Department of Health

NHS England

Action Plan on Hearing Loss

NHS England INFORMATION READER BOX

Directorate
Medical

Publications Gateway Reference:	03073
Document Purpose	Guidance
Document Name	Action Plan on Hearing Loss
Author	NHS England and Department of Health
Publication Date	23rd March 2015
Target Audience	CCG Clinical Leaders, CCG Accountable Officers, CSU Managing Directors, Foundation Trust CEs , Medical Directors, Directors of PH, Local Authority CEs, NHS Trust Board Chairs, NHS England Regional Directors, NHS England Directors of Commissioning Operations, Allied Health Professionals, GPs, Directors of Children's Services, NHS Trust CEs
Additional Circulation List	
Description	The purpose of the Action Plan on Hearing Loss report is to encourage action and promote change across all levels of public service. It identifies how hearing needs can be met and improved for children and adults.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	**N/A**
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Document Status

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Action Plan on Hearing Loss

Version number: Final Draft

First published: 23rd March 2015

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Classification: (OFFICIAL)

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1 Foreword

Most of us take our hearing for granted, but hearing loss affects over 10 million adults and 45, 000 children in the UK. This equates to 1 in 6 of the population and has an enormous personal, social and economic impact *(1).* It will continue to become an even bigger challenge over the next decade as the number and proportion of older people increases and with increasing exposure to workplace and social noise such as MP3 players. By 2031, it is estimated that 14.5 million people in the UK, approximately 20% of the population, will have a hearing loss *(2).* There are also different groups of the population that are more affected than others, such as older people and veterans.

Hearing loss affects those both born deaf and those who acquire it later in life, and whilst there has been substantial progress in improving the health services available to children, young people and adults over the last ten years, significant challenges remain *(3).* More needs to be done on prevention, early diagnosis and support for those who have permanent hearing loss.

A particular challenge is meeting the hearing needs of the rapidly growing older population. 5.3 million older people (aged over 65) in England have a hearing loss and this will have a disproportionate effect on their wider physical and mental health, independence and ability to work.

Moreover, hearing loss is not just a health issue – it is societal and requires an integrated approach across a range of government departments, non-departmental public bodies and stakeholder organisations across the public, private and third sectors, including children, young people and adults with hearing loss themselves.

The purpose of this document is to encourage action and promote change across all public service sectors and at all levels on how children's, young people's, working age adults' and older people's hearing needs can best be met.

The Action Plan has been developed with input from the Department of Health, NHS England, Public Health England, other Government Departments, key stakeholders across the voluntary, professional and private sectors and people with hearing loss. It is intended to provide a rallying call to all those involved to deliver improved hearing outcomes and support for individuals and the population at whatever level they operate.

NHS England, the Department of Health, Public Health England, other Government Departments and stakeholders within the hearing loss community are committed to achieving this and will work together to ensure progress is made on all the stated objectives and actions.

Bruce Keogh NHS Medical Director

2 Executive summary

This Action Plan on Hearing Loss sets out a case for action to tackle the rising prevalence and personal, social and economic costs of uncorrected hearing loss and the variation in access and quality of services experienced by people with hearing loss. Aligned with NHS England's Five Year Forward View[1], it proposes addressing this growing challenge by promoting prevention of hearing loss, improving both the commissioning and integration of services, providing innovative models of care and ensuring that people of all ages with hearing loss are actively supported and empowered to lead the lives they want for themselves and their families in the best possible health. Leading to reduced inequalities in access to services and the outcomes achieved.

To achieve this it is crucial for the health service and other public services to deliver what matters to people with deafness and hearing loss and the actions required are derived in part, from what people with hearing loss, their families and carers have identified as important. This includes:

- Reducing the stigma related to having a hearing loss;
- Designing public services and public spaces to support good communication;
- Providing better communication support and understanding in the workplace, including timely access to assistive devices, language support (for example British Sign Language (BSL) or Signed Supported English) and speech-to-text;
- Undertaking more research into the causes of and management of hearing loss and tinnitus;
- Promoting strategies for the prevention of hearing loss, and an understanding of hearing awareness;
- Encouraging early awareness, diagnosis and management of hearing loss;
- Person-centred planning, which is responsive to information and social needs;
- Providing timely access or signposting to communication support, lip-reading classes, hearing therapy or counselling, support groups, befriending services and assistive technologies;
- Promoting inclusion and participation, by ensuring that all public services are accessible and support language and communication needs.

The Action Plan frames its objectives in the principles underlying the Life Course Model adopted by the Chief Medical Officer in her 2012 annual report *(4)* and the "House of Care" approach supported by NHS England, which promotes person centred, coordinated care in partnership with health and care professionals for people with long term conditions. The Action Plan sets out five key objectives which support implementation of the NHS Outcomes Framework 2014/15[2] and specific business areas within NHS England's business plan for 2014/15 – 2016/17[3] including:

- Prevention

[1] http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[2] Department of Health (2013): NHS Outcomes Framework 2014/15
[3] NHS England: Putting Patients First Business Plan 2014/15-2016/17

- Early diagnosis
- Integrated, patient centred management
- Ensuring those diagnosed do not need unscheduled care or become isolated
- Ability to partake in every-day activities including work.

It is not intended to act as a detailed implementation plan, but it proposes an integrated and more effective approach to managing hearing loss by emphasising investment in risk reduction through prevention with earlier awareness, diagnosis and timely support and management.

The actions required by the Department of Health, NHS England, Public Health England, other Government Departments and stakeholder organisations involved in hearing loss are set out in section five. These actions will support all bodies in meeting their duties under the Equality Act 2012 and for reducing health inequalities under the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

NHS England will continue to engage with organisations set out in the Action Plan and stakeholders within the hearing loss community to facilitate continued action and to regularly review progress. This should help ensure high quality care for children, young people, working-age adults and older people with hearing loss and enable them to maintain physical and psychological health, well-being and to achieve their potential in life.

3 The Case for Action

3.1 Hearing is central to our health and well-being. As humans we are social beings and depend on communication to survive and thrive. Hearing loss[4] is a major cause of poor development of language and communication skills. It is responsible for an enormous personal, social and economic impact throughout life.

3.2 Deafness or loss of hearing at any age isolates individuals, cutting them off from society, life and the things they need to thrive. Hearing loss can impact on the development of language in children, reduce chances of employment, restrict aspirations and life chances, increase the risk of mental health problems and interfere with peoples' ability to care for their own and their families' long term health conditions (5). This can lead to low achievement, low self-esteem, isolation, loneliness and depression.

3.3 In older age, hearing loss becomes a major challenge and people with hearing loss can find it difficult to follow speech without hearing aids and are at greater risk of social isolation and reduced mental well-being (2, 5). Social isolation has an effect on health (6) and in older people there is a strong correlation between hearing loss and cognitive decline (7), mental illness and dementia (8,9,10).

3.4 Temporary hearing losses (such as glue ear in children) are commonplace and some conductive hearing losses in adulthood can be surgically treated. However, most hearing loss is permanent, cannot be treated and is a lifelong condition not amenable to cure *(11,12).* In this respect it should be viewed and managed as any other long term conditions, with an emphasis on early intervention and diagnosis, the health and wellbeing of individuals and better integration between services (10). This Action Plan sets out how this will be achieved.

A Growing Challenge

3.5 Hearing loss is a long term condition affecting 45, 000 children and over 10 million adults in the UK (1). It is a growing challenge, with numbers predicted to increase to over 14.5 million by 2031 (2), with the growth in an ageing population, the birth of approximately 1000 babies a year with permanent childhood hearing loss and with increasing exposure to social and workplace noise.

3.6 Hearing loss prevalence increases exponentially with age *(13).* Age-related hearing loss (or presbycusis), is the single biggest cause of hearing loss and older adults with age related loss are the largest patient population in need of hearing

[4]Footnote: For the purposes of this Action Plan 'people with hearing loss' is used to cover children, young people and adults who:

- are deaf or have a hearing loss since childhood (sometimes progressive, sometimes late onset)
- are deafened or experience a sudden hearing loss later in life
- have a progressive hearing loss. This usually refers to the very large group of people with age and noise related hearing loss
- have fluctuating hearing loss, often with additional symptoms such as dizziness (including Meniere's disease) or tinnitus (a ringing or buzzing sound in the ear or head that cannot be attributed to an external source, usually caused by problems along the auditory pathway)
- have substantial hearing problems in noise (auditory neuropathy spectrum disorders) or more complex hearing problems

healthcare. For example, 42% of people aged over 50 years and 71% of people aged over 70 years have hearing loss. Adult onset hearing loss is among the top ten disabilities in terms of years lived with disability (YLD) for those over 60 years in England and as life expectancy increases, YLD from hearing loss will increase *(14)*. The World Health Organisation estimates that in the UK adult onset hearing loss will be in the top ten disease burdens, above diabetes and cataracts by 2030 *(15)*.

Costs to Society are High and Escalating

3.7 Hearing loss results in high personal, societal and economic costs (5). The cost to the NHS alone in managing hearing loss in 2010/11 was estimated to be £450 million *(16).* These costs are set to increase given the rising number and proportion of older people who will have a hearing loss in the future.

Impact on Employment

3.8 Hearing loss impacts on the economy with recent estimates suggesting that the UK economy loses £25 billion a year in productivity and unemployment *(17).* Unemployment rates for people with hearing loss are much higher compared to the national average with 30% of people of working age with severe hearing loss unemployed*(18,19,20).* Those with severe hearing loss who do not use hearing aids have unemployment rates nearly double those who do.

3.9 It is estimated that by 2020, older people will account for approximately a third of the working age population *(21)* and around three-quarters will have some kind of disability before the age of 68. At least 1 in 10 adults aged 40 to 69 will have a substantial hearing loss (22) and action will be needed to raise the general level of health, reduce health inequalities and provide the level of support needed if people are to work until this age *(23).*

Impact on Education

3.10 Educational attainment is poorer for deaf children compared to those with no special educational need (SEN) *(24),* although there has been a steady increase in attainment over the last few years. Data from the Department for Education statistical first Release 2013 *(25)* shows that in 2012/13 73.5% of children with hearing loss achieved 5 A* to C in their GCSEs compared to 89.4% of children with no identified SEN. In the same period 42.7% achieved 5 A* to C in their GCSEs including Mathematics and English compared to 70.4% of children with no identified SEN.

Impact on Years Lived with Disability

3.11 Hearing loss substantially increases the risks of accidental injury *(26)* and is among the top ten disabilities in terms of YLD *(14)*. The Global Burden of Disease study demonstrates that across the UK, in people over 70, age related hearing loss makes the eighth most important contribution to YLD behind musculo-skeletal conditions, falls, Alzheimer's disease and Chronic Obstructive Pulmonary Disease (COPD). Hearing loss has retained this ranking for the past 20 years.

3.12 It is estimated that by 2032, there will be around 620,000 older people living in care homes in England and of these, almost 500,000 will have a hearing loss and will need support to maximise their independence and wellbeing *(27).* People with unmanaged hearing loss and either dementia or mental health problems are more likely to go straight to expensive care packages, such as a care home, than would be the case if their hearing loss were effectively managed *(10).* Overall, the personal, societal and economic costs of hearing loss will continue to rise as the incidence and prevalence of hearing loss increases with an ageing population *(5).*

Association with other Conditions

3.13 Children, young people, working age adults and older people with hearing loss can all experience substantial co-morbidity throughout their lives that impacts on their hearing care management or their ability to manage their conditions *(2,10,28,29).* A recent study undertaken by Emond and colleagues,[5] comparing the current health of the signing deaf community in the UK compared with the general population found that deaf people's health is poorer than that of the general population, with probable under diagnosis and under treatment of chronic conditions putting them at risk of preventable ill health. Multiple long term conditions are associated with the ageing process and a large proportion of people will have hearing loss, along with one or more other long-term conditions *(10)*. Evidence suggests around 30% of those reporting severe hearing loss have at least four long term conditions *(30).*

3.14 There is an association between hearing loss, poor mental health outcomes and dementia in particular *(8,10).* People with hearing loss often experience isolation and depression with an increased risk of a major depression or a more serious moderate to severe depression *(11).* A recent review of the literature on hearing loss and mental health suggests that older people with hearing loss are 2.5 times more likely to develop depression than those without hearing loss *(8)* and estimates suggest that children who are deaf have a 40% prevalence rate of mental health problems compared to 25% in children who are hearing *(28).* People with hearing loss also often suffer stigma from the hearing population.

3.15 Hearing loss is associated with an increased risk of developing dementia in over 60 year olds. People with mild hearing loss have nearly twice the risk of developing dementia compared to people with normal hearing; and the risk increases threefold for people with moderate and fivefold for people with severe hearing loss *(9,10).* Hearing loss has recently been independently associated with accelerated cognitive decline and incident cognitive impairment *(7,10).*

3.16 Hearing loss often occurs together with impaired vision in older age groups and it is estimated that around 12% of adults in England aged over 55 have severe hearing loss, blindness or both *(30).* Dual sensory impairment has a significant impact on communication and well-being and can cause social isolation, depression, reduced independence, mortality, and cognitive impairment *(31)*. Around 69% of people with both deafness and blindness are reported to have at least four other long term conditions contributing to the growing burden of ill health in the UK particularly among older people *(30).*

[5] Emond, A, Ridd, M, Sutherland, H, Allsop, L, Alexander, A, Kyle, J. The current health of the signing Deaf community in the UK compared with the general population: a cross-sectional study. BMJ Open 2015;5.

3.17 Around 40% of children with permanent childhood deafness have a range of additional and complex needs including problems such as autism and learning difficulties *(32)*. A small but significant number of children are 'deaf-blind' (for example, those with Ushers Syndrome). The consequences of overlooking deafness will have an adverse impact on their learning and ability to develop independent living skills.

3.18 For children who have permanent hearing loss, including those with unilateral loss, the impact on their social and psychological development as well as their communication, literacy and educational achievement is well demonstrated and can be dramatic. Poor communication within the family is one of the risk factors for children developing mental health problems and having a child protection plan.

Variation in Access and Quality of Services

3.19 People with all levels of hearing loss can be excluded or face substantial barriers when accessing health services and other services including leisure activities, going to the cinema, theatre or museums, attending a sporting event or even going shopping. 80% of people report that being deaf or hard of hearing makes it harder for them to participate in art, entertainment and leisure activities *(33,34,35,36)*.

3.20 Most people acquiring hearing loss later in life, delay seeking help and those with a severe to profound hearing loss have lived with their symptoms for, on average,10 years before being referred for the most appropriate treatment *(26).* When they do consult primary care there is considerable variation in onward referral and existing data shows an 11 fold variation in the rate of audiology assessments using previous Primary Care Trust (PCT) boundaries *(37)*. In a health context this is illustrated by only one in three of those with significant hearing loss reporting problems accessing and using hearing aids. This is despite huge improvements in waiting times, the quality of digital hearing aids and documented improvements in service quality *(3).*

3.21 Those that do consult primary care still experience problems. A survey of 600 people with hearing loss found that after attending an appointment with a GP:

- Just over one-quarter of respondents (28%) had been unclear about their diagnosis
- Around one-quarter (26%) had been unclear about health advice they were provided with, and
- Approximately two-fifths (19%) had been unclear about their medication *(38).*

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3.22 There is also emerging evidence that the identification of children with later onset, developmental and acquired hearing loss does not match the good outcomes achieved through the Newborn Hearing Screening Programme (NHSP) and is often delayed. There is a fivefold geographical variation in the referral to assessment time for hearing tests in newborns and the UK has one of the lowest rates of cochlear implantation in Europe for young children with severe and profound deafness by age 2 years *(37,39).* Evidence also shows variable access to cochlear implantation in adults both geographically and in relation to expected levels of need *(40,41).*

3.23 There is variation in the quality of diagnostic services, in service quality and provision, especially for children with severe or complex conditions and in the transition of care from paediatric to adults *(42).* To reduce this variation and provide equity of provision, work is currently underway working across service providers and commissioners to introduce a national system of care for children and young people with hearing loss. The aim is to ensure that whole system pathways of care including screening, assessment, differential diagnostics, and all aspects of subsequent management including education and social support are commissioned to improve quality and performance of service provision. In addition, there are plans for the National Institute for Health and Care Excellence (NICE) to develop a clinical guideline and quality standard for Adult Onset Hearing Loss to help standardise and ensure effective, high quality, commissioning and provision of adult hearing loss services. Development of the clinical guideline is provisionally scheduled to begin in 2016 with production of the quality standard to follow.

3.24 There is variation in the integration of public service support (especially across health, social care and education services) for children with hearing loss and their families. Within health services, support for young people making the transition from paediatric to adult services varies widely *(43).* Access to a single needs assessment and improved joint commissioning with education and care services would support personal care management planning. Improved access to smart hearing aids and assistive devices (such as frequency modulation (FM) systems and other sound field equipment) for children with hearing loss would support families to communicate with each other and this could be further improved through access to, for example, sign language classes, support groups, hearing therapies or counselling.

Tackling Hearing Loss as a Long Term Condition

3.25 A number of published reports *(2,10,17)* have highlighted the need to recognise hearing loss as a major public health issue which is often associated with other long term conditions, and as such should be considered within national and local strategies and plans. This Action Plan is a first step to addressing this and supporting the case to improve and integrate services for people with hearing loss.

3.26 The metaphorical ‘House of Care’ model provides an opportunity of ensuring quality of life for people with long-term conditions, including those with hearing loss. It promotes person centred, coordinated care and enables individuals to make informed decisions which are right for them, and empower them to self-care for their long term conditions in partnership with health and care professionals. The approach requires four key components to be in place to ensure patient centred, coordinated care including: commissioning as an improvement process; engaged, informed individuals and carers; evidenced based and co-designed organisational and clinical processes; and health and care professionals working in partnership for continuity of care. This approach needs action at three levels – the national, the local and the personal and examples of what could be done at each of these levels is set out in Appendix 1. The actions proposed in this plan are based on this approach.

3.27 Much work is being progressed on supporting commissioners to understand the current position, priorities and the impact of implementing the House of Care model and to support intelligent commissioning for long term conditions, with a move

away from disease specific indicators towards a view of multi-morbidity and long term conditions overall. A long term conditions dashboard has been developed which includes proposed metrics for:

- Risk factors
- Prevalence
- Quality of Care
- Quality of Life
- Economic impact of long term conditions.

3.28 The aim is to help commissioners to consider what their overall need is, what the quality of the service they provide is and what impact this has on the overall health and social care economy. In view of the strong association between hearing loss and other long term conditions, further consideration should be given to how the dashboard could be used at a local level to monitor the commissioning and provision of long term conditions services for people with hearing loss.

Improving the Patient Experience

3.29 The Equality Act 2010 places a legal duty on all service providers to take steps or make “reasonable adjustments” in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled. It is explicit in including the provision of information in “an accessible format” as a ‘reasonable step’ to be taken.

3.30 The Francis and Winterbourne View reports show that although improvements in experience are needed for all, the biggest improvements are needed for specific patient groups, including those who are vulnerable and frail; those with dementia; with mental illness and those who are deaf and/or blind.

3.31 A vital element of NHS England’s strategy is to target and reduce poor experiences of care and improve the consistency with which the NHS delivers good care, particularly for specific, vulnerable groups. There are a number of initiatives being progressed to ensure this, which are outlined in detail in Appendix 2, namely:

- *Access for All* – which is exploring the potential for the Friends and Family Test (FFT) to develop to become a key measure of experiences of vulnerable patients.
- Adapting the FFT for those requiring additional communication support.
- Developing and implementing a new Information Standard for accessible information and communication – ISB 1605 Accessible Information, so that disabled patients, service users, carers and parents receive accessible information (such as correspondence in easy read, braille or via email).
- Developing Patient Led Assessments of the Care Environment (PLACE), which focus on the areas which patients say matter in the non-clinical environment that impact on the patient experience of care.Future development will focus on the needs of people with hearing and/or sight loss to assess if their experience of care is poorer than the average with the aim of establishing principles of good practice to help organisations improve.

- Supporting the Young People of the National Deaf Children Society who have led the “My Life, My Health” campaign to improve care experiences of Children and Young People who are deaf within primary care settings.
- Work with the University of Salford on specific projects to introduce “signing” into their pre-registration nursing programme and improve deaf users’ experience of maternity care.

Improving Hearing Services for Veterans

3.32 The Royal British Legion produced two reports in 2014. “Lost Voices”[6] identified the particular issues facing ex-service personnel with hearing loss and tinnitus. The Household Survey[7] showed that reported hearing loss was three times the rate of the general population between the ages of 16 and 64.

3.33 The Royal British Legion reports suggest that this population, although small seems to be particularly adversely affected by hearing loss. This is likely to occur either by repeated exposure to noisy conditions, or from exposure to severe blast trauma.

3.34 The Armed Forces covenant requires of all government departments that those serving in the Armed Forces, their families and veterans, suffer no disadvantage in accessing public services and receive an appropriate response to their sacrifice. Commissioners will need to take into account the veteran status of patients with service related hearing loss, they are entitled to priority treatment – subject to the clinical need of others.

3.35 The Department of Health, with NHS England, is working with The Royal British Legion to advise how they might best use the £10 million of additional funding for the Royal British Legion announced in the 2014 Autumn Statement to meet the hearing needs of veterans. The Department of Health and NHS England are also working with the Ministry of Defence and Devolved Administrations in order to ensure that the prescribing of hearing aids is consistent, equitable and efficient across Defence Medical Services and the NHS so that patients receive a continuous quality of service. This should support all bodies in meeting their duties under the Equality Act 2012 and for reducing health inequalities under the NHS Act 2006 as amended by the Health and Social Care Act 2012.

[6] Lost Voices: A Royal British Legion Report on Hearing Problems amongst Service Personnel and Veterans. July 2014
[7] The Royal British Legion Household Survey 2014, November 2014.

4 What Children, Young People, Adults and their Families and Carers Want

4.1 This Action Plan is derived, in large part from what people with hearing loss, their families and carers have identified as being important in previous surveys[8]. This includes the following:

Society should:

- Reduce the stigma related to having a hearing loss;
- Design public services and public spaces to support good communication;
- Provide better communication support and understanding in the workplace including timely access to assistive devices, language support (for example BSL or Signed Supported English) and speech-to-text;
- Undertake more research into the causes and management of hearing loss and tinnitus.

4.2 In particular they told us that services should be focused on:

- Promoting strategies for the prevention of hearing loss, and an understanding of hearing awareness;
- Encouraging early awareness, diagnosis and management of hearing loss;
- Person-centred planning, which is responsive to information and social needs;
- Providing timely access or signposting to communication support, lip-reading classes, hearing therapy or counselling, support groups, befriending services and assistive technologies;
- Promoting inclusion and participation, by ensuring that all public services are accessible and support language and communication needs.

4.3 What is wanted specifically for **Children** and **Young People** is:

- Early diagnosis and support intervention from newborn hearing screening with less variable, more integrated services and a tailored approach to the child's needs with better transition between services;
- Access to the necessary specialist support services when needed - such as Teachers of the Deaf, speech and language therapists, counselling, psychiatric support and the latest hearing and assistive hearing technologies;
- Support for good language acquisition, including sign language where appropriate, for the child and their family, to facilitate effective communication;
- To address the attainment gap for children and young people by ensuring appropriate language acquisition, communication and learning support in the early years and throughout education.

[8] Action on Hearing Loss Membership Surveys are a series of surveys to their membership base carried out on an annual basis (between 2005 onwards). Responses vary between a range of around 6000 to 7000 from recent surveys. While not technically a representative "sample" of all those with hearing loss and deafness it is the largest series of patient surveys conducted in this area.

4.4 **Working Age Adults** specifically want:

- Easy to access information on how to avoid hearing loss for themselves and their families with information on risks and access to the best methods of hearing protection;
- Readily available information on genetic testing, and access to these tests for those who request them.

4.5 **Older People** specifically want:

- Early awareness of hearing loss and less variable and timely access to diagnostic and audiology services and opportunities for early testing both in primary and secondary care and further consideration of screening for hearing loss at around 65 years of age[9];
- Clarity about their diagnosis and cause of hearing loss accompanied by clear, realistic information about hearing loss and how to use their hearing instruments;
- Early and timely access to the latest technology such as cochlear implants and assistive devices for those who require them;
- More support after being provided with hearing aids;
- Promotion of strategies for independence and involvement in the decisions about their hearing instruments, so that people can better manage their own conditions and influence how resources are allocated to help maintain their independence;
- To ensure that their records clearly indicate information about their preferred method of communication support;
- Support for communication strategies such as lip reading so that people can have the best possible communication opportunities;
- Information in formats that support communication needs and help maintain independence;
- Access to a range of services, equipment and assistive technologies to support any aspect of daily living and the enjoyment of the best quality of life for as long as possible.

4.6 What is wanted specifically from **Health Professionals** and other **Care Services** is:

- To recognise communication needs, offering appropriate support in accessing other health and public services so services are available and easy to access by, for example noting in a referral where a person required additional communication support due to deafness or hearing loss;
- To raise awareness of hearing loss and the benefits of a range of interventions for those groups most at risk;
- Ensuring a better recognition of hearing loss and a greater focus on communication needs and support for the effective management of hearing loss across all care and support settings;

[9]The UK National Screening Committee regularly updates screening evidence and this is discussed later in this Action Plan.

- Ensuring audiology services are aware of the wider health needs of older patients, and of the links with hearing loss, dementia and depression;
- Ensuring dementia, mental health and end of life service providers understand and respond to communication needs;
- Ensuring good communication support and providing good hearing healthcare in all care settings from primary care to end of life care;
- Effective commissioning of hearing services at a local level, based on clear and standardised hearing and well-being outcomes as reported by patients and their families.

5 What Action needs to be Taken

Where are We Now?

5.1 Over recent years, the quality of NHS services for people with or at risk of hearing loss has improved *(3,43,44).* However, there is still room for improvement to reduce the inequality of unwarranted variation in access and quality of services and improve patient experience and outcomes for children, young people, working age adults and older people with hearing loss.

The Action Plan

5.2 The objectives and actions proposed in this document are based on the principles underlying the Life Course Model adopted by the Chief Medical Officer in her annual report in 2012 *(4)*. This recognises how risk factors contributing towards health inequalities start before birth and accumulate throughout life (Appendix 3). This Action Plan sets out five key objectives which support both the reduction of inequalities and implementation of the NHS Outcomes Framework across the five domains (Appendix 4) and will impact on delivery of a number of the business areas targeted within NHS England's business plan 2014/16-2016/17. The five objectives are focused on:

- Prevention
- Early diagnosis
- Patient centred, integrated management
- Ensuring those diagnosed do not need unscheduled care or become isolated
- Ability to partake in every-day activities including work.

Risk Factors and Prevention

5.3 Hearing loss, like other major chronic conditions, is greatly conditioned by social, nutritional and health factors at birth and in childhood, as well as by genetic susceptibility. It is important that any existing health inequality is not exacerbated by poor hearing care at any stage of life. Good awareness and surveillance of hearing problems is required to enable both people and health professionals to identify and raise concerns about hearing and communication problems on an individual and population basis.

5.4 Hearing loss in working age and older adults has two major risk factors: noise exposure and increasing age. Noise exposure in the workplace, social noise (clubs, MP3 players, mobile phones, DIY, and motor sports and vehicle use) and weapons (military or sporting weapons) are the major preventable risks, with noise from portable devices such as MP3 players increasing rapidly *(45,46,47).* There is growing evidence of other effects of noise on health, particularly sleep disturbance and cardiovascular risk *(48).* There is a small, but important, set of risks due to ototoxicity (especially for those who are genetically susceptible) and brain tumours.

5.5 Some recent studies suggest there is an increased risk of mortality from all causes, but particularly cardiovascular disease in older people with hearing loss and dual sensory impairment *(49,50,51).* Use of hearing aids was found to mitigate a portion

of this increased risk, possibly by decreasing social isolation and the sensorineural stimulation from the hearing aid itself may be important (49). Health professionals delivering care to older people need to be aware of this association and that, particularly among men, it may predict other adverse health conditions increasing risk of death.

Action Plan Objectives

Objective 1

To improve the hearing health of all communities, improve equalities and reduce inequalities through prevention of hearing loss; to ensure that diverse communities are aware of the importance of good hearing and communication; and that effective and up to date communication support is provided promptly for those living with hearing loss to ensure they realise their aspirations.

Key Actions:

- NHS England, will, with other partners:
  - Build on the work of the Defence Hearing Working Group (Appendix 4) to help reduce the risk and prevalence of hearing loss for military personnel;
  - Promote the development of care programmes to focus on people at risk (such as those with dementia, depression, diabetes and cataracts).

- Public Health England will:
  - Collate existing data on incidence, prevalence and impact of hearing loss in people aged 65 and over (and if possible in key groups such as people with dementia);
  - Advocate for further surveys and research as required to strengthen the evidence base.

- The Health and Safety Executive, working with industry stakeholders, will:
  - Continue to identify opportunities to improve compliance with the Control of Noise at Work Regulations 2005,
  - Review the feasibility of otoacoustic emissions (OAE) testing as a leading indicator of damaging exposure to noise for workers. This test would enable a more intervening and preventative approach by highlighting effects caused by exposure before irreversible harm is identified via pure tone audiometry. A standardised methodology is currently being trialled with occupational health providers.

Early Diagnosis and Identification

5.6 Early identification and intervention are key actions that should make a real difference in reducing risks and attaining better hearing health outcomes throughout life. It is particularly important in reducing the impact and cost of congenital hearing loss and of long term conditions such as adult onset progressive hearing loss.

5.7 The most recent review by the UK National Screening Committee did not support screening for hearing loss in adults. It concluded there was a lack of

evidence on the effectiveness of screening in enhancing quality of life through better hearing capacity.

5.8 Public Health England, with other key partners and stakeholders, will continue to periodically review the evidence for screening loss in older adults against the National Screening Committee criteria.

Objective 2

To ensure that all people with hearing loss are diagnosed early (with a particular focus on early identification of hearing loss in disadvantaged groups and groups with higher risks and prevalence[10]), and that they are managed effectively once diagnosed.

Key Actions:

- NHS England will:
  - Review how the early recognition and diagnosis of hearing loss can be embedded in its programmes of work, and will identify whether a risk stratification approach can be introduced to help reduce inequalities by targeting services which identify and manage hearing loss to disadvantaged and at risk groups;
  - Assess strategies for the earlier identification and management of hearing loss.

- Public Health England will:
  - Advise NHS England on the commissioning of screening services which identify hearing loss as early as possible through the Newborn Hearing Screening Programme, and which deliver a seamless transition from screening into diagnostic and treatment services. Public Health England will keep these programmes under regular review;
  - Explore the possibility of recording children and adults with severe hearing loss and cochlear implants as part of the newly established national congenital anomaly and rare disease registration service;
  - Establish the requirement for additional advice and guidance on hearing needs assessments to enable Health and Wellbeing Boards and Clinical Commissioning Groups (CCGs) to consider hearing loss within the context of local strategies for older people, people with dementia, and sensory impairment.

Patient Centred, Integrated Services

5.9 Hearing loss affects many areas of life from early development to education, from employment to leisure activities, and from family care to end of life care. Hearing healthcare is most effective if considered as part of the support needed for these areas of life. Considering a partnership or integrated approach to assessment,

[10] For children, this will mean hearing loss is identified as early as possible and integrated support is provided that address their language and communication needs so they can succeed in school and make good educational progress.

provision of technology and care is fundamental. This enables better integration and encouragement to develop and live well. It overcomes the many historical barriers that exist between health, education and social care that are outmoded by technology and mirrors good practice in other countries.

Objective 3

To have services which are integrated, work collaboratively, and focus upon the individual needs of the person with hearing loss, inclusive of any other co-existing physical and mental health conditions and pathologies, to provide a patient centred management and decision making partnership.

Key Actions:

- NHS England will:
  - Work with the Department of Health and professional bodies to ensure there is a procurement strategy (in line with Better Procurement Better Value Better Care: A Procurement Development Programme for the NHS) that meets the needs of those with hearing loss with innovative, integrated, evidence based and highly cost saving technology (hearing aids, FM, assistive listening devices (ALD), sound reinforcing solutions).
  - Work with the National Sensory Impairment Partnership (NatSIP) to ensure that specialist support for children and young people with hearing loss who also have a SEN or a disability is reflected in the local offer and Joint Strategic Commissioning arrangements.
  - Work with the Department of Health, Monitor and the hearing sector under the principles of co-production to develop:
    - simple tools and resources to assist Health and Wellbeing Boards and CCGs to assess local hearing and service needs;
    - Building on Monitor's recent publication[11]review the commissioning of hearing loss services and develop an overarching Commissioning Framework for Hearing, covering primary and secondary services and redesigning best practice pathways at all points on the patient journey, following the Life Course Model to guide commissioners.
  - Ensure that those with hearing loss have their mental health needs assessed and that those with mental health problems or cognitive impairments have their hearing needs assessed through the continued development of mental health and older people's services, and are supported to effectively self-manage any other long term conditions they may have.

- Health and Wellbeing Boards should ensure that hearing is included as part of the process to develop local health needs assessments, Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) either as part of sensory impairment or separately; and that, where appropriate, hearing is included within the local offer for children with SENs and safeguarding arrangements.

[11] NHS adult hearing services in England: exploring how choice is working for patients. Monitor (2015)

Independence and Ageing Well

5.10 The Government's ambition is to support older people to stay independent and in their own homes for longer avoiding unnecessary admission to hospital or entry into care. Hearing is a major factor in maintaining independence and achieving healthy ageing.

5.11 There is a significant socioeconomic gradient associated with hearing loss bringing greater inequality and an impact that can go unrecognised. Hearing loss is a major reason for poorer and less frequent social interaction, is often a contributor to depression and is independently associated with dementia *(8,9,24).* People with unmanaged hearing loss and either dementia or mental health problems are more likely to go straight to a higher cost intervention, such as a care home, than would be the case if their hearing loss were effectively managed *(10,27)* Research in care homes suggests high levels of undiagnosed hearing loss, and under-optimisation of hearing aid benefits for users. Staff have a limited understanding of the assistive technology available to people with hearing loss. By 2032, there will be around 620,000 older people living in care homes in England and of these, almost 500,000 will have a hearing loss and will need support to maximise their independence and wellbeing *(27).*

5.12 Older people normally need a four stage cycle of access; assessment; correction/advice (depending on their wishes); and on-going support (linked to other support e.g. sight, mobility, social care) - all of which can be provided in a primary care setting.

Objective 4

To ensure that people with hearing loss, in all communities, are supported to stay as well as possible and are included in all approaches to reducing the incidence of other conditions and to reduce the need for unscheduled healthcare and mitigate the risk of isolation.

Key Actions:

- NHS England, working with other partners and stakeholders, will:
  - Work with CCGs to ensure services are responsive to the whole health needs of children, young people, working age adults and older people with hearing loss including the needs of people with mental health conditions and dementia; and ensure that end of life services recognise and respond to the communication needs of the people in their care;
  - This will include (within the overarching Commissioning Framework) guidance on the four stage cycle of access; assessment; correction/advice (depending on their wishes); and on-going support (linked to other support e.g. sight, mobility, social care);
  - Determine whether the Children and Adolescent Mental Health Service (CAMHS) can be further developed to ensure timely access to services for deaf children and young people with mental health problems,
  - Review guidelines to ensure health and social care services recognise the risk of dementia presented by severe hearing loss as well as the co-

existence of hearing loss with other conditions such as memory loss or visual impairment.

Learning and Working Well with Hearing Loss

5.13 Children, young people and adults can be excluded and face barriers in their normal day to day activities and when accessing services and leisure activities *(33,34,52).* Even when supported with the latest innovative technology at the earliest opportunity, they still experience considerable difficulty communicating in noisy and competitive environments *(36).* If people cannot hear conversations and make incidental observations they need active support in addition to innovative health technology to achieve their potential. Support can take the form of effective design, rehabilitation strategies and personal coaching. These can reduce the inequalities in educational attainment, employment and injury rates.

Objective 5

To ensure that people of all ages with hearing loss of all severities are actively supported to participate fully in society, and are not limited in their potential to succeed in education, employment, family and community life, all facets of individual living, and in the pursuit of sport, leisure and other activities.

Key Actions:

- The Department for Education will ensure that the new birth to 25 SEND Code of Practice[12] should include requirement for local authorities to include in their 'local offer' specialist services for children and young people with SEN or disabilities which will include support for children and young people with sensory impairment.

- The hearing sector will work with Age UK, the Alzheimer's Society, University of the Third Age and others to promote awareness of and opportunities for personal development and fulfilment for older people with hearing loss and to ensure appropriate providers of such services are hearing aware and do all they can to remove barriers.

[12] Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. Department for Education, Department of Health (January 2015).

Improvements in Outcome on Implementation of Action Plan:

Area	Outcome
Good Prevention	• Fewer people with hearing loss through immunisation, screening and case-finding. • Reduction in the numbers of young people and adults with noise induced hearing loss. • Consistent, quality data on hearing loss to increase awareness and understanding of the social, financial and personal health advantages of maintaining good hearing health across the life course.
Earlier diagnosis	• Improved outcomes for babies with hearing loss. • Increased number of deaf children starting school with age appropriate or near age appropriate language. • Increased number of children and adults and older people, especially in at risk groups identified and consequent reduction in areas such as depression, dementia or cataracts. • Increased numbers of children, young people and adults who have a standard aetiological investigation and who are put on an appropriate management pathway.
Integrated services	• Reduced developmental and educational gaps due to childhood hearing loss. • Improved information, awareness, experience and management for children, young people and adults with complex hearing needs (including those who have tinnitus and balance problems and other complex co-morbidities). • Increased numbers of children, young people and adults have a personalised care plan. • Children, young people and adults empowered and encouraged to use self and peer support through classes, the voluntary sector and by using innovative media solutions. • Improved access to a choice of support to manage hearing loss, including innovative technologies (eg hearing aids and implants) assistive devices which integrate with hearing aids, and support from tele-audiology.
More independence and ageing well	• Improved wellbeing including reduced unscheduled healthcare, and reducing recovery times from ill health through better communication. • Reduced numbers of people in poor mental health and improved dementia outcomes. • Improved access to wider health services (from primary care to end of life care). • Improved communication experience in mainstream care homes. • Equitable access to innovative technologies including support by mobile or tele-healthcare for any long term conditions.
Good learning and working well	• Reduced development and attainment gap between deaf and hearing children. • Improved employment opportunities for young people and for adults with hearing loss.

	• Improved communication, improved decision making and reduced accident rates for people with hearing loss through inclusive design of the built and work environments.

Review of Future Progress

5.14 The stakeholders to this Action Plan including the Department of Health, NHS England, Public Health England, other Government Departments and stakeholders within the hearing loss community are intent on making progress on all the stated objectives and actions. The Department of Health, NHS England and Public Health England will continue to engage across Government and with stakeholders within the hearing loss community to facilitate continued action and to regularly review progress on an annual basis. This should help ensure high quality care for children, young people, working age adults and older people with hearing loss and enable them to achieve their hearing potential to maintain physical and psychological health, well-being and to achieve their potential.

Appendix 1 – The House of Care Model

The House of Care Model is currently being used by NHS England and other partners as a basis for bringing together the elements of high quality, person centred, integrated care.

The House relies on four key interdependent components, all of which must be present for the goal, person-centred coordinated care, to be realised:

- Commissioning – which is not simply procurement but a system improvement process, the outcomes of each cycle informing the next one.
- Engaged, informed individuals and carers – enabling individuals to self-manage and know how to access the services they need when and where they need them.
- Organisational and clinical processes – structured around the needs of patients and carers using the best evidence available, co-designed with service users where possible
- Health and care professionals working in partnership – listening, supporting, and collaborating for continuity of care.

The essential elements of continuity of care include:

- *Informational continuity:* people, carers and professionals will have the right information needed to provide the right care at the right time (e.g. medical care in hospital and social care at home)
- *Management continuity:* care and support along recommended pathways will be available as and when needed by people, without undue difficulty in transferring between agencies and settings
- *Relational continuity:* people will know where and to whom to turn for assistance in managing their conditions.

Appendix 1 continued - House of Care Model

National Level

What national organisations and policy makers can do to enable construction of the House of Care at the next two levels

National Guidelines / NICE Quality Standard for Adult Onset Hearing Loss / Partnership Work in support of delivery / National IT Standards / National Research Programme

National Guidance for Commissioning Support Units /CCGs

Links with Healthwatch and voluntary sector

Guidance and role modelling of co-production

National Workforce and Training Strategy to ensure hearing aware workforce with appropriate communication skills

Leadership from regulators to improve awareness and compliance with Health and Safety regulations

National Specification for children and young people / Overarching commissioning framework for hearing loss services / map of medicine pathways for hearing loss / Any Qualified Provider (AQP) Adult Hearing Services Implementation packs

Cross government working, e.g. health, education, employment etc

National data and metrics

Better procurement eg innovative, evidence based and cost saving hearing technology

Appendix 1 continued – House of Care Model

Local Level

How local health economies ensure that the House of Care involves a whole system approach.

Health and WellBeing Boards JSNA / local guidelines and agreements for cross sector working / implementation of national guidelines and specifications for hearing loss

Local Patient and Public Involvement strategy

Partnership working with voluntary and private sector

Co-production of pathways and services

Local workforce and training strategy to ensure hearing aware workforce with appropriate communication skills

Integrated, multidisciplinary team working recognising wider health needs and support for people with hearing loss

Local leadership and champions

Health and Well Being Boards joint strategic commissioning for children with SEN to include hearing loss and hearing loss to be included in local health needs assessments / joint health and wellbeing strategies

Local commissioning arrangements reflect national specification for children with hearing loss and national commissioning framework for hearing loss services

Better value procurement eg AQP

Improved data quality/quantity and metrics for benchmarking performance/ contract management of hearing loss services

Appendix 1 continued – House of Care Model

Personal Level

How the House of Care gives professionals on the front line a framework for what they need to do for patients and ask local commissioners to secure for them.

Integrated care planning and records of care for those with hearing loss/ knowledge of local population and contact numbers / quality improvement process / test results and agenda setting

Prepared for local consultation

Information and support, including communication support

Awareness of and access to a range of equipment and assistive technologies e.g. digital hearing aids

Emotional and psychological support

Access to specialist support when needed

Hearing aware staff with appropriate communication skills

Recognition of communication needs and support required for those with hearing loss

Integrated care planning and signposting to support services

Implement national specification for children with hearing loss and national commissioning framework

Identify and review needs and outcomes

Quality assure e.g. Improving Quality in Physiological Services – accreditation of audiology services

Implement better procurement / AQP Adult Hearing Services Implementation packs

Appendix 2 - Improving the Patient Experience - Initiatives supported by NHS England

The Friends and Family Test

The Friends and Family Test (FFT) records the experiences of most patients, but there is concern that certain communities such as those requiring additional communication support may not be accessing the FFT with equity. An important programme has been addressing this, called *Access for All*, and there is the potential for FFT to develop to become a key measure of experiences of vulnerable patients

A tailored FFT survey written in 'Deaf English' is recommended for people who are profoundly deaf and utilise British Sign Language (BSL). The form is written to help them understand the Test. This approach was co-designed with Gloucestershire Deaf Association and successfully tested with people who have experienced NHS services.

ISB 1605 – Accessible Information

NHS England has committed to the development and implementation of a new Information Standard for accessible information and communication – ISB 1605 Accessible Information. The standard aims to establish a clear and consistent framework, and provide direction to the health and adult social care system, such that disabled patients, service users, carers and parents receive accessible information (such as correspondence in easy read, braille or via email) and communication support (such as a BSL interpreter) at appointments. The development of this standard will have particular impact for people who have a learning disability, who are d/Deaf, blind or deafblind, and / or who have some hearing or visual loss. Information about the project can be found at www.england.nhs.uk/accessibleinfo.

The standard aims to provide direction to the health and adult social care system so that there is:

- A consistent, standardised framework and approach to the identification and recording of the information and communication needs of patients, service users, carers and parents, where they relate to a disability, impairment or sensory loss;
- A series of 'flags' and alerts in electronic patient administration and record systems and other mechanisms to ensure that such needs are highly visible to appropriate staff and shared appropriately; and
- A clear set of requirements and expectations as to how such needs should be met, supported or addressed, for example provision of information in alternative formats and arrangement of BSL interpretation at appointments.

Following the transfer of responsibility for the approval of information standards to the Standardisation Committee for Care Information (SCCI) earlier this year, the standard was considered and approved by SCCI as a draft in August 2014.

The SCCI has responsibility for approving information standards for the health and care system and the accessible information standard is currently scheduled for full stage approval by SCCI in May / June 2015.

Patient-Led Assessments of the Care Environment (PLACE)

NHS England is also actively involving patients in assessing healthcare providers' performance against a range of criteria and identifying how services may be improved for the future. Patient-Led Assessments of the Care Environment (PLACE) is an assessment focusing on the environment in which care is provided, as well as supporting non-clinical services such as cleanliness, food, hydration, and the extent to which the provision of care with privacy and dignity is supported and cover the NHS and independent/private healthcare sector in England. The PLACE programme focuses on the areas which patients say matter in the non-clinical environment which impact on the patient experience of care: cleanliness; the condition, appearance and maintenance of healthcare premises; the extent to which the environment supports the delivery of care with privacy and dignity; and the quality and availability of food and drink.

NHS England is developing the PLACE assessments for future years to make the assessments more patient-led by adjusting the balance between patient assessors and staff assessors. In addition, questions will be developed within PLACE to focus on the needs of people with hearing and/or sight loss. This will allow the NHS to capture whether, where and how the experience of care is poorer for people who are hearing and/or sight impaired, and if scores for this group are poor, principles of good practice will be identified to help organisations improve.

National Deaf Children Society

The Patient Experience team in NHS England has also actively supported the Young People of the National Deaf Children Society, who have led the 'My Life, My Health' campaign to improve care experiences of Children and Young People who are deaf within primary care settings. Empowering young people who are deaf to challenge health care providers by having clarity regarding their rights has been critical in the success of this work, along with raised knowledge amongst health care professionals.

University of Salford Projects

In relation to communication the University of Salford has now introduced 'signing' into their pre-registration nursing programme and their progress has been profiled on social media much to the delight of parents who have a deaf child. They are role modelling to the health and education system that curriculums can incorporate these communication strategies. Wide spread adoption with support from Health Education England clearly requires further exploration.

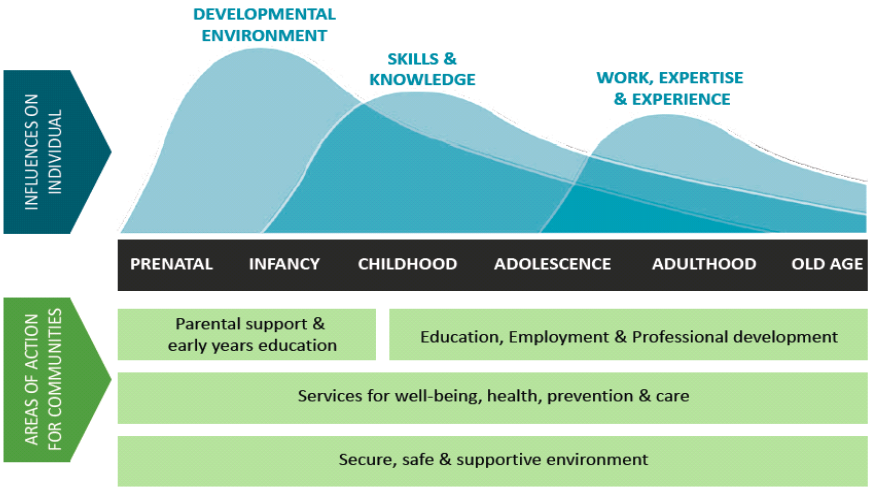
Projects such as 'Deaf Nest' working with the University of Salford, aim to improve Deaf users' personal experience of maternity care. NHS England has promoted the 'Deaf Nest' work and will continue to do so in the business year ahead to ensure

professionals are aware of the education and expertise that is available to support them in delivering high standards of care to mothers and partners who are deaf.

Appendix 3 – The Life Course Model

The Life Course Model reflects the stages in life from conception to end of life and outlines how risk factors contributing towards health inequalities start before birth and accumulate throughout life. The representation of the Life Course Model given below reflects the changing demographic and economic circumstances across England and emphasises where action on individual experience and wider social determinants can be most effective as an investment in lifelong health management.

Life course model (Davies S, 2012)



Appendix 4 – Roles and Responsibilities of Government Departments and other Agencies on Hearing Loss

Health and Social Care

Department of Health

In England, the Department of Health leads, shapes and funds health and care. The aim is to ensure the delivery of quality health outcomes – and reduce inequalities - by working through the outcomes frameworks for Health, Public Health and Social Care.

NHS England

The role of NHS England is to improve the health outcomes for people in England through effective commissioning of high quality health care services. NHS England is accountable for delivering on the NHS Mandate and responsible for ensuring implementation and delivery of the NHS Outcome Frameworks.

Hearing is a long term condition that spans most domains of the NHS Outcomes Framework:

Domain 1: Preventing people from dying prematurely
Domain 2: Enhancing quality of life for people with long-term conditions
Domain 3: Helping people to recover from episodes of ill health or following injury
Domain 4: Ensuring that people have a positive experience of care
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

In fulfilling its functions NHS England also has to have regard to outcomes frameworks for Public Health and Social Care.

Although NHS England directly commissions very few highly specialised hearing services (such as cochlear implants and brain stem implants) it is nevertheless responsible for the performance of the NHS system overall. This includes holding Clinical Commissioning Groups (CCGs) to account and supporting commissioners through a number of ‘enabling’’ functions such as issuing advice and guidance.

How will quality in outcomes for people with hearing loss be assured?

CCGs and NHS England are under a statutory duty to continuously improve quality across the comprehensive service. CCGs and NHS England in their respective commissioning roles are accountable for meeting this duty for all those registered with GPs in their area including veterans.

NHS England is held to account for improving outcomes by the Secretary of State, supported by the NHS Outcomes Framework, which sets out the outcomes that matter to people using NHS services. In addition to securing an improvement in outcomes through direct commissioning, NHS England is also responsible for ensuring that CCGs meet this core statutory duty. The CCG Assurance Framework sets out the basis for this assessment. Integral to the assurance assessment is a discussion, based on a comprehensive delivery dashboard, of CCG delivery of the improved outcomes which they have planned to deliver.

Where CCGs are found to be at risk of failing to deliver these improvements, NHS England, through its local teams, will support CCGs to make the required improvements, with statutory intervention powers remaining a last resort where CCGs demonstrably lack the capacity to make these improvements.

In addition to the assurance delivery dashboard, NHS England has developed the CCG Outcomes Indicator Set (CCG OIS) which can be used by CCGs as a tool to understand trends in outcomes and to help them identify potential priorities for improvement. The CCG Outcomes Indicator Set is supportive of the NHS Outcomes Framework and is an important piece of additional insight to inform the assurance assessment.

In their role as direct commissioner of NHS services NHS England will drive prevention and early diagnosis strategies and support better management of the condition particularly amongst the armed forces and those in the criminal justice system. In providing leadership and support to CCGs as commissioners of secondary and community services, NHS England will support commissioners in driving quality improvement, ensure robust and transparent outcomes information, align levers and incentives to facilitate delivery of integrated care across provider institutional boundaries and empower patients with information to support their choices about their own health and care.

Public Health England

Public Health England has a key role in health protection and wellbeing of the population**,** and to reduce inequalities in health and wellbeing outcomes through working with the wider health, social care and public health system with key stakeholders and partners. A major focus is to develop a population health approach to health and healthcare. It is responsible for implementing and ensuring delivery of the Public Health Outcomes Framework which includes specific indicators on noise and newborn hearing screening.

Public Health England is responsible for publishing updated information for each local authority against the Public Health Outcomes Framework. The Public Health Outcomes Framework Healthy Lives, Healthy People: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the

indicators that will help us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four ‘domains’ that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) is managing the process to develop clinical and health improvement indicators for the Quality and Outcomes Framework. This Action Plan and any follow-up guidance will help to define quality provision pending the development of a NICE Quality Standard for hearing loss.

Clinical Commissioning Groups

CCGs are accountable to NHS England and responsible for the local commissioning and delivery of NHS services in England.

Local Authorities

Local authorities are responsible for taking appropriate steps for improving the health of their populations, and in so doing are accountable to that local population, including their local communities of people with hearing loss.

Health and Wellbeing Boards

Health and Wellbeing Boards have strategic influence over local commissioning decisions across health, public health and social care. They bring together key leaders from the health and care system, clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. Boards undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed.

Cross Government

Several government departments have remits to ensure equality of access to services for people with hearing loss. These range from ensuring children and adults with hearing loss are not disadvantaged in education or work or in their local communities. In addition, there is emphasis on maintaining good hearing, for example using noise education, reduction and prevention in the work place. These are described more fully below.

Department for Education (DfE)

The Department for Education is responsible for the overall framework for Special Educational Needs and Disability (SEND). Under DfE policy, local areas provide both

specialist education and support through Teachers of the Deaf and specific programmes of targeted support for children with hearing loss.

The Children and Families Act (2014) introduced a new statutory framework for children with SEND, focused on a single-co-ordinated assessment of the needs of each child or young person with SEND, and the agreement of an integrated Education, Health and Care plan. CCGs and local authorities will collaborate on a 'local offer' setting out the support that should normally be available to children, young people and families in an area (and which should reflect the local needs assessed in the JSNA).

Nationally, DfE has:

- Supported the National Deaf Children's Society (NDCS) to update their range of materials for schools on being more 'deaf friendly'- including teaching practice, guidance on assessments, reducing bullying of deaf children, support for parents (including preparation for the transition to secondary schools);
- Is supporting the National Sensory Impairment Partnership (NatSIP) to work with local authorities to benchmark services and outcomes for sensory impaired children and to produce best practice materials (for example on the use of teaching assistants);
- Provided funding for teachers through the national scholarship programme to access masters-level qualifications. This includes the mandatory qualifications for Teachers of the Deaf and funding for new SENs coordinators to obtain their mandatory qualification.

Department for Work and Pensions (DWP)

The DWP Office for Disability Issues (ODI) leads in driving delivery of the government's strategy for disabled people, many of whom are affected by hearing loss. ODI focuses on enabling people to realise their aspirations through removing barriers, promoting a fair and equal society and creating communities that are more inclusive.

In July 2013 DWP published a Disability Strategy, "Fulfilling Potential: Making It Happen." It built on previously published analysis and discussion. At the heart of Fulfilling Potential is the need for innovative cross sector partnerships with disabled people and their organisations and promoting new ways of working to deliver meaningful outcomes. Fulfilling Potential is the vehicle for taking forward the obligations of the UN Convention on the Rights of Disabled People, and embraces the legacy of the 2012 Paralympic Games.

In addition the Minister of State for Disabled People jointly chairs with the Minister of State for Care a Fulfilling Potential Forum, which brings together representatives from forty different disabled people's organisations to discuss current issues affecting disabled people. The discussions from the Forum feed directly into a new Inter-Departmental Ministerial Group on Disability established by the Minister of State for Disabled People.

DWP also delivers the Access to Work programme which funds communication support and equipment needed by disabled people including deaf people in the

workplace. A review is being planned for the summer to look at how it can support more people within the available resources.

We know that a significant barrier for disabled jobseekers is employers' attitude. The Disability and Health Employment Strategy set out the measures to support employers of disabled people and in July 2013, the Prime Minister launched the Disability Confident campaign. This campaign aims to increase understanding, challenge attitudes and showcase the talents and abilities of disabled people who are working. Over 1,100 employers took part in the national Disability Employment Conference and the regional Disability Confident events.

Department for Culture, Media and Sport (DCMS)
The DCMS with DWP is sponsoring a project to give deaf people access to modern communications by shaping and responding to the e-communications agenda. Commissioned by DCMS, Deaf Access to Communications a special interest group of the UK Council on Deafness, is developing a partnership with the large telecommunications companies, to look at how alternatives in telecommunications for deaf people can be provided by telecommunications firms. Access services in broadcasting, including subtitles, signed content and audio description, are an important part of the television experience for many and the project aims to secure improvements in subtitling and an extension of access service to on-demand services as well as linear broadcasting.

Ministry of Defence (MoD)
The Defence Hearing Working Group acts as a coordinating group for single and MoD wide policy development managing programmes for the prevention and early detection of hearing loss in military personnel in line with statutory regulations. It promotes good practice in education and training; and also helps rehabilitate personnel who have a hearing loss into alternative military duties or civilian life.

Health and Safety Executive (HSE)
Occupational noise has been reduced over the past decades, but for many people noise exposure at work remains high and continues to present a serious risk of hearing loss if not correctly managed. The Health and Safety Executive, as the national regulator for work related health, safety and illness, aims to facilitate the prevention of new cases of noise induced hearing loss by working to reduce workplace exposure to noise. It seeks to achieve this through inspection and enforcement, and by providing information, advice and guidance to employers and employees either directly or through key industry intermediary bodies. It is also working to develop a new approach for early identification of the effects of noise exposure.

Department for Transport (DfT)
The focus of the work of DfT is to remove or minimise the barriers to living an active life and being able to travel independently. In December 2013, the Department published its first annual progress report highlighting the work it is doing with its partners to implement the commitments in its Accessibility Action Plan. The action plan complements the Disability Strategy developed by the DWP. The main remaining actions in the plan focus on disability awareness training for bus drivers, travel training, delivering access improvements at rail stations, and looking into

innovative and affordable audio-visual information systems on buses through a technology challenge competition with the Government's Transport Systems Catapult Centre.

Business Innovation and Skills (BIS)
BIS provides funding for adults aged 19 and above to access good quality Further Education and skills training to help in employment, participate in their community and lead a more independent life. The skills offer is accessible to all with funding focused on lip-reading and British Sign Language qualifications for young adults and the unemployed where skills training will help them to enter sustainable employment. The level of funding is dependent on individual learner circumstances - some are eligible for full funding, others receive co-funding. In addition, learners with a Learning Difficulty Assessment or an Education, Health and Care plan can be fully funded by the DfE up to the age of 25.

Further Education colleges and training providers are independent and autonomous bodies and are responsible for their course provision. They are required to respond to the needs of learners, employers and communities to ensure that provision meets the need of local people, where learning provision is required that will help people into employment. BIS provides 'Learning Support' funding to colleges and providers to help them meet the additional needs of learners with learning difficulties and/or disabilities so that they can participate fully in education and training. Training providers also have additional discretionary funding to help learners for whom tuition fees are a barrier to learning.

BIS are also funding Action on Hearing Loss for further research into the impact of learning to lip-read. This will assess the benefits of accessing a package of lip-reading and hearing support, especially for those wishing to move into or stay in employment; and, will explore a 'best model' for delivering lip-reading tuition.

Department for Environment, Food and Rural Affairs (DEFRA)
Defra leads on the implementation of noise policy within England. Defra works with other government departments whose policies potentially impact on noise so that they properly reflect government noise policy, which is set out in the Noise Policy Statement for England (NPSE). The aim of the NPSE is to "Promote good health and a good quality of life through the effective management of noise within the context of Government policy on sustainable development."

In addition Defra is the government department with responsibility for implementing the Environmental Noise Directive (2002/49/EC) in England. This involves conducting strategic mapping of noise from major transport sources plus preparing and adopting Noise Action Plans for large urban areas, major roads and major railways. With regards to airport noise, this role is fulfilled by the relevant airport operators.

Department for Communities and Local Government
The Department for Communities and Local Government funds the Disabled Facilities Grant which is key in delivering the Government's objective of providing increased levels of care and support to disabled and vulnerable people to live independently in their own homes.

This is a means tested grant administered by local housing authorities and helps to fund the provision of adaptations that enables disabled people to live as comfortably, safely and independently as possible in their homes, including people with substantially impaired hearing.

Appendix 5 – The Hearing Needs of the Armed Forces Community

The Size of the Problem

The Royal British Legion's household survey of 2014 reports that in the UK 6% of those aged 16-64 felt that hearing loss limited their activities. This compares with 2% of the general population; this amounts to a population of approximately 30,000 veterans across the UK. Some of this will be related to service and some will be sufficiently severe to entitle the individuals to compensation.

Lost Voices Report

This report published in July 2014 made the following 10 recommendations:

1. *Compensation (Ministry of Defence, MOD):*

a) Increased Government recognition of the sacrifice made and increased incidence of hearing loss at younger ages and to reflect this in compensation payments.
b) Improved Government detailed diagnostic tests to assess functional hearing loss to assess compensation entitlements.
c) Tinnitus on its own to be considered for compensation.

2. *Research.*

a) The establishment of an EARSHOT centre to conduct research into Service related hearing loss.
b) Epidemiological research into the prevalence and impact of tinnitus.

3. *Specific funding to enable "special treatment" for Service-related hearing issues to enable*:

a) Continuity of support for in-Service issued hearing aids.
b) The most appropriate hearing aids for veterans that will minimise stigma.

4. *MoD use young sufferers of hearing loss to explain the impact of this on their peers' quality of life.*

5. *Tinnitus*

a) NICE guidelines to be published on the treatment and support of patients with tinnitus.
b) Occupational Health assessments to include tinnitus.
c) MoD to support patients with tinnitus.

The Reponse

The Defence Hearing Working Group is assessing the report.

The Department of Health, with NHS England, are working with The Royal British Legion to advise how they might best use the £10 million of additional funding announced for the Royal British Legion in the 2014 Autumn Statement to meet the hearing needs of veterans. The Department of Health and NHS England are also

working with the Ministry of Defence and Devolved Administrations in order to ensure that the prescribing of hearing aids is consistent, equitable and efficient across Defence Medical Services and the NHS; so that patients receive a continuous quality of service.

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