CHSWG Minutes

05.03.20

**Present**: Jo Coote (Swindon ToD), Jill Nokes (Swindon ToD), Liz Parker (Ed.Aud. Southampton), Nida Batchelder (Swindon ToD), Sarah Wilkins (S&LT), Salim Suleman (audiology) , Sarah Howes (New College), Keith Hamilton (Wiltshire Head of Service, Zoe Norman (SBI Manager/ ToD SRP Red Oaks), Tash Gallagher and Sarah-Jane Fletcher (NDCS)

**Apologies**: Jane Berry (Ed. Aud. Southampton), Millie Green (DCS and SEND Families voice), Gill Ashby (Wiltshire ToD), Emily Beardshall (parent), Christina Barnes (SLT Wiltshire), Cecilia Johnston (ToD Red Oaks) Joanne Cooke (Swindon ToD), Sarah Collinson (NDCS), Lynn Copley (local manager – Newborn Hearing Screening Programme),

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| Speaker / theme | Item | Actions |
| Meeting dates | **11th June 2020:**  9:45 for 10:00am start. Ends: 12:00-1:00 Hosting site TBC. It will be either Dorcan or the usual Saltway Centre. | Please email NormanZ@redoaks.org.uk ASAP if you are unable to make these dates and consideration will be made if the day needs to change.(n.b the rooms at Saltway are often booked far in advance and difficult to get) |
| Swindon HST Update | * New interim manager- Jane Kilminster. She is very experienced and she will be with us until AT LEAST Dec 2020. She is always around on Wednesday but her days can be busy.
* Our advisory teacher review is still in progess; we have had feedback from Milton Keynes review and have been given some considerations. As we are directly under Swindon our changes are less than what some other advisory teams have been given.
* We have been advocates for the new Banding system in Swindon. Nida and Jane did some final work yesterday, it has gone back to Swindon BC, and hopefully this will be confirmed and agreed. We did lots of work on it, got given the draft and it was not the same, so we have continued to push this and hopefully they will listen to us.
* Sarah sent a useful document from the NDCS that says if a child had banding at a certain cost; the current pupils’ funding will not change. Therefore, if they DO change the bandings already in place then we will have to have some discussions.
* *NDCS- Do the bandings dictate the visits?*
* *Jo: No this is more for settings and how much financial support children need.*
* *Keith: In Wiltshire you have some that do not fit and then bespoke packages are made. We are continuing to look at this in Wiltshire*
* *Gill: NATSIP is critical for this too, so we have included it.*
* We need to keep a good relationship with SBC so we want to be supportive to them but to share and discuss what we know. We found providing training to some of them made them understand as they have so many different backgrounds and do not have the experience of children/deafness etc.
* Healthy Minds training has been opened to Wiltshire and Bristol. There were 25 places and they have been filled. Going forward we would like to provide more courses. Speech and Language are providing a sign along course next week in Dorcan. It is a good are for training, so lots of positive things.
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| Sarah Howes – New College | * Asked for a taster session at Mary Hare and we cannot support this with an interpreter. Therefore, they believed it was HST and College’s responsibility to provide this for the student. We copied Hayley Short in but have not yet had a reply from them. The student did not attend the session
* Transition Project is the 17th, 18th , 19th August
 | Sarah to send Transition Flyer to Zoe who will circulate  |
| Keith Hamilton- Wiltshire HST | * There is a restructure within SEN in Wiltshire. We are now education and skills team- it has an overall look at schools in Wiltshire.
* We have a new director who is getting used to us and we them, many changes are a good thing.
* We have an interim head for inclusion who will be confirmed in Easter
* Gill Ashby has most links with Swindon Audiology and will be retiring in the summer, there is current a recruitment freeze as we are over budget, BUT we will be replacing her (hopefully before Easter)
* I will also be leaving in summer, but hoping my job will be advertised before Easter.

- Teachers who did the under 5 ear mould course, were very enthused by the course but will need to finish these experiences and have enough chance to practise. However, they have the training and this is valuable, as they understand the process, meaning they can understand what is going on. * We will be providing training for our SEN lead workers from our sensory team as we want to establish links and so they are comfortable to talk to us.
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| Sal Suleman - Audiology | * We have a QA coming up in May (19th) for the GWH. It involves all screening and we have to submit data and evidence. Already gone through UCAS accreditation so lots going on.
* We are hitting our targets for babies being screened and targets for baby diagnosis.
* Our yield is lower for moderate and profound loss in Swindon. This is coinciding with our MSW model. We do not have many children coming through from Deaf families.
* We picked a few who have high frequency losses, but they average out lower than a severe/profound hearing loss.
* Swindon is very comparable we offer the screen to lots.
* Our identification does vary, Bath have a small amount that come through, and Gloucester have more as it is a larger area.
* We sometimes do the testing; however, the child may live in a different area.
* Referral rates have gone down because there is more proficiency, the right environment, the right time etc. They have less to worry about than the health visitors they had lots to do. If it were in hospital, there would be more referrals, but because they happen at home this is more accurate.
* New Hearing Aids- they are better and you can have assistive devices, they are not on the NHS supply chain yet. The shoes are different, so people to be mindful.
* ENT clinic –Daniel is now the new consultant, he is excellent, thorough and has time to be able to chase things and change things. There are much better discussions and support between him and ToDs.
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| Sarah Wilkins – S&LT | * New Manager will start End of March beg of April (health visitor) Liz Wilshire.
* Member of staff coming back from Mat leave and one going off on Mat leave
* Lots of statutory stuff, SENAT are doing many transitions and phase transfers; therefore, I am giving lots of feedback on things.
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| Zoe Norman- SBI manager Red Oaks Primary | * New CSW has joined us and we are in the process of recruiting one more meaning we will then be fully staffed
* Losing two children to secondary in September and not looking likely that other children are joining in Sept 2020, however we have our fingers crossed.
* SRP are having ‘keeping in touch meetings’ to help provide support for Annual Reviews EHCPS, they were concerned that a number of our SRP children go to Mary Hare and the cost implications of this. We had the meeting in November and have had no feedback since then
* Cecilia will be finishing her degree in May and so we will have her and myself as qualified ToDs
* Currently have 10 children and 1 free space.
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| Liz Parker –Southampton AIS | * Our new database is NOW due end of March after being Delayed. I am involved in checking this too.
* North Team Catherine covered Berkshire has left the service and we have university permission to replace full time, however we are short staffed until September. So, I am currently Basingstoke across to Windsor and also north Swindon and the surrounding area etc.
* SaLT colleague is now off so there are tweaks of cover there too and people trying to support there.
* Our waiting times for surgery are now longer. There was a bulge coming through so now from decision to surgery takes approx. 5-6 months.
* Positive- we currently have two hospitals for surgery Queen Alexander down in Portsmouth and Southampton. The Spire Hospital will be willing to do over 3’s and Sailsbury will perform surgery for Adults, not yet children.
* Approx 8 hours for children surgery and they are priority. Adult waiting list is slightly longer.
* Coronavirus could have an impact on these hospitals; luckily, we are not reliant on just ONE hospital.
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| Transition Discussion | * Sarah: Oral provisions who want to come back and use BSL their provision will completely change. The EHCP needs to reflect this and the time to put this in place with all professionals involved.
* Sarah H: It is the time too, trying to find the time to attend all of these when you should be visiting other children (HST).
* Keith: We would suggest that both Mary Hare and we go along to the transition review
* Liz: We are never invited to Mary Hare transition reviews, even on our newly implanted children even though we will advise it.
* Jo: The transitions are given at late notice too, so this is difficult.

**Transition:****Keith:** ToDs are involved and they will offer advice and training if it is appropriate. We have specialist TA’s if we go to primary and secondary. They will support children if required.If college is on EHCP we will support and go along, however if there is no EHCP but college want our support they will have to pay for this provision. We visit to make sure they are settled; we look at equipment and make sure they are supported. They need to understand when they go into adult services from college it will not be the same and support may change. *Jo: If a parent said can you visit places with me, would you?*No, we would not generally, as we do not like to discuss schools. Instead we discuss what their feel is, how are the acoustics, what is good for their child’s impairment. We will support in that sense, but not really visits.*Jill: If there was a family that had no idea about schools surround area that are beneficial for them do you discuss this?*Sometimes, it depends. We would explain about the area and schools that we would suggest to be suitable for the child. **Sal:** - Transition would be in clinic at 16. Sharon will keep them on her book until 25, unless they have learning disabilities we may keep them for longer.* We are honest when it comes to transition. The chasing or phoning children to remind them will not happen. We chase them for a yearly review otherwise they do not come in as they are aged 15/16.
* They have to take ownership and we ask them to start explaining their loss, what they need etc.
* Parents are usually the worst as they believe the children are not old enough to take the responsibility.
* When they go to university they are by themselves, they need to get in touch with Audiology to let them know where they are and know where to go if they need it
* Disability allowances are discussed too and Sharon does this. There is a list of things she discusses in the appointment.
* Sharon will chase this unless they decide they do not want to come any longer.

**Swindon HST:*** We have tried to run transition events (secondary to college) but had to cancel as there was not enough uptake.
* The year 6 one will usually be after SATS. We have to find the right timing.
* Is this a good idea the training? We are a little disappointed as not much uptake last year. Should we just be sticking to whom we see and meeting with schools?
* Year 6 to Secondary transition day 4th June for all children with a hearing loss. They do not need to have an EHCP.
* If children needed many visits we would give them and if the new ToD needed to understand more and required more time we would give that.
* Offering deaf awareness training to a whole school is usually best and then to discuss individual children with the teacher when we are there.
* *Sarah W: We spend time before their new setting to create a ‘communication passport’, which talks about their hearing loss, that they take ownership of. This can be shared with the new staff too. A first step to take responsibility- this is outcome based too.*
* SEN Roadshow- we will pass information on / out to all who need it.
* *Sarah H: Wiltshire Transition event is much better than Swindon’s. Venue helps, tables in the centre with parents and providers in the outside. There were speakers, workshops etc I have never seen so many there, social care, SPLD, Autism, Deafness, healthcare providers etc. Most workshops were for parents and ToDs were invited. Some providers:*
* *Care ActSupport Planning after EHCPs*

*Early Years and Primary (Sleep and positive behaviours)** *We always get more feedback from Wiltshire than we do Swindon. Keith is pleased to hear its successful*
* This is good to know to help us (Swindon) develop our events.
* This is for the children not for the adults. *NDCS; Would there be information for adults though? It would be good if there was support here and workshops for adults so we can feed this back.*
* We will drive around and will pick up children from their setting but we are still having low uptake.
* Sarah H: 17th June approx. 10 and 1pm. Meet and Greet with New College, for anxious children.

**Liz Parker:*** If we have children who have been implanted young, they will have a key contact for 3 years.
* We offer training to the school if they want it and will do joint training.
* The local ToD know what works for these children in their classroom setting, we are confident to talk about CIs and the safety etc. So this makes the joint training more effective,
* At secondary, no key contact but we keep them on the radar and we can offer training at the receiving school.
* Colleges are slightly different as they can be in very different geographical areas. We like to keep links with colleges as we need to think of things such as radio aids etc. So we offer advice as to which are appropriate etc
* *Sarah H: Unless there is a firm commitment to come to college, I would not make a financial decision on equipment until that child shows they are committed to college.*
* We are aware of the limitations of the financial difficulties local areas have, we do ask parents to look at ALL their options. We can direct them to NDCS resources for choosing schools; we talk about SaLT and ask the parents to discuss this with the schools. We are able to sometimes counterbalance the advice given by authorities, as financial pressures etc do not bind us.
* From a funding perspective, they are considered as ‘children’ until 19.
* Transition to Adult Appointment discusses their implants, how they work, do they know why they are deaf, can they use their CI/understand it, Access to work is discussed. Teacher of the Deaf changes to a Hearing Therapist, which is for adults.
* *Sal: I do not know much about Hearing Therapists, they don’t tend to know about audiology etc*
* They tend to be the people who know about ATW rights, adult support that is available.
* Under NHS you are considered an adult at 16 as you can make decisions etc. You are able to sign consent forms for a CI operation and would expect a 16 year old to do that. When they are children parents make these decisions about documents etc. So they transition to adult appointment will discuss documents etc. a normal questions is “ do you want your parents to know when you have an appointment” or “ would you like your report to be sent to your ToD”.
* As an adult (19) they are seen every 5 years but they can opt to have an appointment. However, they are sent a questionnaire once a year that has various questions about their CI to see how they are going. An audiologist will check this and then suggest the patient has an appointment.
* CHOICE is a remote care pathway, which are used, and they can monitor this at home.
* The same building, same clinic room, same audiologist etc so it is not overly nerve wracking for them. The only difference is that they do not have an additional person in there.
 | When is a good time for Primary to Secondary transitions to be held?Can you get in contact with Jo Coote if you have any ideas when this could take place.  |
| CHSWG Website | * Sarah H: spoke to students and unfortunately unable to help with website.
* JC: our Swindon HST site is still in progress when this is running we will have CHSWG on there.
* NDCS: Dates for CHSWG are up and there is a separate page for hosting this.
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| What do we want out of CHSWG in future meetings? | * Sara Collinson will look at Mental Health
* Core Standards can be discussed
* Visual Phonics by Hand Zoe?
 | Email NormanZ@redoaks.org.uk if there are more suitable days than Thursdays ready for next year bookings and if there is anything you wish CHSWG to cover. |
| Additional Notes: | NDCS: Looking for new committee members, AGM is end of May. Meeting next Wednesday (11th March) if you are interested to discuss what we do etc. If you cannot make next Wednesday please just contact us instead.  |  |
| Next meeting dates | **11th June 2020: 9:45 for 10:00am start. Ends: 12:00-1:00** **Hosting site TBC. It will be either Dorcan or the usual Saltway Centre.** | (Please email NormanZ@redoaks.org.uk ASAP if you are unable to make these dates and consideration will be made if the day needs to change.(n.b the rooms at Saltway are often booked far in advance and difficult to get) |