CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCUTINY COMMITTEE

31 JULY 2018

UNIVERSAL HEALTH SUPPORT FOR VULNERABLE FAMILIES – UPDATE

Report from: James Williams – Director of Public Health

Author: James Harman – Senior Public Health Manager

Summary

This report updates the Committee on the progress made in supporting vulnerable young families following the reconfiguring of support to vulnerable parents transitioning from the Family Nurse Partnership model in 2017 to a new pathway and service of support to vulnerable young parents in Medway.

1. Budget and Policy Framework

1.1 The outcomes and updates in this report directly link to the council plan objective of Supporting Medway's people to realise their potential especially all children achieving their potential in schools and the new ways of working ambition of giving value for money for residents.

1.2 The programme supports meeting the objectives of delivering the nationally mandated Healthy Child Programme.

2. Background

2.1 The Family Nurse Partnership (FNP) programme is an early intervention and prevention programme of targeted support for young first time mothers (Under 19) and their families which aims to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency.

2.2 The programme aimed to offer intensive, structured home visiting, delivered by specially trained nurses, from early pregnancy until two years of age. The Family Nurse supported young mothers to become more confident and independent and to make best use of local services. From the age of two all families are transferred to health visiting services for the remainder of the Healthy Child Programme, and this transfer of care was made explicit from the outset when a young woman enrolls on the programme. Not all areas in the

UK took up the offer of having FNP and therefore delivery nationally was sporadic.

2.3 The Family Nurse Partnership had been delivered in Medway since 2009 and was a team of specialist Family Nurses who were employed by Medway Community Healthcare (MCH) alongside the Health Visiting Team. The team consisted of 6 members of staff who supported around 300 families over the 7 years.

2.4 Building Blocks, a large-scale, high quality Randomised Control Trial, commenced in 2009 with the aim of evaluating the effectiveness of the FNP programme in the UK. The research highlighted a lack of evidence of effectiveness of the FNP programme in the UK including poor outcomes in key public health priorities such as smoking and repeat pregnancies (further details of the research, and the international evidence base for the programme, are given in appendix one).

2.5 Commissioning responsibility for the 0-5 years Healthy Child Programme, including FNP, novated to Medway Council from NHS England in October 2015. This concluded the final phase of the transfer of public health responsibilities from the NHS (Health and Social Care Act 2012). As a result of these findings and as part of the review of services that was undertaken upon transfer a local review of outcomes and data was undertaken to see if the national evidence base had any similarities at a local level.

2.6 A review was undertaken by a consultant in Public Health, in conjunction with the provider MCH, and a number of key outcomes were defined (a summary is featured in Appendix 2). Key findings included:

- The capacity of the programme in Medway (120 families) was never fully met and the average caseload was around 50% of this target.
- Many clients did not receive the full number of recommended visits however the attrition rates of those on the programme were generally good.
- Breast-feeding initiation and continuation rates were below those of the national programme and those of the universal service.
- The 'Smoking at time of Delivery' rate for Medway FNP clients was 40% compared to a national average of 29%.
- FNP clients who were in employment, education or training (EET) were again significantly lower than the national averages for the programme
- The proportion of Medway FNP clients who had become pregnant within 24 months of the birth of their first child during 2015/16 was 31%: this was higher than the national programme average of 29%.
- Hospital admissions for children of FNP clients were lower than the national average.

2.7 The proposal was taken to Corporate Management Team in May 2016 to change the service offer, keep the funding in place, and work with MCH to develop a new more flexible programme to support vulnerable parents in Medway. A full 6 month programme of transition of the caseload to experienced Health visitors occurred and was completed by December 2016. No issues have been flagged to commissioners since transition.

3. New offer for vulnerable young parents in Medway

3.1 A new more inclusive pilot devised by some of the Family Nurses and experienced Health Visitors was proposed in spring 2017 and launched in summer 2017 as a pilot. This was to look at the success of the new model but also to factor in any potential changes of provider that may occur as a result of the re-commissioning of the new Child Health Service in the winter of 2017

3.2 The proposed criteria for acceptance on to the pathway widened from a basic age (under 18) framework to one which works closely with midwifery and looks at a series of vulnerabilities which include the following:

A vulnerable parent would include all mothers/ expectant mothers who are:

- Looked after Children and care leavers (who are not yet 25)
- Under 18 years of age
- Significant history of mental health difficulties (depression/ anxiety), substance misuse as well as significant physical health problems
- Learning difficulties or concerns about parental ability and level of support
- Known to the Youth Offending Team (YOT)
- Significant history of domestic abuse
- Significant history of the social care system as a child (CHIN, CP or at risk of CSE)
- Previous child removed /adopted
- Homelessness / living in supported accomodation

3.3 Familes on the pathway get a minimum of six and a maximum of 24 additional contacts/visits on top of the five mandated checks which can include visits and bespoke packages of care. A case study is featured at Appendix 3

3.4 The feedback from the pilot highlighted a number of key elements:

- That the Pathway enables practitioners to evidence their input and identify the process and direction to follow, allowing development of specific themes for each family to capture within the parenting journey, always keeping the child at the centre of priorities.
- Both families and practitioners identified that there are improved relationships with the families through continuity of care and the extra input (as vulnerable parents often need trusting relationships and time to disclose issues that concern them).
- Client's fed back that they 'valued the support and clear action plans and the honesty of workers', and the service was 'really helping me and my child get to where we need to be' (from a 19 year old mother identified with mental health issues and was previously in a relationship with Domestic Violence).

3.5 Since September approximately 65 families have been supported on the pathway.

3.6 From the index of vulnerabilities to meet the criteria to step onto the pathway, the most prevalent is mental illness. A breakdown is as follows**:**

- Mental health 55%
- Domestic Abuse 13%
- Under 18 year (mother) 10%

- Learning disability 6%
- Other 16%

3.7 Next Steps of the development and emedding of the programme include:

- Further training for clinicians around working with the hard to reach families including links to the 'Making Every Contact Count' training programme which would include specific training on key Public Health preventative priorities and practical skills such as motivational interviewing techniques. This will add to strong clinical skills with the aim of optimising engagement.
- Monitoring wider Public Health Outcomes such as smoking, alcohol and obesity.
- Baselining of client's status is underway and the service are now conducting continual evaluations to monitor uptake, effectiveness and measuring outcomes as identified by clients and practitioners.
- Dovetailing the work the service offer and the data that Early Help need for the Troubled Familes Programme

4. Risk management

4.1 Risks are monitored by the service on a regular basis and have been managed successfully throughout the

Risk	Description	Action to avoid or mitigate risk	Risk rating
Level of Demand for Service	That the level of demand will outstrip the resource available	Having a tiered model of delivering in Health Visiting means that flexibility and thresholds can be much more malleable and that cases stepping up and down can be flexibly managed and that there is a staggered tier of support Vulnerable Parents ⇩ Universal Partnership plus ⇩ Universal partnership ⇩ Universal Services	Low

5. Implications for Looked After Children

5.1 As the pathway looks at the vulnerabilities of the parents as well as the child it is unlikely that any children that are LAC will be eligible for the pathway. Young Parents who are or have been LAC however would automatically be eligible for additional support on the pathway and this wouldn't be restricted to being under 18 only now as the pathway extends to Under 25s.

5.2 Currently all LAC children get a minimum of 3 monthly contacts unless otherwise requested, usually in the child's plan or sometimes foster carers request additional support. Additional packages of care will be offered to parents as required based on level of need, currently the service have 5 LAC parents on the pathway.

5.3 The team are also developing a specific postnatal group for young parents which would support LAC parents and will be working with Homestart to offer specialist support for them.

5.4 The only implications of the new service could be positive for this cohort.

6. Financial implications

6.1 There are no specific financial implications for Medway Council linked to this paper.

7. Legal implications

7.1 There are no specific legal implications for Medway Council

8. Recommendation

8.1 The Committee are recommended to note the report.

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Appendices:
Appendix 1 – Evidence of Effectiveness of the FNP Programme
Appendix 2 – Local Evidence review Key Findings
Aooendix 3 – Vulnerable Parents Pathway – Case Study
Appendix 4 – FNP DIA

Background Papers:
None

Appendix 1

Evidence of effectiveness of the FNP programme

1. International evidence

   There is evidence for short and long term benefit from a programme of home-visiting delivered by specially trained nurses from trials undertaken in the US, where the FNP programme was developed and has been delivered for over three decades.

   Similar programmes have shown good but more modest results in the Netherlands and Germany. The Netherlands FNP trial demonstrated a positive effect on various primary outcomes, but the Netherlands programme involved considerable adaptation of the programme to the local context and was more targeted in terms of risk compared with the US model.

   The programme was adapted for use in England on the basis that there was evidence that mothers who had received the programme experienced improved health antenatally, had fewer and less closely spaced pregnancies and were more economically self-sufficient.

2. UK Randomised Controlled Trial (RCT): The Building Blocks Trial

   Building Blocks, a large-scale, high quality RCT, commenced in 2009 with the aim of evaluating the effectiveness of the FNP programme in the UK. The results of the RCT were published in The Lancet in October 2015.

   The study compared a group allocated to FNP (the intervention group) with a control group allocated to usual care over two years and found that the FNP programme is no more effective than routinely available healthcare alone in impacting on the following primary outcomes of interest:

   - smoking in late pregnancy
   - birthweight of baby
   - rates of second pregnancies within two years post-partum
   - emergency attendances and hospital admissions within two years of birth

   The choice of primary outcomes for the study have been criticised as being too “medical” given the emphasis of the programme on developing parenting, parent–child relationships, support from family and friends and supporting early learning and early socio-emotional skills. It has been suggested that there is a need for longer term follow-up that includes observational measures of the living environment, parenting, socioemotional adjustment, and on researcher administered tests (rather than maternal reports) of child development.

   The authors concluded that programme continuation in the UK is not justified on the basis of available evidence, but could be reconsidered should longer-term evidence that supports the outcomes emerge.

   Possible reasons for the lack of evidence of effectiveness include:

- The difference in health care provision between the US and UK. The UK RCT compared home visiting to “usual care”. i.e., health care that young mothers would normally receive in the UK, which is universally available. There is no such universal provision in the US. Thus the challenges in showing changes similar to the US studies in a setting with comprehensive universal health services are highlighted.
- The difference in eligibility criteria for the programme in the UK compared to the US. Youth (as a proxy for social disadvantage) is used as the primary UK criterion for programme entry rather than low income, which is the US criterion. It is possible that youth alone is not an adequate proxy for deprivation, and that the subjects of the UK study were less disadvantaged from the outset compared to their US counterparts.

Appendix 2

Local Evidence Review Key Findings

- Key outcomes for Medway's FNP programme are outlined below. Please note that numbers of clients are small and the data presented here should therefore be considered with caution. There are currently 68 clients on the caseload and there have been 322 clients engaged since FNP began in 2009.

- Local data on the FNP programme is reported quarterly. Medway data show that there have been consistent difficulties with recruiting clients to the programme, with 50% or less of eligible clients enrolled on the programme before 16 weeks' gestation over the past two years. The full commissioned capacity of the Medway FNP programme- 120 clients- has never been met. There is good retention on the scheme once clients have been successfully recruited. Many clients are not receiving the full number of recommended visits.

- Breastfeeding initiation amongst the general population of Medway has remained at a consistent level of around 70% for the past 3 years. This is slightly below the England average, and significantly less than for the South East Coast area. 44% of Medway FNP clients initiated breastfeeding in 2015/16: this is lower than the national programme average for 2015/16 of 59%. Breastfeeding continuation at six weeks amongst Medway FNP clients for 2015/16 was 17%, compared to a national programme average of 19%.

- 17.6% of all pregnant women smoke at time of delivery (SATOD) in Medway. This is consistently higher than the England rate (11.1%). For 2015/16, the SATOD rate amongst Medway FNP clients was 40%, compared with the national programme average of 29%. By the time Medway FNP clients' babies were six weeks old, 50% clients were smoking in 2015/16, compared to the national programme average of 36%.

- Medway has historically seen a lower proportion of clients in employment, education or training (EET) than FNP national programme averages. FNP works with clients to encourage take up of careers advice and education. The proportion of Medway clients in EET at six, 12 and 24 months for 2015/16 were 18%, 13% and 23% respectively compared to national programme averages of 21%, 33% and 38% respectively.

- The proportion of Medway FNP clients who had become pregnant within 24 months of the birth of their first infant during 2015/16 was 31%: this is slightly higher than the national programme average of 29%. Use of contraception by Medway FNP clients during 2015/16 has been variable compared to national programme averages.

- The proportion of Medway FNP clients with children whose Ages and Stages questionnaire scores were outside of the cut-off ranges was, for most areas of development and age groups, better than or similar to the national programme averages.

- There were no hospital admissions for accidents and ingestions amongst children of Medway FNP clients during 2015/16. Emergency Department attendances for

ingestion or injury for children of Medway FNP clients for 2015/16 were less than national programme averages.

Appendix 3

Vulnerable Parents Pathway – Case Study

The following case study details a family that are on the vulnerable parent pathway. This study indicates how the family have benefited from the extra support and supervision available to them through the service.

Background:
The family are known to social care due to Domestic abuse and also went to MARAC where they were offered support but they did not engage. A Domestic Abuse-(risk assessed does not reach the threshold for Social care) At this point there was no contact with the child's father (perpetrator). Mum had some mental health concern and disclosed anxiety issues.

Other information was considered as part of the assessment:

- Mother is 18 years old, she was home schooled therefore had a low level of education
- It is her first baby.
- She appears to have limited social community contact, a disassociated attachment with own mother and limited role models.
- Following an assessment this family met the criteria for the Vulnerable parent Pathway.

Process and Support Offered
There was Family support being given to the mother from a maternal aunt when initially assessed. They lived with maternal grandmother and step father at the point we offered services, the family are trying to work on rebuilding their relationship that was previously fractured.

Due to the mothers level of anxiety a referral was made to the local children centre for support and to access/meet other new mothers

Mother attended the Post-natal group and felt this was really beneficial although she continues to report low confidence in accessing a new venue and groups initially, as she was still feeling lower in mood she accepted a referral to Family Action a keyworker working as part of the pathway (she has now transferred to Home start as the child is over 1 year of age) .There is a good relationship developed with her experience Health visitor working with the keyworker at home start. There was an initial joint visit to agree the client's support needs. Home start are also supporting the mother regarding finances and managing money.

The focus of Health visitors has developed to include support home safety, health eating, attachment/bonding, healthy adult relationships.

Positives and Outcomes
The Health visiting service has continued regular home visiting, this as part of the VPP offer is in addition to universal checks and visits.

The Mother
The mother is showing significant improvement in self- esteem/social confidence, she is now going on days out with her friend which she would have been unable to do before as she was too anxious.

Open conversations and support about developing and maintaining healthy adult relationships continue and she has accessed the Freedom project.

The parent is to start attending parenting sessions with themes such as cooking and parenting education.

The Child
The Child is now reaching satisfactory developmental milestones although we will continue to monitor expressive speech skills in view of maternal stress during pregnancy and all other outstanding health concerns have been resolved.

Main focus continues to be to promote emotional health of mother and child through guidance and role modelling to raise mother's self- belief and confidence around parenting.

Mother now has aspirations to find employment and is Mother talking about child accessing 2 year funded nursery place which will further help their development.

Diversity Impact Assessment **Appendix 4**

TITLE	Transition of Support for Vulnerable Young parents from Family Nurse Partnership to Vulnerable Parents Pathway
DATE	Dec 2016 (Updated in new template June 2018)
LEAD OFFICER .	James Harman – Senior Public Health Manager

1 Summary description of the proposed change

Following a national evidenced based review and a local review of outcomes the Family Nurse Partnership Model is to end and replaced with a new service to support a bigger cohort of Vulnerable Young Families

2 Summary of evidence used to support this assessment

There was a national evidence base called Building Blocks, a large-scale, high quality Randomised Control Trial, commenced in 2009 with the aim of evaluating the effectiveness of the FNP programme in the UK. The results of the RCT were published in The Lancet in October 2015 the research highlighted a lack of evidence of effectiveness of the FNP programme in the UK. Including poor outcomes in key Public Health priorities such as Smoking and repeat pregnancies

There was also a local review of outcomes and evidence undertaken by a Consultant in Public Health in 2016 which also showed in many instances poorer performance against national and universal statistics key local outcomes.

3 What is the likely impact of the proposed change?
Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert ✓ in one or more boxes)

Protected characteristic groups (Equality Act 2010)	**Adverse impact**	**Advance equality**	**Foster good relations**
Age		✓	
Disabilty			

Gender reassignment			
Marriage/civil partnership			
Pregnancy/maternity		✓	
Race			
Religion/belief			
Sex			
Sexual orientation			
Other (eg low income groups)		✓	

4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

The proposed changes to a more inclusive criteria and will allow more support for a wider cross section of young parents rather than just under 19's. It will be assessed looking a variety of needs and vulnerabilities and means for example that parents in their 20's who for example be subject to Domestic Abuse or who have learning difficulties can now access this support.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- What alternative ways can the Council provide the service?
- Are there alternative providers?
- Can demand for services be managed differently?

Following the specific de-commissioning plan over 6 months as recommended by the national team.

Ensuring that key partners are communicated with regarding the potential changes.

Clear communication with stakeholders regarding changes and ability to feedback or complain about proposals for changes.

Update (June 2018): All of this happened and a full process was undertaken to transfer the families onto the caseload of an experience Health Visitor. No complaints or comments were made and multi-agency practitioners were comfortable with changes and have embraced new pathway which works closely with midwifery and Early Help Services

6 Action plan

- Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
Pilot of new programme to be undertaken for 12 months	Sheena Bolland	October 2017
Flexibility in the programme will be shown as the recommissioning of new child health services will be undertaken during 2017 and different providers may choose to take a different approach	James Harman	March 2018
Vulnerable young (under 19) parents will still be a key criteria in the new assessment but this will be based on a wider criteria of need rather than just the assumption that everyone under 19 needs additional support	James Harman	Ongoing

7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- to proceed with the change, implementing the Action Plan if appropriate
- consider alternatives
- gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

To end the Family Nurse Partnership and develop a new pathway/service to support vulnerable young families in Medway.

Note: This was approved by Public Health DMT and CMT in May 2016

8 Authorisation

The authorising officer is consenting that:

- the recommendation can be implemented
- sufficient evidence has been obtained and appropriate mitigation is planned
- the Action Plan will be incorporated into the relevant Service Plan and monitored

Assistant Director	Alison Barnett
Date	**5th May 2016**

Contact your Performance and Intelligence hub for advice on completing this assessment

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