

Decision Maker: Executive

For Pre-Decision Scrutiny by the Care Services PDS Committee on:

Date: 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: GATEWAY REVIEW OF FAMILY NURSE PARTNERSHIP

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Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Borough-wide

1. Reason for report

- 1.1 The Council currently contracts Bromley Healthcare (BHC) for provision of Family Nurse Partnership (FNP) through a joint contract with London Borough of Bexley. The contract reaches a break clause point on 31 March 2016 and can be extended for another 1 +1 years.
 - 1.2 This report is seeking approval to extend the contract for Family Nurse Partnership for 1 year to 31 March 2017 to align it with London Borough of Bexley's procurement intentions.
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2. RECOMMENDATIONS

- 2.1 That the Policy Development and Scrutiny Committee support the recommendation to Executive to extend the contract for Family Nurse Partnership to 31 March 2017.
- 2.2 That the Executive agrees to extend the contract for Family Nurse Partnership in line with the Council's Contract Procedure Rules (CPR).

Corporate Policy

1. Policy Status: Existing policy. Existing Policy Context/Statements
 2. BBB Priority: Children and Young People.
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Financial

1. Cost of proposal: Estimated cost £180k
 2. Ongoing costs: Non-recurring cost.
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: ££13,935k
 5. Source of funding: Public Health Grant
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Staff

1. Number of staff (current and additional): n/a
 2. If from existing staff resources, number of staff hours: n/a
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Legal

1. Legal Requirement: Non-statutory - Government guidance.
 2. Call-in: Call-in is applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 50 young parents
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: None

3. COMMENTARY

3.1 Estimated Contract Value

£360,000 p.a. (split between Bromley £180k and Bexley £180k).

Current value of contract £720k over two years (2014/15 and 2015/16)

Proposed Contract Period (including extension options)

1 year, with option of extending for a further year in current contract

£360,000 p.a. (split between Bromley £180k and Bexley £180k).

3.2 Current commissioning arrangements

3.3 On 1st April 2014 NHS England released funding to enable the commissioning of Family Nurse Partnership (FNP) jointly across Bexley and Bromley. This procurement was led by LB Bexley and a contract was won by Bromley Healthcare. This contract was initially between NHS England and Bromley Healthcare. This contract novated to London Borough of Bromley (and London Borough of Bexley) on 1st October 2015.

3.4 FNP was commissioned jointly with Bexley on the advice of the national FNP unit. The smallest FNP team which has been found to function well is a team of 4 Family Nurses and 1 Co-ordinator. The Co-ordinator is also a Family Nurse and holds a small caseload as well as managing the team. There are not enough teenage mothers in Bromley or Bexley alone to have a FNP team.

3.5 On 1st October 2015, responsibility for commissioning FNP transferred to the local authority (together with the associated budget). FNP is a licenced programme with nationally standardised costs.

3.6 Family Nurse Partnership

3.7 This service is delivered by BHC and has a budget of £180,000. This represents half of a jointly commissioned service with a budget of £360,000.

3.8 Background

3.9 Family Nurses provide intensive support to the most vulnerable young mothers using evidence-based interventions. This is a licensed programme and supports vulnerable young mothers from pregnancy until their child is 2 years old, when the care of the family passes to Health Visiting services. This service is based on increasingly strong evidence that intensive support to vulnerable families can have a significant impact on outcomes. By improving the attachment between the baby and the mother and supporting young mothers in their parenting role, many of the long term outcomes related to poor attachment can be reduced or avoided. These adverse outcomes include behaviour and mental health problems in the child, poor education outcomes and involvement of children's social care.

3.10 Bromley and Bexley commissioned a FNP service jointly in April 2014 on a 2 years (+ 1 +1 years) contract. A team of 4 Family Nurses and their co-ordinator provide support to up to 50 young mothers in each of Bexley and Bromley. Although the number of family nurses for Bromley (2 WTE) would not change if this were commissioned on a single borough basis, the coordinator role would then be part time. Not only would this be difficult for the family nurses who support a very vulnerable client group, but it would also be difficult to recruit to such a specialised role on a part time basis.

3.11 Outcomes

- 3.12 FNP is a licensed programme with a strong evidence base. The significance of the licenced programme is that the better the fidelity of the delivery of the programme (the more the programme is delivered in the way that the evidence shows is effective), the higher the chance that the expected benefits will be seen. The FNP programme in Bromley has regular input on quality from a named lead in the national team who attends most of the local performance management meetings, and the FNP programme overall is overseen by the Department of Health.
- 3.13 A recently published randomised controlled trial in the UK of FNP found evidence of better cognitive and language development in the baby, improved attachment between mother and baby, and fewer symptoms of depression in the mother.
- 3.14 However, beneficial outcomes have already been demonstrated in Bromley (table 1)

Table 1: Public Health Outcome Indicators influenced by FNP

Indicator	Period	England	London	Bexley	Bromley	Havering	Sutton
Under 18 conceptions ^a	2013	24.3	21.8 G	23.3 G	19.5 G	26.2 R	17.8 G
Conceptions in those aged under 16 ^b	2013	4.8	4.3 G	4.5 G	5.5 A	4.9 G	4.1 G
Teenage mothers ^c	2013/14	1.1	0.5 G	0.7 A	0.5 G	0.6 A	0.8 A

- a) Under 18 conceptions: Conceptions in females aged under 18 years per 1000 females aged 15-17;
 b) Under 16 conceptions: Conceptions in females aged under 16 years per 1000 females aged 13-15;
 c) Teenage mothers: % of delivery episodes where the mother is aged under 18 years

- 3.15 FNP works with teenagers who are already pregnant or have recently given birth and therefore cannot prevent the first pregnancy in these young people. However, of the 20 young parents on the FNP programme, 91% are using contraception and nearly half are using Long Acting Reversible Contraception. This may result in reduced teenage pregnancy rates in future.
- 3.16 FNP is currently supporting 40 young women in Bromley who are either pregnant or have a young baby. Four of these young women are looked after children or care leavers and two of the babies have a Child Protection Plan.
- 3.17 Of those young pregnant women eligible for the programme (aged under 20 and this is their first pregnancy), just over 70% accept the offer of support from FNP.

4. POLICY IMPLICATIONS

- 4.1. The proposal set out in this report is consistent with current policy and is in line with the proposal for the Council's Public Health budget for 2016/17 and 2017/18.

5. FINANCIAL IMPLICATIONS

- 5.1 The current Family Nurse Partnership contract is £360k p.a. split between Bromley and Bexley equally at £180kp.a. This is funded through the Public Health Grant and provision has been made in the 2016/17 budget for this.

5.2 The Public Health Grant is a central government grant which is ring-fenced until 2017/18. In the next few years Bromley will see a reduction in grant as outlined in the table below.

	16/17 BUDGET	17/18 BUDGET
	£000	£000
Grant income	-12,954	-12,954
Additional Health Visiting Grant	-3,802	-3,802
2015/16 in year grant reduction	919	919
Grant reductions announced	358	740
Total Grant	-15,479	-15,097

5.3 The 2016/17 budget includes further losses on public health funding over the period 2016/17 to 2019/20. Recently announced grants reductions in the settlement show a loss of £358k in 2016/17 and an additional reduction in 2017/18 of £382k (cumulative £740k).

5.4 Whilst the Public Health grant itself is ringfenced, the Family Nurse Partnership is discretionary and not a mandated service that has to be supplied. Therefore Members may wish to consider the impact of not retendering this service. Any reductions in this service could go towards meeting statutory service reductions elsewhere or future reductions in grant.

6. LEGAL IMPLICATIONS

6.1 Family Nurse Partnership is a discretionary service.

7. PROCUREMENT IMPLICATIONS

7.1 It is proposed to extend the contract for 1 year to align it with London Borough of Bexley commissioning. During this year options for future procurement could be explored.

8. CUSTOMER PROFILE

Table 4. Teenage mothers: deliveries to teenagers living in Bromley as a percentage of all deliveries

	Teenage mothers (2013/14)
Bromley	0.5%
London	0.5%
England	1.1%

Source: Hospital Episode Statistics (HES). Health & Social Care Information Centre

8.1 In Bromley 137 girls aged under 18 years became pregnant in 2012. The rate of conceptions in under 18s is below the regional and national rate. The rate of conceptions in under 16s, although falling, is still higher than the regional and national rate

Table 5. Under 18 conceptions, rate per 1,000 population

	2006	2007	2008	2009	2010	2011	2012	2013
Under-18 conception rate								
Bromley	30.6	33.7	39.0	38.1	26.4	26.3	24.2	19.5
London	45.6	45.6	44.6	40.7	37.1	28.7	25.9	21.8
England	40.6	41.4	39.7	37.1	34.2	30.7	27.7	24.3

Table 6. Under 16 conceptions, rate per 1,000 population

	2009	2010	2011	2012	2013
Under-16 conception rate					
Bromley	8	6.4	7.7	6.5	5.5
London	8	7.1	5.7	4.4	4.3
England	7.5	7	6.1	5.6	4.8

Source for all conception and abortion rates: Office for National Statistics

- 8.2 At the latest count there were 96 under 5s on a Child Protection Plan and a growing number of Child In Need. These figures do not include those who have a CAF in place. FNP data shows that those young women they are working with have higher than average rates of smoking (37.5% vs 32%), but were less likely to drink alcohol or take illegal drugs than women accessing the FNP programme in the rest of England.

9. SERVICE PROFILE / DATA ANALYSIS

- 9.1 Process measures are used as the evidence of outcomes comes from randomised controlled trials. In 2014/15, 65% of FNP clients started breastfeeding compared to 60% nationally, and nearly 36% of them were still breastfeeding at 6 weeks compared to the programme average of 19% in England. A key aim of the programme is for pregnant young women to be enrolled on the programme by 16 weeks of pregnancy. Of those offered the programme in 2014/15, 70% were enrolled by 16 weeks (target 75%).

10. MARKET CONSIDERATIONS

- 10.1 It is likely that there will be only a small number of providers who will tender for FNP.

Non-Applicable Sections:	Personnel Implications; Stakeholder Consultation; Outline Contracting Proposals & Procurement Strategy; Sustainability / Impact Assessments
Background Documents: (Access via Contact Officer)	23 June 2015 Care Services PDS. "Transfer of Health Visitors to the Local Authority" CS15916 10 February 2016. Executive. Council's Proposal for the Public Health Budget 2016/17 and 2017-18.