

Central and North West London NHS Foundation Trust

RV3EE

Community health services for children, young people and families

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV3EE	Stephenson House	Trust HQ	NW1 2PL

This report describes our judgement of the quality of care provided within this core service by Central and North West London NHS FoundationTrust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Central and North West London NHS FoundationTrust and these are brought together to inform our overall judgement of Central and North West London NHS FoundationTrust

Summary of findings

Ratings

Overall rating for the service		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive?		Good	●
Are services well-led?		Good	●

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service - Good

Staff treated children and young people with respect and dignity and delivered care which was sympathetic and inclusive during clinics, school and home visits. Parents and children were involved in planning care. Feedback from parents and their children was consistently positive and they said they were treated with dignity and respect. Staff were dedicated, highly motivated and worked diligently in delivering a first class service.

Services for children and families were being adapted to make them more accessible and responsive to people using the services. The services were mindful of meeting the needs of children in vulnerable circumstances. The trust was able to provide interpreters and information in a range of formats to support staff in meeting the individual needs of children and their families in terms of their diversity. Staff were very sensitive to peoples culture, religion and beliefs.

The trust had a good track record on safety. Where concerns were found these were reported and addressed in a timely manner. The individual teams fostered a learning culture and the processes for responding to adverse incidents were robust. Infection control procedures were in place and were being monitored. Safeguarding processes were in place and child protection plans were reviewed and audited.

Staffing was very stretched especially for health visitors but work was prioritised based on risk. An active programme of recruitment was taking place particularly in Hillingdon. Staff were trained and appraised and there was a positive learning and sharing culture. The children and family services provided many examples of good multi-disciplinary and multi-agency work. Information was provided in a number of formats to help children and families understand and implement the treatment. Staff understood and applied the principles of consent in their work with the children, young people and families.

There was a strong culture of completing clinical audits to ensure care and treatment was delivered in line with best practice and providing positive outcomes for the children. Information about how to complain was available and complaints were addressed thoroughly with lessons learnt.

All staff were aware of the principles and values of the organisation. Some staff told us they felt inspired by the passion of the chief executive and felt innovation and originality in how services were provided was welcomed by the senior management team. Staff told us they felt confident with their immediate managers and staff worked together across all disciplines for the benefit of the children and families. Governance processes enabled information to be provided to services to support their monitoring and management.

Summary of findings

Background to the service

Background to the service

Community health services for children and families provided support from birth through school years. The services were provided in the home, community settings such as schools and specialist clinics. The services provided by the trust included health visiting, school nurses, child development services and services for looked after children. There was also paediatric occupational therapy, physiotherapy and speech and language therapy.

Child development centres were paediatrician led locations which provided specialist or enhanced care and

treatment including specialist nursing services, therapy services and community paediatric services at Milton Keynes, the Mosaic Centre in Camden and the Woodlands Centre in Hillingdon. These services provided treatment for children and young people with long-term conditions, complex epilepsy, haemoglobinopathies, degenerative conditions, palliative care, including end of life care and children and families in vulnerable circumstances.

We visited three child development centres, seven health visiting teams, five school nursing teams, four clinics, attended four home visits and talked with the children's safeguarding leads and looked after children's leads.

Our inspection team

The team that inspected services for children and families consisted of an inspector, one expert by experience, two

health visitors, one child health professional, one paediatrician, one safeguarding expert, one educationalist, one school nurse and one occupational therapist.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 23 - 27 February 2015.

During the inspection visit, the inspection team:

- Visited three child development centres, seven health visiting teams, five school nursing teams and four clinics
- Spoke with 32 parents and children
- Spoke with the children's safeguarding leads and looked after children's leads
- Spoke with 133 staff and included senior managers, health visitors, school nurses, teachers, community nurses, speech and language therapists, occupational therapists and paediatricians
- Joined staff on 4 home visits

Summary of findings

- held focus groups with a range of staff who worked within the service

We also:

- Looked at 20 treatment records for children
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider say

The people who use the service, their parents and guardians told us they received care that was polite, respectful, knowledgeable and supportive.

We were told that staff were easily contactable and would always ring back if a message was left and staff were flexible and would fit around school times.

We heard many examples of children and their families finding the services very helpful with a focus on meeting peoples individual needs.

Good practice

- In Camden the 'my child' and 'early bird' programmes were supporting children and families where the child had complex needs. These were enabling the child to receive a better quality of care as a result of the professionals and carers working together.
- The children and families services had adapted to make services more integrated and accessible. Examples included the Saturday clinics for looked after children in Milton Keynes, the health visitor duty desk in Camden and the school nurse drop in clinics in Hillingdon.

Central and North West London NHS Foundation Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

The trust had a good track record on safety. Where concerns were found these were reported and addressed in a timely manner. The individual teams fostered a learning culture and the processes for responding to adverse incidents were robust.

Infection control procedures were in place and were being monitored.

Safeguarding processes were in place and child protection plans were reviewed and audited.

Staffing was very stretched especially for health visitors but work was prioritised based on risk. An active programme of recruitment was taking place particularly in Hillingdon.

Incident reporting, learning and improvement

- A total of 257 incidents were reported across the services for children and families between 1st December

2013 and 30th November 2014. The incidents that were most frequently reported related to medication (21%) followed by consent, communication and confidentiality. Most (90%) of all incidents reported resulted in 'no harm' or 'low harm' to the child.

- There was a new draft incidents and serious incidents policy which was shared with staff in November 2014. Staff took incident reporting very seriously and escalated incidents and concerns as appropriate. For example we were told about a range of incidents and the actions that had been taken including the loss of patient records.
- Staff had weekly meetings at which incidents were discussed and a monthly meeting to review the learning from previous incidents.

Are services safe?

- The service had a lone worker policy. All staff had work mobiles and kept calendars open for any staff to access.

Duty of Candour

- The Duty of Candour requires being open with patients when things go wrong.
- From looking at responses to incidents and complaints we could see this was being put into practice.

Safeguarding

- Safeguarding training was mandatory and staff were up to date with this training.
- Child protection cases were highlighted in teams and regularly reviewed. Numbers of looked after children and children with a child protection plan in place were monitored.
- The teams participated in multi-agency safeguarding hubs (MASH). The aim of MASH was 'to improve the identification of unknown risk by quickly building a fuller picture of the child and experience of the child's journey'. An audit was undertaken by the Camden MASH team to ascertain what impact the MASH had on interagency working. The results showed the majority of health visitors and school nurses found positive benefits of working with MASH.
- Safeguarding concerns were being correctly alerted and all staff had a clear knowledge of the systems and processes for raising safeguarding issues. We were told female genital mutilation was an increasing issue amongst some families. The incidence of this was being monitored by the trust safeguarding team.
- At Milton Keynes safeguarding supervision forums were used to enhance learning and sharing of information for staff.

Medicines management

- The school nursing service had systems in place to manage vaccinations. We saw children's cold chain and fridge audits to monitor correct temperature ranges for storage of vaccines and audits for compliance were completed.
- The safe and secure handling of medicines audit regularly took place within special schools with one

audit being completed in November 2014. This audit found medicines to be stored safely with some minor actions to be addressed. We were given an action plan with timescales for completion for the actions.

Safety of equipment

- Equipment maintenance records for all equipment used in all health centres and schools were available and showed the maintenance was up to date.
- Equipment for children with a disability were appropriate for the needs of children and were fully maintained.

Records and management

- We reviewed the patient records of ten children. We found that the records were contemporaneous ranging from the first birth visit through to end of life care. All records had growth charts completed and all checks had been completed within national timescales for the healthy child programme.
- The electronic patient record system facilitated entries from the whole of the multi-disciplinary team and included emails, correspondence from parents to nurse specialists and other communication to consultant paediatricians. There were also copies of educational statements.
- The electronic patient record system was not used within the schools although correspondence from schools was saved in the system.
- The children with complex needs service undertook an annual care records audit using a tool published by the Royal College of Physicians and General Medical Council. The last audit reported overall good results with some areas of excellent data collection. An action plan had been developed to address areas where improvement was needed such as recording ethnicity and religious needs.

Cleanliness, infection control and hygiene

- Cleanliness and hygiene at the environments we inspected was noted to be good and we observed good hand washing and hand sanitising techniques. We observed paper covers being changed after each consultation and scales and changing mats cleaned after each use. We observed toys being cleaned before and after use.

Are services safe?

- An infection control audit 'essential steps and five moments for hand hygiene' was undertaken February 2014 across children's services, health visitors and school nurses. This found 100% compliance with the infection control guidance apart from two health visitors not being 'bare below the elbow'. A 'bare below the elbow' project for health visitors was set up which developed a 'bare below the elbow' tool kit which was taken to various clinics. This resulted in staff being reminded of the importance of being 'bare below the elbow'.
- To facilitate home visits the children's complex needs team in Camden had developed 'ready to go kits' which were boxes filled with hand hygiene and other equipment. These were restocked daily.

Mandatory training

- The trust had a mandatory training programme. Training records showed that for the teams we visited between 90 and 95% of staff were up to date with this training.
- Local managers had information which showed when training had been completed and when the next updating was due for each member of staff.

Assessing and responding to patient risk

- Risks were monitored at individual service level and across the services for children and families. For example Hillingdon had a local service risk register which reflected concerns about staffing levels. This highlighted gaps in services that were raised with local commissioners such as the need for specific services for children with severe learning difficulties.

Staffing levels and caseload

- Staffing levels for health visitors had been set using national guidance from the Royal College of Nursing based on the work by Sarah Cowley on health visiting. The health visitors caseload ranged between teams from 1 health visitor to 200 children to 1 health visitor to

560 children a few teams in Hillingdon. Although we were told staffing levels remained low and in some cases were placed on the risk register, the risk was well managed within teams with work prioritised. Sickness for health visitors was high at 10.2%. We were told this was due to long term sickness and some maternity leave. An active programme of recruitment was taking place especially in Hillingdon.

- The child development centre at Milton Keynes had five consultant paediatricians (4.3 whole time equivalents). Camden child development centre had three consultant paediatricians and Hillingdon child development centre had three consultant paediatricians, one of which was a locum.
- We were told bank and agency staff were rarely used and if the need arose, substantive staff would be used. Staff were willing to cover extra hours rather than bring in bank or agency staff.

Managing anticipated risks

- Multi-disciplinary meetings with parents, guardians and a range of healthcare professionals discussed care plans and risk assessments to safeguard children and young people.
- Risk assessments were completed when visiting the homes of new mothers and new referrals to ensure the homes were safe for lone workers to be entering.
- Risk registers were in place for each of the services, that highlighted concerns and how they were being addressed.

Major incident awareness and training

- Staff we spoke with were all aware of emergency planning processes and staff told us about what was expected of them if there was a major incident.
- There was an adverse weather policy in place which staff were aware.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

There was a strong culture of completing clinical audits to ensure care and treatment was delivered in line with best practice and providing positive outcomes for the children.

Staff were trained and appraised and there was a positive learning and sharing culture.

The children and family services provided many examples of good multi-disciplinary and multi-agency work. Information was provided in a number of formats to help children and families understand and implement the treatment.

Staff understood and applied the principles of consent in their work with the children, young people and families.

Evidence based care and treatment

- A wide range of clinical audits were taking place across the services for children and families.
- At the child development centre in Milton Keynes they undertook a number of audits based on NICE guidance such as reviewing their care and treatment of patients with epilepsy. This demonstrated overall good compliance with the guidance and recommended further improvements to be made such as increasing the amount of in house teaching, information packs to be given to parents at the initial diagnosis and considering developing a regional epilepsy network.
- The school nursing service in Milton Keynes carried out an audit of their treatment of children with enuresis measuring the outcomes for children receiving treatment. The school nurses also did an audit to see the take up of vaccinations and hearing screening and had developed action plans where needed.
- Another example was at the Mosaic centre in Camden where an audit had taken place to see if NICE guidance was followed in the care pathway for children with cerebral palsy. This showed the need to improve record keeping which was being addressed.

- In Hillingdon clinical audits in the school nursing service had looked at the management of asthma and severe allergies in schools. This led to the delivery of more training and of some children needing to have a care plan.
- Hillingdon carried out a mapping exercise and gap analysis using NICE guidance for children with autistic spectrum disorder. This was in collaboration with other partners across Hillingdon and resulted in a number of actions and recommendations to improve the service. This was an extremely comprehensive audit.

Pain relief

- The services were aware of the need to consider pain management especially in some children with long term conditions and end of life care. We saw this being used in practice by the children's complex needs team at Milton Keynes where they used a range of pain assessments and pain management strategies.

Nutrition and hydration

- The health visiting teams recognised the growing health burden of childhood obesity and Type 2 diabetes and employed a range of strategies to reduce childhood obesity especially amongst some communities.
- The school nurses had undertaken diabetes awareness courses and they had links to the diabetes liaison nurses.
- In Hillingdon there was a 'mind, exercise, nutrition and diet' (MEND) programme, which was a 12 week course encouraging children to be more active and eat healthily in order to reduce their obesity. Health visitors were involved in delivering the programme to preschool age children. School nurses helped to identify children who would benefit from the programme. Parents were encouraged to participate in the programme as well.
- Health visitors gave significant advice to mothers about the immunisation status of their new babies along with

Are services effective?

a range of information about breast feeding and personal post-natal care. There was a breast feeding strategy which was comprehensive and far reaching involving the whole of the multi-disciplinary team.

Approach to monitoring quality and people's outcomes

- The child development services provided multi-disciplinary support to children with complex needs working in partnership with families. We saw that they offered intensive support and focused on each child's individual needs to give them the best outcomes. This included offering support when the children were in hospital and providing end of life care in partnership with local palliative care services.

Competent staff

- Staff said they had good access to mandatory training. They also received training that met their individual specific needs. For example school nurses had received training on allergies and the use of the epipen.
- Appraisal rates for staff were over 90% and enabled staff to look at their personal development needs.
- We found examples for peer learning and reflective practice. The community paediatricians at Milton Keynes carried out child protection peer review sessions every two months. These sessions provided time to discuss difficult cases in a relaxed and non-judgemental atmosphere and were part of their continuing professional (CPD) programme. Members of the children's complex needs team in Milton Keynes were offered protected time on Tuesdays to attend training to promote their continuing professional development.

Multi-disciplinary working and coordination of care pathways

- There were many examples of good multi-disciplinary and multi-agency work
- The child development centres all demonstrated examples of exceptional multi-disciplinary working. In Camden the 'single point of referral' meant that all children referred for developmental assessments would have access to the most appropriate professional and team including multi-agency teams where needed.
- Camden had established an Alliance Provider model for children's services working in partnership with other

local NHS trusts. CNWL is the operational lead. This arrangement is now formalised as Camden integrated children's services to meet the needs of children with developmental concerns and disabilities.

- Children's service in Milton Keynes worked closely with local hospices: Helen House and Keech House in Northamptonshire.
- Multi-disciplinary working took place as part of the 'team around a child' initiative which was a process designed to help families move away from a child protection plan with the support of all agencies relevant to the child.
- There were many examples of teams working with local paediatric services in acute trusts.

Referral, transfer, discharge and transition

- Different arrangements are in place across different geographical areas and teams in terms of referral, transfer and discharge arrangements.
- At the time of the inspection some teams or specialisms were experiencing waiting lists. For example the referrals for speech and language therapy in Milton Keynes had increased and there was a 17 week waiting list for an assessment.
- The Mosaic Centre in Camden single point of referral system experienced a backlog of referrals at the end of 2014. This was mainly due to the increase in referrals and the lack of sufficient staff to carry out the assessment. This was addressed once the back log was found and a new process was now in place to manage the number of referrals.
- At Hillingdon there were good processes for the handling of referrals through a single point of access and multi-disciplinary triage. For example a child being referred to the Woodlands centre would be assessed and if they were identified as having a social communications disorder the child would be passed on to the rapid autistic spectrum disorder assessment team.
- In Hillingdon the service had set up a local parents forum called 'transition' which was a meeting for older children with complex needs and their parents to discuss how they would be transferred as their child got older.

Are services effective?

Availability of information

- The trust made information available to young people, families and other care professionals.
- Health visitors used comprehensive information packs alongside verbal information to inform new mothers about caring for their baby.
- School nurses used videos about immunisations to inform parents in order to increase the uptake of vaccinations for their children.
- Physiotherapists and occupational therapists at Hillingdon used visual aids and photo programmes with the parents to help them carry out activities at home.

Consent

- Staff working in the children and families services had a good understanding of consent for children and young people.
- Consent from someone with parental responsibility was sought when appropriate.
- School nurses when needed would use Fraser guidance to assess the competency of the young person to give their consent when having a vaccination.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Staff treated children and young people with respect and dignity and delivered care which was sympathetic and inclusive during clinics, school and home visits. Parents and children were involved in planning care.

Feedback from parents and their children was consistently positive and they said they were treated with dignity and respect.

Staff were dedicated, highly motivated and worked diligently in delivering a first class service.

Dignity, respect and compassionate care

- Staff listened to children and young people. Staff told us they enjoyed looking after children and young people and being able to help them on their journey into adulthood.
- Staff respected people's individual preferences, habits, cultures and faiths.

Patient understanding and involvement

- We found examples of children and their parents and carers being involved in the planning and delivery of care and treatment.
- The Camden child development centre had a programme called 'my child' which was delivered by a team who worked with children from 0-5 years old, who had complex needs. The team provided sessions where families could talk about their child's diagnosis and assisted them to set goals and priorities for therapy.

- Camden also had an 'early bird' programme. This was a programme which addressed the needs of both home and school settings by training parents and carers to give consistent support to their child with autism.
- The majority of parents at the Woodlands centre in Hillingdon felt they had been involved in the planning and care of their children.

Emotional support

- Care professionals were very mindful of the need to provide emotional as well as physical care to the children and their families.

Promotion of self-care

- The health visiting and school nursing teams were very focused on health promotion to help children and their families improve their self-care.
- An example of this was the community child team in Milton Keynes using HENRY which was a 'health, exercise, and nutrition for the really young' programme. This national programme had been commissioned through the child centre in Milton Keynes to provide interventions to protect young children from the physical and emotional consequences of obesity. There were more children taking up this service which had resulted in more health visitors being HENRY trained.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Services for children and families were being adapted to make them more accessible and responsive to people using the services. The services were mindful of meeting the needs of children in vulnerable circumstances.

The trust was able to provide interpreters and information in a range of formats to support staff in meeting the individual needs of children and their families in terms of their diversity. Staff were very sensitive to people's culture, religion and beliefs.

Information about how to complain was available and complaints were addressed thoroughly with lessons learnt.

Planning and delivering services which meet people's needs

- We found examples of where services had been adapted so they were delivered in a way that met people's needs.
- At Milton Keynes, Saturday clinics had been established to meet the needs of looked after children by paediatricians working outside normal hours.
- The Mosaic centre in Camden had introduced new structured assessment clinics in September 2014 to help assess new referrals in a timely manner.
- In Camden a health visiting duty desk had been set up so parents and professionals could have access to advice and support from a qualified health visitor.
- In Hillingdon school nurses were providing drop in clinics for targeted secondary schools.

Equality and diversity

- We found examples of where care and treatment was provided in a way that reflected people's individual needs in terms of their language, disability, culture and religion.
- Access to interpreters was good. Information was available in a range of languages and formats.
- Staff were very sensitive when entering people's homes, using plastic over shoes for example.
- Health visitors and school nurses worked with local minority ethnic groups to carry out health promotion work.

Meeting the needs of people in vulnerable circumstances

- The teams were very aware that many of the children, young people and families they supported were very vulnerable. Children with a child protection plan were carefully monitored. Following research undertaken by Camden's young inspector's team, the looked after children's team had started to visit more children in their homes not always in clinics at a time that suited the children. The young inspectors team were made up of young people aged 16-21 who conducted research into the views of service users and professionals about social work and looked after children health services in Camden.

Access to the right care at the right time

- There were examples of how children and families were supported to receive the right care at the right time.
- Members of the children's complex needs team would travel with a child and family to act as advocates during outpatient appointments within Milton Keynes.
- In order to improve breast feeding rates, health visitors in Milton Keynes undertook an additional antenatal visit to mothers at 28 weeks gestation. This strategy was aimed at promoting breast feeding. We noted strategies to promote breast feeding such as breast feeding drop in groups and breast feeding cafes.

Complaints handling and learning from feedback

- The children and families services received a low number of complaints.
- People we spoke with knew how to raise a concern or make a complaint.
- Complaints would be thoroughly investigated. Final reports with recommendations would be circulated and families would be informed of the outcome of the investigation.

Are services responsive to people's needs?

- Complaints were used to make improvements with their services such as a complaint about a sight test not being carried out properly which led to more training provided to school nurses in Hillingdon and information leaflets changed to reflect better practice.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

All staff were aware of the principles and values of the organisation. Some staff told us they felt inspired by the passion of the chief executive and felt innovation and originality in how services were provided was welcomed by the senior management team.

Staff told us they felt confident with their immediate managers and staff worked together across all disciplines for the benefit of the children and families.

Governance processes enabled information to be provided to services to support their monitoring and management.

Service vision and strategy

- Staff we spoke with were positive about working at the trust and spoke passionately about how they wanted to improve the care for children and young people.
- Some staff at Milton Keynes felt the new structure needed further bedding in, as some staff did not yet feel fully part of the organisation.

Governance, risk management and quality measurement

- There was evidence of a governance through reporting structures with key performance indicators, learning from incidents and complaints.
- Managers had access to monthly reports and team and divisional risk registers.
- The trust completed audits including checks using information lifted from the electronic record systems which identified progress with targets and areas for further work.
- An example of this was the health visitor dashboard which used Department of Health indicators. These demonstrated health visitors were meeting targets such as the percentage of Sure Start advisory boards with a health visitor presence and the percentage of infants for whom breastfeeding status was recorded at six to eight week checks. However, the percentage of children who received a 12 month review by 12 months was only being met 39% of the time.

- We saw examples of regular governance reports for the looked after children's team which demonstrated areas of good practice and areas for improvement such as the review of medical staffing levels.

Leadership of this service

- Staff told us they felt there were good systems for escalating staff concerns.
- Staff felt well led by managers in their services.
- Services had business meetings and managers fed back information from management meetings.

Culture within this service

- The overall culture was one of commitment, enthusiasm and loyalty which brought about positive outcomes for people who used the services.

Public and staff engagement

- The trust sought feedback from surveys. This included the family and friends survey for people using the services and from staff surveys. These have informed the organisational priorities.
- There were numerous examples of staff working with the public. For example the Milton Keynes Football Club (MK Dons) had developed an innovative charitable scheme entitled 'MOTIV 8' to promote exercise and health amongst children aged 5 to 16 years who were above their ideal weight.
- In Hillingdon there was an 'engagement day' which would be held annually, where parents and guardians of children with complex needs would come together to mix and meet other people and share ideas and concerns.
- Staff felt informed about the work of the trust through the chief executives newsletter and other news circulated by the trust.

Innovation, improvement and sustainability

- Sleep clinics were provided by the health visiting teams in each borough. In Milton Keynes two health visitors

Are services well-led?

had undertaken 'millpond' training which was a sleep behaviour management course and shared their learning with other members of the teams. Parents were able to access the sleep clinic via a sleep referral form and we were told sleeping problems accounted for 20 % of all health visitor referrals. This innovative scheme commenced in 2013 and the service had received 93 referrals in the last year.

- In Hillingdon work had been completed to identify and support young carers of primary school age. This resulted in these younger children and their parents receiving more support.

- The speech and language therapists in Milton Keynes had developed a fast access communication tool (FACT) which was a tool to profile a child and young person's speech, language and communication needs for children with Autistic spectrum disorder. This was used by the paediatricians to make referrals more effective. A further development of this tool was being evaluated (FAST+).