

Date of Meeting:	Category of Paper Tick()	
Executive Director Lead: Phil Corrigan	Decision & Approval	√
Paper Author: Jane Mischenko Head of Commissioning Children & Families	Position Statement	
Paper Title: Family Nurse Partnership – small scale permanence	Information	
	Confidential Discussion	
<p>SUMMARY</p> <p>The Family Nurse Partnership (FNP) is an intensive preventive programme through pregnancy until the child is aged 2 years and is offered specifically to vulnerable first time teenage mothers. Teenage mothers are a vulnerable group needing additional support to improve outcomes for both mother and child. This programme is only one of two identified in a recent Lancet review as able to prevent child abuse and maltreatment.¹</p> <p>Leeds was successful in developing a FNP team as part of the national randomised control trial (RCT), which commenced in 2009. The Department of Health fully funds the team for the duration of the RCT; this completes in January 2013.</p> <p>The 2011-15 Comprehensive Spending Review and subsequent Operating Framework (2011/12) committed to doubling the capacity of FNP in the UK by 2015; this includes the securing of existing provision and the expansion of existing sites. In Leeds this has resulted in a trajectory of 4.5wte additional family nurses by 2015. In 2011/12 NHS Leeds funded an additional 2 family nurses, the plan is for an additional one in 2012/13 and a further one in 2013/14 and 0.5wte in 2014/15.</p> <p>The vision is for Leeds to offer the FNP model to all first time mothers aged 17 and under, plus all Looked After Children (LAC) who are first time mothers aged 19 and under. All mothers will have to be 20 weeks gestation or less to be eligible for the programme, as this maximises the ability for the full programme to be delivered. It is recommended that the eligibility criteria are reviewed periodically against recruitment performance.</p> <p>Following consultation with the FNP National Team, the Leeds FNP service and key strategic and operational stakeholders, the above criteria were agreed as offering maximum benefit for vulnerable women in Leeds in use of the anticipated available resource. These criteria reflect the intention to expand the team to 9.5wte family nurses by 2015 in line with the Operating Framework. The current team has 5 family nurses and a supervisor (from the original team), plus 2 family nurses recruited in 2011/12. Data analysis has indicated that 286 women currently meet the above criteria to be offered the service in Leeds.</p> <p>Members of the CME are requested to;</p> <ul style="list-style-type: none"> § Note the strength of the evidence base underpinning this model § Note the alignment to strategic priorities for children and families in Leeds § Note the cost effectiveness of this model 		
<p>ACTION REQUIRED</p> <ol style="list-style-type: none"> 1. Approve the proposed FNP model for Leeds and gradual expansion of the team 2. Approve the required additional investment required in 2012/13 (£50k additional FN plus £90k tapered contribution from DH) 		

¹ MacMillan, H.L., Wathen, C.N., Barlow, J., Fergusson, D., Leventhal, J.M. and Taussig, N (2009) Interventions to prevent child maltreatment and associated impairment. Lancet 373: pp250-266

1. Purpose

This paper provides background information on the value and impact of investing into the Family Nurse Partnership model; it proposed how the Leeds service can be extended, in line with DH expectations, to meet the needs of the most vulnerable young mothers in Leeds and to fit with strategic service developments across Children's Services in Leeds.

2. Background

'Current knowledge about brain and child development, as well as empirical data from cost-benefit studies, presents a compelling case for early, public investments targeted preferentially toward those children who are at greatest risk of failure in school, in the workplace and in society at large.'

A Science-Based Framework for Early Childhood Policy

The Family Nurse Partnership (FNP) works with first time teenage mothers. Poor outcomes related to teenage mothers include:

- Infant mortality rates are 60% higher for children of teenage mothers than for those with mothers aged 20-39
- Teenage mothers are 3 times more likely to smoke through out their pregnancy than older mothers
- Children of teenage mothers have a 63% increased risk of being born into poverty
- Children of teenage mothers have lower educational attainment
- Teenage mothers have 3 times the rate of postnatal depression
- Teenage mothers are 50% less likely to breastfeed
- Daughters of teenage mothers are more likely to become teenage mothers themselves

The FNP is an intensive preventive programme through pregnancy until the child is aged 2 years and is offered specifically to vulnerable first time teenage mothers. It is an intensive, in depth programme that works with families to achieve change and is delivered by specially trained Family Nurses. The FNP is the 'intensive care' end of the Healthy Child Programme and meets the evidenced based requirements for a progressive universal service. It is part of the preventive pathway for the most disadvantaged and vulnerable infants.

The FNP is a licensed programme with quality and programme measures to ensure the fidelity of the model provided, which is built on 30 years of evidence in the United States. This US research evidences that FNP improves parenting and reduces child abuse, improves maternal health in pregnancy and birth outcomes, reduces attendance to A&E and hospitalisation for injuries and ingestions, improves the child's emotional and behavioural development, children's cognitive development and school readiness. In addition it improves mother's life course and economic self-sufficiency and reduces child's involvement in crime and anti-social behaviour, all of which result in significant cost savings. This programme is only one of two identified in a Lancet review as able to prevent child abuse and maltreatment.²

Leeds was successful in developing a FNP team as part of the national randomised control trial (RCT), of which there are 18 sites that commenced in 2009. The Department of Health fully funds the team for the duration of the RCT; this completes in January 2013, which is when the last Leeds infant recruited to the trial reaches 2 years. The central funding is £360k and resources 5 family nurses, a supervisor and an administrator.

The (2011-15) Comprehensive Spending Review committed to doubling the capacity of FNP in the UK by 2015; this includes securing of existing provision and the expansion of existing sites. In Leeds this has resulted in a trajectory of 4.5wte additional family nurses by 2015. In 2011/12 NHS Leeds funded an additional 2 family nurses, the plan is for an additional one in 2012/13 and a further one in 2013/14 and 0.5wte in 2014/15.

The Operating Framework 2012/13 will reiterate the DH commitment to sustain and expand FNP. Delivery against this is the responsibility of PCT Clusters and the SHA within 2012/13; in 2013/14 and 2014/15 commissioning will be transferred to the NHS Commissioning Board. From 2015 responsibility will be with Public Health England via health and wellbeing boards locally.

Vision:

The vision is for Leeds to offer the FNP model to all first time mothers aged 17 and under, plus all Looked After Children (LAC) who are first time mothers aged 19 and under. All mothers will have to be at 20 weeks gestation or less to be eligible for the programme, as this maximises the ability for the full programme to be delivered.

² MacMillan, H.L., Wathen, C.N., Barlow, J., Fergusson, D., Leventhal, J.M. and Taussig, N (2009) Interventions to prevent child maltreatment and associated impairment. Lancet 373: pp250-266

Following consultation with the FNP National Team, the Leeds FNP service and key strategic and operational stakeholders, the above criteria were agreed as offering maximum benefit for vulnerable women in Leeds by use of the available anticipated resource. These criteria reflect the intention to expand the team to 9.5wte family nurses by 2015 in line with the Operating Framework. The current team has 5 family nurses and a supervisor (from the original team), plus 2 family nurses recruited in 2011/12. Data analysis has indicated that 286 women currently meet the criteria to be offered the service in Leeds.

Outcomes:

Advances in research in neuroscience and infant development have identified the criticalness of neurological developments during pregnancy and early childhood for future development and outcomes.

An economic evaluation in the US showed that for low-income and unmarried mothers the cost of the programme was recovered by the child's fourth birthday³

UK formative evaluation is positive in the areas that are measured in the early years of the programme e.g.,

- Reduced smoking in pregnancy (20% relative reduction),
- Maternal health and improved birth outcomes,
- Increased breastfeeding (63% vs. national rate for same age group of 53%),
- Children's development (FNP children appear to be developing in line with the population in general – this group usually fare much worse),
- Participation in employment and education

All of which indicates that the model is replicable in the UK and is currently producing outcomes in line with US evidence. In addition young parents like and value the programme and report greater confidence in their parenting skills.

3. Cost of the Service

	Core team - DH funded	Core team	Additional posts as per SHA trajectory	Family nurses ⁴
2010/11	£360k	N/A		5
2011/12	£360k		£100k recurrent	7
2012/13	£270k	£90k recurrent	£50k recurrent	8
2013/14	N/A	£270k recurrent	£50k recurrent	9
2014/15	N/A		£25k recurrent	9.5
Total cost of service by 2015:				£585k

4. Summary Proposal

To commission and extend the capacity of the existing FNP team to deliver to the new specification and eligibility criteria, whilst maintaining all quality standards and fidelity measures of the national licensed programme, therefore maximising impact and outcomes for vulnerable children and families in Leeds.

5. Engagement

Young parents are involved in the service delivery and planning of the FNP. All recruitment to the team involves young parents and the provider regularly holds service user events. Plans are in place to establish service user representation on the FNP Advisory Board.

Key stakeholders from partners across the city are represented on the FNP Advisory Board.

6. NHS Leeds strategic Objectives

The Family Nurse Partnership model contributes to 3 of NHS Leeds strategic objectives;

Objective 1: We will improve your health and wellbeing and protect the health of the population

Objective 2: We will work with others to reduce inequalities in health

³ <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>

⁴ Costs also cover supervisor, administrator, training, and oncosts

Objective 5: We will help you make choices and feel in control of your healthcare

7. Outcomes related to Leeds Children and Young People Plan

A key outcome that FNP contributes to in the Leeds Children and Young People Plan is for children and young people to be safe from harm; within this outcome is the priority is to help children to live in safe and supportive families.

A second key outcome FNP contributes to is for children and young people to do well at all levels of learning and have the skills for life: priorities within this outcome are an increase in numbers in employment, education and training (EET) and to support children to be ready for learning.

This programme is therefore part of the Leeds response to 2 of the 3 Obsessions, to reduce the number of LAC and to reduce the number of NEET.

8. Contracting

The service specification for delivery of the Leeds FNP model is complete and the proposal would be for this to be contracted and performance managed through existing NHS Leeds - NHS LCHT contract governance structures

9. Key Risk Assessment

Delivery is high on the national agenda; future commissioning plans place it to be funded through public health monies and commissioned via the Local Authority.

10. Recommendations

- § Approve the proposed FNP model for Leeds and gradual expansion of the team
- § Approve the additional investment required in 2012/13 (£50k additional FN plus £90k tapered contribution from DH)