Lancashire Healthy Young People and Families Service Quality Account 2021-22

Service delivered in Lancashire by HCRG Care Services Limited

HCRG Care Services Limited, trading as HCRG Care Group
The Heath Business and Technical Park, Runcorn, WA7 4QX
w. lancsyoungpeoplefamilyservice.co.uk

care·think·do
WE CHANGE LIVES BY TRANSFORMING HEALTH AND CARE

Contents

Part one

Executive summary

A Quality Account is an annual report which providers of NHS healthcare services must publish about the quality of services they provide. This quality account covers the services provided by HCRG Care Group on behalf of Lancashire County Council in Lancashire.

HCRG Care Group may also provide other services in Lancashire but these may not be included in this document if they are not commissioned by Lancashire County Council or are not eligible to be included within a Quality Account.

This document aims to demonstrate our commitment to providing the best quality services to local people and is an opportunity for us to take stock of what we have achieved and our plans for the coming year.

We have used the information presented here to analyse our performance and to set priorities for the coming year. To ensure those priorities reflect the needs of the people who use our services, views have been gathered from people who use them and community representatives, as well as commissioners and frontline colleagues.

If you would like a hard copy of this document, a copy in another language, to provide feedback on this document, or to talk to someone about your experience of using our services, please contact our Customer Services Team on 0300 303 9509 or by email: customerservices@hcrgcaregroup.com.

Regional Director's introduction

I am extremely proud of the achievements and progress we have made in Lancashire Young People and Families Service over the past year.

We have found innovative ways of working throughout a pandemic which have included virtual consultations where appropriate and virtual groups to improve the reach of our service to communities in times of restrictions. These new ways of working have been in collaboration with other services such as co-delivery of some of the virtual groups with our children and family wellbeing colleagues.

We have also found opportunities to collaborate with our mental health colleagues and have piloted a joint well-baby clinic with them to facilitate the early intervention of mental health services and direct referral. This has proved to be very successful and is something we are looking to continue and roll out across Lancashire.

We have maintained our Baby Friendly Initiative GOLD accreditation throughout the past 12 months. In the revalidation report, the Lancashire services were commended for how they sustained Baby Friendly standards in the face of COVID-19 challenges, and how the education package was successfully transferred to online platforms. It particularly noted the work with the perinatal mental health team through the mother and baby unit and the employment of an infant feeding lead in perinatal mental health and recruitment of the perinatal mental health lead as a Baby Friendly Guardian. It also recognised the 'valuable service' that the that the Children and Families Wellbeing Service and FAB peer support team continues to provide.

Over the coming 12 months, we will continue to build on these achievements and take the lessons learned over the past year to ensure we can continue to change lives by transforming health and care in Lancashire.

We will also continue to work closely with our partners, the Care Quality Commission (CQC) and the communities we work in, to demonstrate our high standards of quality.

In putting together this publication, we have sought feedback from staff and people who use our services, and I would like to take this opportunity to thank them for their input into the process.
I can confirm that, to the best of my knowledge, the data and information in parts two and three of this report reflect both the successes and the areas that we have identified for improvement over the next 12 months.

Michelle Lee

Michelle Lee
Regional Director – Lancashire
HCRG Care Services Limited

Part Two

About HCRG Care Group

We change lives by transforming health and care.

Established in 2006 by Chief Executive Dr Vivienne McVey and like-minded colleagues, we are one of the UK's leading independent providers of community health and care services, working with health and care commissioners and communities to transform services with a focus on experience, efficiency, and improved outcomes.

We deliver and transform adult and children community health services, primary care services including urgent care, sexual health, dermatology and MSK services as well as adult social care and wellbeing services.

We changed our name to HCRG Care Group on 1 December 2021, following our acquisition by experienced health, care and education investors Twenty20 Capital.

Our leadership team

Dr Vivienne McVey
Chief Executive Officer

Stephen Collier
Chair

David Deitz
Chief Financial Officer

Samantha Kane
Chief People Officer

David Watkins
General Counsel

Gary Taylor
Non-Executive Director

Tristan Ramus
Investment Partner and Shareholder

Ian Munro
Investment Partner and Shareholder

Katie Folwell-Davies
Investment Partner and Shareholder

James Webb
Investment Partner and Shareholder

Our colleague survey results

We run an annual colleague survey to understand how our colleagues are feeling and how we could make improvements. In 2021-22, 55% of our colleagues across England took part and we continued to see positive feedback from our colleagues.

Our engagement score (calculated from a number of questions about how our colleagues find their experience of working with us) is at 74 per cent – equalling last year and maintaining our highest ever score for a second year.

We continued to work with independent research company Motif this year. This means, colleagues can give feedback safe in the knowledge that they will not be identified by anyone within our organisation.

Having listened to our colleagues, taken into account the continued improvement in scores, recognised the unique circumstances of the last year and the pressures this placed upon them, we did not require teams to compile action plans this year.

However, feedback from the survey has informed our People Strategy for the coming year and our organisational strategy, launched in April 2022.

How our colleagues can speak up

Our Freedom to Speak Up policy sets out how our colleagues can raise concerns at a number of levels either anonymously or by being identified.

It is very important to us that our colleagues can speak up about any concerns they have at work because it helps us to keep improving our services and the working environment. While colleagues might feel worried about raising a concern, our policy and our senior leadership team and board are all committed to an open and honest culture. Our policy reflects the recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, and we have fully adopted the policy produced by NHS England and NHS Improvement) alongside all other NHS organisations.

With the Covid-19 pandemic placing additional pressure on colleagues this year, we've regularly promoted this policy to colleagues, encouraging anyone who had concerns about their own safety, that of their colleagues or service users to raise their concerns.

Whenever a colleague raises a concern, they will always be listened to, and they will always be supported. Concerns can be raised about risk, malpractice or wrongdoing.

Through Freedom to Speak Up, colleagues can raise concerns:

- with their line manager, or another manager in their service.
- with a lead clinician or tutor.
- with any member of our senior leadership team.
- with our Freedom to Speak Up Guardians, whose contact details are available on our intranet.
- through our anonymous online reporting system SpeakInConfidence;
- with one of three nominated members of the executive team.
- with our independent chairman.

Colleagues can also directly contact our senior leadership team and executive team at any time, whether they are raising a formal concern or an informal query.

Statements from CQC

Some services we operate are required to register with the Care Quality Commission (CQC).

As part of this document, we confirm that HCRG Care Services Limited is registered with the CQC for the provision of HCRG Services Limited, and has no conditions attached to its registration. HCRG Care Services Limited's services have not participated in any special reviews or investigations by the CQC during the reporting period.

Full copies of CQC reports are available on the CQC's website at www.cqc.org.uk under HCRG Care Services Limited.

Safeguarding statement

We are committed to safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm.

To achieve this, we have appointed dedicated National and Local Safeguarding Adults and Children's Leads and policies, guidance, training and practices which reflect statutory and national safeguarding requirements:

- Our National Safeguarding Assurance function works across localities and partnership boundaries to respond to national developments, legislative changes, national, local and organisational learning leading to continuous improvement and learning across the organisation.
- Our Clinical Governance and Safeguarding Committees provide board assurance that our services meet statutory requirements.
- Safeguarding Leads and named professionals are clear about their roles and responsibilities and have sufficient time and support to undertake them.
- Where appropriate, services have submitted a Section 11 Review report and/or Safeguarding Adult Self-Assessment audit tool, with all services completing our national safeguarding audit
- Action plans are monitored across the organisation at committee and board level.
- Safeguarding policies, processes and systems for children and vulnerable adults at risk are current, up to date and robust.
- Safeguarding training is undertaken in line with our safeguarding training strategy and in accordance with the three intercollegiate documents for safeguarding children, looked after children and adults.

Duty of candour statement

We are committed to being open and transparent with the people who use our services and, while considering confidentiality, their representatives too.

We encourage colleagues to be open and honest at all times but particularly when a notifiable safety incident has been recognised. Colleagues report incidents via our incident report system and follow our Duty of Candour policy. This ensures that an apology is made to service users within 10 days of the incident occurring, which is followed up in writing.

We investigate, establish the facts, and report externally as required. We also have due regard to the relevant safeguarding policy and input from suitably trained colleagues before any disclosures are made. Following the investigation, we send another letter to the person who used the service to advise them of the outcome, lessons learnt and how we'll share lessons and knowledge to reduce the likelihood of the same kind of issue happening again. We may also offer a meeting to listen to those affected by the incident and help understanding of our findings and resulting actions.

About Lancashire Healthy Young People and Families Service

Health visiting

The Health Visiting service delivers the Healthy Child Programme to children and families in Lancashire. The service is offered universally, and the aim is to improve outcomes for children and families through timely assessment to identify need and offer early intervention tailored to the needs of the family. Safeguarding and identifying vulnerable families, as well as working with partnership agencies, are a fundamental part of the service profile.

Health visitors work with children and families from notification of antenatal at 28 weeks gestation (or earlier if vulnerable) through to school entry:

- Largely home based, undertaking mandated checks e.g., antenatal contact, new birth visit, six-to-eight-week assessment, under one year and two and a half year checks. This is a commitment to ensuring all families are offered universal support.
- Additionally, the health visiting service may be providing additional support to a child or family based on need. The support to manage need can be for various reasons, for example from infant feeding support and managing minor illness to providing support for families following sudden unexplained death of an infant.
- The health visiting service also has a very important role in promoting health or development. They will provide advice or support regarding smoking, accident prevention, promoting school readiness.
- Additional care may include support around, for example, Sudden Unexplained Death of Infant (SUDI), the maternal mental mood assessment and school readiness to support development.

Child Health Clinics

Face-to-face clinics for parents and carers have changed in response to the pandemic and access to the clinics is by appointment only, with parents and carers able to book either through their health visitor or by contacting our Single Point of Access.

Our Child Health Clinics give an opportunity for parents and carers with any concerns about their baby to receive some face-to-face support from our Health Visiting Team.

School Nursing

School nurses deliver child and family health services, provide on-going additional services for vulnerable children and families and contribute to multi-disciplinary services to safeguard and protect children. The school nursing service:

- Promotes public health and healthy lifestyles
- Helps to safeguard children from harm and reduce risk taking
- Provides health education and advice

- Participates in national campaigns and initiatives (e.g., the National Child Measurement Programme)
- Provides school-based health clinics
- Works with children and young people who have complex medical needs, working together with health partners.
- Continued support to young people up to 25 years who have Special Educational Needs and Disabilities (SEND), ensuring a smooth transition to adult services.
- Chat Health on-line support and sign posting forum.
- Participates in locally commissioned initiatives (e.g., school health needs assessment)
- Is available to all families but with a particular focus on vulnerable children and families (priority groups), improving outcomes for children and young people who may face inequalities.

Safeguarding team

The Safeguarding Team supports the Business Unit in discharging its duty to safeguard children under Section 11 of the Children's Act. It acts as a source of expert advice to managers, team leaders and practitioners working with children and families. It supports the organisation with training and supervision and works with partner agencies to ensure best outcomes for children e.g., Lancashire Safeguarding Children's Board (LSCB), Multi-Agency Safeguarding Hub (MASH).

In response to highlighted additional needs for families they are offered additional contacts from our teams and support. This offered at varying levels to support the needs individual to the family to improve outcomes.

The team oversees the attainment and maintaining of improved quality in service provision in relation to Safeguarding from assessment of findings in serious case reviews and local investigations.

Looked After Children Team

Looked After Children and Young People (LAC) are a vulnerable group of children who require specialist services to help meet their health needs.

The Looked After Children's health service in Lancashire is commissioned to provide Review Health Assessments (RHAs) for all children placed in care, including unaccompanied asylum-seeking children (UASC) following an Initial Health Assessment (IHA) undertaken by a medical practitioner.

It is essential best practice that all children have a comprehensive health assessment carried out shortly after entering care. This includes an assessment of their physical health, social and emotional health including their mental health and well-being. Each further health assessment, every six months for under 5s and annually for children aged 5 -19 years, is a further chance to assess children and support them to meet the optimal potential for their health and wellbeing and to develop knowledge, skills, and attitudes to assist them in becoming responsible for their own health.

The Looked After Children's Team provides a holistic review of the health and development of the Looked After Child to determine health care plans and identify any new issues and formulate the health recommendations in the child's care plan. It also has a responsibility to meet the health needs of Looked After Children placed in Lancashire by other local authorities. Health recommendations in the care plan need to be specific, time bound and clearly identify the person responsible for the action.

Lancashire Infant Feeding Team

Lancashire Infant Feeding Team supports the implementation through policy, training and audit of the UNICEF Baby Friendly Initiative across LCC community commissioned services including HCRG Care Group Lancashire Healthy Young People and Families Service, the local authority's Children Family Wellbeing Service, and Families and Babies local breast-feeding support. The team compromises of a lactation consultant and two breastfeeding councillors who support an infant feeding pathway that provides access to a specialist infant feeding service.

Specialist Health Visitor - Perinatal and Infant Mental Health

Specialist Health Visitors in Perinatal & Infant Mental Health (PIMH) are health visitors with additional training and experience that equips them to fulfil specialist clinical, consultative, training, and strategic roles on behalf of health visiting services within the fields of Perinatal and Infant Mental Health. They have a crucial role within multi-disciplinary pathways delivering effective mental health care to mothers, fathers, and their infants during the perinatal period. They provide specialist training and consultation to the wider health visiting and early years workforce. The posts are recommended by Health Education England and each area across the UK are aiming to have more PIMH Specialist Health Visitors (HV) in post to support the workforce and enhance service provision and improved outcomes for parents and infant's mental health and wellbeing.

- Specialist clinical expertise: The provision of evidence-based assessment and treatment at an enhanced level to meet the needs of families requiring more specialist care in relation to parental mental health, parent infant relationships and infant and young child development.

- Interventions include New-born Behavioural Observation (NBO), New-born Behavioural Assessment Scale (NBAS), baby bonding interventions, compassion focused approach, Solihull approach, motivational interviewing, cognitive behavioural therapy skills, Institute of Health Visiting PIMH training facilitators. Planned training was undertaken in March to undertake parent-infant interaction observation scale video interaction (PIIOS) and Mellow Bumps training.

- Quality improvement: Fostering and assuring quality in their service, specialist health visitors ensure that policies, procedures, and practice relating to maternal and infant mental health are of high quality and are in line with the latest national policies, evidence, and best practice, raising the knowledge and skills of the wider health visiting workforce.

- Partnership working with maternity services, children's centres, and other key agencies and professionals. Attending weekly multi-disciplinary MDT meetings with Specialist Perinatal Community Mental Health Team (SPCMHT) and Maternity to ensure effective care planning and robust support plans are in place for women and families.

- Leadership strategic development: Ensuring that local professionals know that perinatal mental health problems and their impact on families is everybody's business, fostering their contributions to effective pathways of care. Specialist Health Visitors help to develop integrated care pathways. They attend Northwest Strategic clinical networks for Perinatal Mental Health (PMH) pathways and policies and Regional Network meeting for Parent-Infant Relationship training, pathways and improved availability and outcome evaluations provision.

- Joint working of cases with allocated health visitors to offer assessment and brief interventions to support parental bonding and enhance potential for secure attachment for infants.
- The team offers consultation and supervision to discuss cases.
- Weekly health visitor drop-in clinic on Mother and Baby Unit at Chorley Hospital.
- Multi-agency training for Perinatal and Infant Mental Health (PIMH).
- Contributing to University of Central Lancashire (UCLan) training so Specialist Community Public Health Nurse Practitioners will qualify with PMH training already completed.
- Organising and facilitating annual conference about PIMH with UCLan to local workforce.
- Act as a link for HCRG Care Group, locally, regionally, and nationally re: PIMH.

Parenting Team

Three part time practitioners (health visitors) and a part time administration support worker who take referrals from across central Lancashire i.e., Preston, Chorley and South Ribble and West Lancashire. Deliver groups to parents and provide training for staff, in house and multi-agency staff.

Training role-Solihull

- Train the trainers for staff to deliver two-day Solihull training and Solihull updates
- Facilitators to deliver the two-day Solihull foundation training for all staff and Solihull updates
- Facilitate Solihull parenting group for parents -10 weeks
- Deliver sleep workshops for staff based on the Solihull approach

Incredible years parent group

The Incredible Years parenting course is a 14-week evidence-based programme founded on sound psychological principles. Research has shown us that parents find new skills and techniques helpful in managing their children's difficult behaviour. And research has also shown that the behaviour management strategies learnt is a group setting with other parents are long lasting with the main benefit being strong parent-child relationships.

Incredible years groups are run for parents of children aged three-eight over 14 weeks. The group for parents with children aged eight-14 runs for 12 weeks, usually in an evening.

These are run in different geographical areas in term time to meet the need of the families within the locality.

Surviving Teenagers (9-14) and Parent Know How parent groups (3-12)

There is training for staff to deliver Surviving Teenagers and Parent Know How parent groups which will give the staff knowledge for them to use in practice with parents.

Parent Know How is a 10-week course for parents (replaced Positive Parenting to meet NICE guidelines).

Home visits offering support re sleep management strategies
The team takes referrals from professionals and self-referrals from parents for parents who need extra support with sleep management.

Sleep groups are run for parents/carers aged six months to eight years over a period of three weeks. If sleep groups are not available then, following completion of Solihull sleep diaries by the parents, families are then visited at home to offer support.

Home visits for incredible years parent groups
Families are also visited at home prior to starting an Incredible Year parent group to assess whether it is the appropriate group for them and for completion of a pre course behaviour questionnaire.

Incredible years home coaching
Parenting practitioners are trained to deliver home coaching sessions to parents who are unable to attend an Incredible Years parent group, but currently it is a rare offer due to reduced capacity of staffing hours.

Single Point of Access (SPA)

The Single Point of Access (SPA) provides a single ''front door' and point of contact for children, young people, families, GPs and health and social care professionals to reach and access support from The Lancashire Healthy Young People and Families Service. The SPA is reached via a single contact phone number (with three options for the three localities) and email address enabling consistent access to all the services provided by HCRG Care Group across the county. The SPA aims to enhance the experiences of children and families at all stages of their care. It is supported by a dedicated team of SPA administrators each weekday between the hours of 9am and 5pm. They are trained to offer support to a wide range of enquiries relating to requests for support. The SPA offers a facility to pass messages directly to clinical colleagues through our clinical system and can offer the contact of duty clinicians in SPA who are able to speak to families directly if the query is urgent.

Healthy Family Teams

All the above services and colleagues sit within nine teams across the three localities (North, Central and East). Locality-based Healthy Family Teams will offer outcome-focused support to families, including working with them on, for example:

• Parenting support: e.g., breastfeeding support, school entry review, childcare confidence support, support for expectant mother and father

• Family health: e.g., substance misuse (parents), contraception advice, nutrition support, mental health (maternal & infant), smoking cessation

• Resilience and development: School readiness and preparing children for learning, domestic abuse support, returning to work, accessing education, training, and employment, safeguarding

Virtual groups

Our virtual groups offer a fantastic way to come together on a video call with other parents and carers who are having similar experiences. These virtual sessions provide an opportunity to gain information and support from our friendly team of health professionals.

Both live and pre-recorded sessions are available.

Live sessions – Take place on Microsoft Teams which is widely available on desktops, laptops, tablets, and mobile phones. Microsoft Teams is very user friendly, which means if the parents/carers are camera shy or totally ready to get involved, Microsoft Teams enables them to participate at their own pace.

Pre-recorded sessions – Allow parents/carers to take part at a time that is convenient to them.

Priorities in 2021 -22

The priorities in 2021-22 show what was planned within the quality account with an update on progress over the year. Any outstanding priorities will be taken forward into this year's quality account priorities.

Priority 1	
Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting, and exceeding relevant standards and regulatory requirements	There are two priorities brought forward from the 2021-22 quality account that were put on hold due to the Covid 19 pandemic – • The re-introduction of non-medical prescribing across Lancashire Healthy Young People and Families Service during 2020/21. This piece of work was put on hold because of the COVID pandemic and a delay in the introduction of e-prescribing to support the governance structure required. This piece of work has been further delayed due to the ongoing global pandemic and will form part of a national workstream rolled out across the relevant locations. • Full up-skilling of staff nurses, nursery nurses and support workers, to provide a function across health visiting and school nursing. The first stage of this is complete but there is further work to be undertaken as part of the priorities for 2022/23 to further improve the scope of work that can be undertaken by the further improving the skill mix within the existing teams. This work has progressed over the year despite the challenges faced in the health sector and will continue to progress to completion as part of 2022/23 priorities. In addition to these we will: • Continue to embed the standards for the UNICEF Baby Friendly Initiative (BFI) and accreditations for the GOLD award and achieving sustainability permanently through leadership, culture, monitoring and progression. This has been achieved for the year 2021/22 and we continue to maintain the BFI GOLD standards to embed sustainable leadership, a positive culture, ongoing monitoring, and continued progression across the service. These standards provide a solid foundation on which our service can sustain and progress the Baby Friendly standards into the future, helping to promote, protect and support breastfeeding and to support all mothers to build a close and loving relationship with their baby. We continue to progress our service in many ways and really value listening to the experiences of families to help us keep progressing year on year. • Maintain the use of a new clinical system for all the service to allow colleagues to work in a more agile manner and be less office based. This reduces the need to travel into an office every day,

	allowing more time to be spent with the communities that we deliver care to. This has been expedited during the pandemic and has allowed digital solutions to become embedded within our service and we endeavour to maintain these efficient ways of working. • Implement outcome measures to measure the impact our service has and make any further improvements as necessary. This has progressed towards the end of this year and is ready to be launched in the next few months. Monitoring and reporting on these outcomes measure will form part of the priorities for the upcoming year.
Priority 2	
Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.	• The peer review was formally introduced and is being embedded within the teams. Compliance will be monitored through the end of year appraisal process and audit. • As part of the safeguarding assurance process, a Safeguarding Assurance Meeting commenced in April 2021 that will inform the Quality and Governance Committee of any emerging themes, trends and lessons learned from the wider partnership forums. • Continue to complete Internal Service Reviews (ISR) bi-annually and complete actions that have arisen from these. As the service has not yet been formally inspected by the Care Quality Commission, we will continue to undertake ISRs six- monthly to assure the quality and governance of our service. This has been achieved within timeframes across the year and will continue to be a priority for the year ahead. • Continue to work closely with our CQC relationship manager to ensure that we monitor our service in line with the five key lines of enquiry that continually monitor risk. This will assist in providing assurance of the quality and safety of the services we provide.
Priority 3	
Continue to be recognised as an outstanding employer	All the priorities set in last year's quality account have been progressed but there is still scope to improve and embed: • Ensure we achieve a 90% appraisal target in 2021/22 and continue to improve our support to achieve this through making further improvements to our system. Due to the pandemic causing increased pressure on capacity over the past year, we adapted the appraisal system to include 'How Are You' (HAY) conversations to ensure continued support without the need for full appraisal paperwork completion, however this full appraisal system will now resume with a new role-specific appraisal form.

- Continue to provide high-quality training and education. Lancashire Healthy Young People and Families Service (LHYPFS) has continued to support and develop colleagues through participation in apprenticeship schemes, higher education opportunities and the assistant practitioner training. We currently have four colleagues undertaking the Assistant Practitioner Apprenticeship and one colleague undertaking the Operational Management Apprenticeship within our service ensuring career progression and succession planning.

- We currently have three colleagues undertaking the Nightingale Challenge. The Nightingale Challenge asked every health employer to provide leadership and development training for a group of young nurses and midwives during 2020 for the Year of the Nurse. The purpose is to help develop the next generation of young nurses and midwives as leaders, practitioners, and advocates in health.

- Continue to support colleagues with external continuing professional development (CPD). There is a yearly sum of money that is allocated to each service by the Education Funding Agency (EFA) to support colleagues with funding of their CPD to enhance their learning and development.

- Continue to implement and embed the culture of leadership utilising leadership forums, internal and external leadership courses. Continue to improve network links and a stronger community team for the whole of Lancashire. Continue to grow and develop the management and leadership 'away days' to continually reinforce the leadership culture.

Priority 4

Delivering quality health and social care as efficiently as possible

These priorities have progressed over the past year with some further ahead than others due to continued restrictions. Any that continue to progress will be rolled over into the 2022/23 priorities.

- Commencement of the Intensive Health Visiting Programme (IHVP). There has been a consultation period with practitioners to look at two options for the delivery method of the IHVP. A decision has been made to move forward with the implementation of the Maternal Early Sustained Home-Visiting (MESCH) programme. This has now been agreed and the roll out of training to all relevant colleagues is well underway. This will continue into 2022/23 priorities to ensure completion and monitoring of the programme.

- Commencing the Empowering Parents Empowering Communities (EPEC) programme. Work had commenced with the training and roll out of this programme but was required to be stepped down in response to the national guidance for the global pandemic. We have trained the first team of volunteers who are providing additional support to parents in Burnley through EPEC.

- Review existing school nursing offer against full scope of schools across Lancashire (including special schools, faith schools and independent schools). The scoping exercise for the school nurse offer has been completed but due to all schools being closed for much of the school year the plan to move forward with this offer has been paused and will recommence as soon as national restrictions allow.

- The Children and Family Wellbeing team is working closely with our service to build a model of integrated working to enable a seamless journey for the families in our community. Due to the continued restrictions over the past year this has not progressed and will continue to be a priority for 2022/23.

- Early years settings also working closely with us to establish an integrated working pathway that will enable robust communication and identification of need for early intervention. This pathway has been devised and will be implemented in the coming months and will therefore remain a priority for delivery for 2022/23.

Priorities in 2022-23

How we identified our priorities for 2022-23

HCRG Care Group's national priorities were identified by its board as part of an annual process, having reflected upon the feedback provided by people who use services and other stakeholders throughout the year. A variety of methods were used, and the priorities set for us by commissioners in each local area were considered, alongside our delivery plans in each business unit.

Individual business units, including Lancashire Young People and Families Service were then able to set their own priorities. The management team within Lancashire set the priorities through the transformation programme using the feedback from the people who use the service, colleagues in the service and other stakeholders such as GP colleagues and commissioning colleagues to identify priorities for Lancashire Healthy Young People and Families Service. For example:

- Lessons learned from incidents and complaints and feedback received from people who use the service are discussed monthly at every Lancashire Healthy Young People and Families Service Operational Board meeting and the Quality and Governance meeting. This important information is shared with all Lancashire service colleagues in team level quality and governance meetings.
- Lancashire Healthy Young People and Families Service work closely with stakeholders and service users to implement the communications and engagement strategy.
- The Children and Family Wellbeing team is working closely with our service to build a model of integrated working to enable a seamless journey for the families in our community. This will incorporate the restoration of all contacts face to face within the community. We have maintained this for some aspects of service delivery throughout the pandemic. Working with stakeholders allows us to incorporate their views into our model and priorities for the upcoming year.
- Early years settings also working closely with us to establish an integrated working pathway that will enable robust communication and identification of need for early intervention. We are supporting the local authority objectives in the Early Years Strategy.
- To help move our service forward we have established a Parents and Carers Panel that is accessible via our website. Members of the Parent and Carers' Panel are kept up to date about the work HCRG Care Group is doing in the locality and, if they want to, they can also take part in surveys or become more involved. This group will help shape services by offering their views and insight into what matters to them, and what their priorities are. The panel will enable the people of Lancashire who use our service to have their say about how we can improve services and how changes will make a difference.

Priority 1

Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting, and exceeding relevant standards and regulatory requirements

Priorities brought forward/continued from 2021/22 include:

- Full up-skilling of staff nurses, nursery nurses and support workers, to provide a function across health visiting and school nursing. The first stage of this is complete but there is further work to be undertaken as part of the priorities for 2021/22 to further improve the scope of work that can be undertaken by the skill mix team. This work has progressed over the year despite the challenges faced in the health sector and will continue to progress to completion as part of this year's priorities.
- We will continue to embed the standards for the UNICEF Baby Friendly Initiative (BFI) and accreditations for the GOLD award and achieving sustainability permanently through leadership, culture, monitoring and progression. Although we have achieved this in 2021/22 this is a continuous process to ensure we continue to embed sustainable leadership, a positive culture, ongoing monitoring, and continued progression across the service.
- We have progressed at pace with the use of the clinical system to allow colleagues to work in a more agile manner and be less office based; reducing the need to travel into an office every day, allowing more time to be spent with the communities that we deliver care to; this will continue to evolve in a constant loop of feedback and improvement as we listen to colleagues delivering care.
- Implementing outcome measures to monitor the impact our service has and make any further improvements as necessary has progressed and is ready to be launched in the next few months. Our priority for 2022/23 will be to monitor and report on these outcomes measures to enable analysis of the data to improve services in line with the need of the communities we serve.

Priority 2

Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.

- The introduction of the Patient Safety Incident Response Framework will be a priority for 2022/23. It responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability". Informed by feedback and drawing on good practice from healthcare and other sectors, it supports a systematic, compassionate, and proficient response to patient safety incidents; anchored in the principles of openness, fair accountability, learning and continuous improvement. Its release marks the start of transforming the way the NHS responds to things going wrong. Our approach refocuses systems, processes, and behaviours on delivering a sustained reduction in risk, rather than

simply applying a reactive, bureaucratic process that too often does not lead to change.

- Continue to complete Internal Service Reviews (ISR) bi-annually and complete actions that have arisen from these. Due to us not yet having been inspected externally by the Care Quality Commission we will continue to undertake ISRs six- monthly to assure the quality and governance of our service. HCRG Care Group is committed to providing high quality clinical services that comply with all regulatory requirements, central to which is the Health and Social Care Act 2008. The regulatory requirements are ultimately monitored by the Care Quality Commission (CQC) through their programme of inspections. HCRG Care Group recognises that the CQC process may be infrequent and as a result has established ISR process to regularly self-assess compliance.
- Continue to work closely with our CQC relationship manager to ensure that we monitor our service in line with the five key lines of enquiry that continually monitors risk. This will assist in providing assurance of the quality and safety of the services we provide.
- Continue to participate in clinical audit to ensure the measurement of a clinical outcome or a process, against well-defined standards set on the principles of evidence-based care. The aim of auditing is to highlight the discrepancies between actual practice and standard to identify the changes needed to improve the quality of care.

Priority 3	
Continue to be recognised as an outstanding employer	• Ensure we achieve a 90 per cent appraisal target in 2022/23. Appraisals are a key part of driving positive change and improvement across the organisation and form part of an ongoing year-round conversation between colleagues and their line managers about performance, objectives, and delivery. • Continue to provide high-quality training and education. LHYPFS has continued to support and develop colleagues through participation in apprenticeship schemes, higher education opportunities and the assistant practitioner training. We currently have 12 colleagues undertaking apprenticeships both internal and externally supported. On the internal programmes we have one colleague undertaking the team leader apprenticeship, two colleagues on the operational manager apprenticeship, two colleagues on the business administrator apprenticeship and four colleagues completing the assistant practitioner apprenticeship. Externally we have supported three colleagues onto the registered nursing degree. All colleagues are supported with professional development and career progression as part of their management conversations and appraisal. In 2022/23 we will continue to support the completion of these apprenticeship and facilitate more colleagues to improve their knowledge and skill set. This supports personal and professional growth within the workforce.

- Continue to support colleagues with external continuing professional development (CPD). There is a yearly sum of money that is allocated to each service by the Education Funding Agency (EFA) to support colleagues with funding of their CPD to enhance their learning and development. This fund is generated by facilitation of pre-registration students in placements within our service.
- Continue to implement and embed the culture of leadership utilising leadership forums, internal and external leadership courses. Continue to improve network links and a stronger community team for the whole of Lancashire. We believe that leadership can be found at all levels, and we strive to build on skills that can help us lead the best way possible. Coaching is valued within the organisation as a leadership skill. The type of coaching we want to focus on is the one that creates a true learning organisation. It is founded on important skills such as listening, asking great questions, suspending judgment, as well as empowering individuals to grow into their best selves.

Priority 4

Delivering quality health and social care as efficiently as possible

- Commencement of the Intensive Health Visiting Programme (IHVP). A decision was made to move forward with the implementation of the MESCH programme. The Maternal Early Childhood Sustained Home-visiting (MECSH) program is a structured program of sustained health visitor service home visiting for families at risk of poorer maternal and child health and development outcomes This has progressed and the roll out of training to all relevant colleagues is well underway. The MECSH program draws together the best available evidence on the importance of the early years, children's health and development, the types of support parents need, parent-infant interaction and holistic, ecological approaches to supporting families to establish the foundations of a positive life trajectory for their children. The MECSH program requires organisations, and practitioners to work differently with families, to truly act on the rhetoric of prevention and early intervention to improve out- comes for some of the most vulnerable families. This will continue into 2022/23 priorities to ensure completion and monitoring of the programme.
- The Empowering Parents Empowering Communities (EPEC) programme successfully trained the first team of volunteers who are providing additional support to parents in Burnley through EPEC. The priority for 2022/23 is to train the second cohort of parents to further support their communities with the vision to roll this out to other communities across Lancashire. EPEC is designed to maximise parent engagement and outcomes. EPEC has a highly

successful record of reaching parents experiencing social and economic disadvantage, social exclusion, and families form minority cultures and communities.

- Review existing school nursing offer against full scope of schools across Lancashire (including special schools, faith schools and independent schools). The scoping exercise for the school nurse offer has been completed but due to all schools being closed for much of the school year the plan to move forward with this offer has been paused and will recommence as soon as national restrictions allow.
- The Children and Family Wellbeing team is working closely with our service to build a model of integrated working to enable a seamless journey for the families in our community. Due to the continued restrictions over the last year this has not progressed and will continue to be a priority for 2022/23.
- Early Years Setting is also working closely with us to establish an integrated working pathway that will enable robust communication and identification of need for early intervention. This pathway has been devised and will be implemented in the coming months and will therefore remain a priority for delivery for 2022/23.
- The Integrated Care System (ICS) Board is a partnership board, constituted of a range of NHS, local government, voluntary and community sector organisations working together across Lancashire and South Cumbria. The role of the ICS Board is to provide leadership and development of the overarching Lancashire and South Cumbria ICS strategy, oversight, and facilitation of delivery of sustainability, transformation, and design of the future state of health and care. As HCRG Care Group we are engaging fully with this new way of working ensuring the best possible integrated care model across our Lancashire footprint.

Audits we've taken part in

National clinical audit participation: Community Services

Over the course of the year, HCRG Care Group took part in a number of national clinical audits, including:

- Medicines Safety Audit
- Infection Prevention and Control Audit
- Safeguarding Audit
- Information Governance (Health and Care Record Audit)

Research statement

We continue to participate in a number of research, service evaluation and service development projects, which are overseen and governed by our Striving for Better speciality networks.

We support the participation in research to help improve the care for people who use NHS and local authority services. We plan to continue to develop and promote this area over the coming year.

Current research activity

We currently do not have any programmes on its research database which are in progress or due to commence within a few weeks of the publication of this document.

Learning from deaths

HCRG Care Group continues to work with partner agencies to learn from deaths and to adopt any relevant learning from serious case reviews and other local and national reports. The national Learning from Deaths Policy is available, and we will follow this locally.

Statement on the accuracy of our patient data

HCRG Care Group submitted information during the year to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodic Statistics, which are included in the latest published data.

Community service outpatient data for SUS submissions is being validated to ensure ongoing submissions are confirmed as being successful.

NHS staff survey

The Lancashire Young People and Families Service did not complete the NHS staff survey. HCRG Care Group colleagues complete an equivalent colleague survey.

A summary of the prescribed data for Lancashire HYPFS is included below:	
KF26 (Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)	N/A not questions asked on HCRG Care Group colleague survey
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	N/A not questions asked on HCRG Care Group colleague survey

Overview of CQC inspections this year

Registered provider	Service name	Full compliance	Action plan and status
HCRG Care Services Limited	Lancashire Young People and Families Service	Not yet inspected	N/A

NHS Friends and Family Test

Like all NHS providers, we ask people who use our services to feed back to us on their experience using the NHS Friends and Family Test.

In 2021-22, 460 people rated our services in Lancashire and 97.17 per cent said they had a positive experience of our service.

Part three

Prescribed information

12.	a) The value and banding of the Summary Hospital-level Mortality Indicator (SMHI) for the trust for the reporting period; and b) The percentage of patient deaths within palliative care coded at either diagnosis or speciality level for the trust for the reporting period	This element is not relevant.
13.	The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period.	This element is not relevant.
14.	The percentage of Category A telephone calls (red one and red two calls) resulting in an emergency response by the trust at the scene of the emergency within eight minutes of receipt of the call during the reporting period	This element is not relevant.
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period	This element is not relevant.
15.	The percentage of patients with pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period	This element is not relevant.
16.	The percentage of patients with suspected stroke assessed face-to-face who received an appropriate care bundle from the trust during the reporting period	This element is not relevant.
17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Team acted as a gatekeeper during the reporting period	This element is not relevant.
18.	The trust's patient reported outcome measures for (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery, and (iv) knee replacement surgery During the reporting period	This element is not relevant.
19.	The percentage of patients aged - (i) 0-14 and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days	This element is not relevant.

	of being discharged from a hospital which forms part of the trust, during the reporting period	
20.	The trust's responsiveness to the personal needs of its patients during the reporting period	This element is not relevant.
21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	77 per cent (^)
21.1	This indicator is not a statutory requirement. The trust's score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care	93 per cent (-)

Commissioning for quality and innovation (CQUIN)

Lancashire Healthy Young People and Families Service do not have any current CQUIN targets.

Comments by co-ordinating Local Authority

The draft quality account was submitted to Lancashire County Council on 04/04/2022 and their comments were used to improve the document prior to publication.

The local authority welcomes the opportunity to comment on the quality report produced by HRCG care group. HCRG care group is commissioned to deliver the Healthy Child Programme to Lancashire families, providing health visiting and school nursing services. Description of service delivery has been detailed by the provider in this quality report and it includes additional information to the core service offer which includes the infant feeding team, peri-natal mental health visitors, the single point of access, child health clinics and parenting support. As commissioners we can confirm this is an accurate reflection of service delivery.

The local authority monitors contractual delivery on a quarterly basis, though this has been more frequent during the covid pandemic. Recognising the impact of the covid pandemic on service delivery and difficulties this has created it is positive that commitment to progressing quality priorities will be moved forward in 2022 with the purpose of improving family health and wellbeing. The authority has a shared ambition with the provider HCRG care group to ensure Lancashire Children and Families have the best start in life and we welcome that many of the provider priorities align with the authorities and that progressing many of the priorities is actively ongoing.

We note the providers commitment to fully skill up staff nurses, nursery nurses and support workers to assist health visitors and school nurses. Alongside retention plans for health visitors and school nurses the authority recognises the essential importance of skilled staff to provide and maintain excellent standards of care. We congratulate the provider on the re-accreditation of BFI Gold standards.

We welcome within 2022 the implementation of outcome measures and this service commitment of improving outcomes for local families. We also look forward to seeing impact of the introduction of the MECSH intensive health visiting programme.

It is appreciated that safeguarding assurance processes is a high priority including essential learning from lessons learnt. The authority is keen that fostering safeguarding quality assurance is alongside our strong system wide contribution with partners.

In 2022 we look forward to again working within the partnership system with HCRG Care Group to integrate service support with the local authority early help offer.

We are pleased the provider has priorities for increasing service user feedback and prioritising ways to gain a stronger service user voice.

In 2022 the authority strongly welcomes the providers commitment to engaging with us on our maintained Best Start in Life journey.

Appendices

1: Glossary of terms

Care Quality Commission	Also known as CQC Independent regulator of health and social care in England. Replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009.
Clinical audit	Quality improvement tool, comparing current care with evidence-based practice to identify areas with potential to be improved.
Clinical Commissioning Group	Local organisations which seek and buy healthcare on behalf of local populations, led by GPs.
Commissioning for quality and innovation	Also known as CQUIN System to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.
Community Services	Health services provided in the community (not in an acute hospital) Includes health visiting, school nursing, district nursing, special dental services and others
CP-IS	Child Protection Information System A computerised way of sharing data about child protection securely between organisations.
Did Not Attend	Also known as DNA An appointment which is not attended without prior warning, by people who use services
Healthcare	Care relating to physical or mental health
Healthcare Quality Improvement Partnership	Also known as HQIP Organisation responsible for enhancing the effectiveness of clinical audits, and engaging clinicians in reflective practice
National Institute for Health and Clinical Excellence	Independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health

NHS Outcomes Framework	Document setting the outcomes and indicators used to hold providers of healthcare to account, providing financial planning and business rules to support the delivery of NHS priorities.
Patient-reported experience measures	Self-reporting by patients on their experience following treatment and satisfaction with treatment received
Here to help/PALS	Informal complaint, concern and query service which gives advice and helps patients with problems relating to the access to healthcare services