Decision Report – Non-Key decision
Proposed decision date
12th January 2017

Proposed Decommissioning of the School Hearing Screening Service

Cabinet Member(s): Cllr Anna Groskop – Cabinet Member for HR, Health and Transformation
Division and Local Member(s): All
Lead Officer: Trudi Grant – Director of Public Health
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	Seen by:	Name	Date
Report Sign off	County Solicitor	Honor Clarke	08/11/2016
	Monitoring Officer	Julian Gale	14/11/2016
	Corporate Finance	Kevin Nacey	07/11/2016
	Human Resources	Chris Squire	11/11/2016
	Property / Procurement / ICT	Richard Williams	22/11/2016
	Senior Manager	Trudi Grant	18/11/2016
	Local Member(s)	All	22/11/2016
	Cabinet Member	Cllr Anna Groskop Cllr Frances Nicholson	07/11/2016 11/11/2016
	Opposition Spokesperson	Cllr Ross Henley Cllr John Dyke	22/11/2016
	Relevant Scrutiny Chairman	Cllr Leigh Redman for Scrutiny Children & Families, Cllr Hazel Prior-Sankey for Scrutiny Adults and Health	22/11/2016 07/11/2016
Summary:	This report sets out the recommendation to decommission the school entry hearing screening programme (SES) in Somerset. There are two types of hearing screening programme in the UK; the universal newborn hearing screening programme (UNHS) which started in 2006 and runs throughout the UK, and a school entry hearing screening programme (SES) which started in 1955 and is still running in various forms in many parts of the UK, including in Somerset. In Somerset approximately 5-6 children per year with permanent hearing impairment will be detected through the newborn hearing screening programme and a further 2 through the school entry hearing screening programme. A recent technology appraisal by the National Institute of Health and Care Excellence (NICE) compared two areas of the UK; an area with a universal school entry hearing screening service (SES) and an area with no school entry screening service. The report found that the two areas identified similar rates of children with permanent hearing impairment but that the area without SES identified these impairments in the children at younger ages; a better outcome for the children concerned.		

	Taunton and Somerset NHS Foundation Trust currently provide the school entry hearing screening programme in Somerset; however, there are no systems in place for reporting or quality assurance. Without further investment and in its current form, the programme is not fit for purpose and, based on the new evidence, not an effective use of resources.
Recommendations:	**That the Cabinet Member for HR, Health and Transformation, agrees;** **1. That the current school entry hearing screening programme is terminated by 01 August 2017.** **2. Subject to approval of the recommendation (1) above. Arrangements are put in place and communicated to relevant partners to detect children's hearing impairments through alternative pathways.**
Reasons for Recommendations:	Since the introduction of the Universal Newborn Hearing Screen in 2006, fewer cases of permanent hearing impairment are being detected through the school entry hearing screening programme (SES); in Somerset we expect to detect approximately 2 cases per year. (Some transient hearing impairments will also be detected but these have not been included in the calculation as these are generally self-limiting). The technology appraisal from NICE (July 2016) concludes that a school entry hearing screening programme is no longer the most effective or cost-effective way of detecting hearing impairment in school aged children. The Public Health grant should only be used to fund cost effective interventions. The technology appraisal raised some concerns regarding the validity of the financial comparisons in their cost effectiveness analysis, but the fact remains that this is no longer the most effective means of detecting children with permanent hearing impairment. Services are in place through audiology to ensure that hearing impairments are detected. Teachers and early years settings will be able to raise concerns about a child's hearing with the child's parents/guardians. An appointment will be made with the GP to secure a review of their hearing or an audiology referral as the GP sees fit. This can occur at any stage/age as needed. Many of the concerns raised will be self-limiting or will be able to be resolved in general practice, others will require a referral to audiology. These new pathways will involve referrals into existing services but part of the work around this decision will be to ensure that all stakeholders are aware of this change in referral routes in to the services.

<table>
<tr><td>Links to Priorities and Impact on Service Plans:</td><td>The change will have a minor impact on priorities and service plans.
- The medium term financial plan: identification of expenditure reductions and cost savings required to meet Public health grant reductions
- County plan: need to live within our means.
- Children and Young Peoples plan:
• Empower children, families and communities by equipping them with the tools, skills and information they need to help themselves
• Empower parents to have the confidence, knowledge and skills to undertake their parenting responsibilities.</td></tr>
<tr><td>Consultations undertaken:</td><td>On the guidance of community governance, no consultations have been undertaken due to the low value of the contract (circa £32,000).
The proposals in this report have been shared with the Cabinet Member for HR, Transformation and Health & Well Being, the Opposition Spokesperson, the Chairman for Scrutiny Committee for Adults and Health, the Chairman of Scrutiny Committee for Children and Families and the Chairman of the Health and Well-Being Board and no concerns have been raised.
Relevant members of SLT have also been briefed.
Following this decision being taken, it will be shared with key stakeholders to ensure all are aware of this change in service provision, to ensure improved outcomes for children with hearing impairment</td></tr>
<tr><td>Financial Implications:</td><td>This is a decommissioning of a service and will save £32,000 and there are no direct costs associated with the decision to off-set that saving.</td></tr>
<tr><td>Legal Implications:</td><td>This is not a statutory service and there is no contract, only a service level agreement.</td></tr>
<tr><td>HR Implications:</td><td>The staff involved in the service are not employed by Somerset County Council</td></tr>
<tr><td>Risk Implications:</td><td>There is a risk that it is perceived that SCC have no provision in place to identify children with hearing impairment after the newborn period. This should not be the case as long as new referral routes are rapidly embedded and communicated to relevant partners such as schools and GP practices. Communicating this alternative arrangement will be key to mitigating this risk.
<table><tr><td>Likelihood</td><td>2</td><td>Impact</td><td>2</td><td>Risk Score</td><td>4</td></tr></table></td></tr>
</table>

Other Implications (including due regard implications):	**<u>Equalities Implications</u>** **- Access** By removing the school entry hearing screening programme there may be an increase in children referred to secondary services for a hearing assessment (as shown in other areas studied). There were 793 GP referrals into audiology for under 16 year olds in Somerset in 2015/16, a referral rate of 8.3 per 1,000 children. However, this rate cannot be compared to the rates in other areas as the age range is larger than the other areas and so our rate in 3-7 year olds will be lower than this as referrals peak at approximately age 5. We do not have a figure for ages 3-7 in Somerset but estimates suggest that approximately 400 children from Somerset between 3 and 7 were referred to audiology in 2015/16, this is a rate of 16.1 per 1,000 3-7 year olds. This rate is an estimate; however, as it is significantly lower than both the area with SES (21.9/1000) and without SES (34.4/1000), we can be relatively confident that our Somerset rates of referral into audiology are likely to be lower than the areas in the NICE technology assessment included in this report. We do not believe that we will see the increase in audiology referrals (among reception year children) seen in the NICE evaluation because our SES is undertaken in either year 1 or year 2 and so children identified by teachers on starting school have already been referred into audiology, before screening occurs. If children are referred this will require travel to an audiology department. There are paediatric audiology departments at the RUH in Bath, Yeovil District Hospital and Musgrove Park Hospital in Taunton. **<u>Community Safety Implications</u>** No specific community safety implications **<u>Sustainability Implications</u>** No specific sustainability implications **<u>Health and Safety Implications</u>** No specific health and safety implications **<u>Privacy Implications</u>** No specific privacy implications **<u>Health and Wellbeing Implications</u>** 1. People families and communities take responsibility for their own health and wellbeing. – no implications 2. Families and communities are thriving and resilient – no implications 3. Somerset people are able to live independently for as long as possible – no implications

Alternative options considered and reasons for rejecting them	1. Continue to commission a school entry hearing screening programme. Rejected because: The best available research now suggests that a school entry hearing screening programme is not the most effective or cost-effective way to detect hearing impairments in school aged children. In addition, the current programme needs investment in technology and resources in order to be fit for purpose, there is no money available for this investment. 2. Commission a programme that only tests children with known risk factors for hearing loss. Rejected because: There is no currently available evidence to show whether this is an effective or cost-effective use of resources.
Scrutiny comments / recommendation (if any):	There were generally no concerns raised, a few comments asked for more detail regarding the proposed new pathways, which has been added to this document.
Background / Context	The school entry hearing screening (SES) programme started in 1955 and aims to screen all children's hearing within their first year of school. In 2006 a Universal Newborn Hearing Screening (UNHS) programme was introduced throughout the UK; this test detects the majority of hearing problems that are present at birth. Nevertheless, no matter how sensitive the UNHS test is, it cannot detect all cases of permanent childhood hearing impairment as not all cases are present at birth. The rate of cases of hearing impairment identified by the SES per 1,000 children tested has reduced considerably since the introduction of the UNHS. The number of children identified with a permanent hearing problem through school-entry screening is now very low - around 1 child in every 3,000 tested[i]; In Somerset, this equates to approximately 2 out of the 6,000[ii] pupils who start mainstream reception each year. When services in the UK responsible for implementing a universal school entry hearing screen were surveyed in 2005, 1 in 8 services had already stopped providing a universal school entry screen and many others are currently reviewing their service in light of the recently published evidence; including other local public health teams. Taunton and Somerset NHS Foundation Trust are current providers of hearing screening in Somerset. However, there are no systems in place for reporting or quality assurance and in its current form, without further investment, the programme is not fit for purpose.

	A universal school entry hearing screening programme is not the only effective way to identify childhood hearing impairments; We propose that teachers and early years settings will be able to discuss concerns about a child's hearing with the child's parents/guardians. An appointment will be made with the GP to secure a review of their hearing or an audiology referral as the GP sees fit. This can occur at any stage/age as needed. Many of the concerns raised will be self-limiting or will be able to be resolved in general practice, others will require a referral to audiology. Indeed, evidence from one area which had previously decommissioned their screening programme shows that their rates of diagnosis of permanent hearing impairment are similar to areas that are still running the screening programme. In the two areas compared in the NICE health technology assessment, impairments were found at younger ages in the area that did not have a screening programme in place, allowing for earlier management and better outcomes for the children concerned. In addition, hearing impairments continue to develop in children after school entry; prevalence of hearing impairment is 0.91 per 1,000 children at 3 years old and 1.65 per 1,000 at 9 years old,[iii] therefore, a school entry screening programme will miss children who develop their impairment at older ages, whereas a system where children can be referred in at any time will not. The new, consistent referral pathways proposed will therefore enable children with hearing impairments to be diagnosed and treated earlier, at whatever age their hearing impairment occurs. In addition, a single referral route is likely to mean that children are less likely to 'fall through the cracks' in the system. In times of increasing financial pressures, public health and Somerset County Council have to be able to justify spending decisions to maximise the utility from the public's money. NICE have conducted an economic analysis comparing a universal screening service to no screening service which concludes that an SES was not cost-effective compared to no screening.
Background papers	NHS National Institute for Health Research (2016). A programme of studies including assessment of diagnostic accuracy of school hearing screening tests and a cost effectiveness model of school entry hearing screening programmes http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0004/165613/FullReport-hta20360.pdf

Equality Impact Assessment Form and Action Table 2015
(Expand the boxes as appropriate, please see guidance
(www.somerset.gov.uk/impactassessment) to assist with completion)

"I shall try to explain what "due regard" means and how the courts interpret it. The courts have made it clear that having due regard is **more than having a cursory glance** at a document before arriving at a preconceived conclusion. Due regard requires public authorities, in formulating a policy, to give equality considerations the weight which is **proportionate in the circumstances**, given the potential impact of the policy on equality. It is not a question of box-ticking; it requires the equality impact to be **considered rigorously and with an open mind**."

Baroness Thornton, March 2010

What are you completing the Impact Assessment on (which policy, service, MTFP reference, cluster etc)?	Decommissioning of School Entry Hearing Screening Programme		
Version	2	**Date**	17/10/2016

Section 1 – Description of what is being impact assessed

The school entry hearing screening (SES) programme, was established in 1955 and remains in place in many parts of the UK, unlike other screening programmes that are governed by the National Screening Committee there are no national standards for the delivery of this programme and it is delivered very differently or not at all in different parts of the country. This programme aims to screen all children's hearing within their first year of school. In 2006 a Universal Newborn Hearing Screening (UNHS) programme was introduced; this test detects the majority of hearing problems that are present at birth. Nevertheless, no matter how sensitive the UNHS test is, it cannot detect all cases of permanent childhood hearing impairment as not all cases are present at birth.

The yield of the SES has reduced considerably following the introduction of the UNHS. Public Health England figures suggest that the number of children identified with a potential hearing problem through school-entry screening is now very low - around 1 child in every 3,000 tested. In Somerset this equates to approximately 2 out of the 6,000[iv] pupils who start mainstream reception each year. When services in the UK responsible for implementing a universal school entry hearing screen were surveyed in 2005, 1 in 8 services had already stopped providing a universal school entry screen and many more are reviewing their service in light of the new evidence.

In Somerset there is currently a school screening programme provided by Taunton and Somerset Foundation Trust. However, there are no systems in place for reporting or quality assurance. This screen is currently undertaken in either year 1 or year 2 of schooling, not at school entry as is recommended. Without further investment and in its current form the programme is not fit for purpose and its quantity, quality and effectiveness are largely unknown. In addition, the service only screens children in mainstream schools, and therefore children in private schools, special schools or home schooled children do not currently have access to this service.

Section 2A – People or communities that are **targeted or could be affected** (taking particular note of the Protected Characteristic listed in action table)

The screening programme is aimed at children in reception year or year 1 of school and so this group and their families may be affected by the decommissioning of the service. There is a risk that children with hearing impairments may be adversely affected by the withdrawal of a service designed to detect their impairment and thus provide them with treatment and support. However, there are other effective ways to detect hearing impairments in this group; parents, teachers and health professionals can make referrals

to an audiology service if there is suspicion of a hearing impairment in a child, for further testing. Evidence from an area which does not have a screening programme shows that their rates of diagnosis of permanent hearing impairment are similar to areas that still run the screening programme. Indeed, in the two areas compared in the NICE health technology assessment, impairments were found at younger ages in the area that did not have a screening programme in place, allowing for earlier management and better outcomes for the children concerned. Therefore, as long as new referral routes for detecting hearing impairment are embedded and communicated, we do not see that this small group are likely to be negatively affected by the change.

Section 2B – People who are **delivering** the policy or service

Staff are employed by an external contractor and are not council staff. In addition, there is no contract in place (only an SLA); there is no formal notice period.

Section 3 – **Evidence and data** used for the assessment (Attach documents where appropriate)

In Somerset there were 5,962[v] pupils who started mainstream reception year in 2016/17 and would thus have been eligible for screening. Using the above prevalence rates, we would expect approximately 2 of these children to develop impairments at some point after the newborn period that might be picked up by the hearing screening programme.

The recently released NICE Technology Assessment compared an area with a screening programme with an area without one, and concluded that there was no difference in terms of the rate of hearing impairments identified. In fact, impairments were actually identified younger (a better outcome) in the group without screening. In addition, the review concluded that an SES was not cost-effective compared to detecting children's hearing impairment through independent referrals.

Section 4 – **Conclusions** drawn about the equalities impact (positive or negative) of the proposed change or new service/policy (Please use **prompt sheet** in the guidance for help with what to consider):

The impact on equalities is likely to be minimal as long as alternative ways of accessing hearing impairment diagnoses are communicated to key stakeholders such as schools and GP practices. Some of the possible implications are discussed below:

- Access

By removing the school entry hearing screening programme there may be an increase in children referred to secondary services for a hearing assessment (as shown in other areas studied). There were 793 GP referrals into audiology for under 16 year olds in Somerset in 2015/16, a referral rate of 8.3 per 1,000 children. However, this rate cannot be compared to the rates in other areas as the age range is larger than the other areas and so our rate in 307 year olds will be lower as referrals peak at approximately age 5. We do not have a figure for ages 3-7 in Somerset but estimates suggest that approximately 400 children from Somerset between 3 and 7 were referred to audiology in 2015/16, this is a rate of 16.1 per 1,000 3-7 year olds. This rate is an estimate; however, as it is significantly lower than both the area with SES (21.9/1000) and without SES (34.4/1000), we can be relatively confident that our Somerset rates of referral into audiology are likely to be lower than the areas in the NICE technology assessment included in this report. We do not believe that we will see the increase in audiology referrals (among reception year children) seen in the NICE evaluation because our SES is undertaken in either year 1 or year 2 and so children identified by teachers on starting school have already been referred into audiology, before screening occurs.
If children are referred this will require travel to an audiology department.
There are paediatric audiology departments at the RUH in Bath, Yeovil District Hospital and Musgrove Park Hospital in Taunton,

Access issues are likely to disproportionately affect those with disabilities, those living in remote rural areas, single parents (disproportionately women) and those on low incomes.

-Equality
The current screening service only screens children in mainstream schools. Therefore children in private schools, special schools or home schooled children do not currently have access to this service.

Gypsy and traveller families are less likely to approach NHS services. Therefore changing the initial access point for hearing tests from schools to an NHS setting may disproportionately affect this group.

If you have identified any negative impacts you will need to consider how these can be mitigated to either reduce or remove them. In the table below let us know what mitigation you will take. (Please add rows where needed)

Identified issue drawn from your conclusions	**Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?**	**Who is responsible for the actions? When will the action be completed?**	**How will it be monitored? What is the expected outcome from the action?**
Age			
None			
Disability			
There is a risk that withdrawing the school hearing screening programme will result in less children with hearing impairment being identified for treatment or support There is evidence that by having a SES in place, hearing impairment is detected at a later age, which will impact their education and speech development	There is evidence that hearing impairments in children can be detected through other referral routes, as long as these are put in place then this should mitigate this risk. This has been shown to actually benefit children through earlier diagnosis in other areas. Various communication methods will be used to ensure that the new referral routes are clear to all relevant stakeholders.	Public Health team	Numbers of children identified as hearing impaired will be monitored and compared during and after the programme.
Gender Reassignment			
None			
Marriage and Civil Partnership			
None			
Pregnancy and Maternity			
None			
Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)			
Hearing impairments do			

not disproportionately affect different races and so there is unlikely to be an impact on a particular racial or ethnic group in this regard. Gypsies and travellers: Gypsies and travellers can, however, be reluctant to access NHS services and so there is a risk that moving the detection of hearing screening out of schools and into NHS settings may disproportionately affect this group.	Ensure that the Traveller Education service is notified about the changes to referral routes and know how Gypsy and Traveller families can access hearing assessments.	Public Health Team	Monitor attendance rates at audiology centres compared to current rates.
Religion and Belief			
None			
Sex			
Single parents: There is a risk that single parents may struggle to attend appointments more than two parent families. Single parents are disproportionately women.	The healthcare travel costs scheme will reimburse travel costs for NHS appointments for those in receipt of certain benefits, which may include single parents.	Public Health Team	Monitor attendance rates at audiology centres compared to current rates.
Sexual Orientation			
None			
Other (including caring responsibilities, rurality, low income, Military Status etc.)			
Rurality: There is a risk that households in rural areas may struggle to attend audiology centres for assessment as part of new referral routes. The centres are in Bath, Yeovil and Taunton so widely spread throughout the County.	We cannot alter the location of audiology centres but we can ensure that varied appointment times are offered to better suit rural families.	Public Health Team	Monitor attendance rates at audiology centres compared to current rates.
Low Income: There is a risk that low income households may struggle to attend audiology centres for assessment as part of new referral routes.	The healthcare travel costs scheme will reimburse travel costs for NHS appointments for those in receipt of certain benefits.	Public Health Team	Monitor attendance rates at audiology centres compared to current rates.

Section 6 - How will the assessment, consultation and outcomes be published and communicated? E.g. reflected in final strategy, published. What steps are in place to review the Impact Assessment	
Completed by:	Helen Tapson
Date	28/11/2016
Signed off by:	Alison Bell
Date	28/11/2016
Compliance sign off Date	20/10/2016
To be reviewed by: (officer name)	Tom Rutland
Review date:	07/12/2016

[i] Public Health England Figures

[ii] Somerset School Population Forecast 2015 https://slp.somerset.org.uk/ipost/iPost%20Documents/School%20Population%20Forecast%202015%20-%20Part%202.pdf

[iii] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4487563/

[iv] Somerset School Population Forecast 2015 https://slp.somerset.org.uk/ipost/iPost%20Documents/School%20Population%20Forecast%202015%20-%20Part%202.pdf

[v] Somerset School Population Forecast 2015 https://slp.somerset.org.uk/ipost/iPost%20Documents/School%20Population%20Forecast%202015%20-%20Part%202.pdf