

**TRUST BOARD**

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Title:	<b>A Patient Story from Norfolk Children and Young People’s Health Service Nurture Group Initiative</b>
Action:	<b>FOR DISCUSSION</b>
Meeting:	<b>14<sup>th</sup> March 2018</b>

**Purpose:**

The purpose of bringing patient stories to Board members is:

- To set a patient-focused context for the meeting.
- For Board members to understand the impact of the lived experience for the patient, family and friends.
- For Board members to reflect on what this experience reveals about our staff, morale and organisational culture, quality of care and the context in which our clinicians work.

**Recommendation:**

- To receive the patient story and note the context from which it was generated.
- To share this success story around collaborative working with all of our Services demonstrating how collaborative working can offer seamless services from hospital to home which not only benefit the patient, the families and access to services, but also aim to reduce in hospital attendance/readmission for special care babies.

	Name	Title
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Executive sponsor:	Julia Sirett	Chief Nurse

## Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	Offering a joined up seamless service by working collaboratively with other organisations. Working with families to provide specialised and individual care.
Collaborate with other organisations	Joint initiative between two Trusts and a Local Authority to ensure full support provided to families of infants who have been in special care or neonatal intensive care baby unit.
Be an excellent employer	Supporting staff to provide outstanding and patient centred care.
Be a sustainable organisation	Not covered in this paper.

## Trust risk register

N/A

## Legal and Regulatory requirements:

N/A

## Equality and Diversity implications:

Indicate here how equality and diversity objectives are met or state if not relevant. Is a QIA or EQIA applicable to the proposals in this paper? If so, have they been completed? What are the key risks and mitigations identified?

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	This paper is an example of how services are working with other organisations to provide patient centred care and to enable service users to access the services they require.							
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	This paper provides details of how services are working within remote rural areas to ensure support and access is provided to families otherwise isolated.							
Using the national 'A Call to Action on Bullying and Aggression', internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs.	Not covered in this paper.							
Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the Trust Board from more diverse backgrounds.	Not covered in this paper.							
Are any of the following protected characteristics impacted by items covered in the paper - NO								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **1. Introduction**

- 1.1 The patient story looks at the collaborative work carried out between Cambridgeshire Community Services NHS Trust (CCS), Norfolk and Norwich University Hospital (NNUH) and the Local Authority (LA) to form the joint initiative in extending the central Norfolk based Nurture Group to hard to reach rural areas in South Norfolk, based on the success of the established group.
- 1.2 This joint initiative is a direct outcome of a local survey which identified compelling evidence that families with infants who have been in special care or the neonatal intensive care baby unit (NICU) in Norfolk experience additional needs and would benefit from receiving timely and responsive support in further extended locations.
- 1.3 A mother who has been part of this initiative will be attending in person to discuss the impact this group has had on her daily life with her children. The mother will be referred to as MM for the purpose of confidentiality within this report.
- 1.4 The Specialist Health Practitioner 0-19 (Additional Needs and Disability) who has been involved in extending this service to more rural areas, will be attending in person to discuss the benefits, successes and challenges of providing this joint initiative.

## **2. Journey with the Norfolk Nurture Group**

- 2.1 MM has two children both of whom had complications at birth resulting in lengthy stays in NICU. MM gave birth prematurely to her first child and consequently had limited antenatal and postnatal contact due to being in hospital. One of the antenatal provisions that MM missed out on was the contact from the Health Visitor/Specialist Practitioner from the Health Visiting (HV) Team before the baby was born. All parents are invited to attend the Pathway to Parenting course, a free four week antenatal course run at a local Children's Centre covering labour, delivery, baby care and the role of the professionals met along the way. The Trust's Norfolk Health Visitors are part of this group.
- 2.2 After the birth of her first child, MM was invited to attend a Nurture Group run by NNUH in Norwich City Centre, however this was at least a 40 minute drive for MM and with a new premature baby this was too far for MM to go. It meant that MM did not attend any groups available for new parents and in MM's words left her feeling "anxious and worried".
- 2.3 During MM's second pregnancy her anxiety was high due to concern that she would experience similar complications as with her first child. These anxieties were confirmed when her second child was born prematurely and with further complications resulting in a longer stay in NICU.
- 2.4 MM's second child had seizures following birth resulting in number of complications. MM reported that these had an impact on her wellbeing and ability to complete daily activities.
- 2.5 Based on the success of the Nurture Group in Norwich City it was decided to pilot the same service in a rural area with the aim of making it more accessible across the county. The joint pilot Nurture Group (which now included the Trust's staff) was up and running when MM had her second child which meant that even before leaving hospital MM met with her Health Visitor and this support continued throughout the whole transition from NICU to home.
- 2.6 The Nurture Group that MM attended after leaving hospital was at a local Children's Centre, a 15 minute drive away and therefore more accessible compared to what was available following the birth of her first child. MM reported that "she was incredibly anxious about attending the first session". MM has since attended and been fully involved with every group and MM reports "this has increased her confidence and reduced the isolation she felt after the birth of her first child".

### **3. The Norfolk Nurture Group**

- 3.1 The Nurture Group is an eight week support group for families of infants who have been in special care or NICU in Norfolk.
- 3.2 The Nurture Group started initially in central Norwich run jointly by NICU Bliss Coordinator (NNUH Trust) and the Local Authority Children's Centre with the aim being to make the service accessible for families across the county. From the evaluation surveys of this group, it was identified that the additional needs of these families were not being met in a timely and responsive way due to the limited centrally location of the group. Based on this, the joint pilot Nurture Group initiative between the NICU Bliss Coordinator (NNUH Trust), Cambridgeshire Community Services and Children's Centre Staff was developed, the aim being with extended professional health support from the Trust's CYP 0-19 teams, the Nurture group could be extended to more rural areas. The first pilot has been set up in South Norfolk.
- 3.3 The lead service continued to be the NICU Bliss Co-coordinator. Bliss, the special care baby charity, is dedicated to ensuring that all babies born too soon, too small or too sick in the UK have the best possible chance of survival and of reaching their full potential. It does this by:
- providing practical and emotional support for families during an extremely difficult time, so they can give the best care to their babies;
  - providing training and support for doctors and nurses, funding specialist Bliss Family - Centred Care Nurses in hospitals and funding research to improve the care of all premature and sick babies;
  - raising awareness of the issues affecting special care babies and fight for essential change within Government and the NHS.
- 3.4 Families were identified by NICU and invited to the Nurture Group in a rural part of South Norfolk. The first joint initiative Nurture Group was rolled out in the autumn term 2016. There was one Health Visitor and a Children's Centre Senior Practitioner for the first four sessions, followed by four sessions led by an Assistant Practitioner and Children's Centre Practitioner to deliver baby massage. A family support worker attended each session and discussed the other groups available once this programme had finished.
- 3.5 The aims of the Nurture Group are:
- Offer local support sessions and establish a local support group for the families of children born prematurely and/or with additional health needs.
  - To establish a link for these families to universal services from Children's Centres.
  - To explore the role of the Health Visitor working with families of children born preterm and/or with complex health needs

### **4. Outcomes of the Joint Nurturing Group Initiative**

- 4.1 The initiative being extended to more rural areas has meant families within these areas of South Norfolk have access to the joint Nurturing Group Initiative. This has benefited MM and other families who live within this locality.
- 4.2 This targeted approach to support families with additional needs in rural areas has received positive feedback from both the parents and the professionals who were part of the pilot joint initiative programme. Those who attended greatly benefited from this extended service and the hope is that this extended, seamless service from hospital to home, will not only benefit the patient, the families and access to services, but will also have a reduction in hospital attendance/readmission.

#### 4.3 Examples of feedback received from one parent:

- Really enjoyed the group and was glad to be invited.
- Was worried before coming that there may be some 'competition' about who has got the most preterm baby or had the worst experience but didn't find this to be the case.
- Found all the topics covered useful. Not always discussing the most important issue needed at the time but had the information for when it was needed, i.e. weaning and illness advice.
- Liked the opportunity to meet other parents that had not had a 'normal' start with their babies.
- Found the visit from a mum and twins who were preterm to be helpful as it raised some issues that she had wondered about, such as the possibility of delaying starting school.
- Found it a useful way to get information about what is going on in the area such as children's centre timetable.
- Happy to have fortnightly sessions but also thought weekly would be OK.
- Thought that some other mums had felt it was a long way to come for a short massage session so had stopped coming.
- Has seen big advances in own baby's development over the time the course has been running.
- Didn't mind the smaller group as it resulted in a more personalised session.

### 5. Patient Experience

- 5.1 MM will be attending the Trust Board in person to provide a personal account of her own story and experience of the joint initiative Nurture Group being in a more accessible location.
- 5.2 MM will be supported by the Specialist Health Practitioner who has been involved in extending this service.

### 6. Learning for Wider Trust

- 6.1 For all services within the Trust to reflect on MM's story and to consider how working in a responsive and timely way with patients to meet their needs, have not only benefitted the patient (MM in this story), but that others will continue to benefit from this joint initiative in the future.
- 6.2 The Trust Healthy Child Programme within Norfolk has been responsive to the identified need and has worked collaboratively with an existing service provided by another organisation to meet the needs of our local community. This joint initiative shows how one of our Trust's aims of working collaboratively with other organisations has been achieved. Evaluation has shown this service has been well received.
- 6.3 Lessons learned around working collaboratively taken from this joint initiative can be shared and implemented in other services within the Trust to further increase collaborative working Trust aim.

### 7. Recommendations

- 7.1 To share this success story around collaborative working with all of our Services demonstrating how collaborative working can offer seamless services from hospital to home which not only benefit the patient, the families and access to services, but also aim to reduce hospital attendance/readmission for special care babies.



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