Devon County Council

Devon Public Health Nursing

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Devon Public Health Nursing provides health visiting and school nursing services across Devon. They deliver universal child and family health services and provide ongoing targeted and specialist services for vulnerable children and families. The team is made up of health visitors, school nurses, staff nurses and community health workers.

We rated it as good because:

- Staff had training in key skills, understood how to protect children, young people and their families from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and supported children and young people with their nutrition and hydration. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children, young people and their families, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their health and wellbeing. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have enough staff to provide services to all of the identified contacts in Devon County Council.
- The provider did not have an intuitive and integrated information system.
- Not all staff were aware of the Duty of Candour and how they learnt from incidents.
- Appraisal and supervision rates appeared to be low due to not all being centrally documented.
- Some male parents and carers felt that more work could be done to include them.
- There were delays in staff completing two year reviews.
- Some staff had unequal working terms and conditions due to the variance between the Local Authority terms and conditions and 'agenda for change'.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Devon Public Health Nursing

Devon Public Health Nursing provides health visiting and school nursing services across Devon. They deliver universal child and family health services and provide ongoing additional services for vulnerable children and families. The team is made up of health visitors, school nurses, staff nurses and community health workers. Health visitors and school nurses are qualified nurses or midwives with post-registration experience with additional experience and training and education in child health, health promotion, public health and education.

Devon Public Health Nursing have hubs which operate from a single point of contact for families and professionals for all Public Health Nursing services across a specified geographical area. They bring together clinicians and administrative processes for phone advice, scheduling appointments and triaging referrals and information received.

The service was provided by Devon County Council and was registered for the following regulated activity:

- The treatment of disease, disorder or injury.

The service was previously delivered by an independent health provider and transferred over to Devon County Council in 2019. The service has not previously been inspected.

What people who use the service say

People using the service said that staff were approachable, friendly, helpful and reassuring. They said they were spoken to with respect and care which made the visits personal and comforting. People using the service felt they could trust staff and felt they were in good hands.

People using the service said that staff helped them with breastfeeding, listened well to them and had time for them and their baby. People said the process was easy, from needing the appointment to attending it. People said it was great to have consistency with the health visitors.

Some people said they thought it was a shame some of the drop in sessions were no longer running. Some people said they thought it would benefit people more having face to face contact, not via video link. Some people said they would like more regular appointments and would like to get a few of the clinics back that were running before the pandemic.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the service.

Summary of this inspection

We announced this inspection shortly before the inspection to ensure we were able to visit a wide range of locations across Devon County Council.

During the inspection, the inspection team:

- spoke with 36 members of staff including senior leaders, team managers, school nurses, health visitors and community health workers
- spoke with 24 parents, carers or young people
- reviewed 18 care and treatment records
- attended or observed 20 sessions facilitated by staff, including team meetings, clinics, home visits and school visits
- toured the environment of eight premises where care and treatment was provided
- reviewed a range of policies and procedures and other documents related to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- Managers recognised the impact that lengthy delays in specialist services, such as the autism pathway, were having on children, young people and families. Managers presented at county-wide special educational needs and disabilities (SEND) network meetings to improve how schools and school nurses could work better together through early identification and support. They commissioned two-day training for school nurses to improve awareness and understanding of speech, language and communication needs and several school nurses were involved in user testing of the Royal College of Speech and Language Therapists e-learning package 'Mind Your Words'. Managers provided additional training in social, emotional, and mental health to improve skills and confidence in supporting presenting needs associated with SEND and neurodiversity to strengthen support available within a graduated response model.
- The provider had responded quickly to changing needs of the local population. The provider collaborated with early years and education partners to help provide a package of support to those families fleeing the Ukraine and also provided a significant response to the urgent health needs of the Afghan refugee families who were given refuge in the county. The provider were part of the strategic workforce planning, and deliver ongoing support and care to these vulnerable children and their families.
- The provider had invested in joint working and pathways specific to perinatal and infant mental health. This included supporting the delivery of the health visiting service within a local mother and baby unit. The team integrated different models of working that aligned with public health nursing practice and established the specific training needs of the workforce with regards to perinatal mental health.
- The provider had a menopause champion who promoted awareness amongst staff and provided them with information about how to complete specific menopause risk assessments, get the support they needed and how the provider would support them in their role. There was a menopause at work policy that fostered an environment where employees could openly have conversations with their managers about what reasonable adjustments they required at work.
- The provider had completed an evaluation of their response to the pandemic across early years services in the county. This included the reflections of families and practitioners about the delivery of the service, how early years services responded and what the provider learnt from the pandemic.

Summary of this inspection

- The senior leadership team had developed the 'four R's' during the pandemic as part of a staff engagement project in the provider's pandemic recovery plan. Staff were asked about things they were looking forward to returning to, things they wanted to retain, things they would resist going back to and some radical thinking about what they would like to do. This project proved very popular and staff said they felt motivated about the changes they had helped to make as a result.

Areas for improvement

SHOULDS

Community health services – children and young people

- The provider should continue with their long term workforce strategy and workforce planning project to recruit, retain and develop their workforce.
- The provider should continue with their digital transformation project to procure a new integrated system.
- The provider should ensure all staff are aware of their obligations under the Duty of Candour and how to access learning from incidents.
- The provider should continue to work towards increasing the documentation of staff appraisals and supervision.
- The provider should respond to male parents and carers about their need for further inclusion.
- The provider should continue with their improvement plan for the improved timeliness of core contacts to develop and deliver a local plan for the improvement, recovery, and sustainability of service performance against core mandated contacts.
- The provider should continue to work with the Local Authority to highlight the impact of variance in terms and conditions on staff recruitment and retention.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Community health services for children, young people and families safe?

Good

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. In October 2022, 84% of staff were up to date with their mandatory training. These figures were improving and were higher than reported as the data relied on staff self reporting their training compliance.

The mandatory training was comprehensive and met the needs of children, young people and staff. Clinical staff completed infant feeding training. This was universal training and aimed to improve the outcome of every baby through assessment.

Clinical staff completed training on recognising and responding to children and young people with mental health needs, learning disabilities and autism. Special educational needs training had recently been added as part of mandatory training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored a learning and development dashboard which gave them oversight of clinical team members' training requirements.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Community health services for children, young people and families

Good

Staff received training specific for their role on how to recognise and report abuse. Staff received level three safeguarding children training. Eighty-four per cent of staff were up to date with this training. Team leaders delivered safeguarding supervision to all band six staff and the safeguarding lead offered more bespoke supervision for new starters. The safeguarding lead was part of the multi-agency safeguarding integrated hub for the county and also attended safeguarding partnership groups.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff in each area attended a weekly team time meeting where they shared any safeguarding concerns with the team. There was a safeguarding tracker used within team meetings to oversee families with safeguarding concerns. Staff called for support and used a code word whilst out on visits if they came across a new safeguarding concern or a lone worker risk.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff followed safeguarding policies and procedures that were saved on a shared drive. Staff had protected time to check family records for any safeguarding concerns before a visit. They knew when to instigate welfare checks on families and how to complete a referral to the multi agency safeguarding hub. Staff knew how to contact the out of hours duty social workers. The perinatal and mental health team worked with vulnerable families and enhanced the safeguarding support available to those families and the staff supporting them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were safeguarding champions within each hub area. Managers linked into several county-wide safeguarding partnership meetings every six to eight weeks. Staff had access to a safeguarding duty line which covered all community services. The provider held a service level agreement with the safeguarding lead who was employed by the NHS. The provider was in the process of bringing this process in house by recruiting three band seven specialist nurses and a named nurse for safeguarding.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well maintained. Families said that the environment was always clean and well maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Business support staff kept a stock check of PPE and put in orders when required.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff brought their own equipment with them on visits and cleaned them with clinical wipes before and after each visit.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. When providing care in children and young people's homes staff took precautions and actions to protect themselves and children, young people and their families.

Staff carried out daily safety checks of specialist equipment. Staff calibrated their scales every six months.

Community health services for children, young people and families

Good

The service had suitable facilities to meet the needs of children, young people and their families. Families said that there were always suitable toys around for children to play with and the environment was welcoming. There were information leaflets displayed for families, such as 'best start in life' and safe sleeping.

The service had enough suitable equipment to help them to safely care for children and young people. Staff had access to the correct equipment for weighing and height monitoring.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used a nationally recognised tool to identify children or young people at risk of deterioration and escalated them appropriately. Staff used a universal form to assess young people and their families and any further concerns in their progress notes. Staff assessed the frequency, intensity, duration and safeguarding aspects of any identified risks.

Staff completed risk assessments for each child and young person, using a recognised tool and reviewed this regularly, including after any incident. Staff followed a nationally recognised model to determine what help and support family members needed. This was reviewed after every visit. Staff completed a lone working risk assessment for working away from their base and followed lone working procedures. Any outcomes that were high risk required joint visits to the family home by two practitioners.

Staff knew about and dealt with any specific risk issues. These were captured in a family health needs assessment. Staff attended multi agency meetings where risk was a concern for families, such as vulnerable pregnancy meetings.

The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a child or young person's mental health). Staff were familiar with the pathways for families to follow when they needed support with their mental health and wellbeing. Staff held case discussions with children and adolescent mental health services (CAMHS) workers when there were any concerns. The service also had a perinatal and mental health team who visited teams, joined team meetings and offered ad hoc supervision for staff who were supporting families with this identified need.

Staff completed, or arranged, psychosocial assessments and risk assessments for children or young people thought to be at risk of self-harm or suicide. Staff followed a flowchart for responding to indications of risk of significant harm. Contact details were included for safeguarding leads and CAMHS. Staff conducted mental health and wellbeing assessments with CAMHS colleagues' input. Staff were trained in supporting families with their mental health. Staff delivered low level cognitive behavioural therapy for children in schools who were not on the CAMHS pathway.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. Staff were responsible for handing over any information to other teams. They held 'team around the family' meetings which involved all workers and family members. Staff transferred their documented outcomes following psychological intervention over to CAMHS if families needed further support.

Sharing of information between professionals supported the safety of children and young people. Staff participated in early help triage meetings with external services such as CAMHS, the local authority and early help workers every week so all handover information was known between the services.

Community health services for children, young people and families

Good

Staffing

Although the service did not have enough staff to provide care and treatment to children and young people, staff had the right qualifications, skills, training and experience, to keep them safe from avoidable harm. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.

The service did not have enough nursing and support staff to provide services to all of the identified contacts in Devon County Council. In October 2022, there were 15.6% whole time equivalent (WTE) health visitor vacancies and 27.9% WTE school nurse vacancies. Vacancies were particularly high in the east of the county. The provider was not able to conduct the contact points recommended under the Healthy Child Programme with their current existing resource. The Healthy Child Programme sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Caseloads were double those recommended by the Institute of Health Visiting. Staff reflected that they felt a lot of pressure in their roles as a result. Family contacts were reduced. Staff working on their own at clinics said they felt the pressure of not having peer support.

Managers could not accurately calculate and review the number and grade of nurses and community health workers needed to provide services to all core contacts, in accordance with national guidance. During financial year of 2015 to 2016, there was a reduction of 6.2% in the public health budget which was then followed up by smaller reductions over the next four years. This added up to around 15.1% reduction in staffing budget overall for the council. The impact on the reduction in the public health nursing budget meant that the health visitor and school nurse establishment in the county had been significantly reduced compared to the target set as part of the national 'Call to Action' government campaign and the reduction in school nurse establishment.

Managers could adjust staffing levels daily according to the needs of children and young people. Managers had demand and capacity plans in place to adjust staffing in each area. School nurse caseloads were high as there was a requirement to have a named nurse for every secondary school in the county, yet the service experienced high vacancies. Allocations were reviewed every week.

The number of nurses and community health workers did not match the planned numbers. Managers had calculated the needs of the population compared to the allocated level of funding per head of the population in the county as significantly lower. To deliver the service based on commissioning guidance for public health nursing and the service specification, they would need a significant increase in their staffing budget.

The service had reducing vacancy rates. The service had reducing turnover rates. The service had reducing sickness rates.

The service had low rates of bank nurses. Managers limited their use of bank staff and requested staff familiar with the service. Bank staff had worked with the teams for a long time.

Managers made sure all bank staff had a full induction and understood the service. All bank staff were re-inducted and had access to supervision and training.

Records

Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely but not easily available to all staff providing care.

Patient notes were comprehensive and records were stored securely. Records documented all family members in the form of a family tree and which health professionals were involved. Staff documented a wide range of information

gathered during a family health needs assessment. However, staff could not access records easily. Records were stored on three separate systems which meant accessing information was time consuming and information was difficult to find. Staff were required to access all three systems before a new assessment. Staff had protected time to review records but still wasted a lot of time trying to find information. Staff felt very frustrated at the time lost spent looking for information over these three systems.

When children and young people transferred to a new team, there were delays in staff accessing their records. This was due to information being stored on three separate systems.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. All staff reported incidents on a single system and had training on how to do this.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff also recorded plans and actions appropriately and in line with policy.

Staff reported serious incidents clearly and in line with trust policy. Staff reported serious incidents on the shared system which went directly to the team leaders for review. The area managers then completed a further review and signed off those serious incidents.

Not all staff understood the duty of candour. When applied, staff were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong.

Not all staff were aware of how they received feedback from investigation of incidents, both internal and external to the service. However, the provider produced a service wide action plan, called 'learning from rapid reviews, safeguarding and SEND reviews and child deaths 2021-22' which captured learning and methods for sharing with practitioners. Learning was cascaded via quarterly quality and performance reports which were made available to staff via the provider's shared information site. Learning was also shared via staff supervision, 'team time' sessions, monthly governance meetings, locality meetings and professionals' meetings.

Staff met to discuss the feedback and look at improvements to children and young people's care. Staff discussed learning from incidents in their 'team time' discussions or locality meetings. National reviews and incidents were discussed in monthly governance meetings along with the recommendations following these events.

There was evidence that changes had been made as a result of feedback. Managers discussed changes to systems and processes following an incident in service wide governance meetings. Managers documented any changes in the provider's quarterly quality report which was published for all staff to view.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations. Managers conducted serious case reviews that included the feedback from those families involved.

Community health services for children, young people and families

Good

Managers debriefed and supported staff after any serious incident. All staff were given the opportunity to debrief following an incident with either their supervisor or the duty team leader.

Managers took action in response to patient safety alerts within the deadline and monitored changes.

Are Community health services for children, young people and families effective?

Good

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Updates to national guidance and best practise were identified by quality assurance leads and disseminated out to practitioners who had a particular interest in them. Practitioners reviewed the updates and suggested where they fitted in with their practice model. They then put forward any relevant training that staff would need to make sure they were up to date with the relevant piece of advice. Updates to best practice were also shared in the 'hub headlines' news bulletin.

Staff protected the rights of children and young people subject to the Mental Health Act and followed the Code of Practice.

At handover meetings, staff routinely referred to the psychological and emotional needs of children, young people and their families. Staff conducted holistic assessments which included the psychological and emotional needs of the family.

Nutrition and hydration

Staff regularly checked if children and young people were eating and drinking enough to stay healthy.

Staff supported children, young people and their families with their nutrition and hydration needs. The provider gained consent from families to weigh and measure children at risk of malnutrition or obesity. They provided pictorial information about what a healthy child should look like, and what they looked like if they were under or over weight. Staff then provided advice and guidance for those families who needed additional support in this area.

Staff fully and accurately completed children and young people's fluid and nutrition charts where needed. Staff recorded babies' weight and growth during new birth visits to check they were receiving adequate nutrition. Staff also monitored weight and growth during one and two year reviews, or when additional need had been identified.

Staff used a nationally recognised screening tool to monitor children and young people at risk of malnutrition. Staff conducted feeding assessments and referred to a low weight gain policy on their shared drive for guidance. Staff provided families with guidance on weaning and babies' first steps with hydration and nutrition. Health visitors accessed an infant feeding team who provided advice and support for families around feeding regimes.

Community health services for children, young people and families

Good

Specialist support from staff such as dietitians and speech and language therapists was available for children and young people who needed it. Staff conducted health needs assessments for the whole family and completed referrals to appropriate specialists on the back of that assessment.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. The service had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits. Staff participated in a wide variety of relevant audits such as infant feeding, clinical incidents, information security, parent and carer feedback and two year 'ages and stages' review audits.

Outcomes for children and young people were positive, consistent and met expectations, such as national standards. School nurses used a session outcome rating measure for mental health and wellbeing and used interventions to support families with their experiences. The service used child based outcome tools, such as the 'revised child anxiety and depression scale' (RCADS.) The results from a recent case audit review showed that there were aspects of the pathway that were more embedded than others.

Managers and staff used the results to improve children and young people's outcomes. Managers completed case review audits, such as an audit around mental health and wellbeing, with the involvement of a CAMHS practitioner. The audit looked at the referral tracker over a few months and the referrals that came through with mental health issues were audited in each area. Managers reviewed cases in other localities. Each area looked at 12-14 records each and recorded the mental health outcomes for the young people involved.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers were developing their systems to capture the overview of all audits taking place in the service. The documentation was outcome targeted and could drill down to practitioner level. The senior leaders monitored the outcomes of these and reported on timeliness. All case note reviews were triangulated with the safeguarding record and the supervision record to ensure staff were up to date and competent to manage cases allocated to them.

Managers used information from the audits to improve care and treatment. Managers audited care records during staff supervision. They recorded if the evidence was completed, if a clear assessment had taken place and what follow up action needed to take place. This was then checked in the staff member's next supervision. Managers had made sure the voice of the child was embedded in care records, following audits results that had identified this needed improvement.

Managers shared and made sure staff understood information from the audits. Learning from audits was identified through the various feedback systems the provider had in place across the service.

Improvement was checked and monitored. The provider had an audit tracker which listed all of the audits completed per quarter, with the learning identified and any changes to practice documented.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Community health services for children, young people and families

Good

Community practice teachers supported the learning and development needs of staff. Staff had protected time to complete their required training. Learning needs were identified during annual appraisals.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. The most suitable staff members were allocated to families during allocation meetings. All health visitors were trained in new born behavioural observations. The perinatal and mental health teams offered support to all staff around new born behavioural observations and trauma informed working.

Managers gave all new staff a full induction tailored to their role before they started work. All staff completed a set induction which covered the completion of mandatory training and service specific competencies. Staff were given a buddy when they first started with the provider.

Managers supported staff to develop through yearly, constructive appraisals of their work. Seventy six per cent of all staff across the service had received or started their appraisals at the end of October 2022. Appraisals were captured on a shared electronic database.

Managers supported staff to develop through regular, constructive clinical supervision of their work. The overall compliance at the end of October 2022 for staff supervision was 69% although this figure was lower than it should have been, as it relied on staff self-recording. Managers supported staff with supervision every four to six weeks. Staff also received three monthly safeguarding supervision. Managers monitored staff supervision via a supervision tracker for each geographical area.

Managers made sure staff attended team meetings or had access to notes when they could not attend. Staff attended regular team meetings. They followed a set agenda which included the duty rota, school feedback, feedback from families and equipment. There was an opportunity for each staff member to escalate any concerns in the team meeting.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Managers offered staff mental health and wellbeing training, low level cognitive behavioural training, child sexual exploitation training and healthy child programme e-learning. Community health workers had recently requested training on reflective thinking and analysis. The community health worker forum included analysis training and reflective training as a response to this request. As a response to a lack of availability of dentistry since the pandemic, the provider had started rolling out dental health training. The provider had recently rolled out a two day speech language and communication needs training for school nurses as this was a gap in school nurse training. Staff said this training helped them identify why they were not making progress with some young people.

Managers identified poor staff performance promptly and supported staff to improve. All staff had access to an employee assistance programme. Managers supported staff with stress risk assessments and staff had access to support from occupational health and human resources when required.

Community health services for children, young people and families

Good

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit children, young people and their families. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. Staff worked collaboratively with the multi agency safeguarding hub which included the multi agency safeguarding hub, the police, probation services, early years and education, drug and alcohol services and adult services. Practitioners attended multi agency strategy meetings, team around the family and child death review meetings.

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. The service was part of the Local Midwifery Neonatal System and had links with the Maternal Voice Partnership, undertaking work with them on parent focus groups, the cards for parents and the planning of engagement. Work had also taken place with early years settings around the integrated two-year reviews and the joint delivery of training.

Staff met with GPs through their primary care safeguarding links to ensure they were aware of what services they provided. The service was trying to improve communication with local midwives to improve communication.

Practitioners attended single point of access meetings for children with complex needs. They attended educational medical panels and needs assessment panels on a weekly basis to check that assessments were progressing.

Staff met regularly with the local authority and the integrated care system to input into the development of pathways, such as the neurodevelopmental pathway and speech and language pathway. Managers had recognised that long delays with the autism pathway impacted on the service. Managers had presented a paper to the special educational needs network about how to best engage school nurses. They commissioned two days training in social and emotional mental health so they could strengthen the service school nurses offered these children.

Staff had good working relationships with the elective home education service. They supported access to health information through contribution to information booklets and their website.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health or depression.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. Relevant information was accessible on the provider's website. Staff promoted the website through schools, and young people had been involved in building the content about their healthy lifestyles. Health visitors informed parents and carers about healthy lifestyle choices such as smoking cessation when they went out on visits. Staff ran sleep clinics to support parents and carers who needed to access this service.

Community health services for children, young people and families

Good

Staff assessed each child and young person's health and provided support for any individual needs to live a healthier lifestyle. Staff worked under an ethos that 'every contact counts' through which they included brief advice for smoking, sexual health and substance use, as well as wider public health lifestyle guidance for the family such as wellbeing and physical activity. Staff signposted to the appropriate service when they identified a need. Staff were able to identify healthier living support via their family health needs assessment.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff learned how to assess a child's capacity for specific decisions in their safeguarding core training.

Staff made sure children, young people and their families consented to treatment based on all the information available. This was documented clearly in their progress notes.

When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture and traditions.

Staff clearly recorded consent in the children and young people's records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This was included in mandatory safeguarding training.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could access the provider's safeguarding team to get advice about the Mental Capacity Act.

Staff implemented Deprivation of Liberty Safeguards in line with approved documentation. If there were any issues around restriction, staff held a multi agency meeting to check there had been an appropriate assessment.

Are Community health services for children, young people and families caring?

Good

We rated caring as good.

Community health services for children, young people and families

Good

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way. Staff showed empathy and kindness to the families they visited. Staff demonstrated respect and care when working with children and sessions were child focussed and interactive. Staff gave families plenty of time to talk, express their concerns and digest any new information.

Children, young people and their families said staff treated them well and with kindness. Families said that staff were very kind and helpful.

Staff followed policy to keep care and treatment confidential.

Staff understood and respected the individual needs of each child and young person and showed understanding and a non-judgmental attitude when caring for or discussing those with mental health needs. Parents said that staff supported them thoroughly with difficulties after the birth of their child. Families said that staff checked up on them after the initial support was given to make sure they were coping.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. During health visits, staff placed a strong emphasis on the emotional health and wellbeing of the family. Staff asked questions around mental health and explained what support networks were available to them.

Staff supported children, young people and their families who became distressed in an open environment, and helped them maintain their privacy and dignity. In conjunction with CAMHS colleagues, staff developed a mental health and wellbeing pathway aligned to the training and support being provided to schools. It embedded shared language across schools, school nurses and CAMHS. It improved transition and reduced duplication for children and young people. All staff were trained in conflict resolution. Parents said that staff were extremely reassuring, helpful and caring after they had become distressed. Staff helped parents to identify coping strategies during their visits. Staff were discreet when supporting families going through conflict and made sure everyone had a chance to talk privately.

Staff undertook training on having difficult conversations and demonstrated empathy when having those conversations. Staff signposted families to the most appropriate services.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's, wellbeing. Staff were undertaking trauma informed training and the perinatal and mental health team signposted staff to the most appropriate services for the families they were working with.

Community health services for children, young people and families

Good

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. Families said they were fully involved in their child's care. The 'voice of the child' was embedded within care notes and the way in which staff documented information.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. The provider had commissioned an interactive chat service, 'chathealth', that young people could use on their smart phones. It had proved very popular with young people and was used as an effective way to interact with young people about their concerns. The service was being reviewed as it was only available from 09:00am to 17:00pm which meant school aged children had a limited window to access it after school hours.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. Staff had completed a young person survey that gathered information about what young people wanted advice on, how they wanted to access information and how they wanted to access their school nurse. Children and their families could feedback via links and codes on their mobile device following an appointment. They could also feedback via a form on the provider's website. Staff documented feedback on a template as part of the 'chathealth' process to use after the conversation had finished. School nurses engaged with children and young people by sending out feedback forms to the schools and elective home education services.

Staff supported children, young people and their families to make advanced decisions about their care. School nurses worked with multi-academy trusts on a social inclusion hub pilot to see how they could work in a more integrated way with education colleagues within a designated social inclusion team. The project aimed to improve outcomes for children and families across their school communities, and to embed the earlier identification and intervention model, helping young people make advanced decisions about their care.

Staff supported children, young people and their families to make informed decisions about their care. The provider had set up parent focus groups that were chaired by parents using the service The aim was to seek feedback from parents about what support they needed so they could collaborate on the service. The provider linked in with local participation groups, so young people using their service had the opportunity to input into how they would like digital processes to develop.

People gave positive feedback about the service. The provider collected feedback from parents, carers and young people by sharing links to a survey following appointments and through the websites. This demonstrated positive feedback about health visiting and school nursing. Feedback was reviewed on a regular basis to identify emerging themes and was included in the quarterly quality report. The provider had collated feedback on the parent group model for antenatal and postnatal sessions. Positive feedback had been provided by 120 parents since the launch. However, feedback from male parents during a different parent forum included not having the same access to mental health and wellbeing support and information that female parents had during a new born visit.

Community health services for children, young people and families

Good

Are Community health services for children, young people and families responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The provider collaborated with early years, education partners, the clinical commissioning group, the Devon County Council refugee team and the Devon children and families partnership to help provide to help provide a package of support to those families fleeing Ukraine. The provider's family health needs assessment was adapted to capture the specific needs of the Ukrainian families. The service provided a significant response to the urgent health needs of the Afghan refugee families who fled Afghanistan and were subsequently given refuge in Devon County Council. The provider was part of the strategic workforce planning, and delivered ongoing support and care to these vulnerable children and their families

The provider had started rolling out a new parent group model, which was developed using public health data to match the support required for families in the county. There were self weigh facilities available for families at local libraries, that ran alongside 'bounce and rhyme' sessions.

Facilities and premises were appropriate for the services being delivered. Connectivity was improving in the hub buildings, although staff did still experience technical issues when conducting virtual meetings. Staff had been coming back to work in the hubs gradually since September 2022. Drop in clinics had ceased during the pandemic and families and some staff said they missed these sessions. However, the provider was gradually replacing these with parent groups and targeted appointments based on a need specific approach.

Staff could access emergency mental health support 24 hours a day 7 days a week for children and young people with mental health problems and learning disabilities. Staff made contact with the relevant health professional who contacted the young person without delay.

The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services. There were perinatal and mental health champions in each locality. They shared information with teams about contact information, referral forms, counselling services and training resources. Staff used tools to help young people balance their mental health, such as 'ten a day' choices centred around asking for help and self esteem. Staff signposted families to onward adult services.

Managers monitored and took action to minimise missed appointments. Staff followed up any missed appointments with a telephone call, a letter and a questionnaire. Staff inputted this information on a spreadsheet which was monitored by team leaders.

Managers ensured that children, young people and their families who did not attend appointments were contacted. Staff applied trauma informed practise and recognised that some families who were more vulnerable might need more support. They checked family contact details were correct and checked if there were any vulnerability factors or any safeguarding concerns. Staff recorded on a significant event form if families did not attend appointments.

Community health services for children, young people and families

Good

The service offered advice and support to parents which helped support other areas. Staff were trained in additional specialisms such as supporting children with mental health and learning disabilities, so they were able to provide low level support whilst they were on wait lists for specialist interventions.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

Staff made sure children, young people and their families living with mental health problems, learning disabilities and long term conditions received the necessary care to meet all their needs. The provider had invested in joint working and pathways specific to perinatal and infant mental health. This included supporting the delivery of the health visiting service within a local mother and baby unit. The team integrated different models of working that aligned with public health nursing practice and established specific training needs of the workforce with regards to perinatal mental health.

Staff held 'team around the family' meetings with families who required additional support. Parents said they felt listened to in these meetings and had their needs supported. Mental health champions met every 4 to 6 weeks to discuss current issues and information to support families. Staff had toolkits, such as the eating disorders toolkit, to support their knowledge when working with young people who required additional support.

A recent report identified persistent shortages in health visiting services for children with a special educational need, impacting on the timeliness of the healthy child programme reviews, meaning that some young children were at risk of not being identified in a timely way. A special educations needs improvement plan was in place.

Staff supported children and young people living with complex health care needs by using 'This is me' documents and passports. Staff and schools worked together on accessible health care plans.

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss.

The service had information leaflets available in languages spoken by the children, young people, their families and local community. There were information leaflets displayed in community hubs, such as advice on infant feeding. The provider's website had an accessibility function so people could view information in a different language.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. Business support staff booked interpreters for those who needed it ahead of an appointment.

Children, young people and their families were given information around food and drink to meet their cultural and religious preferences. All staff were trained in equality and diversity and completed additional modules in culture and religion.

Staff had access to communication aids to help children, young people and their families become partners in their care and treatment.

Access and flow

Most families could access the service when they needed it and received the right care in a timely way.

Community health services for children, young people and families

Good

The provider had an improvement plan to work on improving timeliness of their core contacts, as they were unable to meet the key performance indicators of the Healthy Child Programme. The paper identified the factors affecting performance, such as recruitment and retention and the pandemic restrictions, reviewed the core offer for families and mandated, then put forward the improvement plan, identifying the priorities, progress made to date and the improvement trajectory. Statistics indicated that the provider's performance was significantly lower than in other local authorities. In October 2022, new birth contacts being delivered was above 95%. One year reviews were at 85% and two year reviews were at 50%. Due to staff shortages, the provider struggled to assign a named nurse to each school in Devon County Council. Staff had to prioritise schools with a higher level of need. However, post-pandemic, the provider focused on delivering face to face contacts for developmental reviews, to ensure quality contacts rather than continuing to offer virtual contacts.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment. However, these were not yet within agreed timeframes and national targets. All referrals came in through a central allocation process and managers reviewed how to use resources from other localities to meet the demand. Staff offered alternatives to a face to face appointment, such as phone contact, if it looked as though they would not be able to see them in time. Families said that they could access the service anytime and that staff were very responsive via the phone or by email. Families said they could always get hold of someone.

The provider was not meeting expected targets for one year and two year reviews, although these rates were improving.

Managers monitored waiting times and made sure children, young people and their families could access emergency services when needed and received treatment within agreed timeframes and national targets. Managers had initiated an action plan to clear the backlog of appointments accumulated over the pandemic. All families on the wait list were contacted and reviewed to see if they needed a face to face appointment or could be contacted on the phone. Due to this flexibility, all families were either seen or contacted and all outstanding reviews were completed. Face to face contacts resumed after this backlog was cleared. If a parent or carer required extra support, they were offered an appointment within four to six days. Families said that the service was very responsive and they acted quickly to reassure them in an emergency.

Managers worked to keep the number of cancelled appointments to a minimum. Families said they either had not had their appointments cancelled or that if it happened, they were immediately offered an alternative day.

When children and young people had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Staff planned children and young people's discharge carefully, particularly for those with complex mental health and social care needs. Staff offered a universal service to families where they reviewed progress after each session. Staff worked with mental health providers to offer low level interventions to children and could offer single session therapies. Staff were trained in how to enhance the mental health and wellbeing pathway for children and young people.

Staff supported children, young people and their families when they were referred or transferred between services.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Community health services for children, young people and families

Good

Children, young people and their families knew how to complain or raise concerns. Families all said they knew how to complain. Families said they felt there was good communication with the management team and staff.

The service clearly displayed information about how to raise a concern in patient areas. There was clear information on the provider's website about how to complain.

Staff understood the policy on complaints and knew how to handle them. Staff logged complaints on a formal document.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice. Staff worked hard to increase awareness about the services that school nurses could offer. The provider had received complaints around school nurses not physically being in the school. This decreased the number of referrals sent in by the school. The provider sent information in about the service to schools via educational teams bulletins and had sent open invites to all schools in Devon County Council to take part in the school nurse review.

Are Community health services for children, young people and families well-led?

Good

We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. The provider invested in developing team leaders. Staff were given the opportunity to undertake leadership courses and had protected time off to complete them. The head of service had created an operational manager post to provide oversight of the delivery of the services.

They understood and managed the priorities and issues the service faced. The senior leadership team had a strong focus on the needs of the population and how their services were matched. They mitigated the risks of shortfalls with the staffing budget and managed their resources well. The leadership team were aware of the clash with terms and conditions for agenda for change and those of the local authority and were working with their human resources team to highlight the issue. Agenda for change is the current National Health Service (NHS) grading and pay system for NHS staff.

They were visible and approachable in the service for patients and staff. The senior leadership team were non-hierarchical in their approach and supported ideas for projects from staff. Staff could access the diaries of the senior leadership team and contact them easily on a virtual platform. Staff were highly complimentary about the senior leadership team and said they were very supportive and gave them lots of opportunities to develop and progress their career.

They supported staff to develop their skills and take on more senior roles. The senior leadership team encouraged staff to undertake developmental opportunities as part of their succession planning. There were secondment opportunities available for staff and when for example, team leaders had been on long term sick, band six staff had had the chance to act up. Service development leads managed new team leaders to strengthen the management across the area

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The provider followed the council's core principles and behaviours framework. The questions used in recruitment were based on these values and staff were asked how they demonstrate them during annual appraisals.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The senior leadership team understood the vision for public health nursing to sit alongside the local authority in order to provide continuity and consistency for families.

Leaders and staff understood and knew how to apply them and monitor progress. Leaders held a collaborative working relationship with their commissioners. Together, they looked at creative ways to maximise their budget in line with the provider's strategy. The provider employed a three year project manager to oversee, monitor and support the transformation project for public health nursing.

Culture

Staff felt respected, supported and valued. Staff were passionate, motivated and worked hard to support families in their communities. There was high morale amongst teams. Staff who moved over to the council from the previous provider were subject to the 'agenda for change' pay scale. Band six staff were protected under agenda for change and all clinical staff had since aligned to agenda for change. However, redundancy and sick pay were not protected, which negatively affected longer serving members of staff.

They were focused on the needs of patients receiving care. Staff worked over and above their roles to ensure the best outcomes for the families they supported and for each other amongst their teams.

The service promoted equality and diversity in daily work, and provided opportunities for career development. Leaders conducted stress risk assessments with staff and provided access to health and wellbeing resources. Supervisors asked staff about their wellbeing during supervision and signposted staff to their employee assist programme and wellbeing sessions available through the council, such as stress busting, mindfulness and exercise classes. The provider had a menopause champion who promoted awareness amongst staff and provided them with information about how to complete specific menopause risk assessments, get the support they needed and how the provider would support them in their role. There was a menopause at work policy that fostered an environment where employees could openly have conversations with their managers about what reasonable adjustments they required at work. The senior leadership team worked closely with their human resources team to carry out a flexible working review so they were sure staff who needed to were not penalised in their role. The provider had developed a post-covid policy called, 'the way we work', to agree a set of principles from which teams would provide services in an altered environment.

The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders developed a decision tracker over the pandemic which was available for all staff to view. This helped the senior

leadership team document any decisions transparently and provided a way for them to explain any changes to the staff teams. The platform also gave staff an opportunity to comment and feedback about any proposed changes so they could influence the outcome. The provider had a designated speak up guardian and a bullying and harassment policy that all staff could access. Speaking up was discussed regularly at governance meetings.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. The provider held an electronic performance dashboard into which staff recorded outcomes from their visits. Staffing data was built into the dashboard and managers could drill down into service reports. Staff had access to a management information team who helped train and support team leaders to become familiar with the data. The core mandated figures were submitted to the Office for Health Improvement and Disparities on a quarterly basis. The senior leadership team held monthly monitoring meetings with the senior leads in each locality to run through the data and to discuss any challenges with meeting the set key performance indicators.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The senior leadership team worked closely with performance project managers to review their timeliness in line with their key performance indicators. The provider were stabilising performance following the pandemic whilst they reintroduced all visits as face to face appointments.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. Leaders held a risk register that they reviewed every month.

They identified and escalated relevant risks and issues and identified actions to reduce their impact. The highest scoring risks on their risk register reflected the current concerns around staffing and using three separate systems. The provider had completed an evaluation of the response to the pandemic across early years services in Devon County Council. This included the reflections of families and practitioners about the delivery of the service, how early years services responded and what the provider had learned from the pandemic.

They had plans to cope with unexpected events. The provider had worked hard during the pandemic to keep services running where possible. Their recovery plan was detailed and relevant to all areas of the service provision. The provider was making good progress against their recovery targets and worked collaboratively with their commissioners to set realistic objectives.

Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. Staff could contribute the corporate risk register by submitting items through their team leaders. Staff could read the governance reports that assessed the highest risks for the organisation and what the provider was doing to mitigate against them.

Information Management

The service collected reliable data and analysed it. The provider had access to the children's social care system which meant they could cross reference any concerns that were flagged during visits.

Staff could not find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The clinical systems staff used to store data and records on was not fit for purpose. It took much longer than was needed to access a complete data set using all three systems. Staff could not find required

information in the 'significant life events' system for documents that were uploaded as they were unable to title the information meaningfully. However, leaders had launched soft market testing as part of a re-procurement of a new clinical system, led by a recently appointed project manager, with a new clinical system for the provider predicted to be in place by 2024.

The information systems were secure but not integrated. There were three separate data systems that staff used, which meant that although data was stored securely, it took too long to access the information they needed to work effectively. The systems were not intuitive and staff said it impacted significantly on their allocated clinical practise time. However, IT champions worked with service leads in improving the functionality of the clinical systems used by the provider. All improvements were intent on aiding practitioners in the use of the current clinical systems until the new system was procured

Data or notifications were consistently submitted to external organisations as required. Staff used 4G laptops to upload information onto one of the systems when they were out on visits. This had made improvements to their ability to work effectively whilst out on visits away from the hub.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. The provider had created a staff partnership forum where staff worked on creating their own set of service objectives and could test these out for each service in the forum. Staff put forward their ideas for service development to improve the outcomes for children and families in their areas. Leaders set up task and finish groups for these ideas and disseminated staff engagement surveys to gauge the success of these projects.

Staff took part in a health and wellbeing staff survey. Leaders conducted reconnecting and exit interviews, collated exit interview feedback and used this to push for the agenda for change campaign.

They collaborated with partner organisations to help improve services for patients. The provider developed a programme with children's centres that focussed on families who were vulnerable to poorer outcomes. Staff came together from all over the county easily over a virtual platform. The senior leadership team had developed the 'four R's' during the pandemic as part of a staff engagement project in the provider's pandemic recovery plan. Staff were asked about things they were looking forward to returning to, things they wanted to retain, things they would resist going back to and some radical thinking about what they would like to do. This project proved very popular and staff said they felt motivated about the changes they had helped to make as a result.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. The provider had developed a perinatal and mental health role after identifying gaps in this area of their service delivery. The role was developed to understand the wider need for this support in the county. This team delivered training and induction sessions, supported teams with specific advice and taught staff how to make referrals into the support services that were already in operation. This team were part of the trauma informed network in the county.

They had a good understanding of quality improvement methods and the skills to use them.

Leaders encouraged innovation and participation in research. The provider had submitted a paper to the Institute of Health Visiting about their response to the pandemic. The provider had worked with the 'best start in life' programme about early intervention work and benchmarked all of their interventions offered. The provider hosted a parent forum

where parents got together to share their experience of using services during the pandemic. The provider was successfully re-accredited with the 'baby friendly initiative' under UNICEF UK. The provider also had an ongoing role with the Institute of Health Visiting where they had the opportunity to nationally influence discussions around health visiting and infant feeding through national around the table conversations.