

Exeter, Mid & East Devon Children's Hearing Services Working Group

(CHSWG)



**TERMS OF
REFERENCE
2019**

Introduction

The underlying principle of the Exeter, Mid & East Devon Children's Hearing Services Working Group is that by working closely with families and across organizations, we can continue to improve quality, accessibility and equity in provision of health, education and social care services for all hearing impaired children and young people in our local area.

A key role of the CHSWG is to ensure that children's hearing services remain high on the agenda of those responsible for planning and delivering services at a strategic level. It will offer advice and guidance to ensure high quality services are available through working actively on operational improvements within the group, and through sharing information with the Children's Hearing Services Forum for the south-west peninsular.

The Group's Terms of Reference are underpinned by:

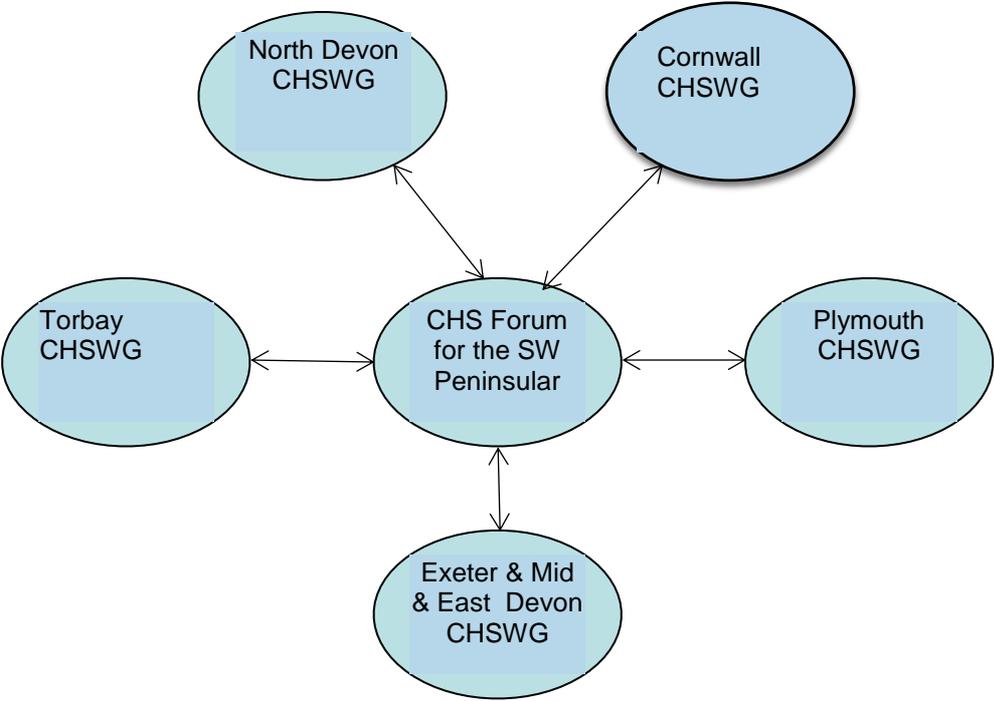
- The National Service Framework (Children, Young People and Maternity services), which will be a major part of the Change for Children programme. This aims to promote standards and lead to improved outcomes for children.
- Early Help -the extra support a family can get if they need it to prevent a problem or change things before the problem becomes more serious.
- Graduated Response Tool and Education, Health, Care Plan Assessment
- The Children and Families Act (2014) and the SEND Code of Practice
- Quality standards for Paediatric Audiology (NDCS/ NHSP)

Purpose

- Exeter, Mid & East Devon CHSWG is a multi-disciplinary group, including service users, which takes the lead in integrated service delivery for deaf children from the age of 0 to 25 years and their families and is dedicated to promoting, monitoring and improving accessibility and equity of provision of care in the area.
- The purpose of the group is to ensure a collaborative and strategic approach for the development of hearing services for all children and young people, keeping in mind the initiatives underpinning our Terms of Reference and ensuring a quality, efficient and family centered holistic approach to our service delivery

Structure of CHSWG's in Devon and Cornwall

The diagram below illustrates the flow of information between all the Devon based CHSWGS. The strategic group acts as an umbrella network to link and act on behalf of all the groups across Devon and Cornwall with free flow of information.



Group Membership

Parents / carers of deaf children / young people and deaf young people will be actively encouraged to join the CHSWG, either as active or virtual members represented by others to ensure we are representing their needs. Representatives of local parent groups, including local Deaf Children’s Societies, will also be encouraged to join.

The CHSWG seeks to maintain links with parents through Happy Hands pre-school group and at Together Days for families and Young People.

Membership of the CHSWG is also open to representatives of all statutory or independent health, education and social care service providers and commissioning bodies that are responsible for arranging or delivering services to deaf children and young people in any part of Exeter, East and Mid Devon.

We are currently actively represented by the following:

- Paediatric Audiology - Caroline Payne, (also vice Chair)
- Newborn Hearing Screening Team - Hannah Garnett

- Parent Representative - currently Sarah Collinson (representing both parents, CHS Forum for the SW peninsular, and NDCS)
- Education Practitioner representative (Teacher of the Deaf) - Lian Badcock as lead for sensory impairment, Fiona Poolton, Susie Cooper, Alison Wells, Sue Carter and Netty Galvin on a rotating basis.
- Exeter Royal Academy for Deaf Education – currently no representative
- Social Care (Sensory/Hearing/Children’s Disability/ Transitions) - no representation and seeking to invite further contribution
- Speech and Language Therapist - Jacqui Watton
- West of England Hearing Implant Team - Carol Wells
- Paediatrics - Rachel Elderkin (Chair and Paediatrician)
- Public Health Nurse Lead – Victoria Howard

Chair

The Chair of the CHSWG can be any member of the Group and will normally be elected by the group members for a two-year period. A Vice Chair, if elected, will deputize for the Chair when necessary.

The Chair will be responsible for:

- Collating and circulating the Agenda for forthcoming meetings (at least one week in advance of that meeting).
- Ensuring minutes are taken, circulated and agreed at the following meeting as well as ensuring completion of agreed actions. Minutes will be circulated to relevant stakeholders and will aim to be posted on available websites.
- Chairing the meetings and ensuring that any agreed action plans are implemented, and outcomes recorded.
- Collating and circulating an Annual Report to key stakeholders - in that we will identify key objectives for the year, develop an action plan, monitor progress and compile a report of CHSWG’s work to demonstrate impact.

Secretary

CHSWGs work well with designated administrative support. Where this is not available it may be necessary to share this role amongst the group members on a rotational basis.

Meetings

These will be held at least three times per year. At each meeting, dates and venues will be agreed for the subsequent two meetings. The agreed venues will take into account local geography and ease of travel for all members and aim to be accessible to families to encourage parental representation. Venues may be rotated to achieve all of these aims.

The meeting will be quorate if consisting of not less than 4 members with either the Chair or Deputy Chair present.

Members may be representing themselves or views of their service - if representing others it should be clear how these views are gathered.

Aims

The key aims are:

- Agreeing a framework for multi-agency working with deaf children and their families and setting objectives for future work.
- To try and represent the needs of service users by gaining feed-back and welcoming/ actively seeking representation from families in a variety of ways.
- To deliver high quality care with equity of provision in all aspects of the service.
- Identify gaps in provision and influence the design and improvement of services for deaf children. To report any concerns raised regarding quality within the service and review action taken.
- To discuss and agree the framework and content of national and local policies and guidelines within the MDT setting.
- Monitor delivery of agreed quality standards where available across all the services involved in the integrated service delivery for deaf children and their families and evaluate effectiveness.
- To cascade relevant information to those on the circulation list to improve information dissemination e.g. changes to service provision, new services, events for deaf children and their families etc.

Quality Assurance, Governance and Accountability

- ❖ Members are actively encouraged to identify openly any concerns regarding service delivery with feedback on how these concerns have been addressed.
- ❖ We will agree the framework for quality standards and targets for national and local performance management, monitor delivery of these standards and evaluate effectiveness.
- ❖ Confidentiality will be respected within meetings - there is opportunity at the end of the meetings to discuss individual cases with relevant MDT members separate to the meeting itself.
- ❖ The Terms of Reference will be reviewed, and Annual Report will be generated annually, identifying key objectives for the next year and recording achieved outcomes.

- ❖ We will review management of critical incidents, agreeing the major lessons that need consideration and actions that will be implemented.