 4,200 new health visitors into the workforce, will ensure that more and more young families – particularly those living in disadvantaged areas – get the help they need.”

*Minister for Health statement at national conference (13/01/2011)*

- 4.1 The Family Nurse Partnership (FNP) Programme has been commissioned in Telford and Wrekin since 2009 to work with a caseload of 100 first time parents under the age of 19 from the time of booking of pregnancy with midwifery service until the child is 2 years of age.
- 4.2 There are a team of 4 Family Nurses and a Family Nurse supervisor currently employed by Shropshire Community Health NHS trust working with a caseload across Telford and Wrekin.
- 4.3 The Family Nurses have small caseloads (25 families/1 WTE) and with additional training are able to deliver an intensive home visiting programme using well-tested theories and methodologies.
- 4.4 FNP is an evidence based approach developed in the United States purchased in licence by the Department of Health, the local team are monitored by the National FNP team in behalf of the Department of health to ensure fidelity with the programme and performance against a range of outcome measures.
- 4.5 Over 30 years of rigorous research has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:
  - improved early language development, school readiness and academic achievement
  - improvements in antenatal health
  - reductions in children’s injuries, neglect and abuse
  - improved parenting practices and behaviour
  - fewer subsequent pregnancies and greater intervals between births

- increased maternal employment and reduced welfare use
- increases in fathers' involvement
- reduced arrests and criminal behaviour for both children and mothers.

4.6 An international review by The Lancet in 2008, the FNP was named as one of only two programmes shown to prevent child maltreatment.

4.7 Cost savings in the US are substantial, ranging from \$17,000 to \$34,000 per child by the time they reach 15, with a \$3-5 return for every \$1 invested.

4.8 Evidence in England to date:

- There are early signs that clients now have aspirations for the future and cope better with pregnancy, labour and parenthood
- Reduction in smoking during pregnancy - 40% to 32% (20% relative reduction.)
- Breast feeding initiation rate higher than national rate for same age group (FNP = 63% UK under 20s=53% )
- They also had significantly improved mastery, a form of self esteem linked to positive behaviour change, at the end of the programme compared to the start.
- Clients were returning to education and employment, making regular use of effective birth control methods and spacing subsequent pregnancies.
- FNP children also appear to be developing in line with the population in general which is very promising as this group usually fare much worse.
- parenting stress similar to that in the normal population.
- Graduates of the programme are very positive about their parenting capability reporting high levels of warm parenting and low levels of harsh discipline

4.9 Family Nurses encourage clients to use these services, particularly in preparation for the end of the programme when children reach two. Family Nurses also work closely with health visitors and midwives and professionals from other services for children, young people and families where additional needs are identified, particularly in relation to social care and safeguarding.

4.10 The Government has committed to double the number of places on the FNP programme to 13,000 (at any one time) by 2015. Consideration to extending the current programme locally will be within the remit of the newly configured commissioning arrangements via the NHS Commissioning Board Local Area Teams (Staffordshire and Shropshire).

4.11 In line with national requirements a local Family Nurse Partnership Advisory Board (FAB) has been convened to meet quarterly. Key stakeholder representation and robust reporting arrangements is currently being clarified.

4.12 A case study is attached in appendix 1 (to follow), to demonstrate the role and experiences of FNP in Telford and Wrekin