

FNP Advisory Boards

National Unit Guidance August 2018

Introduction

The FNP Advisory Board is an integral and vital part of ensuring high quality of the programme. One of the core model elements for the programme, as set out in the sub-license, is that a site convenes a long-term FNP Advisory Board, usually chaired by a senior commissioner. It is recommended that it meets quarterly to uphold programme quality and sustainability, governance of the service, a community support system to the programme and a forum for sharing and exchanging knowledge and skills within the local system.

This guidance is designed to help sites develop the best possible Advisory Boards in order to enable and support high quality clinical delivery and help achieve the best outcomes for clients and children.

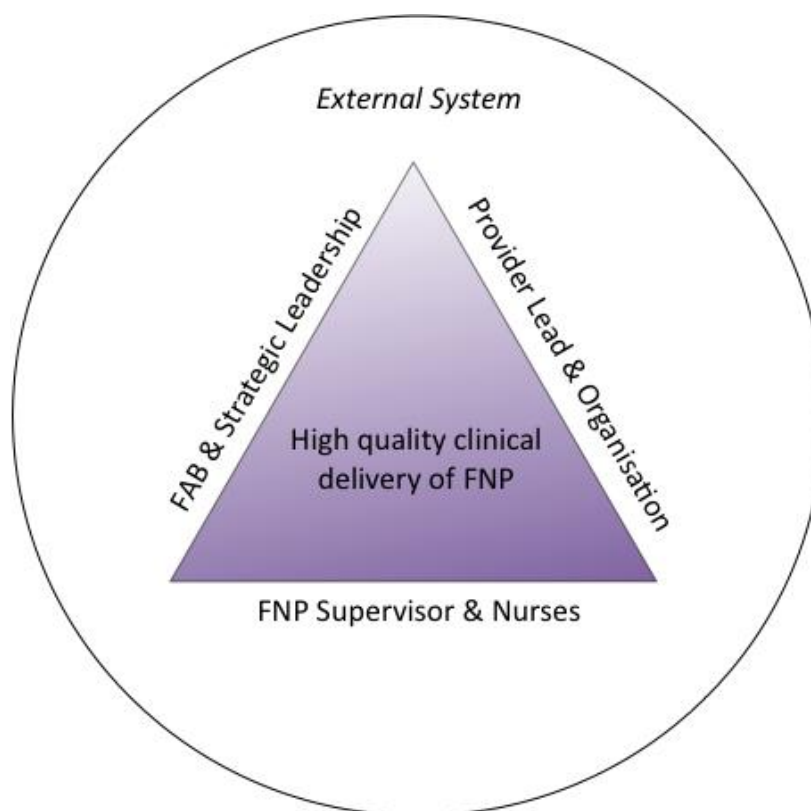
Content of the Guidance

- Role of the FNP Advisory Board (FAB) in FNP
- Purpose of the Advisory Board
- How a good Advisory Board works
- What a good Advisory Board looks like
- Membership
- Terms of Reference
- Advisory Board agenda
- Quarterly Advisory Board report template

Role of the Advisory Board in FNP

Research has shown that in order to get positive outcomes from the services we commission and provide we need effective interventions **and** effective implementation¹. Implementation science seeks to explain how interventions and programmes in health and social care should be implemented and maintained in order to get the same positive outcomes as seen in the original research. This model has been adapted to describe the key implementation requirements for high quality delivery of the FNP programme in the English context.

Implementation Model for FNP



For high quality clinical delivery of FNP, all three elements of the triangle also need to be of high quality. These elements sit within the wider external system of national and local government policies, the health and social care system and the economic climate. The three elements of the triangle may have little influence over the wider external system but their reaction to it will have enabling or challenging effects on clinical delivery and outcomes for clients and children.

¹ <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf>

Purpose of the Advisory Board

The purpose of the Advisory Board is to support and enable the highest quality delivery of the Family Nurse Partnership programme. It is both strategic and operational.

This can be achieved by ensuring that:

- The licence conditions as set out in the licensing core model elements and sub-licence, are met and that the fidelity of the programme is maintained
- The FNP team receive the support they need to implement the programme.
- The voices of first time young parents and their babies are being listened and responded to, both to inform and learn, as well as being an integral part of assessing programme effectiveness.
- There is strong strategic leadership, clear accountability and a focus on sustainability.
- The FNP programme is sustained for each client through the full three year period from early pregnancy until their child is two years old
- Senior key stakeholders are informed about FNP and understand how the programme relates to other children's services, its synergies and co-dependencies.
- Ensure that safeguarding supervision and systems are in place in accordance with FNP guidance.
- The programme is integrated into local children's services and primary care – strategically and operationally
- FNP is delivered to the highest quality standards, including information collection and clinical governance arrangements.
- Ensuring that various pathways work effectively in support of FNP clients, eg robust notification pathways that enable timely recruitment and safe transition on leaving, as well as access to other specialist and universal services.
- Risks in and to the programme are identified and managed proactively.
- The FNP NU is informed of any risks that may compromise the licence conditions and fidelity of the programme.

How a good Advisory Board works

Research on leadership and management in health and social care has shown that the most effective style for achieving the best delivery of services is one which is collaborative, with shared goals, which genuinely expects the best of people and acknowledges the human and relational element of the work that clinicians do. Evidence from FNP shows that the most effective Advisory Boards mirror the principles of the clinical work. It has been shown that clients are more likely to leave the programme when there is a lack of collaboration between stakeholders involved in the programme ²

The principles and ethos for an Advisory Board are as follows:

Strengths-based approach:

- Start with the assumption that everyone participating in the Advisory Board wants to do their best and improve the service
- This approach does not ignore risk but identifies and builds on an individual's and an organisation's strengths to overcome challenges and improve quality.

Appreciative inquiry approach:

- Be curious and seek to understand
- Be a learning group, curious about the delivery of the programme and its integration with other services
- Identify strengths
- Be objective
- Be positive and inspiring to others
- Listen well to all participants with high regard for the voice of clients and their perspectives.

Relational approach

- Critical to the whole process
- Building the relationship requires meeting face-to-face
- Be empathetic and interested in others and their role
- Seek to understand others' motivations, wishes and aspirations.
- Good relationships should enable supportive challenge

The Advisory Board member's relationship with each other should be:

- Consistent
- Appreciative
- Consultative/ collaborative

²http://www.socialimpactexchange.org/sites/www.socialimpactexchange.org/files/The%20Influence%20of%20Collaboration_Final%20Version_0.pdf

- Genuine
- Open and honest
- Trusting and respectful

What a good Advisory Board looks like

These are some of the main elements that contribute to making a good Advisory Board:

- Takes responsibility for quality improvement of the programme
- Has good attendance from the right people at the right level
- Follows the principles and ethos of FNP
- All members have a good understanding of the programme
- Focuses on clients & babies – is aspirational for their potential and what they are capable of achieving
- Has good quality client involvement within the Advisory Board
- Has an open, learning, appreciative inquiry attitude
- Has cleared defined accountabilities and governance arrangements
- Is well linked into the wider children's system
- Has a business like quality, self-critical, strengths focused, manages risk realistically, supportive, transparent, faces up to challenges and manages these proactively
- Works collaboratively with a solutions focus
- Uses client feedback which contributes meaningfully to quality improvements and informs both policy and practice

Membership

The core membership of the Advisory Board should include:

- Commissioner from the Local Authority
- Senior Provider Lead and/or line manager of the FNP Supervisor (if different to the Provider Lead)
- FNP Supervisor
- Public Health from the Local Authority if different from commissioner
- Children's Social Care from the Local Authority
- 'Early Help' from Local Authority – e.g. Children's Centre lead, Early Intervention lead, Troubled Families lead
- Maternity/Midwifery Leads from each of the relevant NHS Trusts
- Designated Nurse
- Named Nurse
- Clients/client involvement – mothers and fathers
- Additional members
- Psychological Consultant to the FNP team
- CAMHS or perinatal mental health lead

- Teenage parent services/parent support services
- Relevant voluntary sector organisation representative
- Elected Lead member for children
- CCG Children's lead/commissioner
- GP with lead responsibility for children

There will be agencies such as housing, police, gangs units who may not need to be core members of the advisory Board but whom you should think of inviting to meetings on a thematic basis.

The National Unit named lead will normally attend the Annual Review meeting and another FAB meeting, usually 6 months after the Annual Review. This may differ dependent on individual site circumstances.

Terms of Reference

There are no standard Terms of Reference for an Advisory Board as they will vary on local governance arrangements. However, this guidance should help when creating these.

Local Decision to Amalgamate FNP Advisory Board with other Governance Arrangements

It is recognised that in some cases decisions are made locally to amalgamate the FNP Advisory Board (FAB) with other governance arrangements. 0-19/0-5 services Boards or Early Years Partnership Boards etc.

Given that it is often the same stakeholders and representatives that are involved in a number of meetings we recognise why a rationalisation of governance arrangements is seen as a more effective and efficient way of overseeing a number of services. It also can be seen as an aid to greater integration.

Where a local decision is made to amalgamate the FAB with wider governance arrangements, we recommend that the guidance as set out in this document is considered as a template for the meeting so that a) focus on FNP is not diminished by larger services b) the voice of the client/child is retained to ensure the child remains at the centre of decision making. C) There is a wider focus than performance management and the Board retains a responsibility for ongoing quality improvement, championing and support of service delivery, retaining a strength based approach to overcoming challenges both within individual services and within the local system. Additionally, the substitute board holds the accountability for ensuring the recommended safeguarding model is adhered to. If there are deviations from this, they are brought to the board for agreement and sign off.

Where a dedicated FNP FAB is no longer in existence other arrangements should be made for the named NU site lead to meet with Supervisor, Provider Lead and Commissioner at least once a year other than the Annual Review.

FAB Agenda

Include a Case Study

A client case study helps create the right tone and atmosphere for the meeting. It centres the meeting on the client and child and improving outcomes for them. It assists when thinking about integration of services. Hearing the client's voice and continuing to focus discussion on outcomes is much more likely to be relevant and useful for bringing services together to improve outcomes.

Themed Case Study and Discussion

A theme for each Advisory Board can be helpful in understanding issues from all perspectives. The theme should be decided at the previous meeting or themes for the whole year could be decided based on actions and plans from the Annual Review. Just a few examples are as follows:

- Safeguarding
- Education, Employment and Training
- Housing
- Fathers
- Domestic Abuse
- Client involvement in the FAB
- Child development
- Resilience
- School readiness
- Engagement with other services
- Sexual health
- Client notification and early enrolment

Discussions are stimulated by a combination of a relevant case study and or data that describes a particular issue or challenge. This enables the Advisory Board members to understand the client's journey, how FNP works to effect change and the impact it has on outcomes for the client, family and child. The Advisory Board can be an effective mechanism for 'unblocking' issues and challenges within the system as well as recognising good practice of FNP as well as when services work well together.

Case studies 'shine a light' on the lived experience of young vulnerable parents. Used well this can influence the sharing of learning and improvements in the wider system.

FNP Advisory Board Report

There is a FNP Advisory Board Report Template which includes a data report from the FNP Information System.

This can be found here (supply FNP Online link)

AGENDA

FNP Advisory Board: *[Insert site name]*

Date/ Time/ Venue

Item No.	Agenda item	Lead
1	Welcome	Chair
2	Apologies	Chair
3	Minutes from previous meeting	Chair
4	Case Study/Client Involvement/Presentation	FNP Team
5	Advisory Board Summary Report	FNP Supervisor
6	Data Report	FNP Supervisor
7	Improvement Plan	Chair
8	National Unit Bulletin Updates/ National Unit Update	SV/Commissioner NU Rep
9	Actions	All
10	AOB	All