

Report to:

**ADULT SOCIAL CARE AND HEALTH SCRUTINY
COMMITTEE**

Relevant Officer:

Dr Arif Rajpura, Director of Public Health

Date of Meeting:

6 October 2022

HEALTH VISITING, SCHOOL NURSING AND FAMILY NURSE PARTNERSHIP, SERVICE REVIEW

1.0 Purpose of the report:

1.1 The report outlines the current services, highlights the challenges and provide solutions and options to inform the future delivery model/s for the services.

2.0 Recommendation(s):

2.1 Adult Social Care and Health Scrutiny, is asked to support the proposal to decommission the Family Nurse Partnership (FNP) that will release funds to build a new 0-16/19 service, as per our commissioning responsibilities. We are proposing that Option 3, in the table below, is the best solution to meet the needs of families in Blackpool.

3.0 Reasons for recommendation(s):

3.1 Increased Burden on Health Visiting and School Nursing

Blackpool children and young people experience poorer health across a range of indicators than their counterparts across England. In addition, to the complex needs of our children and young people in Blackpool, there are a number of issues that are increasing the burden on the School Nursing and Health Visiting Services. These include; a local and national shortage of Health Visiting and School Nursing staff, the increased requirement to attend and support safeguarding meetings, the burden of undertaking Our Children review health assessments and the administrative burden associated with safeguarding and Our Children health assessments.

The Family Nurse Partnership (FNP)

The FNP Service is a prescribed and intensive programme that supports first time mothers, under 19 for a period of 2 years. The maximum allowable caseload for each family nurse is 25, whereas the Health Visitors have a caseload of c250-300. FNP, is therefore a necessarily costly programme per capita.

The [evidence base for FNP](#) is mixed. Many of the benefits of the programme seen in the USA where it was developed, have not been replicated in the UK. When evaluated in the UK, FNP

has resulted in some improvements in language, school readiness and reading. However it has not delivered improved outcomes in maternal or child health or in involvement with children's services. The Building Blocks, study, a randomised controlled trial (RCT) to evaluate the Family Nurse Partnership in England, provide the following interpretation of the evidence in 2016, using a cohort of at baseline and 24 months' follow-up ; *'Adding FNP to the usually provided health and social care provided no additional short-term benefit to our primary outcomes. Programme continuation is not justified on the basis of available evidence, but could be reconsidered should supportive longer-term evidence emerge'*¹. Our local programme has been in place since 2010 and the data available to us does not evidence additional impacts not seen in the national randomised controlled trial.

We have approached the national FNP programme and there are some opportunities to alter the eligibility criteria to up to age 25, and not just first time mothers. In order to meet the fidelity of the programme, we would still need to use the intensive visiting model over the course of 2 years, and the Family Nurses, would still have a caseload of 25. If we were to decommission the service, we would be able to design local eligibility criteria for targeted support for vulnerable families, using evidence-based indicators.

The benefits of the proposal

The released resource would enable the funding to be of benefit to more of our local families, and allow us to re-model in a way that allows for proportionate universalism. We would ensure that the needs of vulnerable children, young people and families in Blackpool are better met through our existing health visiting service. In re-modelling we could consider whether the additional HV visits remain of value for all families, or whether we should consider a more needs based approach to the extra visits. It will support the Blackpool Born Into Care work and maintain a focus for those aged 0-3, as per the Better Start programme.

We could enhance service effectiveness by carrying out quality improvement work on administrative processes, for example, around safeguarding. The existing contracts end on 31st March 2025, and a revised model could act as a pilot and inform the procurement, allowing us to embed the learning and further revise the model as needed.

Some funding could be used to provide greater preventative support for primary and secondary age children, for example, a monthly School Nurse drop in for all primary schools in Blackpool, based on the success of this model in Secondary Schools across the country.

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| 3.2 | Is the recommendation contrary to a plan or strategy adopted or approved by the Council? | No |
| 3.3 | Is the recommendation in accordance with the Council's approved budget? | Yes |

¹ [Lancet](#). 2016 Jan 9; 387(10014): 146–155.

4.0 Other alternative options to be considered:

4.1 The table below provides a summary of the options that were considered, we propose that option 3, provides the best solution.

Option	Advantages	Disadvantages
<p>1. Leave as is.</p>	<ul style="list-style-type: none"> • None that we have noted. 	<ul style="list-style-type: none"> • We have a stated pressure within the SN and HV services that would not be solved • Targeted support would remain restricted by FNP eligibility criteria • Blackpool Better Start are in agreement that this is not a viable option.
<p>2. Change the approach, for FNP;</p> <ul style="list-style-type: none"> • increase the age range from 19 to 25 • extend the offer to mothers that have had a previous child, not just first time mothers. 	<ul style="list-style-type: none"> • We could define our own vulnerable population that is provided with the support, within the slightly broader eligibility criteria • A chance to explore the impact of a different population receiving intensive support. 	<ul style="list-style-type: none"> • It will take time to implement, under the guidance of the national team • The National Team, have been approached and we can't apply any further flexibility to the programme • 75% of Mothers, who have had children taken into care are over 25 • It would still be under the prescriptive delivery programme of FNP and therefore costly , 120 places for a resource of £3,271, per place • We would not release funds to support SN and HV services.

<p>3. Decommission FNP and release funds to build a New 0-16/19 service retaining targeted support based on local need, embedding more PH initiatives and increasing visibility of SN in Primary as well as secondary.</p>	<ul style="list-style-type: none"> • We have local control, not dictated by a national programme • The revised model could act as a pilot for a subsequent procurement • It allows us to re-model in a way that allows for proportionate universalism • We may be able to add value to Start for Life funding and develop a placed based model around the family hub model framework • In re-modelling we can consider which additional HV visits are of value and to whom • Provides an opportunity to transform safeguarding work and other indirect or administrative tasks within HV and SN services. 	<ul style="list-style-type: none"> • It will take time to agree a collaborative model with the provider and the Better Start partnership. • We will need to ensure that the Better Start Funding is utilised for those aged 0-3 years.
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5.0 Council priority:

5.1 The relevant Council priority is

- The economy: Maximising growth and opportunity across Blackpool.

6.0 Background information

6.1 Blackpool children and young people experience poorer health across a range of indicators than their counterparts across England. Specifically, in relation to development and educational attainment, numbers of Looked After Children (LAC), obesity and dental health.

There is shared ownership and accountability for the delivery of local Healthy Child Programme outcomes. No one commissioner or provider, has control over all the factors that influence these outcomes in terms of service provision.

Public Health commission a number of children and young people services and the review included those indicated in the table below. Better Start Commission services, alongside public health and the contribution enhances the delivery of these services.

Table 1: Contract Values 2021/2022

Service	Public Health Contribution *	Better Start Contribution	Total
FNP	£229,767	£162,720	£392,487
Health Visiting	£2,199,938	£299,303	£2,499,241
School Nursing	£616,800	0	£616,800
Quality Assurance of Enhanced HV Service	0	£30,000	£30,000
Budget for all services	£3,046,505	£492,023	£3,538,528

*Excludes additional provision for 0-19s from both Better Start and Public Health, for example School Breakfast, holiday clubs, Henry and oral health.

6.2 **The Health Visiting service**

Health visitors lead and deliver the Healthy Child Programme (HCP), providing services covering pregnancy and the first five years of life. The HCP is the evidence-based public health programme for children and young people, which provides a range of health interventions and support beginning in pregnancy and continuing through early childhood. The services are delivered in line with national guidance; [Healthy Child Programme 0 to 19, health visitor and school nurse commissioning](#), the [public health nursing workforce: guidance for employers](#) and [All Our Health](#).

Our local service offer 8 contacts, 3 more than any other HV service across the country, with an aim of improving child health and development. These are universal visits, provided to all families.

The 5 mandated reviews and the 3 additional local reviews are not the full extent of the health visiting service offer. Families may require additional contact and support for needs identified by themselves, the health visiting team or other members of the early years workforce., for example by a nursery nurse providing parenting support. Additional [Universal Plus \(UP\) and Universal Partnership Plus \(UPP\)](#) contacts are undertaken where there is additional need.

Staff in Blackpool, report feeling under pressure, and a number are regularly undertaking additional hours and falling behind with professional development. In addition bench/bank staff are being utilised to cover absences. The key pressures are safeguarding, the levels of sickness absence, in the past and currently, and the inability to recruit Band 6 Health Visiting Nurses. We have agreed the recruitment of Band 5 staff in order to 'grow our own' and secure a place on the specialist training programme. It is a

similar picture nationally. The UP and UPP, alongside the associated safeguarding work has a high administrative burden.

6.3 **The School Nursing Service**

The fundamental role of the school nurse is to 'co-ordinate and deliver public health interventions' to improve children and young people's health and wellbeing. School nurses provide an interface between children, young people and their families, communities and schools.

They are a universal service that support in the region of 19,000 pupils, aged 5-16. They aim to provide holistic assessment of health and wellbeing through health promotion, ill health prevention and early intervention strategies to address individual and population health needs. Unfortunately, the review revealed that they spend, over 50% of their time, undertaking indirect work, which is work in relation to safeguarding, liaison with other agencies and not in direct work with young people. The ability to provide public health work is being compromised.

The School Nurse review, completed in March 2021, found that there was a lack of clarity about the offer and the offer was not based on evidence of need. Overall, given the contract value for school nursing, the review reported that the expectation placed upon the School Nursing Service by children, young people, parents and teachers, stakeholders and the service themselves, is greater than the available resource.

6.4 **The Family Nurse Partnership programme (FNP)**

FNP, offers young mothers having their first baby support from a Family Nurse. The nurse visits the woman at home during pregnancy and until the baby's second birthday. FNP aims to help young mums to:

- have a healthy pregnancy
- improve their child's health and development
- plan their own future.

Due to the intensity of the programme, it has a high per capita cost, being more expensive than usual care and reaches a maximum caseload of 120 young women.

The initial evidence-base was from the American model, where they have no health visiting service. Building Blocks, a randomised controlled trial (RCT) evaluated the Family Nurse Partnership in England and their main findings revealed;

- FNP did not reduce the number of women that smoked in pregnancy. In both groups 56 women out of every 100 smoked late in pregnancy.
- FNP did not reduce the number of small or premature babies. In both groups the average baby weighed 7lb 1oz.

- FNP did not reduce the number of women getting pregnant again within two years. In both groups 66 women out of every 100 were pregnant again within two years.
- In both groups nearly 80 out of every 100 children were seen in hospital as an emergency before their second birthday.

There were some, positive outcomes found, in relation to educational attainment , Children from families visited by a Family Nurse were more likely to achieve a good level of development at reception age. There were no statistically significant differences on educational measures at Key Stage 1. However, when adjusted for a child’s month of birth, families visited by a Family Nurse were more likely to reach the expected standard in reading.

The report concluded that adding FNP to the usually provided health and social care provided no additional short-term benefit to our primary outcomes. Programme continuation is not justified on the basis of available evidence, but could be reconsidered should supportive longer-term evidence emerge.

The local programme has been in place in Blackpool since 2010 and is well received with low levels of attrition. Over a decade on from the FNP in Blackpool however, there is no clear narrative or data to demonstrate that the service has led to improvements in population health.

There are a number of issues that need to be considered, over and above the evidence-base, in relation to its ongoing suitability of FNP for Blackpool’s population. Women over 19 are not part of the programme and whilst we could extend this to 25, we know that the age of Blackpool mothers that have their children taken into care is older, with 99% being over the age of 19, and of those 76% being over the age of 25. Families involved with Children’s Services are without doubt some of our most vulnerable. This is not the stated aim of the FNP programme, but our argument is that we need additional support for these families.

Locally, the numbers of clients supported by FNP, varied over the year, as they moved onto and off the programme, the Annual review, 01/04/2021 to 31/03/2022, reported that ;

- 30 Clients were enrolled during the period 01/04/2021 to 31/03/2022 of these 30% (9) of the clients were 16 and under at time of enrolment
- Overall the local FNP service worked with 134 clients and families over the last twelve months delivering 935 visits, in previous years visits have been in the region of 1600
- Of the 134, clients, there were 19 clients under the age of 19 who are subject to the following, CIN 6, CP 7, LAC 3, Care Leavers – 3, indicating that a number have additional vulnerabilities.

6.5 **Conclusions and Recommendation**

We have considered the service in light of its suitability for Blackpool, the cost and magnitude of benefit for our population. We have concluded that whilst there is evidence of a significant advantage in early educational attainment and reductions in child maltreatment in studies undertaken the US and Holland, we have needs in Blackpool that are not met by the programme. In addition, there is a wealth of work being undertaken through the Better Start partnership which is working to improve school readiness and reaching more families.

We have met with the national FNP Team and whilst they were supportive of some flexibility, it wasn't sufficient to meet our needs. The programme would still need to have the same level of visits, for a 2 year period and caseloads for each nurse, would remain at 25.

We feel that the option to re-design, in collaboration with Better Start, and alongside the work being undertaken for those born into care and the Family Hubs and Start for Life funding provides us with opportunities, to embed early help assessments, promote the co-location in family Hubs and build an evidence informed model based on the common elements of what is working in other services.

We will define the population that needs greater support, using an evidence based vulnerability tool, and commit to evaluating this new way of working's feasibility and acceptability, with a commitment to evaluate effectiveness. It is considered that this approach will support the sustainability of a model which is using the learning from A Better Start, enabling partner organisations to continue with a more cost-effective model, beyond the Better Start funded period. Given the stage of the ABS programme, this is positive step towards mainstreaming services and approaches and supports scale up and knowledge transfer. Public Health will work alongside the Centre for Early Child Development to develop and design the new way of working, using local intelligence, data and lived experience.

Does the information submitted include any exempt information? No

7.0 **List of Appendices:**

7.1 None

8.0 **Financial considerations:**

8.1 The proposal is cost neutral, as the pressures in one service will be met by the decommissioning of Family Nurse Partnership and the release of the funding.

9.0 Legal considerations:

9.1 There are no legal considerations, the contractual arrangements, allow for termination of services, with a six month notice period. The Family Nurse Partnership is not a mandated service and a number of other local authorities have decommissioned, 3 in the year, 01/04/2021 to 31/03/2022.

10.0 Risk Management Considerations:

10.1 Caseload Management

A consequence of decommissioning is the need to manage the current caseload, ensuring service users are safely transitioned to the Health Visiting Service. The service will stop taking on new users and the six month notice period allows time to transition current users back to the Health Visiting service.

10.2 Staff Changes

There will be no staff redundancies, as existing staff can be redeployed to fill vacancies in the Health Visiting service. However, there is a need for discussions with affected staff which can be undertaken within the 6 month notification period.

10.3 Provider Willingness to support the change

Communication with the provider has been held and we don't expect any challenge to our decision.

11.0 Equalities Considerations:

11.1 Currently the service has eligibility criteria that we feel do not meet the local vulnerable populations in Blackpool. The triage process seems to focus principally on first-time mothers that are under the age of 19 and doesn't triage on the basis of additional indicators of vulnerability. There is also no data on who refuses and why.

We have a universal Health Visiting Service that are able to deliver a needs based service and we intend to define what we mean by vulnerable and robustly monitor the impact of the UP and UPP offer.

We know that the age of Blackpool mothers that have their children taken off them and placed into care is older, with 99% being over the age of 19.

In Blackpool, we have a number of support systems still in place for teenage mothers.

12.0 Sustainability, climate change and environmental considerations:

12.1 None Noted

13.0 Internal/external consultation undertaken:

- 13.1 Following the review, the options have been fully considered by the Public Health Senior Management Team and the option to decommission FNP was felt to be the best option.

The proposal has been discussed and debated at the Corporate Leadership Team and the The Better Start Board and they have confirmed their agreement to the proposal to decommission.

The provider of the services, Blackpool Teaching Hospitals NHS Foundation Trust, has also confirmed their agreement.

14.0 Background papers:

- 14.1 The Public Health Business Plan for 2021/22², includes the action to review 'Health visiting' and 'Family Nurse Partnership (FNP) outcomes' and to revisit the financial modelling for universal partnership (UP) and universal partnership plus (UPP) work. The aim is to produce a new service specification, based on the findings. <S:\Business Plan\2022-23\PH Business Plan 2022-23 draft.docx>

In reviewing the Health Visiting Service, we have taken the opportunity to consider the findings of the Blackpool School Nurse Review, completed in March, 2021 and to review the impacts of the FNP. The review has been undertaken in the context of current policy and guidance.

[Supporting public health: children, young people and families](#)

[High Impact Areas](#)

[Family Nurse Partnership](#)

[The Family Nurse Partnership | \(fnp.nhs.uk\)](#)

[Building Blocks RCT -FNP](#)

<https://guidebook.eif.org.uk/programme/family-nurse-partnership>

[Best start in life and beyond: Improving public health outcomes for children, young people and families](#)

[Improving public health outcomes for children, young people and families. Guide 1:](#)

[Background information on commissioning and service model \(publishing.service.gov.uk\)](#)

[NICE guidance on social and emotional wellbeing in children and young people, antenatal and postnatal mental health, looked after children and young people \(2021\)](#)

<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

[Health Visiting and School Nursing Delivery Models](#)

² <S:\Business Plan\2022-23\PH Business Plan 2022-23 draft.docx>