

## STANDARD OPERATING PROCEDURE ISPHN INTENSIVE SUPPORT PATHWAY

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<b>Instigated by: Date Instigated:</b>	Justine Rooke - General Manager April 2023
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<b>Ratified and Quality Checked by: Date Ratified:</b>	Children & LD Clinical Governance Meeting 3 August 2023
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	

**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	03/08/2023	New SOP. Approved at Division Clinical Governance Meeting (3 August 2023).
1.1	13/02/2024	Minor amend to Section 3 – ISPHN Teams. Approved by director sign-off (Alex-Hamlin – 12 February 2024). Review dates kept the same.

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## 1. INTRODUCTION

The intensive support pathway (ISP) was part of the specification for the newly commissioned East Riding 0-19 (25) ISPHN service, April 2022, to provide young and vulnerable new mothers with a higher level of intervention. The ISP shares the over-arching aims of the ISPHNS to reduce inequalities in outcomes and to ensure a strong focus on prevention, health promotion and early identification of needs. It has additional specific aims, which are to:

- Improve the outcomes of pregnancy by helping young women improve their ante-natal health and the health of their unborn baby.
- Improve children's subsequent health and development by helping parents to provide more consistent competent care for their children; and
- Improve women's life course by planning subsequent pregnancies, finishing their education, and finding employment.

It is expected that there will be increased improvements in outcomes for families receiving the intensive support pathway, over and above those seen in the universal population. The intensive support pathway will include the Family Nurse Partnership programme plus a wrap-around Level 2 for those not eligible or declining FNP.

### **Reason:**

Rates of teenage conception in the East Riding have been consistently lower than the England average. However, there is wide variation between local areas, with some wards having rates between 30 – 37/1000 (2016-18 estimated rates, under 18 conceptions). There is greater risk of poorer health outcomes for young parents and their babies. Babies born to mothers under- 20 have a 13% higher risk of stillbirth and a 75% higher risk of infant mortality (PHE, 2018). Children born to teenage mothers have a 63% higher risk of living in poverty (FNP, 2023). Mothers under 20 have a 30% higher risk of poor mental health two years after giving birth (PHE, 2018). This affects their own wellbeing, and their ability to form a secure attachment with their baby, recognised as a key foundation stone for positive child outcomes. Around one fifth of the estimated number of young women aged 16-18 who are not in education, employment, or training, are teenage mothers; and by the age of 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over. Young fathers are twice as likely to be unemployed aged 30, even after taking account of deprivation (PHE, 2018). Recent analysis of the Next Steps data shows that some of these poor outcomes are also experienced by young parents up to the age of 25.

### **Objectives:**

- To develop a fully integrated pathway, embedded in the ISPHNS service, providing support at every level for vulnerable young women their babies and families.
- To develop a flexible resource capacity through upskilling staff within the universal ISPHNS service via knowledge and skills transfer to meet the needs of women fulfilling eligibility criteria for intensive support.
- To deliver an intensive support pathway comprising a high intensity level (FNP) and at least one bridging level for mothers not needing the most intensive pathway but a higher level of support than HCP UPP/Specialist level.
- To facilitate the FNP programme in compliance with licensing conditions and criteria.
- To protect and promote the health and well-being of children in the early years. Additionally, the intensive support pathway promotes the health, well-being, and economic self-sufficiency of vulnerable first-time young mothers and their children and families.
- Improve the health and well-being of children and reduce inequalities in outcomes as part of an integrated approach to supporting children and families.

- Ensure a strong focus on prevention, health promotion, early identification of needs and clear packages of support.
- Identify and support those who need additional support and targeted interventions, for example, parents who need support with their emotional or mental health and women suffering from postnatal depression.
- Improve services for children, families, and local communities through expanding and strengthening specialist public health nursing services.
- Improve pregnancy outcomes, child health and development (including school readiness and achievement) and economic self-sufficiency for vulnerable first-time young mothers and their children and families.
- To implement a seamless integrated approach with the universal ISPHNS Healthy Child Programme.
- Use of a strengths-based approach with clinical support where required for Specialist Public Health Nurses in particular working alongside clients to provide information, advice and support relating to their pregnancy and parenthood.
- Disseminate the specialised skills used within the high intensity pathway through knowledge and skills transfer, to embed approaches in the ISPHNS service and wider children's services:
- Collaborate with partners to share the ethos of a more localised intensive support model and embedding within wider C&YP Services locally e.g., Children's Centres, Children's Social Care etc:
- Maintain the overarching aims to reduce inequalities in outcomes and ensure a strong focus on prevention and early identification of needs.

## 2. SCOPE

This document is aimed at FNP family nurses (band 7), health visitors (band 6) and specialist support pathway nursery nurses (band 4) who work within the East Riding ISPHN 0-19 service. The FNP family nurses will follow the license requirements of the FNP programme and have FNP antenatal and specialist caseloads. The band 6 health visitors will hold an Intensive Support Pathway caseload and will be accountable for those mothers within this caseload. The Intensive support pathway nursery nurse, via a referral system, will support and consult with the accountable case holders (HV band 6's). Students and bank staff can support the named caseload holder where applicable under supervision of the band 6 named health visitor.

This document should be applied when a clinician is working with a family on the Intensive Support Pathway.

## 3. DUTIES AND RESPONSIBILITIES

### **Public Health Nursing Teams including the Family Nurse Partnership team, Clinical Team Leaders, Service Manager and Modern Matron**

- To ensure support and training and regular updates are in place for ISPHN teams to adhere to this guidance.
- To ensure through 1-1 reviews and appraisals that the ISPHN teams have the appropriate training to deliver the intensive support pathway.
- To ensure mentoring sessions, and where relevant transfer of skills training, are provided by the family nurses to the ISPHN service.

- To monitor compliance with this procedure and report any problems in implementation to the Service Manager or Modern Matron.

### **ISPHN Teams**

- Undertake the Parent and Baby outcome star to recognise and prioritise support needs for young parents and families.
- Seek consent to input outcomes and scaling on the Star Online (consent forms available on the online website).
- Know when to seek additional support or supervision.
- To escalate to clinical team leaders if they do not have capacity to deliver the ISP.
- Communicate effectively with young, vulnerable parents.
- Make referrals to other health services and share information as appropriate.
- Make a referral to the Intensive Support Pathway nursery nurse if require nursery nurse support.
- Ensure all documentation meets Humber NHS Foundation Trust guidance and NMC policies.

### **FNP Team:**

- Adhere to the FNP programme licence criteria.
- Provide mentoring for band 6 health visitors and ISP nursery nurses on a fortnightly basis, in a group drop-in session, via MS Teams.
- Ensure a robust referral process is in place to distinguish between those clients that accept the FNP programme and those that decline, please note declined FNP clients should automatically be placed on the Intensive Support Pathway.
- The family nurses may use the intensive support pathway as a step down from FNP to a Universal caseload when the client and child are graduated.

## **4. PROCEDURES**

### **4.1. FNP**

- A notification is received from local midwifery teams or local administrators to the FNP team via the FNP team email ([hnf-tr.erfnp@nhs.net](mailto:hnf-tr.erfnp@nhs.net)) for young first time pregnant mothers from the age of 19 years and younger.
- If a client refuses the FNP programme or there is no capacity within the FNP team, these clients should be allocated to the Level 2 ISP delivered by the health visiting service.
- FNP notifications to be discussed at a weekly allocation meeting scheduled every Wednesday at 09:00 and any allocations made to a family nurse.
- All FNP family nurses to adhere to the FNP programme licence.

### **4.2. ISP**

- A notification is received from local midwifery teams to the ISPHN 0-19 (25) Single Point of Contact email ([hnf-tr.isphnspoc@nhs.net](mailto:hnf-tr.isphnspoc@nhs.net)) for young pregnant mothers aged 20-24 years and any age following a hard launch from September, 2023.
- Local administrators to retrieve any mothers from these age ranges from the waiting lists and allocate via the ISP allocation grid (considering known health visitor if have received the service previously), they will then task the named health visitor.

- Once a client is allocated to a named case holder's ISP caseload, the health visitor should search for any vulnerabilities as listed below on the S1 record before deciding whether they need to remain within the ISP caseload (can be discussed at the allocation meeting if unsure). A face to face visit can be organised if this is deemed necessary to understand the client's vulnerabilities prior to this decision being made.
- The Single Point of Contact will allocate all referrals received to a health visitor using the allocation grids for each team on the V drive location (Shares(V:)>CLD> ISPHN 0-19 (25) Service>SPoC>Allocation Grids) and task the named health visitor.
- SPoC to flag the task green to highlight for local administrators to pick up.
- Local administrators to check with midwifery that all client's pregnancies are still viable and document in key significant events that the pregnancy is on-going prior to the health visitor contacting the client (local admin to contact midwifery as standard practice after 24 weeks unless requested by HV to contact to check pregnancy earlier).
- If a significant time-period has elapsed since the pregnancy was checked the health visitor may ask for a second check to be completed before contacting the client.
- Please note that the introduction of a new midwifery system Badgernet across the whole of the Integrated Care System should negate the need for this check.
- Health visitor to complete the Outcome Star at the first client visit to assess client need and required support.
- It is possible to complete the outcome star directly in the home using your laptop if there is access to Wi-Fi or you can tether using your work mobile phone. If you have completed the form live in the home, you will need to save to your laptop for attaching to the record.
- Ensure that consent has been gained to input basic client demographics and change scaling on the Star Online software for performance management purposes.
- Health visitor to document on SystmOne. Until a specific outcome star template is produced, please use the Adult health and wellbeing template and the Child Health and Wellbeing template for any contacts other than a mandated contact.
- A copy of the Outcome star form and consent will need to be attached to the record of the adult and where applicable the child.
- A referral can be made to the ISP NN using the ISP NN referral form (Appendix B).
- A referral can be made to the Children's Centre via the usual referral process.

#### 4.2.1. ISP Vulnerabilities:

Referrals for clients aged 20 years and older with following criteria:

- Living in East Riding postcode area
- Social services involvement
- Learning disabilities / SEND
- Previous or current mental health problems
- Substance or drugs abuse
- Previous or current exposure/perpetrator of domestic abuse
- Family dysfunction/chaotic home environment
- Criminal justice system involvement, client, or partner
- Children / young person looked after
- Other risks to client not covered above or prioritised locally

## 5. MONITORING

The implementation of this policy will be monitored through supervision with staff, record keeping audits, staff's 1:1's, and appraisals.

## 6. REFERENCES

Family Nurse Partnership, *How FNP Works; Enabling Young Parents to Help their Child Succeed*, Family Nurse Partnership, 2023, <https://fnp.nhs.uk/about-us/how-fnp-works> (accessed 13 June, 2023).

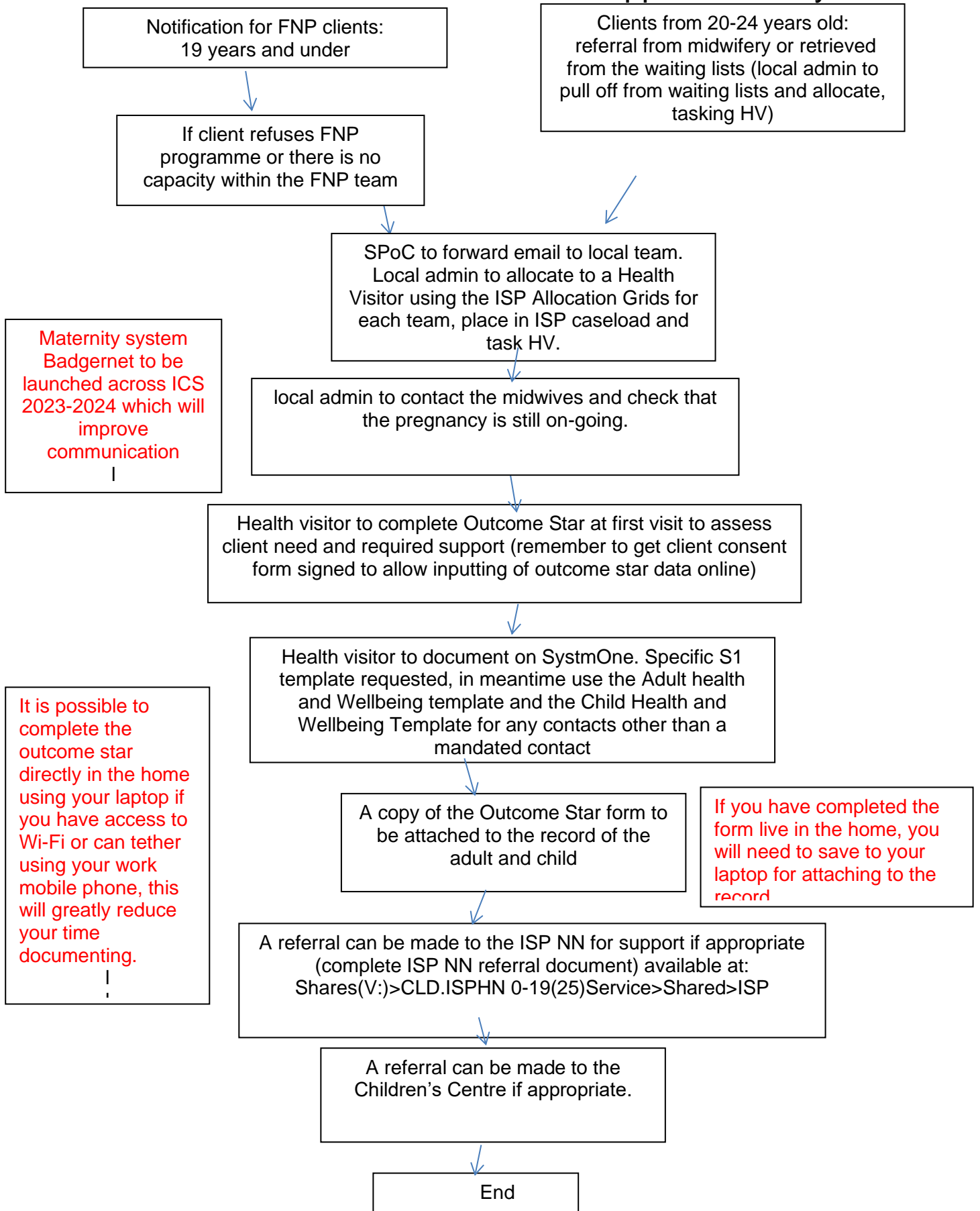
Public Health England: Local Government Association, *Good progress but more to do: Teenage pregnancy and young parents*, Public Health England, 2018, [https://www.local.gov.uk/sites/default/files/documents/15.7%20Teenage%20pregnancy\\_09.pdf](https://www.local.gov.uk/sites/default/files/documents/15.7%20Teenage%20pregnancy_09.pdf) (accessed 13 June 2023).

Please note:

FNP Licence: The licence is held in England by the Secretary of State for Health and Social Care, and licence requirements are delivered by the FNP National Unit at the Office for Health Improvement and Disparities, part of the Department of Health and Social Care.

## Appendix A: ISP Flowchart

### Flowchart for the Intensive Support Pathway





## Appendix B: ISP Nursery Nurse Referral Form

### Referral to Nursery Nurse Intensive Support Pathway

Following completion of the outcome start evaluation tool with the family, if outcomes indicate the family will benefit from further support and you feel this could be provided by, and is suitable, for the Intensive support pathway Nurse Nursery Suzanne Sellers.

Please fill out the below referral form and send via email to [suzanne.sellers@nhs.net](mailto:suzanne.sellers@nhs.net)

### Nursery Nurse Intensive Support Pathway Referral Form

Child/Parent Name		
DOB		
NHS Number		
Health Visitor		
Would you like the NN to contact you before arranging a home visit?		
Outcome Area	Cross in box	
Mental and Emotional Wellbeing		
Physical Health		
Housing and Essentials		
Relationship		
Support Network		
Looking after your baby		
Connecting with your baby		
Please give details of support required: -		

## Appendix C: ISP / FNP Midwifery Notification Form

### FNP and ISP ISPHN Notification Form

**FNP eligibility checker** (please **tick** all relevant boxes, complete form in **capitals**)

Under 28 weeks Gestation? <input type="checkbox"/>  First pregnancy/ live birth? <input type="checkbox"/>	→	Aged 19 or under <input type="checkbox"/>  Aged 20 -24 <input type="checkbox"/>	→	To notify FNP Complete this form and return it either by Email: <a href="mailto:hnf-tr.erfnp@nhs.net">hnf-tr.erfnp@nhs.net</a>  Tel: 01482 335001
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**Referrals for clients aged 20 years and older with following criteria:**

- Living in East Riding postcode area
- Social services involvement
- Learning disabilities / SEND
- Previous or current mental health problems
- Substance or drugs abuse
- Previous or current exposure/perpetrator of domestic abuse
- Family dysfunction/chaotic home environment
- Criminal justice system involvement, client, or partner
- Children / young person looked after
- Other risks to client not covered above or prioritised locally

**Go automatically to ISPHN service via SPOC, local admin to allocate to ISP. Named health visitor to decide whether client meets the criteria for the ISP, if unsure can discuss at weekly allocation meetings.**

**To notify ISP ISPHN**  
 Complete this form and Email:  
[hnf-tr.isphns poc@nhs.net](mailto:hnf-tr.isphns poc@nhs.net)  
  
 Tel: 01482 689689

<b>Client Forename(s)</b>		<b>Surname</b>		<b>DoB</b>		<b>NHS No.</b>	
<b>Partner/Baby's Father Forename(s)</b>		<b>Surname</b>		<b>DoB</b>		<b>Present/absent</b>	
<b>Client ethnicity</b>				<b>Partner ethnicity</b>			
<b>Address, phone number(s), email</b>						<b>Further relevant information</b>	
<b>LMP</b>		<b>EDD</b>		<b>Gestation</b>			
<b>Are any of the following in place?</b>							
<b>LAC</b>		<b>Single Assessment</b>		<b>CIN Plan</b>		<b>CP Plan</b>	
<b>MW:</b>				<b>GP/Surgery:</b>			
<b>Delete as appropriate</b>							

<b>Client consent to text: YES / NO</b> <b>Consent to leave message: YES/NO</b>	<b>Partner aware of pregnancy: YES / NO</b> <b>Family aware of pregnancy: YES / NO</b>	
<b>Request by (requesting agency/organisation)</b>		
<b>Contact name, phone number(s)</b>		
<b>Position held</b>		
<b>Secure email</b>		

## Appendix D: Equality Impact Assessment

### For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: ISPHN Intensive Support Pathway
2. EIA Reviewer: Sarah Clapham: FNP Supervisor / 0-19 Modern Matron, Sledmere House, Willerby Hill, Willerby, HU10 6ED, [sarah.clapham@nhs.net](mailto:sarah.clapham@nhs.net), mobile: 07816 142019
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

<p><b>Main Aims of the Document, Process or Service</b></p> <p>The ISP shares the over-arching aims of the ISPHNS to reduce inequalities in outcomes and to ensure a strong focus on prevention, health promotion and early identification of needs. It has additional specific aims, which are to:</p> <ul style="list-style-type: none"> <li>• Improve the outcomes of pregnancy by helping young women improve their ante-natal health and the health of their unborn baby.</li> <li>• Improve children's subsequent health and development by helping parents to provide more consistent competent care for their children; and</li> <li>• Improve women's life course by planning subsequent pregnancies, finishing their education, and finding employment.</li> </ul>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally, or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score  <b>Low = Little or No evidence or concern (Green)</b>  <b>Medium = some evidence or concern (Amber)</b>  <b>High = significant evidence or concern (Red)</b></p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	<p>Including specific ages and age groups:</p> <p>Older people                      Young people                      Children                      Early years</p>	Low	Consulted with Humber PMO regarding the equality impact score.
<b>Disability</b>	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory                      Physical                      Learning                      Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	Humber PMO
<b>Sex</b>	<p>Men/Male                      Women/Female</p>	Low	Humber PMO
<b>Marriage/Civil Partnership</b>		Low	Humber PMO
<b>Pregnancy/Maternity</b>		Low	Humber PMO

<b>Race</b>	Colour Nationality Ethnic/national origins	Low	Humber PMO
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Humber PMO
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	Humber PMO
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Humber PMO

### Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
See above.	
EIA Reviewer: Sarah Clapham	
Date completed: 13/06/2023	Signature: S. Clapham