NHS Lanarkshire

Family Nurse Partnership (FNP) Annual Report

March 2018
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1. Invitations

We hope to share our annual review with some of the following people;

- Representation from **Scottish Government** (this will include two of the following);
  
  Carolyn Wilson  – Senior Policy Programme Lead  
  Justine Menzies  – Analytical Programme Lead  
  Pamela Murray  – National Operational Lead  
  Debbie Balshaw  – National Strategic Advisor

- Representation **from NHSL**;
  
  Irene Barkby FNP Sponsor  
  Anne Armstrong FNP Lead for North Lanarkshire  
  Maria Docherty FNP Lead for South Lanarkshire  
  Jean Donaldson FNP Service Manager  
  Trudi Marshall FNP Service Manager  
  Susan Kayes FNP Supervisor South  
  Liza Wardlaw FNP Supervisor North  
  Jacqui Cringles Finance Lead (for finance section)  
  Alicia McGruer FNP Data Manager North  
  Elizabeth Bell FNP Data Manager South

Apologies received from:

Maria Docherty
2. Overview

Family Nurse Partnership (FNP) is a licensed preventative programme and has over 30 years of research and development evidence. The intensive, strength based home visiting programme has been successfully delivered to first time teenage pregnant mothers in NHS Lanarkshire since July 2013.

FNP remains part of National Policy. Scottish Government continue to be committed to FNP and are focused on retaining existing capacity and supporting expansion plans to reach all entitled clients by the end of 2018, alongside a rigorous programme of improvement through to March 2019.

Under a strict Service Level Agreement (SLA) two discreet FNP teams implemented the programme within Lanarkshire. Team A covering South Lanarkshire and Team B covering North Lanarkshire. The implementation phase of the programme and client recruitment ranged from July 2013 until July 2014. In accordance with core model elements of the FNP license, each Family Nurse (FN) carried a maximum caseload of 25 clients. The Nurses worked with these young women during pregnancy until the child graduated to Health Visiting colleagues at 2 years of age. Our original clients graduated from the programme during the months between January 2016 and February 2017.

Due to the capacity of the teams, and without agreed expansion planning, eligible clients from August 2014 to August 2016 could not be enrolled on to the programme. During this 2 year period, approximately 534 teenage mothers in Lanarkshire did not benefit from the FNP programme. This equates to 294 teenage mothers in North and 240 in South Lanarkshire.

In September 2016, the Executive Nurse Director advised that FNP teams could commence enrolling clients and permanent staff contracts were agreed. Following the success of the implementation period, small scale permanency was agreed in early 2017.

The first phase of the expansion plan commenced in April 2017. This involved both Supervisors increasing capacity to manage two teams of eight nurses. Staff recruitment allowed expansion of the client caseload capacity by 150 providing coverage for 74% of eligible clients by 2018, in essence 26% short of the 100% coverage required by Scottish Government.

The second stage of the expansion plan commenced late 2017. This involved the recruitment in March 2018 of 2 Family Nurse Supervisors and 8 Family Nurses.

In line with each Health and Social Care Partnerships integration plans, the responsibility for FNP was transferred to Partnerships on the 30th September 2017. FNP South is now based in South Partnership aligned with the population it serves.

FNP North team remain on the Coathill Hospital site in North Partnership.
Entitled eligible client rates within South Lanarkshire, as of our report in January 2018 is 171, as opposed to North Lanarkshire who have 219 entitled eligible clients. South Lanarkshire have increased the eligibility criteria to include 1st time young mothers aged 20-24 at LMP who have adversities in their life in accordance with the Service Level Agreement. This has not been the case in North Lanarkshire and the original criteria of aged under 20 years at LMP continues.

**Current Teams**

**Team A- (South)**

1WTE Supervisor  
8 WTE Family nurses  
1 WTE Data Manager  
2 experienced FN to transfer at an agreed date to the new supervisor for Team D.

**Team D- (South)**

1WTE Supervisor (previously FN in Team B until 05/03/18)  
1 WTE Family Nurse (recruited on 05/03/18)  
2 WTE Family Nurses to be transferred at an agreed date from Team A.

The new supervisor for team D has caseload of 25 clients from her previous post and will be supported to transfer these gradually to new family nurses within the North (Team C) when appropriate, prior to expanding the numbers of nurses in Team D. Additional administrative support is being interviewed to assist Team A’s Data Manager to support both of the south teams.

Further exploration of client numbers are required to project how many more nurses are required to offer a continuous service in the South. It is anticipated that another two to three FN will need to be recruited. At present team A, with its current enrolment, ongoing engagement visits and notifications only has capacity for a further 28 notifications to be allocated. The SV considers that by June 2018 team A will not be able to allocate any further notifications. The one FN from Team D has started to receive notifications, however the Supervisors are aware that this FN will during the summer period be engaging clients throughout the whole of South Lanarkshire. The time and travel implications has been considered recently with our Director of Nursing.

**Team B- (North)**

1WTE Supervisor  
6 WTE Family nurses (previously 8FT FN’s until 05/03/18)  
1WTE Data Manager

**Team C- (North)**

1 WTE Supervisor (previously FN in Team B until 05/03/18)
7 WTE Family Nurses (recruited on 05/03/18)
Currently no Data Manager (Bank admin staff providing support)
New supervisor for Team C has a caseload of 22 clients.

From the 05/03/18 North FNP can facilitate a continuous service enabling all eligible women to access the service.

**South Teams**

South Lanarkshire Health and Social Care Partnership serves a population of 316,375 spread across 1,772 square kilometres. Zoning of clients visits is difficult due to the geographical spread and Family Nurses can spend disproportionate time driving to home visits.

Services for children are organised around four localities: Cambuslang and Rutherglen, Clydesdale, East Kilbride and Hamilton. Family Nurses are co-located with their health visitor colleagues in each locality and the South team are adjusting to this new way of working.

It is estimated there are 69,457 (22%) children and young people under the age of 20 living in South Lanarkshire.

Only 19.3% of children in NHS Lanarkshire were breastfed at the 6 week review in comparison to the Scottish average of 27.3%. The recent breast feeding summit in the Health Board area aims to work towards seeing continued improvements in the breast feeding rates.

South Lanarkshire has 312 data zones. 22% of children in South Lanarkshire live in poverty.

Extensive changes to the road infrastructure on the M8, M73, A725 and M74 which impacted on the nurses travelling time, were thankfully completed in 2017.

**North Teams**

North Lanarkshire Health and Social Care partnership serves a population of 339,390 and covers an area of 470 square kilometres. Children and young people aged 0 – 17 years make up 23.2% of the population, with those aged 18– 21 years making up a further 5.1% of the total population. The geographical area covered by the north team is less rural than that of the south. Changes to the road infrastructure has now made travelling across North Lanarkshire much more accessible than during our previous cohort.

North Lanarkshire has the 2nd highest number of data zones falling within the worst 15% behind Glasgow City. This equates to 74,964 or 22.2% of the population. For the most severe level of deprivation, 30 or 6.7% of North Lanarkshire data zones fall within the worst 5% in Scotland in 2016, this compares with 5.5% in 2012. Since 2012 North Lanarkshire position has changed only marginally in terms of the wider measure of relative deprivation with almost 75,000 people living in the worst 15%. However its position has worsened on the more severe measure with over 21,500 living in the worst 5%.
With regard to notifications for this second cohort, notifications falling within the most
100 deprived data zones in Scotland were received, from data zones ranked 8th,
34th, 54th and 57th in Scotland. 15% of all notifications received were from the worst
5%, 36% from the worst 15%, and 45% from the worst 20%.

3. Vision

The vision is to ensure our children have the best possible start in life creating
healthy adults of the future. This will be achieved by improving health and wellbeing,
child development, and economic self sufficiency of young first time mothers and
their children, reducing inequalities and achievement of long term generational
change. Universal provision of Family Nurse Partnership by the end of 2018 is key to
achieving this vision.

To improve the health and well being of all families within Lanarkshire through
integration/joint working, sharing the learning from FNP within localities will also take
place. There is a shared vision that we build on our learning with value and that we
are sensitive to the current workforce plans occurring in universal services in relation
to meeting the aims of the new universal pathway implementation for FNP in Lanarkshire.

4. Strategy

• Mainstream FNP in Lanarkshire as an integral part of our Early Years
  services.
• Expand FNP to allow for all eligible clients in both Partnerships to be offered
  the Family Nurses Partnership Programme. Expansion in both Partnerships to
  be completed by September 2018.
• Secure sustainable funding to deliver the programme.
• Support the FNP Framework for Programme Improvement and to maintaining
  quality and learning
• Continue the integration of Family Nurses into South Lanarkshire Health and
  Social Care Partnerships

Early years

NHSL continues to prioritise actions to address inequalities in Early Years. Focus on
Looked After Children and through programmes such as the Family Nurse
Partnership and the Early Years Collaborative continue. The programmes provides
intensive support but are very much part of a whole spectrum of support to Parents
in the Parenting Support Pathway. Both North and South CPP’s have also signed up
to deliver the Incredible Years intervention as part of the National PoPP (Psychology
of Parenting Programme) to children with identified emotional and behavioural
concerns. The Early Years Collaborative has now morphed and is part of the
respective Children and Young Peoples Collaborative and the stretch aims remain
as CPP objectives and targets that NHSL has a big contribution to achieving. Each
of the respective Children’s services Plans in North and South have a strong focus.
on early years and early life adversity and there is a requirement to have a local Child Poverty Action Plan. Within North Localities FNP nurses attended Children’s Locality Planning Groups (LPG’s). The structure of these groups is under reconfiguration and it is hoped that FNP presence at all localities is achieved in the longer term. FN’s continue to attend meetings in 2 out of the 5 localities. The supervisor for the North will continue to pursue invites from the Chairs of the other 3 Children’s LPGs.

As an early learning partner NHS Lanarkshire has embedded the GIRFEC national practice model into practice. During the past year both teams have used their knowledge to enhance clients understanding of their own and their child’s wellbeing, evidenced by clients ability to use the SHANARRI indicators to articulate their role in promoting their child’s well-being. This is evidenced in clinical records and multi-agency meeting minutes. Teams are aware of their responsibility as the named person under the Children and Young People (Scotland) Act 2014. Work continues within NHS Lanarkshire to further improve communication between agencies to enable proportionate information sharing.

The Family Nurses also deliver the new Health Visitor universal pathway until the child is 2 years of age, ensuring all core visits and developmental assessments are offered to the family.

**Expansion planning**

An expansion plan has been submitted to Scottish Government for consideration and partly funded to date enabling the service to continue to recruit. Outcome regarding the expansion programme is awaited from the Scottish Government. We have received funding for the FN and Supervisors. Formal agreement is awaited from Scottish Government regarding the funding of the remaining posts such as data managers and admin support. In addition discussion has been undertaken re the potential to recruit a band 8b position for FNP. Further discussion will be undertaken in 2018/19 to crystallise this.

In October 2017, the First Minister announced a commitment to offer FNP to all eligible young mothers by the end of 2018. With the current projections this has now been achieved in the North however investment in the necessary data management infrastructure is required to support the team. The long term goal for ensuring all eligible clients are offered the programme in Lanarkshire needs the agreement of further expansion plans in the South.

Within the team, members are regularly attending multi-agency training calendar events. The teams are developing their skills in the use of the National Risk Framework to allow the assessment of risk to be further enhanced. Team members and Child and family Social Work staff have developed a more common language when discussing risk and the National Risk Framework tool is now threaded through the Key Issues that nurses present at meetings.

**Sustainable funding**
The Scottish Government has confirmed its commitment to fully fund the expansion for 2017/18. Discussions with the Scottish Government within the last few weeks highlighted that it is not anticipated that there will be an issue with maintaining funding for what we currently have in place within NHS Lanarkshire. It was confirmed that once a client starts on the programme they need to continue to fund it for 2 years. Confirmation of this has been received in writing. Draft budgets will be released over the next few weeks and FNP will remain a centrally funded programme for 2018/19. Thereafter it is anticipated that the 2019/20 funding will be transferred to NHS Boards baseline budgets which will result in overall growth in financial resources.

Support the FNP Framework for Programme Improvement and to maintaining quality and learning

FNP in NHSL are contributing to the evidence base for FNP through Revaluation work. In addition we in the process of explore further the difference FNP makes in relation to ACES.

We continue to work closely with our Consultant Clinical Psychologists in CAMHS who provides monthly 1-1 with supervisors and case review meetings with nurses. Some succession planning may be necessary to provide cover for the 4th team when it is established in order that the shared learning is continued.

In FNP, NHSL Child protection is a significant part of the work and we have close links with the Child Protection Team. Both established teams have an Child Protection Advisor involved in providing tripartite supervision or group supervision for the teams and 1-1 for the supervisors. All established teams have had Level 3 training in the last 3 years and the planning is underway for all newly recruited staff to complete mandatory training. Arrangements for the Child Protection Unit to provide supervision to the newly formed Team C is underway and arrangements are being made for the FN presently in team D.

Integration

From October 2017 the South FNP team relocated to premises throughout the South H&SCP, with Family nurses sited alongside Health Visiting teams. The intention of this move was to provide closer understanding of the role and shared learning between Family Nurses (FN) and Health Visitors.

The North FN team remains within a North base in Coathill hospital. Representation of FNP at Children’s Locality Planning groups at each Locality has been requested. FNP representation is supported through joint training by means of North Lanarkshire’s multi-agency training programme.

All locality health centres have a linked Family Nurse who visits health visiting and midwifery teams regularly. Supervisors currently attend monthly HV/PHN meetings and delivers updates on FNP progress to Midwifery Team Lead meetings. The expansion of the teams should allow for further integration links to be made to increase the understanding of the FNP programme and encourage shared learning.
5. Local Governance, Clinical Governance and Accountability arrangements

Irene Barkby, Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) is the Project Sponsor. Geraldine Queen, Associate Director of Nursing retired from the FNP Lead Role in January 2018. In line with Integration Plans within Lanarkshire, transition of the Family Nurse Partnership to the North and South Partnerships was implemented. The transition of the Family Nurse Partnership to each of Lanarkshire’s Health and Social Care Partnerships is well underway. Transfer of all resources including finance will be completed by 1st April18. This included the pro rata (0.3wte) share of the FNP Lead’s post and 0.3wte administration currently funded to each Health and Social Care Partnership.

Geraldine transferred her role to Marie Docherty, Divisional Nurse Director South NHSL and Anne Armstrong, Divisional Nurse Director North NHSL and. Both ensure that all elements of the programme are delivered as per the Service Level Agreement (SLA).

In addition, agreement has been made with Scottish Government to secure increased funding resource for an FNP Lead role to 1.0wte 8b post. Carolyn Wilson, Policy Lead for Early Years & Family Nurse Partnership, confirmed this should be a pan Lanarkshire role, providing governance and assurance of programme delivery. Further discussion around how this approach could be accommodated across the two Lanarkshire Partnerships will progress over the coming months in line with the national approach.

Reporting

Reporting requirements are outlined in Lanarkshire’s service level agreement. A revised reporting process is currently being explored by the Scottish Government. The Lanarkshire teams, as with all sites, will continue meanwhile to capture details of fidelity targets, expansion progress, core model elements, improvement activity and annual reports as agreed.

The supervisor for Team A reports to the Associate Director of Nursing Jean Donaldson for the South and has regular 1:1 meetings. Team A supervisor regularly attends senior nurses meetings.

The supervisor for Team B reports to the Director of Nursing for the North Partnership through 1:1 discussions and through monthly reports. The ND attends JIB meetings representing FNP in discussions. Following the completion of the expansion the supervisor hopes to increase her attendance at the senior nurses meetings.

The Associate Directors of Nursing represents FNP at Improving Children’s Services meetings. Members of our previous advisory board are in attendance at these meeting, including representatives from housing, child and family social work, health promotion, tackling poverty, Early Years Collaborative and Third Sector partners. Exception reports can presented at each meeting should there be any concerns.
regarding delivery of core model elements, fidelity targets or achievement of outcomes.

Governance

The FNP programme in Lanarkshire is incorporated into local clinical governance arrangements. Escalation process for the management of operational risks and issues are as per NHSL policy. The Clinical Governance and Risk Management Department is part of the Medical Director’s directorate and provides appropriate, professional and competent clinical effectiveness, research and development and risk management advice, guidance and support to the NHS Board, its managers and staff. The Clinical Governance and Risk Management Department also manages the Scottish Patient Safety Programme for NHS Lanarkshire.

Accessing advice about challenges with regards to the delivery of the programme is provided through discussion with Lead Nurses, Family Nurse Partnership National Clinical Operational Advisor, through Family Nurse Regional Leads Supervisors and through Supervisors forums.

**Local delivery context**

Our notification pathway includes working with our midwifery colleagues and support from IT services in NHS Lanarkshire and NHS Glasgow and Clyde. Key contacts have been established with midwives working in NHS Forth Valley and NHS Dumfries and Galloway should our clients chosen to deliver there. The majority of our notifications are received from our midwifery colleagues from within NHS Lanarkshire. Data from three separate databases are used to cross check that all eligible notifications are received. It is unfortunate that these databases are not linked, nor can they reliably be accessed from week to week dates. This does mean that a significant amount of work is undertaken weekly to ensure all eligible notifications are captured.
Team A and D supervisors are based within South Lanarkshire Social Care Partnership Headquarters. The FNs work remotely from home and also have hot desk provision within each locality. Storage remains a challenge within some of the localities and the south team supervisor has linked with other FNP supervisors who have also implemented this approach to share good practice. Both supervisors within the South plan to have regular joint team meetings and monthly daily learning sets to support team learning and peer support.

Teams B and C are located in Coathill Hospital in North Lanarkshire which enables sharing of information and collaborative working with GBV (Gender Base Violence), School Nursing Services, Stop Smoking Services, as well as CAMHS and Sexual Health Services. The newly appointed supervisor in the North for Team C will be supported in her new role by Team B’s supervisor through weekly meetings. Accommodation for the expansion of teams within the North has been completed and with both teams now accommodated within a larger office space within Coathill Hospital.

**Team A**

1 WTE Supervisor (SV), 8 WTE Family Nurses (FN) and 1 WTE data manager. Team D as of March 2018 presently consists of 1 WTE SV and 1 WTE FN.

Team A and Team D will deliver the FNP programme largely within South Lanarkshire Health and Social Care Partnership which comprises of both urban and large rural areas.

The majority of clients reside within SIMD areas 1 and 2. Of those who appear to reside within more affluent areas, some have been identified as residing within children’s houses or have been subject to child protection concerns within the family, evidencing appropriate targeting of programme.

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<tr>
<th>SIMD</th>
<th>Clients</th>
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<tr>
<td>1</td>
<td>58</td>
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<td>2</td>
<td>47</td>
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**Team B**

<table>
<thead>
<tr>
<th>SIMD</th>
<th>Clients</th>
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<tr>
<td>1</td>
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<td>142</td>
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**SIMD on enrolment**
Team B has recently been subject to change. From the 5/3/18 the team now comprises of 1 WTE Supervisor (SV), 6 WTE Family Nurse and 1 WTE data manager. Two of the nurses from the team have commenced Supervisor posts within FNP NHSL. The promoted nurses have caseloads of 21-25 clients. The remaining nurses within team B are at full capacity and therefore are unable to accept transfers of clients onto their caseloads. Client transfers will be managed gradually to the new nurses recruited into Team C.

With regard to notifications for this second cohort, notifications falling within the most 100 deprived data zones in Scotland were received, from data zones ranked 8th, 34th, 54th and 57th in Scotland. 15% of all notifications received were from the worst 5%, 36% from the worst 15%, and 45% from the worst 20%

Team B SIMD at enrolment, 174 Enrolled clients as of January 2018. One client’s post code (New Stevenson, Motherwell) is relatively new and therefore not included in the analysis below.

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<thead>
<tr>
<th>SIMD</th>
<th>No of clients</th>
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<tr>
<td>1</td>
<td>77</td>
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<tr>
<td>2</td>
<td>61</td>
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<td>173</td>
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6. Clinical Quality

Fidelity targets and stretch goals

FNP in NHSL’s current data system (FNPSIS) will be replaced by a new system on Turas. The work that is underway developing this new system is very welcome. The current system has it challenges as comparison and patterns are difficult to determine. The new system will allow data managers, supervisors and nurses the opportunity to view fidelity targets and stretch goals. The current system has limitations as data is difficult to view retrospectively, however to view data in a live system will aid with delivery, planning and learning for the whole team.

Supervisors and data managers are aware that we need to look at improvements in this area as a site, have more shared learning and understanding and use this to improve practice both in data collection and focus on targets and goals. Within the North and South the data managers have used learning from other sites to develop an electronic system of data collection and the nurses have been receptive to some changes introduced to improve data collection in a timely and efficient manner.
Enrolment rate

Team A January 2018 figures: 135 clients accepted the programme = 85% uptake from eligible clients.
Team B January 2018 figures: 174 clients accepted the programme = 84% uptake from eligible clients.

The above figures can be celebrated with regards to the stretch fidelity goal of 75% beginning determined for enrolment rates.

Enrolment prior to 16 plus 6 days

Badgernet was introduced during the second cohort and the systems of notifications to FNP took some time to be established fully by both midwifery and FNP services. Recently the remaining localities with no access to Badgernet has now been given access and we now see the use of all MW services having access to and being familiar with Badgernet as this is our solution moving forward. It has also been taken into account the impact of new nurses familiarising themselves with the enrolment and recruitment process, and some disruption in services for a short period of time when Team A were relocating and adverse weather conditions.

For both teams there has been improvement in enrolment prior to 16 plus 6 days. As of the teams report at the end of 2017 it was recorded as:

Team A as having recruited as 54% (2016 Annual Review figure were 45.4%)
Team B as having recruited as 53% (2016 Annual Review figures were 52%)

During the second cohort team B has faced two phases of the programme when clients were waiting for the recruitment of new nurses to be in post to enable clients to be offered the programme, this impacted on the gestational stage of clients when first introduced to the enrolment process.

Dosage in pregnancy

The dosage in pregnancy charted below is an area that all supervisors within Lanarkshire want to see an improvement in. Several FNs low dosage can be explained in part to the high percentage of clients who continued to work late into their pregnancy. Retaining these clients on the programme has been viewed as a success along with those clients who have been attending school and college full time.

The following data charts relate to both north and south FNP teams in NHS Lanarkshire, as provided by the specialist analysis for NES. We do not have this information specific to each team.

Pregnancy Dosage
One FN’s dosage has been impacted in Team A due to her requiring to take long term leave for health reasons (for the remainder of our teams our sickness and absence rate remains extremely low). Having a team member off in a small team has had implications for the other team members working in the south, who have therefore needed to engage clients over a much wider, geographical area. Clients working or studying late into their pregnancy has also reduced their availability for pregnancy visits.

In 2017, 54 women in team A and 76 women in team B completed the pregnancy phase, giving a total of 129. The graph below demonstrates there were 87 clients who received between 70 and 80% dosage in pregnancy, so whilst the overall number receiving at least 80% appears relatively low, there was a huge raft of clients who just missed out on dosage. It is reassuring that there was high percentage of additional clients who sat between 70-80 percent.
Only a few of our clients have completed the infancy dosage for our current cohort. The teams are striving to ensure that our dosage in this phase continues to increase.

**Toddlerhood dosage**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of clients who completed toddlerhood phase</th>
<th>% of clients who completed phase who received at least 60% of scheduled visits</th>
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<tr>
<td>2015</td>
<td>8</td>
<td>37.5%</td>
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<tr>
<td>2016</td>
<td>201</td>
<td>55.2%</td>
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<tr>
<td>2017</td>
<td>16</td>
<td>81.3%</td>
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<tr>
<td>Total</td>
<td>225</td>
<td>56.4%</td>
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The above data reflects the dosage of clients who received the toddlerhood dosage. This can be a particularly challenging target for teams and we are pleased to see that our toddlerhood dosage is getting closer to the target.

**Attrition**

**Team A (taken from December 2017 report on 2nd cohort clients only)**

Aim < 10% of FNP clients leave programme during pregnancy phase:
1% 2 clients left in the pregnancy phase due to them relocating. Both these clients transferred to other FNP sites.

Aim <20% of FNP clients leave programme in infancy phase:
1% 1 client left in the infancy stage. The other young woman disengaged in early pregnancy and her care was transferred to the HV team when her child was born.

Aim< 10% of FNP clients leave programme during toddlerhood phase.
There is 1 client who is in the toddler phase of the programme. There is 0% attrition in the toddler stage for this current cohort.

**Team B (taken from December 2017 report on 2nd cohort clients only)**

Aim < 10% of FNP clients leave programme during pregnancy phase
Attrition during pregnancy phase is 2 %, comprising 3 leaving, 2 have moved house and transferred to other FNP sites (Lothian and Hampshire) and 1 moved to Oxfordshire but did not wish to continue on the FNP programme

Aim <20% of FNP clients leave programme in infancy phase.
Attrition of 5%, comprising 7 leaving, 1 neonatal death and 6 having had no contact with the programme for 6 months. Please note that when a client does not have contact with the programme for 6 months if the client would have delivered before
the 6 month period is up she is deemed to have left in infancy even though we may not have had any contact with her since pregnancy.

< 10% of FNP clients leave programme during toddlerhood phase.  
0%, we have no clients who have started toddler phase

6.2 Short Term Outcomes

Subsequent Pregnancies and Live Births

Our current cohort in NHS Lanarkshire has a second pregnancy rate of less than 7%, this is low and we celebrate this, however we are aware that the majority of our clients have children under 1 year old and the figures may differ by the first child’s 2nd birthday.

Breastfeeding

Our breastfeeding initiation figures have been between 35- 60% over 2016-2017. Given the SIMD data and the ages of our clients these figures are positive however we are aware that some further improvements are necessary to encourage establishing breastfeeding for sustained periods of time as the number of our client still giving breast milk at 6 weeks is less than 10%. Team B is currently undertaking a test of change looking at increasing the numbers of mums initiating breastfeeding and continuing breast feeding after initiation with the peer support and support from NHSL infant feeding team. All the clients who have agreed to be involved in the TOC work are still in the pregnancy stage of the programme and we look forward to seeing any impact the TOC work has in the postnatal period with regards to initiation and sustaining breastfeeding.

6.3 Staff experiences, challenges and successes

FN3 ‘(clients) don’t feel judged, not having the right answer, – giving them the opportunity to reflect and explore how they feel’

FN2 Different settings help can be less formal – playing on the floor, cafe, in car, family homes.

FN1 ‘Trust deepens, disclose more. Client will talk in depth saying, “There’s no one else to talk to”

FN2 It’s unravelling stories, it’s like an onion building up trust. It felt superficial before (in my health visiting role) when they would tidy up/put on a face. They are so comfortable with you in their house – no pretence, the way they dress, the house’

FN8 ‘getting their birth plans completed. Midwives don’t have the time they have so many things to go through. Client gets informed choices, gives them ownership, awareness of options’.

FN 9 They are fearful of birth-cope much better post-natally if they are aware of options. Give information about pain control’.

17
FN8 'I think de briefing after birth is huge. It helps them close a chapter if things don’t go to plan or even if the birth was straight forward'.

FN7 'The whole preparation for baby. Even housing, their benefits. We’ve worked a lot with Money Matters. It was new for us; I was surprised how hard it was to help them'.

FN2 ‘you can challenge them. One of my clients reviewed her chronology and was surprised how much she had shared with me – it helped her focus (on what changes to make)’.

FN Sometimes recognising where they are at, it’s affirming the small changes.

FN10 ‘It’s important to know when not to pursue changes, you have to delicately listen for the words of change, to influence change when they’re ready’.

FN6 ‘client hadn’t recognised her learning progress, possibly due to the way programme is designed to be delivered’

FN5 Using the elicit- provide- elicit enables the nurse to be non directive, listening and reflecting back to personalise to their (learning) needs. Not telling them what to do.

FN1 ‘It was difficult to develop relationship initially, the girl didn’t give a lot back, even after exploring domestic abuse at 8 weeks (of the programme material). She later broke down in tears and opened up about domestic abuse.’

Some key challenges raised by FNs with our Lead FNP Nurse in June 2017 who was seeking FNs feedback were:

- Time pressures with regards to documentation.
- Time required working out with normal working hours.
- Different approach on occasions FN using strength based/guiding approach to motivate changes in client can at times starkly differ from other agencies approach.
- Sharing of appropriate information and awaiting further guidance/training re this following Supreme Court’s judgement.
- Dosage to suit clients who are working or are full time students.
- Team A FNs have found adjusting to the change of not having a central FNP base difficult. Further action is ongoing to try to ease this transition.

Revaluation regular contact continues with a member of the re-evaluation team and the nurses currently collating ‘micro’ and nano stories. This is a way of gathering and developing local stories which will explore the value of FNP in the context of the local governance systems including the extent to which value is visible to local stakeholder networks.

Teams A and B nurses, supervisors and data staff completed I-matters and an associated action plan has been developed in collaboration with all team members.
6.4 Client Experience

Client experiences in Team A and B have been captured by a variety of means:
- Talking wall
- Wish tree
- Themes captured from semi structured interview (See Team A and Team B client event DVD)
- BBC interview
- Capturing of Wow moments via client’s texts, comments or comments on thank you cards

The following themes were identified:

**Building a therapeutic relationship with the client.**

Two clients considered their initial ambivalence to engage in the programme;

**Client 15** ‘At first I was quite reluctant (for the Family Nurse Partnership programme) I thought oh god another person will be coming out to the house all the time and I couldn’t be bothered with it. But I’m really glad I went through with it. It helped me bond with him’

**Client 16** ‘Even though I was apprehensive at first, the FNP and (FN) have helped me so much since I had my daughter. The FN goes above and beyond for us.’

Resilience can be fostered through the development of compassionate, dependable and trusting relationships with adults; by enabling opportunities for reflection; and by fostering the development of positive social connections outside the home (Scholfield).

**Client 1** ‘The way they get you involved. I thought they were just there for the baby but they are there for you as well’

**Client 19** (previously ‘looked after’ client) ‘I think (FNP) it’s a brilliant idea. I’ve built trust and friendship with my nurse. She’s always there for support when I need her’.

**Client 21** ‘My family nurse has been an amazing friend and always supports me when I need an outside perspective. The ideas you put in for families really help us know we are not alone. I will be forever grateful for everything (FN) has done’

**Client 20** ‘I love Family Nurse Partnership. (FN) has been with me and helped me the whole way through. I can’t thank her enough’.

**Strength based approach**

**Client 9** ‘She’s good for talking to. I’d rather talk to her than some of my best pals’

**Client 2** ‘I like the fact that it’s for young people. Whereas going to Health Visitors and Midwives it’s not suited to teenagers it’s suited to, like adults’.

**Client 2** ‘Thought I’d be judged but Family Nurses don’t judge you. Everywhere else, with midwives, sometimes feels a bit down putting, oh another teenager’
Client 7 ‘For a young person it’s really difficult and people judge you all the time but they (FN) don’t. They don’t judge at all. I’ve been called names in the street’.

Support in pregnancy

Client 7 ‘I didnae have a clue. She helped me see the good side as well’

Client 6 ‘I was scared out my mind. Once it was explained what all my options were I felt much better’

Client 10 ‘You’ve got somebody all the way through, not just when you’ve had the baby.cos when I fell pregnant I panicked. I panicked cos I didn’t know what was going to happen. My Family Nurse was brilliant she prepared me even when things went wrong (in labour) I stayed calm.

Client 13 ‘(The FN) was someone that could help me with my problems, and have an outside point of view’.

Client 16 ‘It’s hard like when you fall pregnant and don’t know what to expect. It (FNP) helped me a lot’.

Client 11 ‘My FN would help with my eating and stuff like that’

Client 6 ‘I had a lot of tension running in my family and it just got worse when I became pregnant. But after my Family Nurse it was a case of just getting the family back together and sorting out all the loose ties before she was born so she wouldn’t be born into that tension’.

Motivational interviewing

Client 14 ‘I stopped smoking all through my pregnancy’

Client 15 ‘she motivated me to go back to college’

Client 6 ‘They are a little bit pushy at times. With walkers, things like that, things that I was raised with and they are very pushy to get you to do it the new way but it didn’t do me any harm’

Support with mental health

Client 1 ‘She’s like a counsellor to me. When I had (baby) she was there for me to talk to when I had post natal depression, helped me with the doctor’.

Client 1 I’d quite a bad life before I had (baby) changed me for the better.

Client 2 ‘It’s given me a lot more confidence. I was a wreck, a shaking wreck, it wasn’t good. Once (FN) was involved she made it better. (She) had seen it before.

Client 3 ‘I think she is an amazing woman. She builds your confidence up. I know people that don’t have a family nurse and I wonder why (pauses) but I’m glad I did’
Client 1 ‘Confidence, definitely confidence that’s one of the biggest things. Getting involved with other parents and their kids. It’s all about their brain development; it’s good for her (daughter)’.

Client 6 ‘I don’t think I would have been able to cope (without my Family Nurse). I had no idea I had post natal depression until my Family Nurse pointed it out’

Client 6 ‘…..made me a lot more confident in myself and my ability to cope with a lot more stress than I thought I could cope with’.

Client 7 ‘I’ve got anger issues and she helped me with that, gave me stuff to help me calm down. Now I know what to do’

Client 11 ‘I had anxiety a couple of years ago. If I was panicking about things’

6.5 Workforce planning and development

Feedback from the nurses who attended on Scottish Cohort 5 learning programme has been very positive. Pre and Post Learning for these nurses has been challenging for the Supervisors in both Teams A and B. Balancing the time that is needed to prepare and deliver the learning has proved very difficult. Both supervisors have had 8 nurses to deliver supervision too along with the demands of the training, staff illness and the work around expansion planning and recruitment.

Nurses who have completed the mandatory training are offered CPD training through the FNP Leaning team and through a robust training programme within Lanarkshire.

Within the current teams, supervisors and nurses are being support through PhD, and Master level studies through Lanarkshire’s service level agreement with UWS.

Data and Administration staff have also been supported through attendance at: Effective project management in the current climate, PRINCE 2 Foundation and Practitioner; Coaching, Improving Health: Developing Effective Practice, SIS and breastfeeding training.

The use of Personal Development Planning, Objective planning and through the educative element of supervision has supported supervisors and leads to identify the planning and management of development within the teams.

6.6 Local innovations, Tests of Change, evaluation and research

Quality Improvement Work

Smoking cessation in pregnancy. Test of change being conducted by FNP in South Lanarkshire along with the NHSL Smoking cessation team. Smoking cigarettes is one of the highest causes of adverse outcomes for babies. TOC work has been initiated to support clients in reducing risks of complications in pregnancy and onwards for themselves and their child. Unfortunately the lead for smoking cessation in pregnancy has secured another role earlier this year and we now have plans to engage with the new worker who is covering this post.
Breastfeeding initiation/Peer support (Community Mothers Programme (CMP)). Test of change work being conducted by FNP in North Lanarkshire alongside WGH infant feeding team. Targeting areas of low uptake for breastfeeding is a key objective of the Lanarkshire Breastfeeding Strategy and the CMP is one of a number of initiatives in place to ensure that more mothers and babies experience the full benefits of breastfeeding.

Lanarkshire has one of the lowest breastfeeding rates of any other council area in Scotland and some areas are less than the Scottish average, with younger mothers being the least likely to breastfeed. Results from cohort one of FNP Lanarkshire highlighted a higher rate in young mothers initiating breastfeeding, the aim of TOC work would be to increase initiation rates for FNP clients by another 5%.

Inclusion criteria for clients aged 20-24 years

12 clients age 20-24 in South Lanarkshire are enrolled on the FNP programme. The places have been allocated on the following criteria:

- 1st time mother
- Conceived aged 20-24 years of age.
- Enrolled prior to 28 plus 6 days gestation
- Intending to stay in Lanarkshire Health Board area.
- Plan for the young woman to keep her baby.
- Care experienced client
- Criminal justice involvement.
- Substance misuse
- Mental health issues
- Homelessness.
- IPV and honour based violence.
- Raised at multi-agency early years meeting.

Key actions:

Short term outcomes for these young women and their families will be reviewed at each FNP annual review.

Client involvement/Year of Young People

Principle of the year of young people is to engage young people to participate in developing and delivering events

Key actions:

Client national event will be supported to celebrate the young parent’s achievements and assess client’s experience of the FNP programme.

Multi-agency/multi-disciplinary working
Team A Supervisor has delivered ASQ training to HV teams in South Lanarkshire.

Student HV’s, nurses and HV’s have participated in FNP workshops in both areas. Liaison is underway with Practice Development Team to facilitate Specialist Community PHN/HV alternative placement with Family Nurse Partnership Team.

FNs in South continue to work with child and family social workers and family centres to support those children and their parents in need of additional services.

Early year meetings in each locality are attended by FNs.

Young mums and mums2B group Cumbernauld: The aims and objectives of the group are exceptionally well aligned with the Scottish Government’s ‘Pregnancy & Parenthood in Young People’ strategy, as well as NLP’s Children’s Services Plan 2017 – 2020. The target group are less likely to have positive health & wellbeing outcomes for both themselves and their children. Thus participation in the group represents a unique opportunity to address inequalities in one of the most deprived areas of Scotland with a vulnerable and hard-to-engage section of the population. The group is not promoted universally; it is targeted at young or vulnerable Mums and Mums 2B. Referral and facilitation of the group is undertaken by Midwives, Health Visitors, Family Nurses and Community Learning and Development workers.

Healthy mummy/ Happy Baby. Team B is supporting TOC work in all north localities to support mums with babies and toddlers to eat well and stay healthy. FNs supporting qualified nutritionists with engagement of FNP clients to support making healthy meals and home and attending group cooking sessions within communities.

Strathclyde University ‘yoyo study’. FN clients and nurses involved in developing information literacy skills in young mothers.

Team B involved Health Visiting Practicum Improvement Programme within Coatbridge HV team- shared learning of group supervision/use of National Risk Framework materials.

Team B is the first site in Lanarkshire to pilot for eHealth sharing of information between FNP and social work client electronically.

**Looked After Young Parents**

FNP has a significant amount of young mothers and fathers who have been care experienced.

Key actions:

PhD case study with the University of the West of Scotland to explore the outcomes for young looked after parent’s has been agreed within the NHSL board area.

**Income maximisation/budgeting**

FNP link closely with Money Matters in the localities (South) Welfare Rights/Health Hubs (North), CPAG and Food banks to ensure budget maximisation and support of young families.
Key actions;

FNP continues to collaborate with income maximisation service, voluntary groups, food banks and advice resources to support young families to tackle poverty.

2 year nursery places

FNs support eligible families in South Lanarkshire to access 2 year nursery provision at graduation period.

Key actions;

FNP continues to collaborate with early years services to improve client's access to 2 year old nursery placements.

6.7 FNP Lanarkshire ongoing support from Scottish Government and NES

Although there are some very good teaching packs for team consolidation of learning some of them appear to be needing refreshed.

The streamlining of data forms is welcomed and links with the development team with sprint review continue to be provided. Some practical sessions in the future would be appreciated to familiarise supervisors and nurses with the new system.

Some clarity around what roles are now provided by NES and what elements are now with Scottish Government would be helpful in relation to the changes over the last year or so.
NHS LANARKSHIRE FAMILY NURSE PARTNERSHIP ANNUAL REVIEW MEETING – 28 MARCH 2018

Attendees:

NHS Lanarkshire
Anne Armstrong, Nurse Director, North Lanarkshire Health & Social Care Partnership
Jean Donaldson, FNP Service Manager, South Lanarkshire
Trudi Marshall, FNP Service Manager, North Lanarkshire
Liza Wardlaw, FNP Supervisor, North Lanarkshire
Susan Kayes, FNP Supervisor, South Lanarkshire
Alicia McGruer, FNP Data Manager, North Lanarkshire
Elizabeth Bell, FNP Data Manager, South Lanarkshire

Scottish Government
Carolyn Wilson, Team Leader, Supporting Maternal Health and Wellbeing
Cara Lewis, Policy Officer

Summary

The Scottish Government were delighted to visit NHS Lanarkshire to discuss their FNP delivery. Scottish Government praised NHS Lanarkshire FNP for the work that had been undertaken to improve breastfeeding rates and the partnership working with other services that disseminates the value of FNP to others. Scottish Government recognises the challenges faced in NHS Lanarkshire in regard to the IT Systems in relation to their current clinical patient record system (MIDIS) and are committed to working with the board to look at options to improve access to appropriate systems. NHS Lanarkshire are clearly looking to achieve the best for clients and to tackle some of the significant issues they face and the Scottish Government welcomes this ongoing commitment to tackling poverty and improving living standards for clients.

Overall, the Scottish Government is very satisfied with the progress NHS Lanarkshire is making in delivering FNP and embedding the service to be fully included as part of the standard services offered to young pregnant women. Continued expansion is also on track and has been constructively planned.

1. Purpose of Annual Review

The Purpose of the Annual Review is to hear from Boards & Scottish Government to share information regarding direction of travel for FNP. Scottish Government are identifying common themes emerging across Boards through the Annual Review process. There is a Programme for Government commitment to offer the programme to all women under 19 year olds across Scotland. Scottish Government want to hear about nurse/client experience and evidence gathering is underway through ReValuation project. Quality Assurance is being looked at including Core Model Elements, Fidelity & Education, as well as other areas. Work is ongoing to refresh data forms.
It is anticipated that within the next 12 – 18 months FNP will be hosted within one board, as part of a regional service. Moving to board as closer to practice. SG will adopt more of an oversight role. Will likely target boards who have operated FNP the longest, Lothian or Tayside – to be discussed.

It is anticipated that there will be another Annual Review next year.

Scottish Government are hosting a National Event on 26 June in Glasgow.

Scottish Government is establishing a working group with NES & other stakeholders to look at succession planning, education for recruitment, retention and refresher training.

NHS Lanarkshire are looking at working with staff to develop them so they are ready to apply as and when a post comes up. NHS Lanarkshire expressed interest in being involved in any future groups or testing changes.

Safe staffing levels – sickness, training etc. Can be an issue as no bank staff available. NHS Lanarkshire plans build in 22.5% to ensure correct workforce. There needs to be consistency of this approach across all of FNP and will be looked at as part of the transition to the new regional model.

2. Summary of Annual Review

Toddler/Infancy dosage has increased, pregnancy dosage has decreased slightly, this could be due a number of factors, including missing visits due to adverse weather and major road works. There is also difficulty in arranging visits when clients are working or in education.

IT issues since cyber net attack. NHS Lanarkshire are looking at new system, costed at £8m. The development of an FNP specific IT system could potentially negate risk to FNP data however, NHS Lanarkshire would be concerned with clinical notes & risk connected to clinical data.

Action: Anne Armstrong to arrange meeting with Carolyn Wilson to look at further.

Challenge of covering a large geographic area and the potential impact on dosage was discussed. NHS Lanarkshire have tried zoning caseload by area, this is working well in North and South have moved FNP nurses into the locality which helps to cut down on travel, although it is still a challenge in certain rural areas. Recruitment of new nurses will help to ease the pressure. Scottish Government would be keen to see modelling of how this would work and NHS Lanarkshire need to review how many more nurses they require.

There is a perception among nurses that clients in most recent cohorts have greater vulnerabilities, however, it may be that there are more complexities within those vulnerabilities, rather than the number themselves. This has an impact on nurses, in that they are having to spend longer with clients, be more involved in other agency
meetings etc. Scottish Government is looking to develop a caseload weighting tool, which will help teams with caseload and allocation of geographic areas.

NHS Lanarkshire hosted a Breastfeeding Summit which was a very successful event. There was high levels of engagement and participation across stakeholder groups including trade unions and councillors. The event had Executive Level sponsorship and was backed by a comms campaign. FNP are working with Infant Feeding colleagues running a test of change training clients from the last cohort as peer supporters. They are looking at the possibility of undertaking a test of change in relation to availability of breast pumps. FNP are exploring use of technology to support breastfeeding, Scottish Government advised of the launch of the Young Scot Parenting site (PING), which has lots of video content & has input from young people. There will be an FNP blog as part of that site & there will be opportunities for FNP staff to influence that content.

3. Expansion & sustainability

As part of NHS Lanarkshire Integration, FNP was moved to partnerships, South are testing in locality and will share experience & knowledge. North Lanarkshire are observing how it is working in South, and are unlikely to change model in the next year with expansion. Scottish Government is keen for FNP to have a level of integration to link with other services and are interested in how FNP is referenced in wider plans.

Re:valuation project is underway, the team have collected nurses stories and are in the process of finalising client’s stories. All stories/data collected by the project tram will be given back to local sites to use. The ReValuation Report is expected to be available end of June/early July and will be discussed at FNP event in June.

Action: Anne to arrange date for team event to look at local report that was being developed – Carolyn Wilson to attend.

4. Client Experience

Client experience is being gathered from various sources including texts and videos. Scottish Government are aware that client experience is not captured in CME/Fidelity data and are looking to get more qualitative evidence. As part of the quality assurance process, SG are looking to develop a common tool that will capture client experience consistently across all Boards.

5. Next Steps

Next steps were mostly identified in earlier discussions –

Suggested looking at Tayside model (hub and spoke) to assist with rural clients.
IT system discussion to be held to understand challenges and links.

Planned session for output of REvaluation local activity

Smoking cessation – work on going in pregnancy.

SG to send out note of meeting – draft by end of April. Emerging themes to be discussed at FNP Leads meeting in May.

6. **Finance Discussion**

NHS Lanarkshire FNP are within budget and will not have an overspend. Estimate for 2018/19 to be sent to Scottish Government.

Scottish Government will follow up with meeting about expansion etc.

7. **Update from SG**

Change of structure with Scottish Government taking on responsibility for Quality Assurance from NES, who will continue to be responsible for delivery of education & training. Pamela Murray, NHS Lothian FNP Supervisor is working with Scottish Government part time providing clinical guidance.

Scottish Government are meeting with IT team soon regarding new system and data forms, they will be looking at how to link with data managers and there will be a formal change management process for the new system.