

**healthwatch**  
Bedford Borough

# Enter & View Report

Child Development Centre - 3<sup>rd</sup> September 2015



**Enter and View (E&V) report – Child Development Centre**

<b>Name and address of Home</b>	Child Development Centre (CDC), Hill Rise, Kempston, MK42 7EB
<b>Description of care /service provided</b>	The Children’s Nursing Team at the CDC co-ordinates and supports paediatrics clinics for children and their families.
<b>Names of Authorised Representatives</b>	Kamila Naseova, Simran Khinder, Sue Wilson (trainee E&V representative) and Emma Freda (member of the Healthwatch Bedford Borough Team)
<b>Date of visit</b>	3 <sup>rd</sup> September 2015

**Background**

The Child development Centre (CDC) is located in Kempston, Bedford. The E&V team visited services provided by South Essex Partnership Trust (SEPT). The purpose of the visit was part of a wider project that Healthwatch Bedford Borough (HBB) is undertaking to investigate children’s (and their parents’ and carers’) experience of accessing health services across Bedford Borough. As part of this project HBB are seeking both parents’ and carers’ views as well as those of children.

Questionnaires were left at the CDC for service users to complete.

**Welcoming**

On arrival we were welcomed by a member of the reception staff and then the deputy director of Children’s and Specialist Services, Chris Myers and Hazel Dean, Manager / Lead Nurse, Specialist Children’s Services. Chris gave an overview of the clinics that run on that day and a plan was then agreed on how to divide the E&V team and which professionals were free to talk to us at what times. The initial meeting was held in the information room/ library, which was free at the time of arrival. This room can be accessed by children and their parents/ carers to find out information about local services and various other related topics. As a young person needed to use the room to wait for their appointment it was then decided to relocate into a different room so as not to cause disruption to the usual running of the CDC.

The atmosphere in the Child Development Centre was calm, relaxed and child focused with a designated waiting area near the reception designed especially for families and children. The entrance had a double door to ensure the safety of children leaving and entering the venue. The building is easily accessible for people with disabilities/sensory impairment issues with suitable disabled parking, clearly marked with easy access to building. Clear signposting to the building is in place.

## **Visit details**

### Paediatric Occupational Therapy

The team spoke to Jennie Oliver, the Paediatric Occupational Therapy Team manager.

Referrals to the paediatric occupational therapy (OT) at the CDC are accepted from health professionals (GP, Paediatricians, Physiotherapists, Health Visitors and School Nurses); from school SENCOs and Education teams at the CDC.

Referrals are logged on to System One. An initial appointment is offered within a week for urgent cases and generally between 8-10 weeks for standard referrals. The wait time directive is 18 weeks. The OT team have managed to work to this framework despite being short staffed in the department since March 2015 as other OTs from the Luton base have provided sessions to ensure equity of waiting times across Bedfordshire.

Following the receipt of a professional referral, a letter is sent giving a 'Choose & Book' style option for booking an initial appointment.

The letter is sent out in English, with information leaflets to support the specific referral. Some leaflets alert people to different language options on the back page.

Information about transport to and from the venue is not sent out at this point.

The OT department identified an issue with GPs who do not always complete the necessary referral paperwork. This includes logging of Safeguarding issues and family's first spoken language and whether an interpreter is needed. Basic information is therefore checked in all first appointments to ensure it is correct.

If translation services are needed, staff were aware of the availability of the Milton Keynes Interpreting and translation service.

### Community Paediatrician clinic

The team met with Dr. Yemula – consultant Community Paediatrician, Darrin Lowe – Nurse Specialist Co-Ordinator for Challenging Behaviour with a specialist interest in ADHD, Julie Cronin and Hazel Dean – nurse led clinic team for sleep & behaviour.

This service appears to have a clear referral pathway, especially for new referrals. However, there did not seem to be a clear pathway for re-referrals. There is a priority system which is based on initial assessment, but it did not seem clear how this was applied to re-referrals. Staff did state that they will respond to emergency request if required.

The letter of invite to an appointment is sent out in English. If English is not the spoken language there is an option for the service user/carer to request support in a specific language. The merits of having information printed in other languages was discussed, but whether this is a viable option due to the wide range of languages spoken in Bedford Borough and the issue of literacy within communities was not clear.

Some information is currently provided with regards to public transport to and from the venue but mostly when a service user/carer telephones for direction.

If translation services are needed staff were aware of the availability of the Milton Keynes Interpreting and Translation service.

If an appointment is missed for a paediatric community clinic it is followed up with letters and sometimes via telephone.

The nature of the service, which is child centred and nurturing to parents and carers, appears to lead to some reluctance when it comes to discharge. It could be helpful to have clearer guidelines and to consider an alternative method of support for these families. An alternative to active or discharged state should be considered such as 'open access'. This would also allow for a better pathway and may reduce any waiting lists. Clear age limits for access and discharge to various services/ therapies and the development of clear transition pathway into adult/ follow up services should also be developed.

Although any child aged 14+ can ask for confidentiality from parents there are no clear guidelines on this, although capacity is now being assessed on forms; decisions on the subject are being made "as and when" at present. The team felt that a clear guideline needs to be developed.

There is a gap in provision of health commissioned OT services for children with sensory impairment in the county, although there are a few schools and charities who have sensory facilities. A firm pathway for this issue should be sought with urgency.

The CDC is working together with the local CAMHS teams to develop pathways for ADHD management as well as ASD management and their transition into adult services. However, there is a need to consider and develop a transition service for young people with ADHD and ASD as part of wider pathway of care. The CDC is having regular meetings with CAMHS to start to develop pathways for these services. However, for these services gaps to be filled discussion would be needed with the commissioners.

The need for an autism care co-ordinator was identified as recommended by NICE.

Although the Centre works well with some additional providers such as the physiotherapy department that operates from there but is provided by Bedford Hospital other relationships are more challenging. It was reported that social workers and CAMH are particularly difficult to engage with. The Centre and indeed the children that receive services there would benefit greatly from multidisciplinary team working to meet their total needs.

### Nurse led clinic

The E&V team spoke to Richard Moore, the Specialist Nursing and Early Support Team Administrator.

Referrals to clinics are received from GPs, SENCOS, health Visitors and local schools, however the main source of referrals are paediatricians. Drop-in clinics are also available in various locations. Referrals are logged on to System One. However, referrals from GPs are often incomplete. Incomplete referrals can delay an invitation being sent out due to having to gather more information to establish if referral is appropriate.

The appointment system is patient & parent/ carer led with the maximum waiting time being 12 weeks. Parent/ carers receive a confirmation text message once an appointment has been made and a reminder is automatically sent out 3 days prior to appointment taking place.

If an appointment is missed a reminder text is sent and if parents/ carers get in touch they are enabled to opt back in without being put through the whole referral and appointment booking

procedure again. This reduces waiting times as well as the waiting lists. The team felt that this approach should be adopted by the whole Child Development Centre services.

If English is not spoken, translation services are accessed via the agreed interpretation services and a 1:1 appointment with an interpreter is arranged if classes such as the 123 Magic workshops are offered.

The 123 Magic workshop is working proactively with working parents/ grandparents/ carers, parents with joint parental responsibility/ shared access. It is very child and family focused.

When the appointment letter is sent out it provides clear information about what is needed for appointments and booklets, such as a sleep diary are sent out. However, information about transport links to and from the Centre are not included in the correspondence unless parents/ carers are unsure and phone the reception for directions.

There are gaps in communication between the specialist community teams and the borough Social workers where Social workers often do not attend meetings, such as TAC (Team Around Child) meetings. This has a negative effect on the care for the children in that receive services from the CDC.

## **Summary**

It was felt by the E&V team from Healthwatch Bedford Borough that the Child Development Centre offers a very child-centered model of care delivered by highly motivated and caring staff.

The building is well adapted for its purpose allowing good disabled access. Those people we spoke to on the day were happy with the services they were receiving

There are a number of different teams who work within the building and it became apparent that not all the departments run to the same administrative standard. It was felt by the E&V team that the administrative support for the Nurse led clinic was of a very high quality, which has a very positive effect on the whole working of the clinic.

There was a general lack of information about how to get to the centre unless people phoned and requested it, it would be good practice to see this included in the initial information pack that is sent out.

The poor level of information provided by GPs at referral appears to be one of the common themes, this results in time being lost whilst basic data is checked with the parents and children.

The child development centre works in a multi-disciplinary way to support the service users, however it was clear that there were issues when the teams who needed to be involved in the care were not part of the core team based at the CDC, communication was difficult and often took time to establish.

The E&V became aware during the visit that the majority of information provided was in a written English format. It is important to consider language needs and sensory impairments of children and their carers prior to an invitation for an assessment going out. The team may like to consider the following:

- Literature should be made available in some of the main spoken languages and a BSL video link made available on the website to show what a referral means.

- Information provided at the back of leaflets is inconsistent. Some leaflets do not contain information for those whose spoken language at home is either BSL or a foreign language. This could have implications when people are requested to opt into receive a service.
- A list of staff that speak an additional language to be made available to the reception staff for possible assistance for parents/ carers who do not have English as a spoken language.

**The following recommendations were made:**

- The Nurse led team missed appointments procedure adopted for the whole CDC. In addition the service would benefit from outreach especially at the initial stage to establish communication and reduce missed appointments. It could be beneficial to consider if alternative venues might be more suitable; school, nursery etc.
- Information about transport links to and from the CDC should be sent out with the initial appointment letter as well as sending out brief information about what to expect with the invite letter to ensure child and parent/carer are aware what to expect when first visiting.
- Work with GP practices to improve the standard of referral information being provided - HBB are happy to discuss with Clinical Commissioning Group if this would be helpful.
- Develop clear pathways for re-referrals into the Community Paediatric clinic. It was felt that this would also assist with discharging children from the care of the clinic – such as the ‘open access’ as an alternative and clear transition pathways into other services.
- Develop clear guidelines on confidentiality for young people aged 14+.
- To continue developing the ADHD and ASD management transition process with CAMH.
- The possibility of addressing the gap in provision of health commissioned OT services for children with sensory impairment in the county to be explored together with the Clinical Commissioning Group.
- Improved multidisciplinary working with other professionals such as Social workers and CAMHS should be developed.
- An Autism care co-ordinator role developed as per NICE guidelines.
- The possibility of services for children with sensory issues explored.
- The possibility of using emails and text messages to communicate with parents/ carers to be explored.
- Work should be done to consider the most appropriate way to access written information for parents and children in the languages that are used by the families attending the CDC
- The possibility of a direct email link for D/deaf patients/ parents/ carers on the home website page should be explored (deafhelp@....) for non-urgent enquiries. HBB are happy to supply the details.

## About Healthwatch Bedford Borough (HBB)

HBB is the independent consumer champion for the local community, influencing all local health and social care services.

HBB seeks to ensure that the views of the public and people who use health and social care services are taken into account.

### Our vision is that

Healthwatch Bedford Borough will be:

- *a critical friend in challenging service providers to ensure that their services are person-centred and responsive to local community needs.*
- *seeking to empower all patients with confidence to make an informed choice about their health and social care needs.*

### Our Mission is that

Healthwatch Bedford Borough will consult, engage and empower the wider community in a fair, transparent and realistic way. It will:

- *provide positive influence and encourage improvements in local health and social care services, acting as a critical friend to service providers and establishing valid outcomes against which changes can be measured.*
- *act as the voice of the public, providing a bridge between the commissioners and providers of Statutory Health and Social Care.*

HBB is for everyone in the community - adults, young people and children. It is vital that HBB actively seeks the views from all sections of the community, particularly those who seldom have their voices heard to ensure that information gathered is representative of the local community that it serves.

## HBB Board

This is the body responsible for overseeing the work of the organisation. Board members are:

- Anne Bustin (Chair).
- John Weetman (Finance Director).
- Linda Hiscott (Strategic Director).

There is also one non-executive Director - Lyz Hawkes.

The Board meets on a regular monthly basis.

## Contact Information

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## HBB Staff

Kamila Naseova - Service Development Officer  
Emma Freda - Communications and Public Engagement Officer  
Laurie Hurn - Administrator and Company Secretary  
Shanice Dadhira - Administrative Assistant

## Important Note

HBB is a Community Interest Company (CIC). It is registered with Companies House as Company No 8385413.

The three Directors (Board) have an important position of trust and general company law imposes on them a range of duties and in ensuring that the CIC meets its statutory and other obligations.

**The HBB strapline is as follows:**

***“A strong voice for local people”***