

27 September 2018

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Dr Fiona J Wilcox
HM Senior Coroner
Inner West London
Westminster Coroner's Court
65 Horseferry Road
London
SW1P 2ED

Dear Dr Wilcox

Ref: PFD 14-8-18

Whittington Health NHS Trust response to Regulation 28 Report to Prevent Future Deaths dated 14 August 2018.

Thank you for raising your concerns regarding the referral criteria for vulnerable young people into the Family Nurse Partnership (FNP) programme. We recognise the importance of the issues you have raised and we are grateful to you for bringing your concerns to our attention.

As required under our duty to respond to your report dated 14 August 2018, we hereby detail actions taken and those proposed to be taken in response to the concerns you have raised in your report. These being:

That young women who book later than 28 weeks [gestation] can [not] only be considered for referral to the Family Nurse Partnership, despite the fact that late booking is often a further risk factor indicating increased vulnerability to the mother and young child.

That late bookers may still be debarred from referral on the basis of gestation.

That such vulnerable mothers are thus excluded from the support offered by the Family Nurse Partnership and thus their child be at increased risk of death in infancy.

That the increased risk to mothers and babies of late booking does not appear to be recognised as a positive reason supporting referral to the Family Nurse Partnership.

The FNP programme is an evidence-based intensive home visiting programme delivered through a national license for practice to which local providers of the programme are required to adhere. The programme, which is voluntary for clients to join, includes a number of Core Model Elements that prescribe how the programme should be delivered to ensure continuous high clinical quality. The programme is based on over 30 years of rigorous evaluation and is built upon the theoretical basis of attachment, self-efficacy and human ecology. The FNP programme aims to support young mothers to have a healthy pregnancy; improve their child's health and development; and plan their own futures and achieve their aspirations.

Following your PFD, our Trust FNP lead has met with both our local commissioners and the national FNP Team to agree how we can further implement local flexibility to the delivery of the FNP programme.

In agreement with the national team, we have made a change to our referral criteria so that mothers up to the age of 25 years old are now accepted into the local programme.

As a result of your PFD, we have agreed that we can consider with the London FNP team, on a case by case basis, accepting referrals for mothers who are willing to engage with the FNP programme when they are referred after 28 weeks gestation, particularly when there are a further range of needs, vulnerabilities and issues associated with concealed pregnancy.

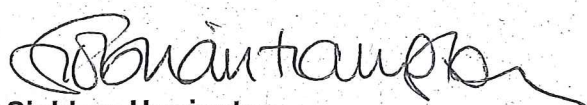
The national team have clarified with us that one of the Core Model Elements of the FNP programme is that clients should be recruited to the programme before the 28th week of pregnancy. This is because the therapeutic relationship takes some time to form, and is the basis for the important work the nurse and client undertake together; including the importance of attachment, early infant development and the promotion of good health and wellbeing during the antenatal period, alongside usual antenatal services. The FNP programme sets a further goal that 60% of all clients should be recruited by the 16th week in pregnancy, giving such an important window of opportunity for the nurse and client to work towards the important outcomes within the programme aims as set out above.

When a mother is not able or willing to join the FNP programme, the Trust's Health Visiting service will undertake a full assessment of need based on the Healthy Child Programme, and will ensure that our enhanced Health Visiting programmes – Universal Plus and Universal Partnership Plus – are actively offered to families with additional needs and vulnerabilities. These enhanced service offers, whilst not part of the FNP programme, do provide an opportunity to work collaboratively with young and vulnerable mothers and their children delivering similar evidenced based interventions to those offered through the FNP programme.

The national FNP team have informed us that the issues raised by your PFD are pertinent because they have taken the opportunity for evidence-based adaptation and testing to explore offering FNP to mothers later in gestation in certain circumstances, and to test the impact of this. The national FNP team are undertaking a range of research-based programmes that they call ADAPT (Accelerated Design and Programme Testing) to test some local personalisation of the programme. As part of the ADAPT work programme, the team are testing relaxing the existing 28 week gestation threshold for women, particularly with concealed pregnancies. This testing will take some time to ensure rigorous evaluation and they anticipate to report on this and other elements of the ADAPT project next year.

We, as a local provider of the FNP programme, will continue to work with the national FNP team to test the impact on programme outcomes for any referrals that happen over 28 weeks gestation, and we will work with the national team to add to the considerable evidenced base of the national FNP programme.

Yours sincerely



Siobhan Harrington
Chief Executive