

## Statement of Purpose

*Regulation 3. Conditions of registration: general of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018, requires providers to submit a Statement of Purpose for each service within an organisation. Please submit this form as part of your registration application or upon request by the Care Commission (if registration has transferred). You must inform the Care Commission of any changes to your Statement of Purpose within 28 days.*

1. Provider information		
<b>Name</b>	Family Nursing & Home Care Child and Family Services	
<b>Address of Provider</b>	Le Bas Centre St Saviours Road St Helier JE2 4 RP	
<b>Legal status of service</b>	Family Nursing and Home Care (Jersey) Incorporated is an organisation incorporated in primary statute under the Family Nursing Services and Jersey Home Helps (Amalgamation) (Jersey) Law 1993	
2. Service information		
<b>Service type</b>	Care Home (adults)	<input type="checkbox"/>
	Care Home (children/young people)	<input type="checkbox"/>
	Day Care	<input type="checkbox"/>
	Home Care	<input checked="" type="checkbox"/>
<b>Name of Service</b>	<b>Child and family Services</b> that covers; Health visiting service (HV) Maternal Early Childhood Sustained Home Visiting programme (MECSH) Baby Steps programme UNICEF Baby Friendly Initiative (BFI) Looked After Children's Nursing Service (LAC) School Nursing Children Community Nursing Team (CCNT) Specialist children individual packages of care delivered in the home setting	
<b>Address of Service</b>	Le Bas Centre St Saviours Road St Helier JE2 4 RP	

<b>Manager of the service</b>	Michelle Cumming		
<b>Location of the service</b>	Island wide in parents/carers and children's homes. From main office base at Le Bas Centre.		
<b>3. Categories of Care Provided</b>			
Old age	<input type="checkbox"/>	Substance misuse (drugs and/or alcohol)	<input type="checkbox"/>
Dementia care	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Children (under 18)	<input checked="" type="checkbox"/>
Autism	<input type="checkbox"/>	Other (please specify)All categories above plus others not noted here	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>		
<b>Age ranges:</b>	Pre-birth to 18 years inclusive for children and their parents / carers /foster carers of any age		
<b>Types of Care</b>	Nursing care Personal care Personal support	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>Refer to definitions in Regulation of Care (Jersey) Law 2014</i>
<b>4a. Accommodation Services</b>			
<b>Total number of beds</b>	N/A		
<b>Total number of bedrooms</b>	N/A		
<b>Number of nursing care beds</b>	N/A		
<b>Number of personal care/support beds</b>	N/A		
<b>4b. Home care services</b>			
<b>Size of home care service</b>	Small (less than 112 care hours per week)	<input type="checkbox"/>	
	Medium (112-600 care hours per week)	<input type="checkbox"/>	
	<b>Medium plus (600-2250 care hours per week)</b>	<input checked="" type="checkbox"/>	
	Large (2250 + hours per week)	<input type="checkbox"/>	

<b>Number of hours of care delivered</b>	<p>This can fluctuate across universal and targeted and specialist intervention, and is dependant and delivered according to clients' needs.</p> <p><b>Available care hours per week for :</b></p> <p><b>Health Visiting</b>  Band 6 x 1 Whole Time Equivalents (WTE) 37.5  Band 5 x 10 WTE 375 hrs  Band 2 x 3.8 WTE 142.5 hrs  Band 5 HV duty 37.5 hrs  Band 4 (Community Staff Nurse) 75 hrs</p> <p><b>Baby Steps</b>  Band 5 x 2 WTE 75hrs  Band 2 x 3 WTE 75hrs plus term time 30 hrs = 105 hrs</p> <p><b>MECSH</b>  Band 6 x 0.5 WTE 18.75hrs  Civil 9 x 0.5 WTE 18.75hrs (Mental Health Practitioner)</p> <p><b>UNICEF BFI</b>  Band 6 x1 WTE 37.5hrs</p> <p><b>CCNT</b>  Band 6 x 1WTE 37.5hrs  Band 5 x 4.5 WTE 168.75  Grade 2 x 2 WTE 75hrs  Grade 1 HCA x3</p> <p><b>SNT</b>  Band 6 x1 WTE 37.5hrs  Band 5 x3 WTE 97.5 HRS  Band 4 x1 WTE 30 HRS  Band 2 x3 term time</p> <p><b>LAC and PLN now within capacity of SNT</b>  Band 5 2 x WTE 70 hrs additional SN</p> <p>Available hours includes mandatory and essential training , planned and unplanned leave and non-patient contact time</p>
<b>4c. Day Care Services</b>	
<b>Maximum number of people using the service at one time</b>	N/A
<b>5. Aims and objectives of the service</b>	
<p>The objectives across the whole of child and family services is to enable all children and families to achieve their optimum health and well-being by providing services that:</p> <ul style="list-style-type: none"> <li>• Safeguard and protect children and young people</li> <li>• Protects the rights of children</li> <li>• Places children and young people at the heart of all we do</li> <li>• Offers a timely response and clinical excellence</li> <li>• Involves children, young people and their carers in service development</li> <li>• Provides services and care that consistently delivers a positive experience and best outcomes for children and young people</li> <li>• Makes every contact count by providing the right help and the right time</li> </ul>	

- Provides early help and support
- Provides a universal service that is accessible to the whole child population through age appropriate interventions and programmes
- Supports parents to be the best they can
- Delivers high quality care at home and within local communities
- Focuses on improving child health, development and wellbeing
- Works in collaboration with other voluntary sector organisations and partners across the wider children's services to support children, young people and their families
- Work in partnership with others to deliver the Children's Plan for the Island
- Supports the delivery of the Early Help
- Strengthen partnerships with primary/community and voluntary care providers
- Delivers care using the Jersey Children First approach
- Increases scope of practice by maintaining a skilled and competent workforce
- Promote equality, dignity and respect valuing diversity
- Being an active member of the Safeguarding Partnership Board, Jersey.
- Support the delivery of the health component in MASH
- Behave in an open and transparent way
- Encourage creativity and innovation in addition to this the child and family directorate;
- Facilitates transition arrangements for children into adult services (if required), to ensure that the services continue to be appropriate to the age and needs of the individual.

<https://www.fnhc.org.je/media/43133/strategy-2019-to-2023.pdf>

The child and Family services ensure that children and young people are

- Safe
- Protected from harm
- Supported to develop and grow
- Maintains their health and well being
- Reach their potential
- Have sufficient information and knowledge to be able to make appropriate choices, the best use of health and social care services and to effectively manage their own needs where appropriate
- Have a voice

Child and family services consist of ;

- Health Visiting Service
- Maternal Early Childhood Sustained Home Visiting programme (MECSH)
- Baby Steps programme
- UNICEF Baby Friendly Initiative
- Looked after Children's Nursing Service (LAC)
- School Nursing (INC Childrens Looked After Nurse and Liaison Nurse)
- Children Community Nursing Team
- Specialist children individual packages of care delivered in the home setting

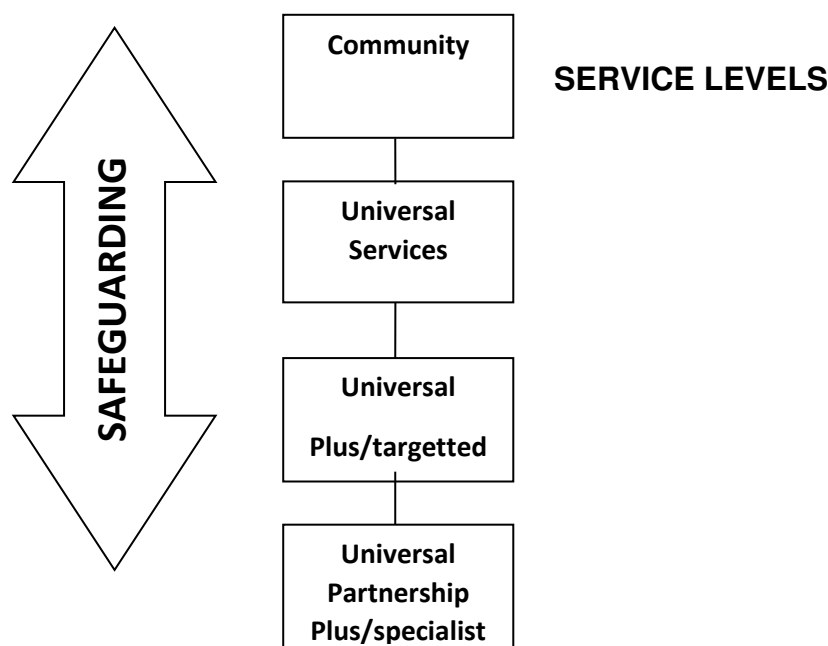
The child and family services provides a universal service to the child population including prevention and health promotion. It also providing additional support and interventions for those with specific needs, risk and increased levels of vulnerability through targeted and

enhanced support. An important aspect of the work of child and families services is to develop in partnership with others the community asset.

## 6. Range of Care Needs Supported

The range of care needs supported across the child and family serviced is best described within the model of care

### Model of Delivery for Children & Families



The health visiting and school nursing services deliver care through the delivery of the Healthy child programme HCP. This is an evidenced based national programme that describes care that is universal (accessible to all children) **U**, Universal plus (targeted time limited interventions by health visitor) **UP**, and Universal Partnership Plus (interventions requiring a coordinated partnership approach/specialist services) **UPP**. The community aspect of the model describes the development of community assets and building community resilience.

### Health visiting

- Provides universal services (U) to the whole child population of Jersey, with progressive additional support and interventions (UP and UPP) for those with specific needs and risks that may influence future health and well-being covering from late pregnancy to the child's 19<sup>th</sup> Birthday. This is based upon the evidenced based national Healthy Child Programme with service delivery at universal (u), universal plus/targetted (UP) and universal partnership plus/specialist (UPP) levels of service delivery.

Links:

Healthy Child Programme (HCP )Pregnancy to 5 years –Health Visiting team

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)

- The universal health visitor offer from the Healthy Child Programme (pregnancy to 5 years) and is additionally supported by the perinatal parent education programme –Baby Steps, by FNHC Child Accident Prevention (CAP) (not within the scope of these Standards)for Jersey and UNICEFs Baby Friendly Initiative(BFI).

Links:

Baby Steps

<https://www.fnhc.org.je/how-we-can-help/baby-steps/>

Baby Friendly Initiative

<https://www.unicef.org.uk/babyfriendly/>

### **Universal Plus/targeted service and UPP/specialist**

- As part of the health visitor UP and UPP, the approach is one of working in partnership with children and families to provide targeted interventions and enhanced support. One of the specific approaches used is the Maternal Early Childhood Sustained Home Visiting programme (MECSH). This is offered to clients with additional needs in the antenatal and immediate post birth period and until the child is 2 years. This is an evidence based, intensive health visitor, home visiting programme.

Links:

FNHC MECSH and MECSH at a Glance.

<https://www.fnhc.org.je/how-we-can-help/mecsh/>

<https://modgov.lbbd.gov.uk/Internet/documents/s74171/APP%202%20MESCH.pdf>

- Other parts of the HCP require collaborative working with GPs, social care, education, children's centres, community and voluntary sector organisations, allied health professionals and other agencies to support the needs of children, young people and families.
- The HCP works with and supports the most deprived and vulnerable families, ensuring children have the best start to life and into adulthood. This includes where there are safeguarding needs, complex and additional needs and where Children are Looked After.

Working Together to Safeguard Children 2018

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

### **School Nursing.**

Healthy Child programme 5- 19 years –School Nurse Team

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/492086/HCP\\_5\\_to\\_19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/492086/HCP_5_to_19.pdf)

### **Universal School Nurse Service.**

The School Nursing Service works with school-aged children, their parents/carers, other child health professionals, education staff and community and voluntary organisations to promote the health and wellbeing of children and enable them to reach their full potential. The school nurse service will deliver the following services universally which include;

- Health Improvement - Childhood Obesity Reception & Year 6 weight monitoring
- School entry 4/5 health survey and selected health assessments
- School entry health questionnaire

### **School Nursing – Health Improvement High Impact Areas**

School nurses will ensure early identification of children in need of support and focus on key priority areas for health improvement which include:

- building resilience and improving emotional health and wellbeing and mental health
- keeping safe, managing risk and reducing harm – including child sexual abuse and exploitation
- healthy lifestyles – including reducing childhood obesity and increasing physical activity, sexual health.
- maximising achievement and learning – helping children to realise their potential and reducing inequalities
- supporting additional health needs (Complex, chronic long term) – supporting Special Educational Needs and Disability (SEND) reforms
- Continence
- supporting transition and preparing for adulthood,

### **Universal Plus School Nurse (targeted) service**

Timeframed support for

- Behavioural concerns
- Health, well being
- Continence issues
- Health plans required for educational access i.e anaphylaxis
- Healthy lifestyles – physical activity, diet and nutrition, sexual health and healthy relationships, smoking, drug and alcohol, substance misuse (not exhaustive).
- Safeguarding liaison

### **Universal Partnership Plus School (specialist) Nurse Service**

School Nurse Team coordinate and contribute to multiagency work including safeguarding, child protection, Child In Need, Team Around Child meetings with Child Development Centre, Early Help, Childrens Palliative Care Pathway, CLA health assessments and care planning with appropriate intervention.

The other services that form part of the child and family directorate are ;

**Children Looked After Nurse (CLA) service is now within the SNT** sitting with nurses allocated to specific schools.

- In cases when children become Looked After and in Care, the CLA nurse ensures health assessments are coordinated and completed as per the standards set out by the British Association of Adoption and Fostering (BAAF) and follow NICE guidance

Links:

British Association Of Adoption and Fostering (BAAF) and role, knowledge and competencies of the Looked After Children's Nurse

[https://www.rcpch.ac.uk/sites/default/files/Looked\\_after\\_children\\_Knowledge\\_skills\\_and\\_competence\\_of\\_healthcare\\_staff.pdf](https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf)

<https://www.fnhc.org.ie/how-we-can-help/looked-after-children/>

<https://www.nice.org.uk/guidance/ng205/resources/lookedafter-children-and-young-people-pdf-66143716414405>

- Paediatric Liaison services

Including Multi Agency Safeguarding Hub (MASH) health representation  
Hospital and social work information sharing to benefit outcomes for children and young people.

### **Children's Community Nursing service**

- FNHC's child and Family directorate also provides a community paediatric nursing care team to provide support to children and young people with acute, long term, complex, life limiting and life threatening conditions and including end of life.

One stream of work is specific to Childrens Palliative Care and has the named nurse role within a local, integrated pathway. This is an adapted pathway based on an evidence based UK approach.

(Together for Short Lives).

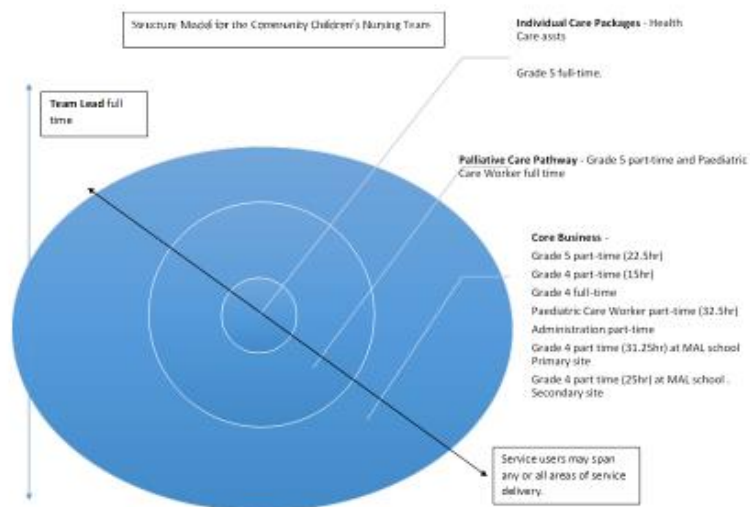
Links:

<https://www.togetherforshortlives.org.uk/get-support/>

In addition,

Model for the Children's Community Nurse Team of paediatric nurses and service delivery





Link:

United Nations on the Rights of the Child are core to all teams in terms of approach as is acknowledging the need to listen, respond and improve services regarding the Voice of the Child. Specifically, recording their lived experience.

<https://www.savethechildren.org.uk/what-we-do/childrens-rights>

### **Care needs provided at each level/ service in greater detail**

All children young people and their families are cared for from Pre-birth to 18 years of age. The child and families services offer universal provision that is accessible to whole child population through age appropriate interventions and programmes as identified by the HCP. The limits to this provision is when there is not an unborn child or young person up to the age of 18years.

UP and UPP are offered to those children, young people and their families with higher level of need vulnerability or risk.

### **Universal Health Visiting Service:**

There are four key visits that Health Visiting Service will deliver Universally. These include;

- Pre-Birth – Health Visiting contact/ visit and Baby Steps 9 session delivery parent education (group)
- Allocated HV antenatal visit.
- 14 days post-birth – Health Visiting
- 6-8 week post-natal visit.
- Routine Pre-School Developmental assessments at 12 months &
- Routine Pre-School Developmental assessments at and 2 – 2 ½ years
- Application of Baby Friendly Initiative Standards at each contact.

### **Health Visitor Health Improvement – High Impact Areas**

Health Visitors also develop and maintain health improvement interventions as part of evidenced based programmes in the following high impact areas;

- Transition to parenthood, early weeks
- Maternal (perinatal) mental health and well being
- Breastfeeding
- Healthy weight
- Managing minor illnesses and reducing incidents/accidents
- Health, wellbeing and development of child aged 2 Support to 'be ready for school

### **Baby Friendly Initiative – UNICEF.**

This professional education programme is aimed at health care professionals in order to standardise practice and improve breastfeeding practice and breast feeding rates. It is led by a coordinator who, as a specialist, may on occasion visit the client at home to offer expert advice where HV have encountered complexities with breastfeeding

### **Universal Plus –UP(targeted)**

Time framed support with:

- Feeding and nutrition
- Parenting and relationship issues
- Sleep
- Infant mental health and wellbeing including attachment
- Parental mental health
- Minor illnesses
- Anticipatory guidance re development (not exhaustive list)

### **Universal Partnership Plus- UPP (specialist).**

Families identified with higher levels of risk or need

Evidence from experimental studies of early childhood programmes suggests that intensive structured programmes delivered by skilled nurses (such as health visitors) can improve the outcomes of the most at-risk children and families. These programmes can also produce significant cost benefits – especially when supported by high-quality early education, access to universal healthcare and reductions in poverty (Centre on the Developing Child, 2007).

MECSH is a programme with evidenced outcomes for supporting parenting and child health and development. MECSH Mental Health Practitioner works specifically within client's homes with MECSH clients who predominantly experiencing anxiety and low mood/depression for 6- 8 sessions carrying a caseload of approx. 15 clients at any one time.

In addition, the health visiting team Lead, coordinate and contribute to multiagency work including safeguarding, child protection, Child In Need, Team Around Child meetings with Child Development Centre, Early Help, Children's Palliative Care Pathway, CLA

- supporting additional health needs (Complex, chronic, long term) – supporting Special Educational Needs and Disability (SEND) reforms
- Continence
- supporting transition and preparing for adulthood,

### **Community Approaches**

Health Visitors have a broad knowledge of community organisations and community assets available to children and families (e.g. Pathways Children Centre, Samares, FNHC Baby Steps, Various Community Group, Caring Cooks, and Brighter Futures (CVS)). Health Visitors will ensure this knowledge is used to;

- Continuously progress supportive communities and build community capacity and resilience which promote healthy children and families e.g. UNICEF BFI Breastfeeding
- Ensure existing community assets are included in local strategy development e.g. Mental Health Strategy and Primary Care Strategy, Children's Plan, Best Start Partnership.
- Signpost children and families toward community programmes that assist in delivering individual child and family well-being. Growing resilience and capacity locally.

### **School Nursing**

(age 5 - 18 years old)

- All children attending a state and private school or college in Jersey
- All children attending special schools (regardless of where they live/registered GP)
- Children who are home schooled.

### **Specialist clinical services**

Include social interventions for the child / young person who has additional and complex physical and emotional needs, including:

- **Children Looked After** with the CLA Nurse delivering Initial and Review health assessments to all age groups, attending Looked After meetings (multiagency), Caseload of approx. 50 -75 children at any one time. Children can be on island in residential, foster or kinship care or placed off island.
- **Children with palliative care needs** (as defined by the Children's Palliative Care Pathway) with an allocated FNHC Named Nurse Lead with paediatric palliative care qualifications (average 30 to 35 children and families).
- **Individual care packages overnight** where parents require support to sleep overnight as their child has complex/high level needs (2 children).
- **Community Children's Nurse Team** who care for children with long-term conditions, acute health needs, disability requiring nursing care intervention. This service delivery covers core business and an active caseload of 30 -40 active cases at any one time plus those children on the palliative care pathway. Children are also in receipt of nursing care at Mont A L'Abbe specialist school.

Core clients include post-operative children, with assisted feeding needs, respiratory needs, wounds requiring dressings, complex and chronic health needs requiring nursing assessment and care

## **7. How the service is provided**

The services in children and families directorate operate between these opening hours.  
Health Visiting 9-5pm Monday to Friday and 09.00 -12.00 Saturday

HV Duty -09.00- 15.00 Monday to Friday  
Baby Steps 9- 21.00 Monday to Friday  
MECSH 9am – 5pm Monday to Friday  
BFI – 9am – 5pm Monday to Friday  
CCNT – 9 am -5pm Monday to Friday  
School Nursing 9am – 5pm Monday to Friday  
CLA -09.00am – 5pm Monday to Friday

The services provided following a pregnancy notification from the midwifery service or GP, birth notification, or a referral to the child and family service. A Health visitor who is a trained nurse with specialist qualification will assess needs, plan and evaluate ongoing care and where appropriate delegate to a skilled member of the team. If required, multiagency referrals are completed and forwarded to relevant agency. Referrals to other parts of the service will be made and assessed by a trained nurse who will develop a care plan in partnership with the child, young person and their family or carer.

Hospital admission may be required in acute need or attendance organised at the direction of the lead clinician i.e. paediatrician. An approach is taken of working in partnership with families and gaining consent for interventions and referrals.

### **Health Visiting Service**

Universal programme is open to all children. There are **FIVE** key visits that the Health Visiting Service will deliver Universally. These include and are delivered at home or in a clinical/community setting;

- Pre-Birth – Health Visiting contact/ visit and Baby Steps 9 session delivery parent education (group)
- Allocated HV antenatal visit.
- 14 days post-birth – Health Visiting
- 6-8 week post-natal visit.
- Introduction to solids contact (group)
- Routine Pre-School Developmental assessments at 12 months &
- Routine Pre-School Developmental assessments at and 2 – 2 ½ years
- Application of Baby Friendly Initiative Standards at each contact.

The health Visiting service is available to any baby or child from late pregnancy up until school entry (age 4 or 5 years old). Service notified of pregnancy or birth

**Baby Steps universal programme** All expectant mothers from 20 -26 weeks gestation notified by the midwife and Jersey residents, will be invited onto a Baby Steps Programme by their Midwife at the first booking initial assessment or next midwifery contact. GPs may also refer and women may also self-refer. FNHC provides the Baby Steps programme as part of an integrated service which complements the existing universal service based upon the Department of Health Preparation for Birth and Beyond framework (2011), Healthy Child Programme (2009) and the UNICEF Baby Friendly Initiative.

It is a parent perinatal education programme aimed at promoting Parent infant relationships couple relationships, building social support, emotional wellbeing and the understanding of babies development. This is achieved by engagement and consent gained at an antenatal Home visit and an invite and delivery on 9 sessions, into the postnatal period.

**UNICEF Baby Friendly Initiative** is available to all parents as part of the universal HCP and antenatal pathway, offered as part of the Health visiting service. It is an educative approach to breastfeeding aligned to UNICEF Standards but clients may also require direct contact and advice from the coordinator for complex feeding issues.

**Targeted health visiting services (UP and UPP) and Specialist Services** Access to targeted services will be based on an assessment of need undertaken by a health visitor during delivery of the universal HCP.

HV, Community Staff Nurses and Community Nursery Nurses contribute and Lead on Early Help .

#### **MECSH and Mental Health Practitioner (MHP).**

Is an intensive, health visitor home visitor programme offered from 20 Weeks gestation and until the child is 2 years of age. It is offered within a partnership approach and with consent. The number of home visits average 25 -28 home visits during a 2.5 year period but may be more. Needs range from parenting support, social support, psychological

Support and/or specific and additional needs of the baby.

GPs, midwives and HVs at antenatal contacts may identify needs requiring the offer of additional support and can refer to the HV service. Where a client is aware of the programme, they may also self-refer.

HV who have commenced programme delivery, will identify and refer to the Mental Health Practitioner, as required and with client consent.

#### **School Nursing**

All children will receive a school entry health questionnaire and where health needs are identified, a selective health assessment, routine childhood immunisation programme for school-aged children, advice on healthy eating, sexual health and substance misuse, as well as providing specific support for families with complex needs in the school setting.

Secondary schools have regular drop in sessions for children.

School Nurse contribute and Lead on Early Help.

As part of the SNT the Childrens Looked After nurse service is referred via official notification from Children's Social Worker and subsequently works closely with social work colleagues and the Medical Advisor for Looked After Children.

SN ensures that Initial and Review health assessments are completed and within timeframes and health recommendations are implemented. The nurse aims to strengthen the health assessment process, advocacy and to narrow inequalities including raising the profile of the health priorities of Children Looked After. The health assessments are completed every 6 months for Children under 5 years of age and annually for children over 5 years.

#### **Community Children's Nurse Team (CCNT).**

All children are referred by a paediatrician and assessed as having a physical health need which requires a treatment plan with ongoing nurse monitoring, assessment and intervention. The team then assess and deliver nursing care according to the level of need.

Specialist Children's Palliative Care: All children referred onto the Children's Palliative Care Pathway will have an allocated Paediatric Nurse who will work with the designated key worker as part of a coordinated team around the child.

Long Term Conditions / Children with Complex Needs: All children referred by a paediatrician in line with their diagnosis who required ongoing support can care in the community.

Acute Episodes of Care: All children referred from Health and Community Services paediatric services and Emergency Department (ED).

### **Source of referral for all teams**

Family Nursing and Home Care will accept eligible appropriate referrals from:

- General Practice
- Acute Hospital services including paediatric ward, SCBU
- Multi Agency Safeguarding Hub
- Child Development Centre
- Children and Adult Social services
- End of Life Care Services
- Allied Health Professionals – on and off island
- District Nursing teams when individuals transfer move to Jersey
- Self-re-referrals/parents and children
- (Community and Hospital Midwives
- Public/Government and Private Nursery Schools
- Primary and Secondary Schools (including Multi Agency Support Teams)
- Others Community and Voluntary Sector Providers
- Health & Social Care practitioners working with families where there is substance/alcohol misuse
- Health & Social Care practitioners working with parents with history of moderate or severe depression which involved clinical intervention
- Health & Social Care practitioners working with Expectant families who have previously experienced sudden infant death of a child
- Health & Social Care practitioners working with expectant mothers who are ambivalent about their pregnancy or with low self-esteem and relationship problems
- Health & Social Care practitioners working with parents with housing related difficulties
- Children ,Young People Education and Skills practitioners
- Police
- Pediatrician's
- CAMHS
- Social Work referrals for Looked after Children.

### **Care and support**

Care is delivered by trained nurses often with additional qualifications and knowledge and skills, also skilled competent staff including non-registrants in order to promote health and prevent ill-health, through consensual processes and in order to deliver on a package of care. Where necessary, adhering to relevant safeguarding policy and procedure

## **Communication and involvement**

Communicating with Children and young people is extremely important along with hearing the child's voice and wishes. Including UNRC requirements as best practice.

[https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC\\_summary-1\\_1.pdf](https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf)

FNHC' website provides information about the services we offer [www.fnhc.org.je](http://www.fnhc.org.je). Written information about the service is provided and discussed with children and their families.

Use of interpreter including employment of a Portuguese speaking interpreter Mon- Fri for 2 hours per day.

Use of HCS Interpreters via the hospital booking system –email.

Use of Department of Health and NHS information available in multiple languages such as immunisations.

Use of Big Word interpreting and translation of documents.

FNHC leaflets in appropriate languages.

Use of video and video links/visuals to convey health messages.

FNHC also uses ratified web links/apps such as NHS Choices.

Provision of leaflets such as a birth pack at first HV visit.

Promotional video – Baby Steps, Children's Palliative Care Pathway.

FNHC web site and Facebook page

The divisional staff have a partnership approach to working with child and families in order to maximise engagement with and effectiveness of services. This includes offering services via introductory letters informing of services on offer, calling to arrange visits at the clients' convenience and at a time and in a place of choice.

Consent is gained for assessments, plans co-produced, and clients aware of evaluations and reviews. Gaining informed consent is the gold standard and for younger children then Gillick /Fraser guidelines are utilised, where appropriate:

<https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

## **Rights and responsibilities**

FNHC has a duty of care to protect the safety and wellbeing of both patients and staff. This is supported by a robust clinical and corporate governance, risk and quality assurance system.

As part of this system FNHC has a range of policies including;

- Confidentiality policy
- Data protection policy
- GDPR
- Health and safety policy
- Subject access policy
- Complaints policy
- Whistle blowing policy
- Clinical policies and procedures
- HR employment policies

The nursing team delivers care that is informed by;

- A person's right to be safeguarded

- Human rights legislation
- Capacity and self-determination legislation
- Equality and diversity policy
- NMC code of conduct
- Health care support workers code of conduct
- 6 C's
- Best practice guidance in the absence of relevant legislation
- A range of clinical policies
- FNHC strategic delivery plan

Staff rights and responsibilities are protected by

- Employment terms and conditions
- Employment law
- Staff Handbook
- Allegations against staff policy
- Whistle blowing policy
- Health and safety policy
- NMC code of conduct
- Code of conduct for healthcare support workers
- Grievance policy
- Equality and diversity policy
- A range of clinical policies
- Union recognition
- Professional registration

Aware and adhere to United Nations rights of the Child (UNRC).

A right to safe and good quality care from staff and achieved by staff:

Codes of Conduct

Duty of Care

Clients have a right to complain and staff will promote this

Clients have a right to refuse assessment and care.

If required, be afforded rights under the Capacity and Self Determination Law.

Staff will follow best practice guidance regarding consent.

Clients have a right to confidentiality and for FNHC to adhere to GDPR.

Clients have right to be safeguarded achieved by Safer recruitment HR processes. FNHC safeguarding policy.

Protection through the Employment Law

Professional Bodies – including Nursing and Midwifery Council(NMC),

Royal College of Nursing(RCN),

Community Practitioners and Health Visitors Association (CPHVA).

Contractual terms and conditions.

UNION representation.

Human Resource policy and access.

## **8. Staffing arrangements**

*This needs to detail how the staffing arrangements will meet people's care needs and specialist services detailed above.*



<b>Numbers and qualifications of staff</b>	<p>Michelle Cumming – Specialist Community Public Health Nurse, SCPHN. Registered Nurse RN. Reg. Nurse Prescriber.</p> <p>Other senior staff and qualifications.</p> <p>11 Whole Time Equivalent (WTE) health visitors inc Team Leaders – SCPHN.</p> <p>1 WTE CLA Nurse - SCPHN</p> <p>0.5 Mental Health Practitioner- Mental Health Nurse</p> <p>0.5 MECSH coordinator - SCPHN</p> <p>1 WTE Baby Friendly Initiative Coordinator -SCPHN</p> <p>1WTE Baby Steps HV -SCPHN</p> <p>1 WTE Midwife (seconded)- Registered Midwife</p> <p>3 WTE Baby Steps Facilitators –Nursery Nurses</p> <p>3.8 WTE Community Nursery Nurses – Nursery nurses (CACHE 2/3)</p> <p>5 WTE School Nurses -2 SCPH &amp; 3 trained nurses</p> <p>3 Term time School Nurse Nursery Nurses (CACHE 2/3).</p> <p>5,2 WTE Community Children’s Nurse Team (CCNT)– trained paediatric nurses (RN)</p> <p>2 WTE Paediatric Care Workers –nursery nurses.</p> <p>3 Health Care Assistants – NVQ level 2</p>
<b>Staff levels</b>	<p>There is one island wide team HV team with a Team leader and 3.8 CNN and 2 community staff nurses within the skill mix.</p> <p>The team works from 4 geographical settings and Monday to Saturday</p> <p>There is a Saturday morning HV clinic staffed by one HV.</p> <p>Baby Friendly – delivering training Mon to Friday 9am -5pm</p> <p>Mental Health Practitioner (MECSH)r- 3 days per week Mon -Friday</p> <p>The School Nurse team and CCNT are placed at Le Bas Centre and are island wide. Each with a Team leader and nursery nurse skill mix.</p> <p>Individual Care Packages are staffed overnight by HCA within individual homes.</p> <p>Baby Steps –one trained healthcare professional and one Baby Steps Facilitator conduct a home visit and each of the 9 session deliveries Mon to Friday up to 8pm. The team consists of One HV and One midwife with skill mix of facilitators/nursery nurse qualification.</p>
<b>Specialist staff</b>	Specialist Community Public Health Nurses, Mental Health Practitioners, Paediatric Palliative Care Nurse.
<b>Staff deployment</b>	N/A
<b>Delegated tasks</b>	NMC guidance regarding delegation is followed.

	<p>FNHC Competence based framework denotes that there is specific training for delegated tasks which are reviewed for competence and appropriateness.</p> <p>FNHC Delegation Policy</p>
<b>Other staff</b>	Include Corporate team, Governance team, Safeguarding Lead and the FNHC Business Hub.
<b>Staff training</b>	<p>All FNHC staff and committee receive corporate and local induction appropriate to there are of work and as identified by the manager and individual staff member. Induction includes completion of mandatory training, shadowing staff, competency assessment, and introduction to key staff in the organisation including the CEO.</p> <p>The induction covers EMIS our electronic patient record system and ASSURE our electronic risk management and incident reporting. FNHC has an annual education and training prospectus detailing mandatory training for both registrants and non-registrants including safeguarding adults and children (please see below).</p> <p>FNHC annual training prospectus details mandatory training and includes safeguarding requirements at Level 1,2 and 3. Services have specific/essential training requirements in line with competency framework e.g Jersey Children First.</p>
<b>9. Services and facilities</b>	
<b>Provision of food / drinks / snacks</b>	Snacks and drinks provided at groups and food hygiene training attended by relevant staff.
<b>Activities</b>	<i>Range of activities, visits, transport, community involvement etc.</i>
<b>Specialist equipment</b>	<p>Staff have clinical monitoring equipment appropriate to nursing assessment needs.</p> <p>Staff use clinical consumables to deliver nursing care.</p> <p>Annual inspections and calibration service process in place for clinical equipment. Arranged by FNHC Facilities Manager.</p> <p>Safety alerts relevant to equipment used are disseminated and actioned as appropriate.</p> <p>Additional or more specialist equipment not commissioned by the States of Jersey is sometimes provided through fundraising and our charity work. It is managed with the same robustness, systems and processes.</p>
<b>Communal areas</b> (Care homes/Day Care)	N/A
<b>Dining areas</b> (Care homes/Day Care)	N/A

<b>Access to outside space</b> (Care homes/Day Care)	N/A
<b>Specialist bathing facilities</b> (Care homes/Day Care)	N/A
<b>Number single occupancy bedrooms</b> (Care homes)	N/A
<b>Number of shared rooms</b> (Care homes)	N/A
<b>Number of rooms with en suite facilities</b>	N/A
<b>Security arrangements</b> (Care homes/Day Care)	N/A
<b>Office/meeting rooms</b> (Home Care, Care homes/Day Care)	<p>There is locked archive records storage at le Bas.</p> <p>Le Bas reception is staffed during office hours and electronic ID cards access to building is used to restrict access at all times. Signing in book for visitors, that protects the person's identity and respects confidentiality.</p> <p>If service users/professionals enter the building they are accompanied to the meeting room by the FNHC member of staff and then accompanied back out to reception to sign out on completion of the meeting.</p> <p>Staff meetings held in private space or individual offices and there are meeting rooms at Le Bas and G le G according to requirements. Consideration is always given to confidentiality and risk.</p> <p>FNHC have dedicated training rooms and equipment at G le G</p>
<b>10. Quality Assurance and Governance</b>	
<b>Complaints and concerns</b>	<p>Patients and people who use our services are able to make verbal complaints in person and by telephone and also written complaints by email, letter and through FNHC enquiry email <a href="mailto:enquiries@fnhc.org.je">enquiries@fnhc.org.je</a> which is found on FNHC website and leaflets. Patients of staff can also contact any manager, CEO and any member of the FNHC committee. Anyone wishing to make a complaint can be supported through the process.</p>

	<p>FNHC has a complaints policy which details management of complaints and timeframes.</p> <p>Compliments and complaints are reported on by each service along with other performance, quality indicators and outcomes measures which is reviewed and monitored by commissioners at their external quality boards, the committee at the committee meetings and governance subgroup and by the senior management team at our quarterly clinical governance, quality assurance and monthly performance board to ensure that FNHC continuously improves driving a culture of learning across the service and organisation</p>
<b>Organisational structure</b>	<p><a href="https://www.fnhc.org.je/media/43133/strategy-2019-to-2023.pdf">https://www.fnhc.org.je/media/43133/strategy-2019-to-2023.pdf</a></p>
<b>Service oversight</b>	<p>Service oversight is provided both internally and externally to FNHC. Internally, the service is monitored at the quarterly clinical governance and quality assurance group and the performance board led by the Governance and Quality Lead and CEO.</p> <p>The service and organisation is also quality assured, and risk managed by the committee to ensure appropriate clinical and corporate governance is in place. Reports are received by the committee at each meeting and through the finance and governance sub groups.</p> <p>Each service maintains a risk register which is managed by the operational lead and monitored by senior management team. High scoring risk are managed and mitigated through the corporate risk log reported to the committee.</p> <p>A quarterly performance dashboard is developed for each service including incidents, broken down by type and severity pressure ulcers, complaints and mandatory training, supervision, captured and reported from the ASSURE system within the organisation. These all form part of the governance and quality assurance.</p> <p>FNHC committee also has oversight of service quality and performance data.</p> <p>Both adult and children safeguarding action plans are monitored at FNHC's internal safeguarding meeting, and through membership of the external safeguarding partnership board and completion of annual Safeguarding Partnership Board Memorandum of Understanding audit. This is coordinated by FNHC Safeguarding Lead.</p> <p>FNHC also has an annual audit programme which includes but is not limited to record keeping, infection prevention and control and adrenaline.</p>

	<p>Externally FNHC reports to the commissioners who performance manage and quality assure the service on a quarterly basis at their Quality Board</p> <p>FNHC as a charity also holds a public Annual General Meeting (AGM) where it publishes all of the financial accounts, which are also externally audited, the chairs and CEO's reports.</p> <p>FNHC's new 5 year strategy (2019-2023) and annual service plans also provide the organisation with oversight and accountability.</p>
<b>Involvement</b>	<p>Patients are offered the opportunity to complete the patient satisfaction survey based on NHS England friends and family test. <a href="https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/">https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/</a></p> <p>Service specific Surveys include MECSH client survey feedback Baby Steps parent evaluation of programme. Parent representation on Breastfeeding Operational Group, Best Start Strategic Board. Maternity Voices gathers feedback independently on HV services.</p> <p>FNHC Committee members are drawn from the public and from a range of professional backgrounds and life experiences which includes those who have used our service and may use our service in the future.</p> <p>FNHC also holds an AGM where financial accounts and CEO reports are presented and these are also accessible on our website. Learning from incidents, SCR's and complaints raised by those who use our services also inform service delivery and redesign.</p> <p>Service user's engagement and feedback at any events or at any contact with our organisation is encouraged.</p> <p>Staff also are invited to complete a staff engagement survey at least every 2 years, and the findings are developed into an action plan. The implementation of the plan is overseen by the staff wellbeing group</p>