

DRAFT MINUTES
 Children's Hearing Services Working Group Minutes
 22nd May 2019
 One Angel Square
 Northampton NN1 1ED
 9.30am – 12.30pm

Present

Sarah Trkulja (ST - NGH audiology and Chair), Karen Giles (KG Audiology, Kettering General Hospital), Jenny Barker (JB - SALT), Martin Thacker (MT - Regional Director NDCS), Gary Webster (GW - Educational audiologist, NCC), Susie Dexter (SD – TOD, Malcolm Arnold Academy), Jacqui Joseph (JJ – Lead Specialist Teacher, Sensory Impairment Service), , Kathy Forsdyke (KF -NCC, Local Offer), Rosemary Murphy (RM – NCC HI Early years lead), (ND Natasha Davenport, Team leader HI Service) Anne McGrath (AMG -Secretary), Mary McInnes (Family Officer NDCS)

Apologies

Jennie Higson (JH - deafconnect), Dr Tracey Davis (Dr TD - Consultant Paediatrician, NGH), Kate Dixon (KD – Ear Foundation) Anne Wakeling (AW–Head of specialist support services, NCC), Jo Rutkowska (JR - TOD, Vernon Terrace Primary), Dr Proscovia Kabanda-Iga (Dr PKI - Consultant Paediatrician, Kettering General Hospital),

1. Minutes and Matters arising

Phonak project–this is no further forward. Hope to have further information at the next meeting. (GW).

Sophie McEwan is no longer able to attend meetings as the parent representative.

The minutes of the previous meeting were checked and agreed to be an accurate record of discussions.

2. Action plan

The latest version has been distributed.

3. Local offer

The minutes from the last two meetings are now available on the local offer pages. KF is still waiting for the terms of reference to upload. Links to radio aid information have been added. Events are now being shared on social media platforms. The next SNIX magazine will be out in September.

4. Annual Report

The latest one is ready to be circulated. The next one is due in October 2019. Please submit your contributions by September 2019.

5. Safeguarding–see action plan

NGH is carrying out an analysis to see if their letter system for improving attendance is effective. Family literacy and ESL issues may be a barrier in some situations. It would be helpful if standard letters could be generated in home languages. The early years support

team will try to be proactive by using their interpreters whenever possible. JJ said it would be helpful if support teams could be alerted when these letters go out. ST said this should not be a problem provided parents have given consent to share information. RM said at the moment they only see letters after an appointment has been scheduled or missed.

Action—where non-attendance letters are sent out to families, TODS will be advised of this by email provided families have given consents for the sharing of information.

KG said that it's not always possible to tell individual teachers when the new appointment date will be in a timely fashion but email is more feasible than sending copies of letters. With under-fives her team will normally telephone or email the family concerned rather than send a letter.

ND can forward emails to teachers of school-aged children if support for attendance is needed as clinics sometimes don't know who the specific contact for individual children is.

RM pointed out that families in safeguarding situations often don't pick up phone calls from unrecognized numbers. KG said that clinics normally telephone or text the family on the day before to remind them of the appointment.

ST clarified and that a third letter regarding non-attendance will trigger a MASH referral.

JJ asked for copies of the letter templates to be sent to the education support team.

ST also stressed that children are not discharged either for non-attendance or refusal to wear hearing aids.

KG will provide some feedback at a future meeting regarding an ongoing case study in relation to a family who have been rejecting services.

6. Parent Representatives

None present today

7. Care

Not present today

8. Early Years

RM reported that the fitting of radio aids to under 5's is continuing. The NATSIP support matrix is being trialed as a method of prioritizing resources.

The team are piloting an online resource program produced by the Elizabeth Foundation with five families (three groups—babies, toddlers, preschool). The first part of the program is free. Thereafter it costs £10 per month. This means it may be less feasible for poorer families but certainly, some will find it helpful. The new team member will also benefit from involvement in this project.

The Drop-in group continues to run twice a month. Deafconnect are organizing a Teddy Bears' Picnic on July 6.

The EY team are focusing on transition support at present, helping parents to understand the Foundation stage assessment process and curriculum as well as to prepare for the withdrawal of regular home visits once children are in a school setting full-time.

A teacher of the deaf with educational audiology qualifications will also be joining the early years team.

GW reported that there are now 15 Early Years children with radio aids and 2 pending so a total of 17 by the end of the academic year. At the beginning of the next year there will be fewer because some children will be taking them to school, but it is anticipated that numbers will build up again over the year. At the moment, the Addenbrookes team do not recommend Radio Aids for children under two years of age post-implant or unless they have fulfilled Radio Aid readiness criteria. One family is to be provided with some support over the summer to help their child with this from GW and a TOD.

9. School Aged Children

TOD allocations for the next academic year are in progress. ST asked about support for children being fitted with BC aids - what can clinics tell families to expect? RM said that these children will be regarded in the same way as other hearing aid users. ND advised that as usual NATSIP support allocation criteria will be applied and at the very least these cases will be monitored and kept under review by the team.

The teacher team are fully staffed at present. The Malcolm Arnold Academy teacher will soon be qualified. Two others have completed their first year of training.

Radio aid systems in colleges – there are four or five sets in use at present and good routines have been established. Where students remain in school post 16 no loan agreement is required and the equipment simply stays with them as usual. One student with a BC device is going to require a different system.

The support team are also interested in exploring ways to help students maximize their mobile phone technology.

MT (NDCS) asked about succession planning to replace teachers coming up for retirement. JJ said that this potential gap has been identified. MT also asked about the consultation going on at present and the potential impact for deaf children. KF explained that this is about finding out what parents want the local authority to commission because of the lack of special school places in the county. A capital grant has been made available by the DFE. She recommended that NDCS complete the professional survey so that their viewpoints can be expressed fully.

MMI (NDCS) asked if there have been issues with support worker absence. JJ said that a number are ill. One post has been lost but the member of staff is now employed by the school rather than the service. MMI asked if there is a contingency plan to cover absences for example using agencies for self-employed interpreters/CSWs? JJ said that this was not the case at present and in these circumstances, resources are re-prioritized. Service level agreements also require schools to provide cover. Support worker staffing levels are planned on a year by year basis and new ACSWs will be appointed if needed. MMI stressed that support worker absence is a big issue for some children. JJ explained that some schools have also trained their own signers. This system is still new and some schools are moving towards employing and training their own staff. JJ appreciates the challenges from all points of view.

10. NDCS

The charity has sent out freedom of information requests to local authorities about budget cuts and it looks like there is going to be yet another round of these.

There is an SEND March on May 30. NDCS is supporting this. The radio aid campaign continues, focusing on local authorities that are not yet on board. For example, a letter has been sent to the Mayor of London. Some MPs are supportive. NDCS have appointed a government relations and partnership adviser.

11. Speech and language therapy

JB reported that general caseloads are large so the protected time available for deaf children is very helpful. They will be making a presentation to a group of paediatricians on language in the early years and family meetings. The focus of the service is mainly within the early years but joint sessions with teachers of school-aged children are still offered.

12. Educational Audiology

GW - Med EI upgrades (Opus to Sonnet). Addenbrookes are supplying integrated receiver units. However, we need to resolve who is responsible for the upkeep after the one-year warranty has expired.

The first middle ear implants have created challenges for radio aid fitting.

Health/ education clinics continue to be offered and are appreciated by families.

GW also asked if he could be informed when students' hearing aids have auto sense programming. KG said this information will be in the notes copied to education from Kettering. ST will clarify the process for Northampton clinic.

13. Deafconnect

No report today

14. Kettering General Hospital - audiology

A newly appointed audiologist will be working alongside KG with the children from September. A very welcome addition to the team! There are two maternity leaves beginning in August.

Wax removal clinics are to be set up starting with adults but becoming available to children.

15. Northampton General Hospital

There are two maternity leaves beginning in September. Cover funding is not an issue but recruitment to children's services is always a challenge. ST suggested doing some work with the DeMontford BSc students and encouraging newly qualified audiologists to think about working in paediatrics. The paediatric workload is very different from adults. It's important to get this on the radar of potential new recruits.

NHSP - Quality assurance inspection yesterday. Initial feedback is positive with some possible minor points to consider. A new screener is being trained but one is leaving. Targets are being met.

The team are still working hard towards their IQIPS accreditation.

CMV screening process is being refined in conjunction with Kettering. KGH paediatrics are now on board, regarding treatment for well babies so screening will have some purpose. Screening has to be done in the first two weeks. In Kettering it will probably sit with the NHSP team.

KG Will be happy to do a presentation about CMV when the work is further forward.

GW would also welcome an update on genetics.

in the past local joint study days used to cover these kind of updates It was suggested that perhaps this is something to consider next year.

ND asked about the best way for TODs to get the most up to date audiograms. (to be discussed after the meeting).

AOB

A CI Centre rep would like to attend future meetings. (GW)

MMI (NDCS)- New information on personal Independence payments (PIP) for ages 19 - 25 and a new appeals process can be found online, also a new video – “My Deaf Baby and Sign Language”.

To use the new NDCS website you will have to re-register. Navigation seems to be a problem on the area for professionals at the moment. MMI advised that many publications are no longer available as hard copies.

SD (Malcolm Arnold Academy) asked about liaising re pupils transferring. ND advised setting up transition meetings with the current TOD.

Next Meetings:

23rd October 2019- Seminar Room 3, Prince William Education Centre, Kettering General Hospital 9.30 to 12.30

22nd Jan 2020 - Northampton Venue (TBC)

20th May 2020 - Kettering Venue (TBC)