



Leicester
City Council

Health and Wellbeing Scrutiny Commission

26 November 2013

Briefing on Health Visiting and Family Nurse Partnership

1. Purpose of Report

The purpose of this report is to provide a briefing regarding the commissioning of health visiting services and the Family Nurse Partnership (FNP) in Leicester.

2 Background

Following the closure of the PCT at the end March 2013, NHS England took over the commissioning of public health services for the under 5s including health visiting services and the Family Nurse Partnership (FNP). The national proposal is that from 1st April 2015, Local Authorities will become responsible for commissioning these services. The decision to delay the transfer of health visiting to local authorities was taken to ensure that the health visiting workforce was brought up to strength. NHS England is charged with increasing health visitor number by 2015. The health visiting and FNP services are currently commissioned from Leicestershire Partnership Trust (LPT).

2.1 Health Visiting

In 2011 the “Health Visitor Implementation Plan 2011-15 – A Call to Action” was published setting out the need to expand and strengthen health visiting services. A commitment was made nationally to an extra 4,200 health visitors by 2015. In Leicester, Leicestershire and Rutland this means there should be a total of 228.5 and in Leicester a total of 142 whole time equivalents by the end of March 2015. The challenge locally is significant with LPT needing to appoint an additional 80 WTE health visitors across Leicester, Leicestershire and Rutland, with the majority of these needed in Leicester City.

It is recognised that the start of life is especially important in laying the foundations of good health and wellbeing in later years. The period from prenatal development to age 3 is associated with rapid cognitive language, social, emotional and motor development. A child’s early experience and environment influence their brain development during these early years, when warm, positive parenting helps create a strong foundation for the future. New evidence about neurological development and child development highlights just how important prenatal development and the first months and years of life are for every child’s future.

The aim is to ensure that parents and children have access to the support they need to get off to the best possible start, with early intervention to ensure additional support for

those who need it, including the most vulnerable families. Intervening early, working with families to build on strengths and improve parenting confidence and, where required, referring early for more specialist help, including specialist mental health services, is the most effective way of dealing with health, developmental and other problems within the family. Health visitors, working in partnership with GPs, midwives, Sure Start Children's Centres and other local organisations, have a crucial role in ensuring that this happens. Getting this right can affect the child's physical and mental health and wellbeing, their readiness to learn, and their ability to thrive later in life. This matters for the child, their family, local communities, and our wider economy.

Health visitors are trained nurses or midwives with specialist training in family and community health and are key to meeting the needs of families. They are skilled at spotting early issues, which may develop into problems or risks to the family if not addressed, for example a parent struggling to cope or a child health issue which needs special attention. They are public health nurses trained to work at community, family and individual level. They lead and deliver the Healthy Child Programme (HCP),¹ which is designed to offer a core, evidence based programme of support, starting in pregnancy, through the early weeks of life and throughout childhood. At the same time they provide or are the gateway to other services which families may need.

Health visitor teams deliver a range of services at varying levels of intensity:

- **Universal services** provide the Healthy Child Programme to ensure a healthy start for children and families (for example immunisations, health and development checks), support for parents and access to a range of community services/resources.
- **Universal plus** gives a rapid response from the HV team when you need specific expert help, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.
- **Universal partnership plus** provides ongoing support from the HV team plus a range of local services working together and with the family, 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.

2.2 Family Nurse Partnership

Family Nurse Partnership (FNP) is a preventive programme for vulnerable first time young mothers (i.e. aged under 20). It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two. There is commitment nationally to increasing the number of families in the programme at any one time to 16,000 by 2015. FNP has a very clear evidence base based on over 30 years of extensive research. Three large scale randomized control trials have tested the programme with diverse populations in different contexts. These have shown a range of long term benefits for children and mothers over the short, medium and long term. FNP has one of the best evidence bases for preventive early childhood programmes, being identified by many rigorous evidence reviews as having the highest quality of evidence and best evidence of effectiveness.

3 The need for health visiting and FNP services

Leicester has a high birth rate (5,324 births in 2011), with a higher than average proportion of children aged 0-4. In Leicester in 2011 there were 24,400 children aged 0-4 (7.4% of the total population) compared to 6.3% nationally.

Many indicators of the health and wellbeing of children in Leicester are worse than the national average. Child poverty levels are significantly higher than the national average, the infant mortality rate (deaths under a year), the proportion of babies born at a low birth weight, childhood obesity and dental decay are all significantly worse than the national average.

4 Service Delivery – progress made locally

An assurance board meets quarterly to oversee progress on the health visitor implementation plan. A project plan and risk log has been developed which is reported on monthly within LPT and involves representation from all interested parties, including the local authority. It is anticipated that the recruitment of student Health Visitors will meet the March 2014 trajectory and LPT are currently well ahead of the required levels needed to reach this target. The current recorded establishment across the whole of Leicestershire is just under 170 WTE with 23 newly qualified Health Visitors in addition to the total currently entering the workforce. A robust communication and media strategy has been established and key communication materials produced, which is aimed at promoting recruitment to health visiting roles and also promotes the health visiting service to families.

An assurance board also meets quarterly to oversee progress on the FNP in the city. As this is a licensed programme it is important that the service operates within the required licence and the assurance board is an important part of this. So far since the Leicester FNP launched at the end of 2011, 111 young mums have been recruited onto the programme from a total of 150 possible for recruitment out of 187 who were eligible for the programme (as at the end of August 2013). Most are recruited by the teenage pregnancy midwife. The team includes 6.4 WTE family nurses, management and admin support, the most recent full time nurse appointed this month and an additional part time nurse is currently being recruited to. The programme is currently at full capacity given the clients remain with the service until their child is 2 years old so the additional post should enable further clients to be taken on. Each full time nurse can hold a caseload of 25 clients. There is an annual review due for the FNP service in Leicester that will be carried out by the national team and is part of their licensing role and will ensure that the programme is fit for purpose from a quality improvement perspective.

The Leicester City Joint Integrated Commissioning Board (3 October 2013) has noted that there will be discussions regarding the likely direction of the health visiting service alongside existing and planned children's services in the city, so that a direction of travel is developed for agreement by the Executive and partners as applicable.

5. Report Authors

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