

Children's Hearing Services Working Group (Camden and Islington)

Annual Report 2014-15

1. Introduction

This is the second annual report of the Camden and Islington's Children's Hearing Services Working Group (CHSWG) which was re-established in May 2011.

In 2014-15 the group met on three occasions in February, June and October. Meetings have been well attended with representatives from:

- Acute and community consultant paediatric services (RNTNE and Whittington Health)
- The Newborn Hearing Screening programme operating across Camden and Islington
- Commissioners from Camden and Islington
- Education support services for deaf children and their families
- Speech and language therapy
- Schools and units for the deaf
- National Deaf Children's Society

In addition to the above, an Islington parent of a deaf child who has attended each meeting.

Copies of minutes were circulated to other operational and strategic managers in health, education and social care and were put on the North London Deaf Children's Society website.

2. Terms of Reference

These were updated in 2013 – please see Appendix A.

3. Other Strategy and Working groups – CHSWG representation

CHSWG members are involved in a range of groups which influence the organisation and delivery of services to deaf children and their families e.g. the Children's Service Improvement Group and CCG Child Protection Committee (Islington) and the Children's Clinical Leadership Group and the Complex & Additional Needs Commissioning Group (Camden), the monitoring of the Whittington Health contract, the Pan London Audiology Group, the Newborn Hearing Screening Programme board, The Consortium for Research in Deaf Education (CRIDE) and the National Partnership for Sensory Impairment (NatSIP).

4. Services updates

CHSWG is unique in providing a regular forum bringing together all the agencies that support hearing impaired children and their families. Prior to each meeting, the full range of representatives at CHSWG (including newborn hearing screening, community audiology, education support services, speech and language therapy, commissioning and a parent representative) complete a service update which is sent to all members to consider in advance. Any specific achievements or areas for concern can then be raised at the meeting as needed. This has enabled the meeting to focus on the key issues that emerge from the reports which require further discussion and action.

5. Service User Feedback

There has been much discussion at CHSWG about the best way of involving parents. As well as a parent attending the meetings, CHSWG members have a range of opportunities to obtain parents views through drop ins in Camden arranged by the Advisory Teachers for the Deaf/Hearing Impaired and stay and plays arranged via the Sensory Outreach Service in Islington. It has been noted that it can be difficult for some parents attending CHSWG as they would be talking directly to services that they use.

A paper was presented to the group with a proposal to create a co-ordinated system of reporting back to CHSWG on service user views. Since this was agreed CHSWG has received service user feedback at each meeting from different services as part of a rolling programme. To date, reports have been received from community audiology (using the National Paediatric Toolkit – questions accessed via an iPad), new born hearing screening and speech and language therapy.

It has been recognised that we need to look at how to streamline consultation processes so that parents are consulted once rather than separately by different services. Also the group has agreed to tighten up on the process of getting back to parents following consultation via a report back using a 'you said' and 'we did' approach.

CHSWG minutes are also made available to parents through the North London Deaf Children's Society (NLDCS) website.

6. Improvement Plan for North Central London Newborn Hearing Screening programme

CHSWG has had regular oversight of the Camden and Islington elements of the above plan. This was drawn up following an independent Quality Assurance Review of the Newborn Hearing screening programme undertaken in 2012 which found that required standards were not being met. The Improvement Plan covered not only initial screening and follow up as part of the Newborn Hearing Screening Programme but also the wider contribution of agencies to supporting hearing impaired children and their families. CHSWG has helped to obtain updates from the different agencies involved and has noted that good progress has been made.

There has been a significant improvement in the KPI's since the above plan was first drawn up with the latest figures being as follows:

KPI 1 – 95% of babies screened by 4 weeks				
	Q1	Q2	Q3	Q4
Camden	96.9	96.7	96.6	
Islington	98.1	97.7	99.4	
NCL	96.8	96.5	96.9	

KPI 2 – 90% of babies completed assessment within 4 weeks		
	Q2	Q3
Camden	100	79.2
Islington	96.7	87.1

As NHSE no longer requires this plan to be completed, CHSWG has satisfied itself that most of the actions have been completed, there are no actions RAG rated as Red and only a few actions remaining as Amber which are either ongoing or in the process of completion. Our last meeting decided to discontinue updating and monitoring this plan in light of the improvements that have been made.

SEND Reforms

Members of the group have been kept up to date about the implementation of the SEND reforms. The Camden lead for this area of work did a presentation to the group to which the Islington Commissioner added. Both Boroughs have been collaborating and sharing their work in this area.

Local Offer

In Camden the Local Offer which makes explicit what is available for children with SEND including the health element has been developed in partnership with Central St Martins and a small group of parents between June and Sept 2014 and this was launched on 1st Sept 2014 in line with statutory requirements. A consultation period followed with parents and young people from Oct – Dec 2014, the feedback from which suggested the following improvements were needed:

- o Accessibility
- o Navigation
- o Use of imagery
- o Have the Preparing for adult life part of the site co-produced with young people

On basis of feedback new requirements were drafted and a new supplier (Open Objects) contracted in Jan 2015. A new site was developed Jan – Apr in consultation with parents and young people from the Integrated Youth Support Service and this was due to go live in early May.

Islington CCG led on the health element of the Islington Local Offer which was published on the 1st September. Initial feedback has been good although there have been some issues with the design due to re-design of the overall council website. Work is currently being undertaken to address these issues.

Islington CCG are now proposing to develop a small team of parent consultants, based on a model in Enfield, in order to facilitate parent involvement / consultation on aspects of the health local offer.

EHC needs assessment

In Camden the EHC plan was co-produced with a core group of 12 parents. A new 'Assessment Coordinator' role has been developed responsible for coordination of the EHC needs assessment, with the Coordinator being allocated from existing staff across Education, Health and Social Care. Guidance for Assessment Coordinators has been developed and training rolled out to approximately 70 staff members across Education, Health and Social Care. A 6 month review was commenced at end of February to address emerging implementation issues. A task and finish group was established to review EHC plan, process & guidance. This suggested that improvements needs to be made to Section A and the link between long-term outcomes or aspirations and medium to short-term outcomes. The Assessment Coordinator model is being reviewed and in particular, which families should be allocated a Coordinator – currently considering a number of options. Changes to

plan and processes expected to be agreed by June in time to communicate to schools and other partners in preparation for the next academic year.

Islington have implemented the new Education Health and Care Plans, underpinned by training and support for staff across all agencies. The plan has been well received and was commended by the DFE as having some outstanding elements. A robust conversion process is in place in order to ensure all conversions are completed within the required timeframe. In order to support the conversion process and to ensure robust health input into plans, additional staffing capacity has been funded by the CCG for the next 2 years.

Islington have developed an Education Health and Care Panel, attended by Commissioning Managers across all agencies that will receive and sign off all new Education Health and Care plans. This provides a strategic overview and sign off of additional resources including personal budgets, that also feeds into the joint commissioning work.

Personalisation & Personal Budgets

In Camden a Personal budgets policy has been developed and Personal budgets are available for:

- o Transport (Education)
- o Continuing Care (Health)
- o Short-breaks (Care)

Camden are developing criteria for identifying other services that 'lend' themselves to a personal budget and are looking to extend the services that are available through a personal budget from Sep 2016

Islington are also developing a personal budget policy. Whilst the CCG has implemented personal health budgets for Children's Continuing Care we are now in the process of identifying other areas that potentially could be funded via a personal health budget.

7. DNA policies

Whittington Health has a 'Was Not Brought' policy which makes clear that for many children what is usually regarded as a DNA is actually a case of their parents not bringing them for an appointment. This policy has been brought to the attention of the NHS England Strategic Clinical Network and circulated as a model of good practice. The actions resulting from this approach have helped in reducing DNA's at Whittington Health significantly.

CHSWG was particularly keen to reduce any DNA's at the RNTNE of children referred following new born hearing screening. Attention was drawn to the need for closer partnership working between newborn hearing screening and health visiting to ensure that appointments are kept and this has been achieved. A recent audit showed that all the children referred as a result of newborn hearing screening had been seen at the RNTNE.

The Whittington Health Tier 2 Audiology has tackled DNA issues with direct contact with families to remind them of appointments. This has significantly improved DNA's and the overall level of communication. CHSWG has shared the Whittington Health 'Was Not Brought' policy with the RNTNE.

DNA rates at the RNTNE are generally higher than the Trust average and there is currently no facility to send out text reminders for under 16s. This is a Trust wide policy which is being challenged.

CHSWG Priorities for Action 2015-17

1. Ensure CHSWG has an effective system for being made aware of issues raised by parents and ensuring that they know what has been done as a result.
2. Consider involvement of children and young people too.
3. CHSWG to develop subgroups so that progress can be made on issues in between meetings and reported back to CHSWG as needed.
4. Development of revised pathway for audiology across all age groups.
5. Continued focus on SEN reforms and how this affects deaf children and their families.
6. Focus on different transition points, including transition to further/higher education and adult services.

Appendix A

Children's Hearing Services Working Group (CHSWG)

TERMS OF REFERENCE

The CHSWG Terms of Reference set out the intended purpose and structure of the group.

Purpose of the Group

To provide an open, friendly, accessible forum of parents and multidisciplinary practitioners from Health, Education, and Social Care who work in or are associated with the delivery of children's hearing services for all children and young people in Camden and Islington.

The Key Roles of CHSWG:

- To ensure that the children's hearing services are provided in a seamless family-friendly way;
- To identify and aim to fill 'gaps' in order to improve children's hearing services;
- To maintain high quality children's hearing services by ensuring they remain high on the agenda of those responsible for planning, delivering and commissioning these services. This will be achieved by offering advice, guidance, and where necessary ensuring that issues are raised at both a strategic and operational level;
- To influence and contribute to the deliverance of local Health Education and Social Care targets and objectives whilst following National guidelines and evidence based practice;
- To develop and share examples of good practice;
- To have the opportunity to network with other key professionals and service users;
- To receive feedback and actively share information between group members from different services and to take appropriate action as determined by the group;
- To provide written minutes of the meetings, annual report and share reports from the group and any subgroups.

It is also expected that to achieve the objectives of the group annually that a number of subgroups will need to form and progress work back to the CHSWG at meetings.

Meetings

- The CHSWG will meet 3 times a year.
- Dates for meetings will be agreed at the beginning of each year.
- Additional subgroups will meet on the regular basis.
- Minutes of the meeting will be taken, circulated and agreed with members.

Membership

The group should be represented by all organisations which are involved in delivering children's hearing services; appropriate voluntary sector representation; and parents and carers who are service users.

Representatives from each of the following services or groups should attend each meeting:

- Service Commissioners
 - Camden
 - Islington
- Newborn Hearing Screening
- Audiovestibular physicians
- Audiology
- 2nd Tier Audiology Clinics

Representation from

- Royal National Throat Nose and Ear Hospital
 - Nuffield
 - Cochlear Implant Team
- Great Ormond St Hospital
 - Audiology Services
 - Cochlear Implant Team
- Speech and Language Therapy for Deaf Children
- Advisory Teachers of the Deaf from Camden and Islington
- Frank Barnes School for Deaf Children, Camden
- Laycock Hearing Impaired Unit, Islington
- Representatives from Social care in Camden
- Service users / young people
- Parent/carers representatives
- Voluntary bodies (e.g. NDCS)
- Invited guests/speakers as appropriate

The following services will be sent information and feedback from the meetings so they are aware of developments. A representative from these services would be very welcome if/when they have capacity in the future:

- Health Visitors from Camden and Islington
- Social care in Islington

Representation

There is an expectation that a representative from each service should attend.

Members of CHSWG are expected to cascade information from the CHSWG to colleagues in their own organisations and to service users.

If parents are representing the experience of families in the area it needs to be clear how they are canvassing opinion from and feeding back to other families.

It is important that meetings are set up to allow equal access to all participants. This may include:

- Ground rules to be in place that allow all members to feel that their opinion is respected by other members and they get an equal chance to have input into the meeting, the work of the CHSWG and the decisions taken;
- Identifying training needs and facilitating training where required, so that all members have the skills to effectively take part in the meetings;
- Access to interpreters;
- Consideration should be taken of parents working as equal partners, such as holding meetings at suitable times, reimbursement of transport costs.

Roles / responsibilities

Chair

The CHSWG is to be chaired on a rotating basis with either a single chair or joint chairs to take on the role for 3 monthly periods. This system will be trialled and reviewed on an annual basis.

The Chair(s) will:

- Take over the role at the end of a meeting and chair the following meeting;
- Liaise with the Secretary and sub-groups as appropriate;
- Invite and liaise with guest speakers as appropriate;
- Handover to the next chair(s) at the end of the meeting.

The aim of rotating the Chair role is to

- Ensure that the task of Chair does not become too onerous for one individual;
- Encourage more members of the group to take on the role;
- To encourage involvement and ownership of the group.

Secretary

The Secretary role will continue to be taken on an annual basis. The roles and responsibilities of the Secretary may be split between group members if this is felt appropriate.

The Secretary will:

- Take, collate and distribute minutes from the meeting;
- Book the venue for the next meeting;
- Request and collate Service Updates from group members;
- Distribute relevant information that is sent between meetings;
- Organise and send out the Agenda, Service Updates and other relevant information for the meeting;
- Hold and update the contact details for CHSWG members;
- Ensure that parents are given details about claiming travel expenses (once funding arrangements are confirmed);
- Organise interpreters if required.

Confidentiality structures

Confidentiality structures need to be in place:

- Parents must not feel that by being a member of the CHSWG, the service they receive is in any way different from other families;
- It must be clear which issues discussed at the meeting are for within the meeting and those that can be shared outside.

Invited Guests

Invited guests or external speakers may be invited to the group when specific issues need to be discussed or their specialist knowledge is required for information sharing or training purposes.

Guests need to be aware of the ground rules and format of the group as well as briefing on the topic or issues they are to cover.