Warrington NHS
Primary Care Trust

Community Public Health Nursing Services – Health Visitor Service Specification

February 2007

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Contents

1. Introduction

Warrington Primary Care Trust wishes to commission comprehensive Community Public Health Nursing Service (CPHN Services) to deliver Health Visiting Services, School Health Advisory Services, Child Protection Services and Paediatric Team Services to the children and young people of Warrington and their parents and carers.

It should be noted that this particular service specification will describe the Health Visiting element of service which will be established based on a model of service delivery which promotes seamless provision with Warrington Borough Council's services for children and young people. It will, therefore include the joint commissioning arrangements for Sure Start Services. Further service specifications will describe the service specifications for the other elements of CPHN Services.

The Children's NSF (2004), Choosing Health (2004), Our Health Our Care Our Say (2006), the Chief Nursing Officer's Review (2004) and the *Every Child Matters: Change for Children* programme (2004) provide a powerful context for local action to improve outcomes for children, young people and their families. Health Visitors and School Health Advisers have a unique role in seeking out health needs on a universal and non-stigmatizing basis and their services are well placed to take forward the public health nursing agenda, focusing on the promotion of health and the prevention of disease from the earliest age.

2. Scope of the Service Specification

The scope of this service specification will include all the aspects of service identified in Appendix I and the Business Requirements for Community Public Health Nursing Services described in Addendum B.

3. Agreement Review Process

This service specification has been developed in collaboration with Warrington Borough Council and will cover the period from 1st April 07 to March 31st 2010. It will bring together Sure Start Services with mainstream Community Public Health Nursing Services and will ensure that Health Visitors and School Health Advisors, together with local authority service providers, can most effectively contribute to improving the health of our children, young people and their families; reduce health inequalities. It will also support the change management process needed to deliver these challenging agendas.

Warrington PCT will review the content of the service specification, through the auspices of the Children's Commissioning Trust, in the third quarter of each financial year in 2007, 2008 and 2009 to agree service requirements for the following year.

When conducting any review of this service specification both parties shall have due regard for the totality of services provided by the provider under this

agreement and in particular on the providers ability to maintain the effective provision of services.

Nothing in this agreement shall require the provider to provide or continue to provide services to patients:

- Who are unsuitable for treatment under the services according to best practice and evidence
- Who are temporarily unsuitable for treatment
- Who have not validly consented and were able to do so, or not had consent validly given on their behalf where it could have been
- For any unreasonable behaviour unacceptable to the provider, its staff having regard to the providers zero tolerance policy

Each party who has a query under this agreement should set out the nature of their query in writing. Each party is obliged to respond in writing to any query within 10 working days of its issue, unless agreed otherwise in writing between the parties.

There should be no termination of this agreement during the first three years, beginning on April 1st 2007. Either party may terminate this agreement voluntarily by giving not less than twelve months written notice to the other party on the second anniversary of the 1st April commencement date.

4. Lead Contacts

On a day to day basis the lead contacts for each organisation in respect of this Service Specification are set out below.

	Commissioning Lead	Provider Lead
Name:		
Title:		
Email address:		
Office telephone no.		
Mobile number:		

This Service Specification will form part of the Community Public Health Nursing Services Specification and will be an element of the Service Level Agreement between the PCT Community Nursing Service Unit and Warrington PCT.

5. Health Needs Analysis

A comprehensive health profile has been undertaken to ascertain the health needs of children and young people of Warrington and an analysis of a related body of evidence on the health risks faced by children and young people today.

This information, along-with an analysis of the related national policy requirements contained in the Community Public Health Services Business Requirement have been used to inform and underpin this service specification and prioritisation of the services and are contained in Addendums A & B (e-links)

6. Target Population

The population of Warrington, based on the Office for National Statistics mid 2005 estimates, is 194,700. Standardised Mortality Ratio for all causes and all ages is 107, (Confidence intervals 104 – 110)

The principle recipients of the Community Public Health Nursing Services are children aged 0 to 19 years and their families and carers. A detailed statistical analysis of the target population is also contained in the health needs analysis at Addendum A (e-link)

7. Service Requirements in response to identified health needs

Community Public Health Nursing Services comprise Health Visiting Services, Sure Start Services, School Health Advisory Services, the Paediatric Nursing team, and Child Protection Services and Health Visiting services for hard to reach groups. This review suggests that these services are brought together to focus their work more closely towards meeting identified public health needs.

Health visitors and School Health Advisors, who would form the major part of Community Public Health Nursing Services, are already working closely with many other disciplines in health and local authority services, making valuable contributions in delivering a child and family centred public health service.

This service specification is designed to build on this service provision to further improve the health of children, families and their communities paying even more attention to those that need it most. In particular, it will build on the relationship between Community Public Health Nursing Services, Sure Start, Family Support Services and the delivery of services from the emerging children's centres.

It establishes a requirement for a core programme of child health support that every family can expect. By offering a universal service to these families Health Visitors can focus on primary prevent and early intervention. Family health needs assessment is an essential starting point and is inclusive of all family members.

Beyond this, however, the level of support required must be determined on the basis of each family's circumstances and need based on clinical assessment by an appropriately qualified and competent professional. Some will only need an initial home visit and information and access to a professional when their child is unwell or when they are worried about their development. Others may need considerable support by different health and care services over a continuous period because of their own circumstances or their child's serious ill health or disability.

At its core this service specification has a requirement that Community Public Health Nursing Services, including Health Visiting and School Health Advisory Services, will agree a planned trajectory towards meeting the broader aims and objectives set out in the business requirement set out in Addendum B of this service specification. This will include;

- Moving away from a predominant model of screening for disorders towards a far greater emphasis on health promotion, primary prevention and targeting effort on active multi-agency intervention for children and families in need and /or at risk.

- Ensuring that the universal maternal support and child development service is delivered to all families (based on Hall4). This will comprise of the *recommended reduced* screening and surveillance programme, immunisation, *increased* health promotion advice and information, plus targeted additional support for families with identified needs.

- Using the information contained in Warrington PCT's Children and Young people's health needs analysis of 2006/07 to give higher levels of targeted support to individuals and communities, particularly in those super output areas highlighted as having the greatest need, whether by disability, serious ill health, disadvantage or other stresses. Ensuring staffing levels and locations also reflect the demand through identified need.

- These would include e.g.;

    - Lone parent and low income families
    - Parental long term illness including mental illness
    - Teenage parents
    - Childhood obesity
    - Eating disorders
    - Mental Health and well being in children and young people
    - High rates of emergency admissions to hospital
    - Children on the child protection register
    - Homeless families
    - Low birth weight babies
    - Physical disabilities
    - Learning disabilities
    - Low breastfeeding rates
    - Post natal depression
    - Domestic Violence
    - Behaviour management

- Improving the health of children, young people and their families within Warrington and reducing inequalities in health through evidence based interventions. (Where evidence base is lacking consideration is to be given to developing services within a research context with evaluation and review).

- Having a greater focus on outcomes and improving the robustness of data collection and reporting.

- Developing effective use of skill mix and enhanced partnership working – making best use of available skills, resources and opportunities within and across agency boundaries.

- Ensuring that parent support, health promotion and child assessment activities already being undertaken by a range of children's services (e.g. in family centres, nurseries and schools) support the early identification and referral of children with emotional and mental health needs based on evidence of effective interventions.

- Benchmarking and developing services against emerging evidence of good practice through the CHAMPS network

This will be achieved by;

- Utilising the additional capacity freed up by the reduced number of universal routine contacts and developmental checks to provide additional or intensive support for children and families most in need in line with Hall4
- Replacing the hearing test at 7 to 9 months and the 3 year developmental assessment with questionnaires triaged by Health Visitors and targeted assessments where appropriate.
- Introducing Community Matrons/Advanced Nursing Practitioners to further develop lead professionals from within the nursing resource to take forward the development of services in areas to include; Mental Health /ADHD, Community Health Promotion, Child Protection and Children with long term conditions
- Enhancing the health promotion service interventions to inform and educate parents, carers and other significant professionals to be able to identify and seek the right advice and support when needed.
- Moving to a more empowerment based model rather than creating a dependency culture. The Health Visitor will train, supervise and set up safe structures to develop and mobilise capacity in the community rather than promoting structures which create a dependency on the Health visitor, supporting peer education / mentoring / health trainers and self care agendas
- Developing better information sharing at transition periods and with other agencies where this is in the best interest of the child or young person
- Developing joint/seamless service provision with all other children's services in the Borough of Warrington in accordance with the Every Child Matters guidance through use of the Child Assessment Framework and the introduction of the Family Support Model to assist in multi-disciplinary working and cut out duplication. Using these frameworks as a guide for all professionals who work with children, young people and their families. (See Addendum C for details or e-link)
- Exploring more generic public health nursing posts that work across the 0-19 age group. There will need to be flexibility within services and

within specialist roles to focus on who has the skills to provide what the clients/ patients need and not be restricted by professional titles.

- Developing co-location of services, delivering services in multi-disciplinary teams. The clinical and financial governance of these arrangements must be clearly defined and agreed by the PCT as the commissioner, until such time as those arrangements are overtaken by those of the planned Children's Commissioning Trust.
- Developing flexible and responsive services to respond to individual families who have different needs, to ensure that all families are able to benefit from the services that are available to them.
- Establishing broader interdisciplinary and interagency approaches to screening activities and developmental assessment.
- Mainstreaming Sure Start services in order to develop targeted health promotion and intensive services appropriately
- Further develop collaborative working arrangements, using experience gained in the Sure Start initiatives and evidence of effectiveness, by developing and implementing an agreed pilot to be undertaken in two areas of Warrington with very different levels of deprivation. Detailed preparation for the pilot will be undertaken in collaboration between service providers and commissioners from the PCT and Warrington Borough Council.
- Ensuring Public Health Nursing Services focus on reducing health inequalities for the socially excluded and hard to reach groups including;

    - Families living in the inner wards of Warrington
    - Homeless and asylum seekers
    - Travelling families
    - Victims of domestic violence and families resident in the Women's Refuge

8. Services to be provided

A Business Requirement for Public Health Nursing Services, which includes Health Visiting Services and School Health Advisory Services can be found on Warrington PCT web-site and should be used as a guide for providers on the requirements for the development and delivery of related service provision.

It contains five major objectives as follows;

1. To offer a universal service to families, focussing on primary prevention and early intervention, which provides family health needs assessments and delivers prescribed elements of the national child health surveillance programme for children and young people
2. To provide evidence based interventions to improve the nutritional health of children and young people of Warrington and help to meet related national targets
3. To develop family/child centred public health models of service provision to individuals and communities to manage risk taking behaviours and reduce inequalities in health, through evaluated and evidence based interventions.

4. To develop joint/seamless service provision with all other children's services in the Borough of Warrington to protect children and act in accordance with the Every Child Matters guidance to protect children in need
5. To work closely with commissioners in health and local authority services to define, implement and evaluate new methods of service delivery and improve productivity year on year.

8.1. Minimum Service Provision

All families with children under the age of one year will have a named health visitor. Families with children over the age of one year will have contact details of their health visiting team, unless needs have been identified, which will trigger an episode of care, when a heath visitor will become the named professional responsible for the delivery or management of the care programme or plan.

Minimum services will include;

- Pre conceptual care advice and support
- Ante and post natal assessment of need for individuals and families and promotion of healthy lifestyles.
- Support for families and vulnerable groups to attain optimum health and wellbeing.
- Targeted parent support through drop in clinics, health visitor telephone triage, weaning, ante natal, breast feeding support and parenting and behaviour management sessions.
- Supporting women to consider breast-feeding and ensuring retention by developing and delivering good one to one, community and group support.
- Advice, support and screening regarding child behaviour and development.
- Promoting parental attachment and positive child mental health through application of evidence based approaches to Health Visiting practice
- Detection and support of victims of domestic abuse.
- Supporting looked after and vulnerable children and applying robust systems for safeguarding children.
- Working in partnership with parents and agencies to deliver the core aspects of the Child Concern Model through application of the Common assessment framework.
- Working with Multi Agency Area Teams to deliver an integrated approach to identified needs.
- Delivering the national programme for Neonatal Screening and supporting parental choice.
- Facilitating delivery of the National CONI (care of the next infant) programmes in partnership with acute services and partner PCT's.
- Assessing the health needs of individuals, families and communities and advocating on their behalf to support access to systems to address concerns as they arise.

- Accident prevention and health promotion for the child and adult population.
- Facilitating Health Protection awareness to appropriate groups i.e. immunisations, TB awareness, information and advice regarding epidemics and outbreaks across the resident population.
- Supporting and promoting national directives for Public Health i.e. diet and nutrition, exercise, oral health.
- Working with and advocating on behalf of communities to develop initiatives that address health needs/inequalities.
- Completing mental health assessments and supporting positive approaches to management of mental health needs in the postnatal period and beyond.
- Prescribing within the nurse's formulary as required.
- Active participation at appropriate levels in emergency escalation plans.
- Services currently delivered through Sure Start for all for children from birth to 11 year and their families who live in the Inner Wards of Warrington, clients who self refer through Children's Centres and vulnerable clients referred via other professionals.

8.2 Sure Start Services

Sure Start Services will continue to be provided in accordance with the current service specification and through the locations identified in Appendix III. This specification will be the subject of review during 07/08 as part of the mainstreaming of Sure Start services and in undertaking the pilot of multi-agency provision in the two areas of Warrington yet to be identified.

9. Financial Resources

Financial Resources

The budget for Health Visiting Service, including Sure Start Services is £1.477m, plus £250k (Sure Start). Included in this cost is the pay, non pay, administration, management and support services required to provide the service.

For the period covering 2007/08 it does not include costs for office and clinical accommodation, Information management and technology, facilities management or corporate governance. These will be set out in service level agreements for facilities and their management for 07/08, from in house service arrangements. As preparations for the separation of the CSU from the PCT are developed during the first financial year of this specification, the Board will determine future arrangements.

The information data set relating to this service level agreement is attached at Appendix II

10. Performance Monitoring and Balanced Scorecard

Performance Monitoring will be in accordance with the PCT contract Management Policy for Commissioned Services (e-link).

Monitoring is recognised as a key component of the contract management process. Information on the performance of the service will provide a basis for performance improvement and reviewing of commissioning plans.

The data to be monitored will include activity levels, clinical quality, effectiveness and patient experience and will include a mixture of process and outcome measures.

A draft balance scorecard, which is under discussion with the service provider and Information Management Services, is attached at Appendix II

11. Hours of service provision

The Health Visiting service is to be provided to children, young people and their families' resident in Warrington in the first instance between the hours of 8.30 to 5 pm Monday to Friday, exclusive of Bank Holidays. Wider availability of the service provision will form part of the continuous improvement of services, as the PCT develops new ways of working through the two pilots to be undertaken.

Flexible services are to be offered on a needs basis. It is recognised that there will be some variances in starting and finishing times to accommodate client preferences in geographical areas.

Increased access to the service, through the development of flexible working arrangements will be promoted by providers and commissioners during the lifetime of this service specification.

12. Locations of service delivery

(to follow)

13. Referrals to the service

Referrals to the services will include;

- The midwifery department in liaison with the health visiting teams regarding ante natal mothers in their care. This includes the teenage pregnancy coordinator and drug services midwifery support services.
- New births which are referred directly to the health visiting service via the child health department at Guardian House who receive information from the maternity services across the United Kingdom. Allocation to specific health visitors is to be undertaken within geographical teams.
- Individuals and families transferring into or out of the area are notified either by the child health department at Guardian House, self referral or

details is obtained via GP practices and / or other professional groups or organisations.

- General practitioners will have a named Health Visitor to maintain and develop working relationships between geographical teams and primary health care teams and ensure patient safety through sound working relationships.
- General practitioners, Social Services, Education department, Individuals and families refer to the service directly.
- The Health Protection Agency refers directly regarding immigrants and asylum seekers.
- Colleagues, fellow professionals, voluntary, statutory and non-statutory organisations access the service directly to make referrals or for advice and guidance.
- Individuals and families transferring into or out of the area can self refer into the service or details are transferred from other areas, via GP practices and /or other professionals or organisations.
- General practitioners, Social Services, Family Support Services, the Housing Department and Educations services can refer directly to the service and the Health Protection agency may refer regarding immigrants and asylum seekers.
- Also, colleagues, fellow professionals, voluntary, statutory and non statutory organisations will be able to access the service directly to make referrals or for advice and guidance.
- Sure Start internal allocation meetings and service allocation meetings

13.1 Feedback to the Referrer

Written feedback will be faxed to the referrer stating whether the referral has been accepted by the service, and if so, what service and how regularly, it is being provided. If no service is being provided the referrer will receive feedback on the reason why not. The referrer will also receive feedback when the service user is discharged from the caseload.

13.2 Referral from other Primary Care/Social Care/Secondary Care Service

When a service user is referred to another service or partner organisation the Health Visiting/ Sure Start team will ensure that a copy of the referral form / letter is copied to the relevant GP and the service user.

14. Training Placements

It is a requirement of the Nursing and Midwifery Council that all nursing staff provides pre and post registration training placements to ensure that the current and future workforce is fit for purpose and practice. Training placements will be monitored and audited by Higher Education Institutes and all mentors for students within community nursing will have bi-annual updates on the course, curriculum and learning styles, It is a requirements that they will have undertaken the appropriate mentorship modules at either level three or four.

15. Risk Management, business continuity, escalation planning and major incidents

Service providers will take full responsibility for compiling and maintaining the service Risk Register and ensuring that there are systems in place to bring any strategic risks, or risks to business continuity to the attention of the PCT.

The provider is also responsible for ensuring systems are in place to maintain essential community public health nursing services during an escalation alert or major incident.

When Community Public Health Nursing Services are on red alert or during a major incident all non essential services will be suspended for the duration of the alert or incident.

16 Fraud

The provider is required to take all necessary steps to counter fraud affecting the NHS or jointly funded services in accordance with the NHS Fraud and Corruption Manual published by the Counter Fraud and Security Management Service (CFSMS).

Appendix I

Scope of Service Specification

The scope of this service level agreement will include the following aspects;

Target population and access criteria
Access to the service, including out of hours covers, weekends and public bank holidays
Referral and access routes
Administration and management support
Information and activity data
Policy and statutory requirements (e.g. NSF delivery, PSA targets, LDP and LAA targets)
Priorities
Measurable objectives, with explicit priorities and expectations of services
Public health and preventative interventions
Performance and quality indicators
Expected impact on demand for secondary care
Escalation and major incident planning and response
Expected improvements in service delivery
Expectations regarding contribution to wider strategic plans
Equipment provision and support
Medical devices
Compliance with professional regulation, e.g. registration and codes of practice
Practice Development Unit accreditation
Training placements for pre and post registration training
Mentorship, preceptorship and clinical supervision
Staff learning and development to maintain competency and patient safety, including essential/ mandatory learning, core clinical skills and PREP requirements
Compliance with Health and Safety regulations
Compliance with Standards for Better Health, core standards and agreed progression towards compliance with developmental standards
Risk assessment and treatment in compliance with Internal Auditor requirements and Statements of Internal Control
Incident reporting, Serious Event Analysis and a learning from experience culture to incidents, accidents, complaints and concerns
Robust clinical governance systems, including quality indicators such as Essence of Care, clinical audit and research and development.
Sound Human Resource management based on national indicators of good practice such as Investors in People

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Appendix II
Performance Indicators – Health Visiting Services

Productivity	**Current Performance**	**Desired Performance**	**Trigger Level**	**Service Improvement Trajectory**
Percentage of 'relevant' Warrington based families visited and had needs assessed within 21 days of birth, i.e. registered with Warrington General Practices		100%	98%	
Percentage of children's public health nursing workforce time spent on universal provision		Less than 70% (tbc)	75%	Needs further development but the intention is to show an increase in time spent in a targeted way
Percentage of women offered an assessment of Post Natal Depression risk		90% (baseline 88% 2005)	80%	
Reduction in the percentage of women who scored 10+ on the EPDS who needed to be supported by the specialist mental health services for Post Natal Depression		4% (4.4% baseline 2005)	4.6%	*To ensure that there is even more impact by early intervention and prevention services*
Reduction in the numbers of women referred to specialist mental health provision for post natal depression				
Numbers of new peer support networks established				
Efficiency		**Desired Performance**	**Trigger Level**	**Service Improvement Trajectory**
Percentage of cancelled visits		**10%**	**15%**	*Alternative target re efficiency of service possibly re DNA's is under development by the provider*
Clinical quality and effectiveness of the service		**Desired Performance**	**Trigger Level**	**Service Improvement Trajectory**
Reduce the percentage of obese children measured at Reception Current rate 12.9%		Halt the rise in obesity by ensuring that levels don't	Do not allow rate	

		rise above 13.6% by August 2010	to increase above 13.8%	
Take up of MMR by age4 Current take up 85%		Increase to 90%	Do not allow rate to drop below 85%	Ideal would be 95%
Percentage of children being breastfed at 4 weeks, focussing on most disadvantaged groups		37%	Do not allow rate to drop below 30%	Once 37% has been attained a 2% increase per year
All smoking parents given smoking cessation advice at visits		90%	Do not allow this to drop below 85%	Ideal 100%
Reduce the percentage of mothers who start smoking again after giving birth, focussing on most disadvantaged groups		Current 60% ??? reduce to 50%??? (need more work on this to establish current levels)	Do not allow this to go above 65%	Ideal 40% year 1 30% year 2 20% year 3
No. of people who successfully quit smoking (for at least 4 weeks) who have been referred to stop smoking service or have been supported to stop by community public health nursing workforce				Need to establish baseline (not currently monitored)
A reduction in the gap between the most deprived quintile and the Warrington average in smoking rates at delivery		Baseline 39.8% of all the maternities, who lived in the 20% most deprived LSOA's in Warrington, smoked at the time of delivery. This is considerably higher than the Warrington overall figure of 18.8% (April 2005 to March 2006). Ensure that this difference is reduced year on year		

Reduction of visits to A&E for injury in under 5's		14% reduction by March 2008. Baseline 4044 attendances in children aged 4 years and under (April 2005 to March 2006). In order to meet the target this must be reduced to 3478 for period April 07 to March 08		
Safeguarding children				*Targets that captures the work of the HV service in this area are under development*
Patient experience		**Desired Performance**	**Trigger Level**	**Service Improvement Trajectory**
User satisfaction report produced annually (process to be agreed with the lead commissioner)		75% satisfaction with standards of care provided	Under 30% of users participating in feedback process	

NB: *Checks are still required with Informatics to confirm if data can be collected.*

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Appendix III
Quality Indicators Health Visiting Service

	Provider responsibilities	**Evidence reported annually**
Flexible, accessible services		
Provide flexible, individualised services with emphasis on the needs of vulnerable and disadvantaged women, children and young people.	Models of care which specifically target disadvantaged families	Care pathways library Audit of care plans for vulnerable families
Engage proactively, particularly from disadvantaged groups and communities	Health promoting activities in the inner wards	Evidence of interventions, including localities, activities and numbers of participants
Services for women, children and young people with learning and physical disabilities (taking into account their communication, equipment and support needs) and for teenage parents in line with national guidance.	Models of care which meet the special needs of families Robust procedures for actively following up women who miss appointments	Evidence of episodes of care delivered to families with special needs
Provision of interpreting and advocacy services based on an assessment of the needs of the local population	Interpreting needs to be identified at first point of contract, appropriate provision made	Use of interpreting services
Contact details for Health Visitors are easily accessible to all families in the local population	Health Visitors to be based in the community e.g. children's centres and accessible to all women and their partners, particularly vulnerable groups, facilities put in place to facilitate direct referral to a Health Visitor	Provision made in all children's centres (or equivalent) for 'one stop shop' service comprising antenatal and post natal Health Visiting services, engaging mothers and fathers and working collaboratively with midwifery and family support services.

	Provider responsibilities	Evidence reported annually
Informed Choice		
Service users have time between receiving information and making choices to consider immunisation programmes and seek additional information and advice where they wish	Comprehensive, service user focussed information and opportunities for further discussion with the relevant health professionals to be available. All information material to be produced in collaboration with users and the multi-disciplinary team, to be available in an understandable format and to be easily accessible	Patient experience survey results
Breastfeeding		
Provision of information that is timely, consistent and reflects best practice, support for breastfeeding is a routine part of all post-natal care, arrangements in place for easy access to breastfeeding support service.	Practice informed by use of the best practice guide 'Good practice and innovation in breastfeeding' as a minimum standard. All staff, including support workers trained to work to best practice standards Breastfeeding policies to be in line with UNICEF guidance	Patient experience survey results
Domestic abuse		
All women, children and young people are offered a supportive environment and the opportunity to disclose domestic abuse in line with the 'Responding to domestic abuse handbook' Joint arrangements are in place between agencies with responsibility for dealing with domestic abuse	Pathway for the management of women and families affected by domestic abuse are agreed and implemented in conjunction with the multi-agency team. All staff attend appropriate related training/education	Statistics are provided on the use of the care pathway for women and families suffering domestic abuse

	Provider responsibilities	Evidence reported annually
Reflective Practice		
There are systems in place to learn from complaints, concerns, incidents and accidents. Benchmarking of service provision is systematically undertaken through nationally accredited Higher Education Institutes.	All professionals providing Health Visiting services to review their own and their teams practice to learn from their experiences and make improvements in their service provision as a result. Practice Development Units are supported and developed.	Each team completes an annual audit plan that evaluates current practice. Information from incidents and complaints is utilised and shared across teams to ensure best practice is adhered to. In addition the community nursing services are accredited nationally as a centre of excellence for community nursing through the Practice Development Unit.
Training		
There are systems in place to ensure all staff are competent to deliver the revised service specification including enhanced care pathways developed to offer services to families with behaviour management, ADHD, Long Term Conditions and community health promotion.	All professionals providing Health Visiting services undertake regular, specific ongoing training in relation to the client group they serve. All women and their babies receive care from professionals competent in providing breastfeeding support Introduction and development of support staff, interpreters and advocates ensures that they have sound knowledge to guide service users around the system Senior health professionals in the Health Visiting Service undertake enhanced training in e.g. behaviour therapies in order to offer additional support to families in greatest need	Evidence of continuous professional development available. Evidence of attendance at breastfeeding workshops. Evidence of attendance at non medical prescribing updates. Evidence of enhanced care pathway programmes offering intensive support