

Minutes

Children's Hearing Services Working Group 17th January 2018

Present

Sarah Trkulja (ST - NGH audiology and Chair), Jenny Barker (JB - SALT), Martin Thacker (MT - Regional Director NDCS), Gary Webster (GW - Educational audiologist, NCC), Reena Patel (RP - KGH, audiology), Dr Tracey Davies (TD - Consultant Pediatrician, NGH), Kathy Fosdyke (KF - NCC, Local Offer), Anne Wakeling (AW - Head of specialist support services, NCC), Anne McGrath (AMG - Secretary), Rosemary Murphy (RM - NCC - joined the meeting later),

Apologies

Jennie Higson (JH - deafconnect), Sophie McEwan (SMcE - Parent rep), Dr Bob Finch (BF - Consultant Pediatrician, Kettering)

1. Apologies and introductions (see above)

2. Review of previous minutes - corrections and amendments

Initials beside full names please (ST)

TODs in Northamptonshire will not be making referrals for middle ear implants. (GW)

Page 3 Capital One should read CAPITA 1

Page 3 should read IQIPS not QUIPS

Page 4 add that recommendations for non-surgical interventions for glue ear are in keeping with NICE guidelines - we need to keep an eye on this and any impact on numbers for education services (AW).

AMG will also make corrections requested by email

Please can minutes include a summary of actions at the end (ST).

3. Action plan from previous minutes and 4. Matters Arising

i. The contacts information list was passed around and checked by those present. MT advised that the National Deaf Children's Society logo has changed.

Rosemary Murphy has suggested that there be an additional leaflet containing just websites so that families can copy and paste addresses into their browsers directly

AW recommend that this information should be available on local offer pages. TD asked that something about medical services be included in the information. **It was agreed that there would be further discussion with Doctor Finch to agree on a suitable sentence highlighting that medical services work closely with audiology teams.**

Action - send completed paperwork to KF with a note of the web links to be added in.

ii. The Leeds pathway document has now been circulated. The NDCS regional director for Yorkshire is happy for other CHSWGs to use this.

iii. Annual Report

ST thanked people for their contributions. Some contributors, for example parents and social care have still to send in their reports. There is a new service manager for disabled children's team.

Action - AW will ask them to identify someone to link into the group.

TD asked about the transitions team - do students just with hearing impairment have access to this team? AW said that this would depend on the needs of the individual. TD said she is not sure how robust our process is when it comes transitions for example supporting students between school

and college or from an out of county provision to in county provision. Young people often need support from “access to work” and advice about how to procure this. AW said that the information can be found on the local offer webpages. Connexions have now been replaced by “Prospects” who deal with the career advice side of the service. Some young people require “Prospects” advice while other's needs the Transitions team/ Disabled children's team. The NCC Heads for the Transitions team and Disabled children's teams respectively are: Liz Sagi and Jo Bradley. TD said that the NDCS document for transitions is extremely helpful and she has given it out to students at times. MT said that transitions to higher education and further education are priorities for the National deaf children's society.

Actions

- **To include transitions in the agenda at future meetings.**
- **Identify key contacts at local colleges to work with who will also be able to the network with the wider team of FE providers.**
- **MT Will liaise with Linda Cox and put together something about to NDCS involvement with the group.**
- **TD Will liaise with Dr Finch with a view to contributing to the next annual report rather than this one.**

iv. Complaints procedures

Action - AMG will collate and pass on the information received to the parents group. She will stress that feedback can be compliments as well as complaints.

v. GW has sent information about teacher allocations to clinics on an encrypted spreadsheet.

Action: GW to check that paediatricians are included in the distribution list

vi. Local Offer

ST now has a list of keywords for KF's team to use to help improve search facility on the local offer in relation to hearing loss and deafness.

Action

- **AMcG to send information to KF about the CHSWG including agreed minutes, terms of reference etc so that these are available on the local offer pages**
- **AW to send links to the social care referral processes to TD.**
- **KF will follow up on the difficulties TD described with accessing the referral links to the web team. She reminded the group that there are different to referral processes depending on whether the young person is over 18 or under 18.**

vii. Failure to be brought

Northampton General Hospital are now using the terminology Failure to be brought (FTBB) instead of DNA (Did Not Attend). This is in keeping with national recommendations. In Northampton a specific process is followed in these situations. Education services will be informed after one FTBB. Parents will also be sent a letter and a second appointment offered. If the child is not brought again a second more strongly worded letter will be sent. If there is a third incident a letter will be sent advising families that a safeguarding referral may be made. Where families are making multiple cancellations rather than failing to bring the child to an appointment similar procedures apply. Northampton General Hospital has checked the wording of their letters with their safeguarding advisors. The letters are loosely based on those used by the diabetes team..

There was discussion about children who are educated at home. TD said that in the case of a home tutored child with special needs, the education inclusion and partnership team (EIPT) will be contacted. Home education is currently an area of focus for the national safeguarding team as it's been identified that this group are particularly vulnerable.

Actions

- **AW to find out what the offer is in relation to deaf children by the EIPT.**
- **Kettering General Hospital and Northampton General Hospital teams to liaise re management of multiple cancellations.**

viii. FM provision document - GW has circulated the document as agreed. AW explained that local procedures for allocating systems are being looked at again so that criteria can be based on need rather than the age of the child. GW continues to have a very positive outlook on early use of FM systems. The benefit seen to preschool children is being observed to carry on into the school years, based on case studies of local children. TD thanked GW for driving this initiative on behalf of the children. The wider context is around how best to target resources to optimize outcomes (AW). ST and TD commented that health /education collaboration in the county is exceptional. AW would be welcome to come to observe the joint early year's multi agency assessments. GW is very supportive of the idea of early fitting of FM and sees no reason why it can't be done either at home or in hospital.

MT advises that NDCS can lend out equipment to families and is following up on a recent case.

Action:

GW said that NDCS needs to ensure that the equipment they lend is fitted with battery locks where required. MT will feed this back.

5. Local Offer

The local offer now includes information about 60 different organisations related to deafness and hearing loss. KF asked that service providers make families aware of this.

Action - Local offer leaflets should be included in parent information packs. They should also be available in paediatric outpatients' area (NGH). TD recommended contacting the children's outpatient manager Sue Astropp to arrange this. The children's hearing clinic no longer has a display area. However leaflets could also be made available at the CDC (the manager is Bridgit Mold).

6. Safeguarding update

There was continued discussion about children educated at home/ withdrawn from education.

Where parents elect to educate their children at home teachers of the deaf can no longer be involved. When a child has an EHC plan the local authority are required to review this. However if the child is not in school the EHC plan cannot be implemented.

7. CHSWG annual report (see also item 3 - review of action plan)

There was discussion about strengthening parent involvement in the CHSWG.

Actions:

- **ST Will discuss the way forward with SMcE so that there is someone to deputise for her at meetings when needed. ST Will also invite a parent from the Northampton Parent Forum group (NPF) to attend.**
- **RM will endeavor to identify and early years parent rep. AW suggested contacting the local NDCS group. MT will provide RM with contact information. He stressed that SMcE is already actively involved with the local group.**

8. Updates from representatives

i. education (early years and school-age)

A summary has been sent for the annual report. The early years caseload continues to expand. There is a focus on safeguarding and supporting families from ethnic minority backgrounds. Re-establishing the early years' groups is a priority as there is a gap at present. It was suggested that the children's centres might be interested in hosting these. Currently the whole county is being covered

by just 2.5 teachers. Some supply support has been commissioned. The teams are working hard to support specific families that are particularly hard to reach.

A special event day is under discussion focusing on microtia. It was pointed out that there are different pathways for this condition—in Kettering Gen Hospital the pathway is via ENT rather than audiology.

Rosemary Murphy has been appointed as acting senior teacher. A full-time teacher of the deaf post has been advertised. In the meantime some supply support is available. Quality assurance processes are being further developed via the Capita 1 system. This will assist with service planning and evaluation.

ii. Educational audiology (GW)

Two new cochlear implant processors have been launched.(Medel Sonnet and Nucleus 7). The new Sky V hearing aid is also being fitted locally. Local quality standards for educational audiology have been reviewed. We are aiming to electronically record the work that teachers do with the test boxes so this can be systematically reported on. We are also exploring other quality assurance/ progress indicator in relation to educational audiology.

Yvonne has almost completed her educational audiology training and as part of this has been given an honorary contract with Northampton Gen Hospital. The speech and language therapist Jenny Barker Will be working jointly with Gary using TAPS and CELF assessments to identify children's needs and progress in the context of a small-scale study for one of Gary's performance management objectives. There was discussion about recent research in relation to higher order language skills and hearing-impaired children.

Actions:

- **TD will contact GW about the relevant research paper.**
- **GW and JB Will provide teachers with the names of the five children involved in the project.**

AW advised that further engagement sessions with families of HI and VI children will take place on a termly basis. The next ones are scheduled for the 22nd and the 25th of January. The objectives will be to share information and support service planning. A teacher of the deaf with a special interest in social emotional and mental health will be running workshops based on the NDCS healthy minds programme. The programme is meant to be an early intervention/preventative tool, similar to the program developed by NSPCC and taken up by NDCS some years ago which was developed locally. The workshops will begin in March and are for year four upwards.

At the previous meeting there was some discussion about the possibility of specialist teacher time being limited to not more than one hour per week one hour per week. AW wanted to stress that this was not the case. The local authority's position is that all children are assessed by our teachers with reference to the NATSIP framework, locally adjusted to reflect practice to give an indicative guide as to the level of support required but the overriding factor is the teacher's professional judgement as to what teaching and other support is required taking into account all of the individual pupil circumstances – not just the NATSIP 'score'. Children are reviewed as required and this may then lead to the teaching input staying the same, increasing or decreasing. Also teacher input may be delivered in a number of ways – not just direct 1:1 teaching with a child.

GW said that there currently 14 children that receive more than one hour a week teacher of the deaf time. RM said that in the early years teacher of the frequency of teacher visits is determined by the needs and wishes of the family and the child.

iii. Speech and language therapy

JB—as discussed previously she will be working jointly with GW on a small project. She will be attending the deafness and autism training facilitated by the Ear foundation. She and Nikki are collaborating with teachers of the deaf in relation to monitoring outcomes and setting joint targets.

iv. National deaf children's Society (MT)

Radio Aids

In the light of our new research on radio aids, we are now calling on all local authorities and the Department for Education to ensure that every child who could benefit from one is given access to a radio aid at the earliest possible opportunity. We believe parents should be given the information they need to make informed choices over whether and when their child should be fitted with a radio aid. The Department for Education makes funding available for this through the Special Provision Capital Fund, local authorities will now be able to fund this vital technology.

We are also calling on the Department for Education to encourage local authorities to make use of the Special Provision Capital Fund to enable them to fund radio aids, where needed. To support this, we believe the Department should review the criteria for the Fund to make it as easy as possible for local authorities to use this as a source of funding.

NDCS had a Parliamentary event hosted in the state apartments of the Speaker's House attended by members of the House of Commons and Lords. This was well attended and we were able to provide information on our key messages.

Northamptonshire County Council 2018-19 Budget Consultation: Phase 2

NDCS has made a formal response to the consultation.

IQIPS (Improving Quality in Physiological Services)

NDCS' Listen Up! campaign calls for all children's audiology services to be IQIPS accredited. At the start of the campaign there are 22 children's audiology services in the Midlands. 3 in the West Midlands have completed IQIPS but none of the services in the East Midlands had completed it. We are pleased to say 2 are about to announce accreditation and others are well on track.

Young People and Partnerships

NDCS has been promoting their innovation grant, which has recently funded 10 projects e.g. from local groups for activities such as starting a deaf football team. We have also been working to increase the opportunities for deaf young people to volunteer both internally with us and externally with other organisations. In February we will be piloting some training for young people who are currently/recently involved with us who would like to become volunteers.

New CRIDE data on deaf children

The latest report from the Consortium for Research into Deaf Education (CRIDE) for England was published in January 2018.

CRIDE carry out a survey of all local authority education services for deaf children every year. The results provide us with one of the best sources of data we have available, giving us information on numbers of deaf children and their characteristics, as well as numbers of Teachers of the Deaf and other staff. **This year's report for England shows a 2% drop in the number of qualified Teachers of the Deaf in the past year and 14% over the past six years.**

v. Deafconnect

Feedback about numbers of children attending events has been provided by JH. KF advised that they have been successful in procuring the children in need grant.

vi. Audiology clinics

Kettering Gen Hospital

The first draft of their transitions leaflets is available. There have been quite a few “move ins” to the area. It's been identified that there is a need to develop a protocol for providing information to receiving clinics when children are moving out of the area.

Northampton Gen Hospital

The maternity leave is being covered. In March/April the booking in procedure is going to change. Patients will need to book in at outpatients rather than the children's hearing clinic as before. This is going to take a bit of organising. Staff in outpatients' reception have already been given deaf awareness training.

NHSP—both teams are meeting their quality standards despite significant staffing issues in Northampton. They are now fully staffed and almost fully trained. The Kettering Gen Hospital team has been extremely supportive many thanks (ST).

vii. Paediatricians

TD is one of five regional representatives for the British Association of Paediatricians in Audiology covering the area of the West and East Midlands/East of England/ the Southeast. She is the BAPA rep within the Royal College of Paediatrics and Child Health-Special Interest Group. Succession planning/ retirement of paediatric staff (Associate Specialists and Consultants) with expertise in caring for children with Hearing impairment with multi-professional colleagues, is an area of concern. She is currently trying to build a network, within her regional Rep area, and will be attending regional meetings in Cambridge and East Midlands. It will give her an opportunity to keep abreast of national strategies and it's going to be an important focus for her over the next 12 months. Dr Finch will be continuing in his current role in the north of the county.

9. AOB

None

10. Date and times of next meeting

Wednesday, 16th May 2018, Kettering

Wednesday 17 October 2018, Northampton.