

## The Highland Council

### Education, Children and Adult Services Committee – 21 May 2014

Agenda Item	21.
Report No	ECA/18/14

#### Family Nurse Partnership programme update

#### Report by Director of Care and Learning

##### Summary

The purpose of this paper is to provide an update on the Family Nurse Partnership in Highland and to propose the mainstreaming of this programme.

### 1. Background

- 1.1 The Committee was advised in August 2012 that Highland Council had been successful in a bid to fund a Family Nurse Programme (FNP) for 3 years within the Mid and South Areas.
- 1.2 The FNP programme provides an intensive home visiting service to women who become pregnant at 19 years old or younger, and provides this service until their child is 2 years old. The programme is licensed to the Scottish Government and based on the highly researched work undertaken by Dr David Olds, University of Colorado, demonstrating that the inputs provided to this client group achieve significant short and long term benefits to both the mother and the child. The Scottish Government is now committed to rolling out this programme across Scotland.

### 2. Highland Family Nurse Partnership team

- 2.1 The Highland team is based in the Kinmylies building in Inverness. The team of one Supervisor, four Family Nurses and a Data Administrator was fully in place at the start of January 2013.
- 2.2 The team have undergone a full year of training programmes and have joined other FNP teams from across the UK for the training in Manchester and other venues. The Supervisor is also involved in work with the national FNP team.

### 3. Cohort One Recruitment

- 3.1 Recruitment to the FNP programme ran from 4<sup>th</sup> February 2013 to 4<sup>th</sup> February 2014. A total of 107 clients were eligible for the programme and 87 (81%) were successfully recruited (the programme fidelity target is to enrol at least 75% of eligible clients).
- 3.2 The figure of 87 clients is short of the predicted target of 102. However, this relates to a lower than expected number of eligible women, rather than poor uptake. There is evidence that the programme is more successful the earlier women join.
- 3.3 The programme fidelity stretch target is to recruit 60% of women onto the programme by 16 weeks into pregnancy. The Highland team managed to recruit

62% by this target. This is higher than the national average of 40-50%, demonstrating the positive uptake of the Family Nurse Partnership Programme in Highland.

#### **4. Evidence of Successful Outcomes**

- 4.1 At the time of writing this report, 65 out of the 87 clients have had their babies. The last delivery of this cohort is due in early October. The following information is based on data used for this year's annual review held in February. More detailed data will be available from the national dataset once all the clients have delivered.
- 4.2 **Breast feeding:** 53% of clients initiated breastfeeding, which is considered high, compared to a similar cohort of teenage mothers, although most moved to include some formula feeds and then continued with a combined feeding approach. Four clients have exclusively breast fed. Two clients have progressed to become trained in breast feeding peer support.
- 4.3 **Smoking:** 41% of clients smoked on enrolment and although this is high, by 36 weeks gestation only 36 clients continued to smoke - a reduction to 28%. There were no clients who appeared to take up smoking or increase cigarette smoking between intake and 36 weeks of pregnancy. The factors for a reduction are: Family Nurses skills in motivational interviewing; contact with the smoking cessation midwife; and the smoke free homes initiative. This percentage does not include partners or other family members.

#### **5. Plans for Cohort 2**

- 5.1 During the 2014 Highland annual review, there was praise from the national team for Highland's FNP team, regarding the success of the pilot phase of this programme.
- 5.2 There is a clear intention from the national team to support the continuation of the programme for an additional 3 years and cohort 2 will commence in February 2016. Locally, discussions have focussed on developing a rolling programme rather than a series of cohorts, moving away from the stop/start cycle of recruitment process and ensuring continuity of service for clients and practitioners.
- 5.3 Discussions have also focussed on extending the programme to other areas, with the potential for providing a FNP service to more populated areas of Caithness and Lochaber, using a hub and spoke model of support and supervision for the Family Nurses. In addition, the Project Board is looking to further develop an outreach advice service to mainstream practitioners working with teenage mothers in more rural settings.
- 5.4 As plans for the continuation of FNP develop, it becomes necessary to look at the employment status of the team. The team was initially intended to be in place for the 3 year pilot. However, with the current plan for this programme to run until at least 2019, it becomes necessary to re-evaluate the status of the family nurses who are currently on secondment from their substantive posts. For this reason the FNP project board seek to mainstream the programme and move the team to permanent contracts, in line with Human Resources advice. The risk of not making the posts permanent is that this continues to have an unsettling effect on the family nurses and increases the risk that they might look for posts elsewhere, depriving us of highly skilled staff who have had a considerable amount invested in them.

## 6. Implications

- 6.1 **Resources:** The resources for the continuation of the FNP programme into a second cohort were agreed with the Scottish Government at the time of the initial application. The risk of the programme not continuing to be supported financially by Scottish Government to a level of at least 50% is minimal, and even if it should be discontinued we would be able to redeploy the health visitors into vacant posts. NHS Highland is being asked to agree to provide redeployment opportunities for the two family nurses seconded from NHS midwifery posts.
- 6.2 **Legal:** There are no additional legal implications as a result of this report.
- 6.3 **Equality:** There are no equality implications that have been identified.
- 6.4 **Climate Change/Carbon Clever:** There are no negative impacts on climate change/carbon clever actions as a result of this report.
- 6.5 **Risk:** The risk of not making the FNP posts permanent is that the nurses may look for permanent posts elsewhere as the FNP programme rolls out across Scotland.
- 6.6 **Gaelic:** There are no implications with regard to Gaelic or the Gaelic Language Plan.

## 7. Recommendations

- 7.1 The Committee is invited to agree that the Family Nurse Partnership programme should be mainstreamed in Highland, involving 50% funding from early years preventative spend from 2015/16.

Designation: Director of Care and Learning

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