

Framework of Action for Wales, 2017-2020

Integrated framework of care and support for
people who are D/deaf or living with hearing loss

May 2017



Health, Well-being and Sport, and
Social Services and Public Health

Health and Social Services: Integrated Framework of Care and support for people who are D/deaf or living with hearing loss

Foreword

Hearing loss can be present from birth, or appear suddenly or gradually over time. We want to build on the good progress made to improve the provision of health and social care audiology services provided to all age groups over the last ten years.

Improving services for people who are D/deaf or living with hearing loss is particularly challenging when there is an inevitable growing demand with an ageing population. That is why this Framework of Action is important. It commits the Welsh Government, health boards, local authorities and third sector organisations to work together to further improve services for people and ensure there is high quality care and support. Everyone should be able to access the services they need and to know where they can access services, care and support in their local area and be assured that they will have timely access to those services and support when they need it.

People who are D/deaf or living with unmanaged hearing loss and dementia or mental health problems are more likely to need care and support if they are to reach their full employment, education and social potential. This Framework aims to follow the life course from new-born screening and children through to, adults and older people to ensure that appropriate services are developed and signposted to those that need them to live independently.

It is encouraging that professionals, service users, community health councils, third sector and other organisations have worked together to produce this Framework of Action which is designed to work across an integrated system of Health and Social Services in Wales.



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DEAF AND HEARING LOSS WALES: Integrated framework of care and support for people who are D/deaf or living with hearing loss

1. Introduction

1.1 Deafness or loss of hearing at any age can negatively impact levels of communication and as a result can leave people feeling isolated and detached from the world around them. As a direct result of hearing loss and lack of understanding and awareness, both the development of language in children and the independence and employment opportunities for adults can be adversely affected and lead to loneliness and depression. Early intervention and diagnosis is paramount for the health and well-being of individuals.

1.2 This framework focuses on enabling people to realise their aspirations by removing barriers, promoting a fair and equal society and creating services that are more inclusive and accessible. We need to ensure people know where they can access services and care and support in their local area when they need it. This will require a new partnership between citizens, health, social care and third sector professionals working in co-productive ways, to deliver the most appropriate care and support in the safest, most effective way.

1.3 The incidence and prevalence of people who are D/deaf/living with hearing loss will increase dramatically in the next decade. It is important to rebalance services from the hospital to the primary and community and social care setting in line with our Plan for Primary Care Services for Wales up to 2018, the Social Services and Well-being (Wales) Act 2014 and the National ENT Implementation Plan (2016).

1.4 The framework sets out what we want to achieve in an integrated health and social care system for D/deaf/people living with hearing loss. It also brings further clarity to the alignment across NHS Wales and local authorities, while recognising the different governance arrangements and funding issues that directly relate to these establishments.

2. The Framework

2.1 The Framework is in three parts. Part 1 introduces the overarching vision and the outcomes we want to achieve for people who are D/deaf or living with hearing loss. Part 2 sets out specific actions that will help us to improve and deliver sustainable and equitable integrated health and social care services nationally. Part 3 specifies the leadership and monitoring arrangements.

3. Context

3.1 This framework links to the Well-being of Future Generations (Wales) Act 2015, the Social Services and Well-being (Wales) Act 2014, the Primary Care Plan, Planned Care Ear Nose and Throat Plan. The All Wales Standards for Accessible Communication and Information for People with Sensory loss, launched by the Welsh Government in 2013, is a key thread throughout. Its vision is that people who are D/deaf or living with hearing loss will have their communication needs met for all

appointments across all health services. This framework will work alongside these underpinned by the principles of Prudent Healthcare.

3.2 What this is about is building on current success; bringing clarity and direction to NHS Wales and local authorities working in partnership care within the community setting and; improving outcomes for people when planning and delivering co-productive health and social care systems. To do this, everyone needs to be involved, especially citizens themselves: a key opportunity is self management.

3.3 Stakeholder groups have advised us on the definitions for the different communities. Their preferred terminology uses the term 'those who are D/deaf/living with hearing loss' as there are considerable differences between people who are affected from birth or early age and people who acquire hearing loss in adult life and/or as part of the normal aging process. These differences will be understood across health, social services, third sector and other organisations.

3.4 **Well-being:** People who are D/deaf/living with hearing loss may lose their independence and feel cut off from the world around them. This social isolation can be extremely debilitating. There are also consequences for NHS Wales and local authorities as there will be a greater need for ongoing support. Prevention and early intervention to minimise delay and impact on well-being and independence is in the best interests of everyone, the health boards and the social care departments but most importantly the person.

3.5 Many health and social care services already demonstrate knowledge when working with this client group, adjusting their processes to provide individualised responses to their needs. They also acknowledge the complex interplay between hearing loss and dementia and the social consequences i.e. social isolation and anxiety and depression, including the effects of tinnitus and vertigo on the mental and psychological health of people. In recent years, guidance, training programmes and approaches have been developed for health and social care professionals, which should be considered and if appropriate, be applied nationally at pace.

3.6 The UK Government Department for Work and Pensions and the Office for Disability Issues leads in driving delivery of the strategy on employment of disabled people and the strategy for disabled people, many of whom are D/deaf/living with hearing loss. Employment, normal day to day activities and connecting with family, friends and society in general is vital to stop social isolation and improve mental well-being. The Welsh Government will continue to work with the Department for Work and Pensions to highlight and address any employment barriers in Wales facing people who are deaf or have hearing loss.

3.7 In Wales we are fortunate to enjoy excellent services provided by our third sector organisations. Volunteers have an important role in helping people to manage their hearing loss by providing practical advice and support. They have a vital role as communicators and system navigators.

3.8 We need to utilise this expertise and encourage partnership working between the third sector, NHS Wales and local authorities to close any gaps in service provision and find ways to standardise and simplify what we do to deliver our shared priorities

prudently. This will be met through the Regional Partnership Boards and the Care Collaborative Groups. Regional Partnership Boards need to ensure that all partners work effectively together to improve outcomes for people in their region. They also need to ensure that services and resources are used in the most effective and efficient way to enable this.

4. The framework

4.1 Part 1: The Vision: We want consistent and equitable action to follow the life course from new-born babies and children through to younger adults, adults and older people to ensure there are appropriate services at each stage. People who are D/deaf or living with hearing loss will have available to them integrated health and social care services to support their needs, to live independent lives and support to enable well-being. People will be involved in decisions about their care and support and will be able to seek the help they need closer to their homes when this is appropriate.

4.2 Whatever part of Wales a person resides in, they will be able to self refer to audiology services and will attend their appointments at any NHS Wales and/or local authority department with their communication needs met. Service planners will understand the importance of shaping integrated health and social care services, care and support to meet the needs of people who are D/deaf or living with hearing loss.

4.3. Our health boards and local authorities have a duty to ensure early year's children have suitable provision to ensure timely sign posting and referral to access specialist support services i.e. speech and language therapists, sign language, teachers of the deaf and counselling services. This is vital to ensure they are able to effectively communicate and reach their full potential in society.

4.4 The transition from child to adult services will occur seamlessly and in a timely way to ensure the young person is not disadvantaged. People should not be affected as younger or older adults by the ability to enjoy employment, recreation and normal day to day activities. Easy access to support services and hearing assessments, hearing aids, maintenance and repair will be available.

4.5 Ensuring that high quality services, good care and access to information and communication support, is easily accessible to all that need these services is important if we are to meet their needs safely and with dignity. This will necessitate that many audiology services are delivered in the local community.

4.6 Timely assessment for support should be made available where care home and residential home care staff members or family members have detected a need. NHS Wales, local authorities and third sector, will be working together to plan how support should be provided and how to put the appropriate monitoring arrangements in place to regularly review the care and support delivered.

4.7 People in care homes or residential homes should not wait longer for hearing aid maintenance and repairs than anyone else.

4.8. We intend to refine what we can realistically measure now and in the future within the lifespan of the framework via the Project Board through continued engagement with stakeholders locally and nationally.

4.9. **Part 2: The framework:** Health and social service professionals have already identified and agreed action through partnership working with the third sector and services users to create integrated pathways. The action within this framework focuses on training; D/deaf/hearing loss awareness/customer focus and accessibility, ensuring pathways are easier for people to navigate and to help us to deliver the overall vision.

4.10. Annex 1 is an initial detailed action set which the Project Board will prioritise and keep updated. Key actions NHS Wales, local authorities and other key stakeholders need to undertake overtime to help empower people to better manage their own care and to access support locally are set out. The framework is deliberately not prescriptive to allow localities to develop services that fit with cluster development plans, Care Collaborative Groups and Regional Partnership Boards' plans.

4.11 All actions implemented must be outcome focussed to positively impact on patient outcomes and experience and reduce variation. Individual care plans should reflect the changes and satisfaction with their choice of intervention.

4.12 Empowering people to self-manage when appropriate is important. Third sector organisations can provide additional support through their service user groups if required. Third sector organisations also provide important information and advice for people who are D/deaf or living with hearing loss. There are strong links between the third sector organisations in Wales and the health boards and local authorities and we must always seek opportunities to implement the agreed actions jointly reflecting the individuals' voice.

4.13 **Part 3: The Leadership and Monitoring Arrangements:** Implementation of this framework will feature within the health board's IMTPs via population needs assessments. Health board Chief Executives, through to Directors of Primary Care, Directors of Therapies and Health Science and Medical Directors, with Local Authority Chief Executives, through to Regional Partnership Boards, Directors of Social Services and sensory teams will oversee this work as part of the normal performance management arrangements already in place to ensure development, implementation and delivery of the actions by 2020.

4.14 An overseeing multi-disciplinary National Project Board will steer existing groups to deliver agreed outcomes, avoiding duplication and making best use of existing structures. It will also ensure good practice is identified and adopted nationally.

4.15 **Project Board:** The role of this Project Board is to contribute to, and advise the Welsh Government, NHS Wales and local authorities on the direction, development, implementation, monitoring, review and evaluation of this framework. Apart from this new board, the explicit intention is to work through existing groups.

4.16 Locally, health boards' current hearing loss multi-disciplinary collaborative care groups comprising a membership of all key stakeholders (including Directors, audiologists, ENT consultants, Audiovestibular Physicians, medical audiology professionals, Heads of Primary Care, representatives of Social Services, Families First, Education and third sector) working with the Regional Partnership Boards¹, will agree the priorities for their localities to implement the actions within the framework. They will also be responsible for identifying research requirements and progressing priorities through their statutory bodies. This work will be supported by specific national groups already set up and supported by established cross cutting groups (Annex 3).

4.17 Health boards' performance against the framework and local authorities' performance will be reported to the Project Board annually. The outcomes reporting process to monitor our progress will be reported to the project board annually on the following outcome areas:

- **Rehabilitation:** Enabling people to get access to skills, advice and technology that will help them to communicate, be that in English, Welsh, through lip-reading, British Sign Language or other means.
- **Care:** In line with population assessments, social care and the third sector to work together to ensure the appropriate care and support is provided for people with social care needs. This is a requirement under section 14 of the Social Services and Well-being (Wales) Act. The code of practice supporting this requirement makes clear that sensory loss must be a core theme of population assessment reports. Any planning, in response to the findings of the population assessment, will be an important tool in supporting Regional Partnership Boards to ensure effective and integrated services, care and support.
- **Prevention and early intervention:** Preventing avoidable hearing loss and improving ongoing health, social care and third sector support e.g. new-born screening, providing aids, maintenance, assistive equipment and information, in the right place and at the right time - more consistent training implemented and the ratio of staff to provide services enhanced.
- **Early identification:** Timely identification of problems that may be associated with D/deaf/hearing loss e.g. referral to psychology for cognitive issues; depression; dementia; special educational needs - more people referred to these services by health and social care professionals and third sector and the number of referrals from GPs to audiology and ENT hospital departments reduced.

¹ Regional Partnership Boards (RPB) to be established in accordance with The Partnership Arrangements (Wales) 2015. RPB membership to include: At least one elected member of a local authority which established the regional partnership boards; At least one member of the Local Health Board; The director of social services for each local authority in the partnership board; A representative of the Local Health Board; Two persons to represent the interests of third sector organisations; At least one person to represent the interests of care providers; One person to represent people with needs for care and support; and One person to represent carers.

- **Diagnosis and Access:** Providing high quality, integrated, accessible services in primary, community and secondary care and social services; ensuring patient focussed services are delivered nationally e.g. direct access - more patients discharged to audiology in primary care rather than being managed in the secondary care ENT departments. Three key priority outcomes will be to engage all stakeholders with joint objectives, to ensure more children have their hearing screened on school entry and for more people in care homes and residential care to have hearing tests.
- **Information:** Empowering and informing people who are D/deaf/living with hearing loss (balance and tinnitus) to self-manage and to improve their overall experience e.g. delivering key messages and prudent health care - more patients with hearing loss aware of the point of access to audiology services, social care and third sector and educational support.
- **Patient Experience and Patient Outcomes:** Improve IT to enhance data collection and monitoring measures of patient related experience measures (PREM) and patient related outcome measures (PROM) e.g. as set out in the primary care plan and planned care ENT plan - more robust data collection developed to report the number of newly registered patients in social care annually and to inform the ENT Plan measures under development as part of the Planned Care Board ENT Plan.

4.18 Feedback will be used to inform and agree future action for the health and social care groups currently set up. The Project Board will agree a work plan, reviewed on a regular basis, and report activity to all stakeholders nationally after each meeting and to the Cabinet Secretary for Health, Well-being and Sport and the Minister for Social Services and Public Health annually.

4.19 Membership of the Project Board will be balanced to reflect representation from relevant professions and organisations from across Wales. Members will be expected to disseminate information within their respective organisations and lead on reporting the action taken nationally to the Chair.

4.20 Monitoring arrangements will ensure all action is in line with the requirement to follow the life cycle from new born babies and children through to younger adults, adults and older people to put in place the right services across the life course.

4.21 The Project Board will ensure good stakeholder engagement continues through the life span of the Framework document to deliver the agreed action.

Annexes

Annex 1

Initial Action Set

Action committed by the framework: To agree the priorities, plan capacity and demand to inform the development of services that meet the individuals choice and put in robust mechanisms to monitor, review and evaluate.

1. Public Health Wales:

Action 1: Provide advice for people who are D/deaf/living with hearing loss and actively seek opportunities to deliver key messages, specifically prevention, to citizens nationally.

Action 2: Work with health and social care departments to raise awareness of people who are D/deaf/living with hearing loss for the general public, at risk groups and children; to emphasise the need for identification of hearing loss and linking up with other health awareness campaigns such as falls and depression.

Action 3: Work with NHS Wales (including school nurses and health visitors), local authorities, including education, Community Health Councils and third sector to raise awareness of support needed for people who are D/deaf/living with hearing loss and develop a website/page providing information to professionals and the public and maintain ongoing and consistent communication.

2. Health Boards and Social Services:

Action 4: Re-model current hearing loss multi-disciplinary groups into Hearing Care Collaborative Groups in each health board area and link with the Regional Partnership Boards, to enhance the understanding of public sector providers so that people who are D/deaf/living with hearing loss have equitable access to services.

Action 5: Ascertain the extent to which national D/deaf/hearing loss awareness training, including dual sensory impairment and links between hearing loss and mental health, are included within core training modules, for all health and social care professionals and including a particular emphasis on education departments, care homes, nursing homes and other residential care premises; link with Care Council for Wales.

Action 6: Develop appropriate direct referral criteria and routes to and from audiology departments to other departments and agencies including social services (for assessment and assistive equipment), ENT, Audiovestibular Medicine) clinical psychology and radiology (for Magnetic Resonance Imaging (MRI)). Work with the National Wales Informatics Service (NWIS) and other stakeholders to develop electronic referrals and electronic patient records, including education and training to support development and roll out.

Action 7: Work with local authorities and third sector to identify and support people living in care homes, nursing homes and other residential care so that their hearing

needs are identified and met consistently through adequate provision of in-house care and referrals. Work with Heads of Audiology Services to review external provision of rehabilitative care, ensuring regular hearing tests are included in people's Individual Personal Care Plans. Empower people to increase self management skills and work the CSSIW to monitor arrangements.

Action 8: Develop, implement and promote a 'flag' system that alerts all health and social care professionals and their staff to people's communication requirements as they access services and how they should consider who might require additional support. Make reasonable adjustments to enable people to communicate their health and social care needs and understand what will happen to address them.

Action 9: Develop all Wales PROMS and PREMS and systemise their use in primary, community and secondary care ensuring these are aligned with those outlined in the ENT Planned Care Plan. Health, social care and third sector to develop an integrated approach to sharing experience measures across Wales.

Action 10: Through the work of the Regional Partnership Boards and the Care Collaborative Groups more people with hearing loss will be made aware of the point of access to audiology services, social care and third sector support.

Action 11: Working with the third sector, identify how to empower people to increase their self-management skills with improved information, improved access to services and assistive technology when required and local support to complement audiology services.

Action 12: Develop and use practical sign posting² for parents and carers to access support services and to understand the D/deaf/living with hearing loss communities should be in place to enhance communication further. The health boards individual management plans and the social services care plans should lead integrated management of children and reflect the monitoring of educational support required.

3. Health Boards:

Action 13: Establish formal communications via the multi-disciplinary groups, involving third sector organisations to help the Heads of Audiology Service Group and the ENT/Audiovestibular Group co-design, plan, monitor and review services and patient pathways across primary, community and secondary care; review and develop workforce plans to deliver new ways of working.

Action 14: Scope, develop and implement a plan to extend audiology services into primary and community care settings, including direct access for patients to the Adult Hearing Pathway without referral by GP or other health or social care professional. This will include review and development of workforce plans to deliver new ways of working e.g. to develop Primary Care Advanced Audiology Practitioner roles in all health boards working within cluster areas; to engage third sector and community health councils to support the delivery of more services in the primary and community care setting, closer to people's homes.

² Social Services and Well-being (Wales) Act 2014 , Section 17 places a legal duty on local authorities to provide information, advice and assistance.

Action 15: Establish capacity in audiology services via workforce planning, to include the Advanced Audiology Practitioner role in primary care, to accommodate the transfer of activity from ENT in line with the ENT Planned Care Plan and develop good practice to provide joined up care in co-production with all audiologists, ENT consultants, Audiovestibular Physicians, radiologists and Community Health Councils for people accessing services.

Action 16: Build on the national Focus on Tinnitus Patient Care Pathway (first stage tinnitus intervention by primary care audiologist – information and basic counselling), working with patients and third sector to develop a national Tinnitus Pathway and develop other national pathways e.g. wax management pathway, balance, adults with learning disability, Cochlear Implant and Bone Anchored Hearing Aid and Adult Hearing Loss Pathway; to include the Advanced Audiology Practitioner role in primary care and direct self referral and a children’s hearing pathway as a key priority.

Action 17: Define and implement quality assurance that includes audit against the Quality Standards for audiology areas not currently in place e.g. balance, tinnitus and implantable device services. Engage all stakeholders to co-design and implement audit uptake of hearing tests by high risk groups.

Action 18: Develop a national audit of how hearing impaired children are identified post new born hearing screening to inform the development of their hearing care pathways, working with the audiology lead for children’s hearing screening, teachers, school nurses and health and social care professionals; review training, test facilities, equipment and monitoring in line with the national Quality Standards. To include the development of national hearing tests in schools, monitoring of uptake, outcomes and standards of training for those delivering services and develop a national external quality assurance programme and produce evaluation data.

Action 19: Scope, develop and implement a plan to deliver a nationally agreed pathway for, battery provision and ongoing hearing aid maintenance, including self management, battery management and volunteer peer support. Work with third sector to develop and deliver ongoing peer support schemes for people with hearing aids, in line with the Welsh Government guidance: *‘Volunteer Schemes to Support Adults who use hearing aids 2011’* and define the extended use of volunteers.

Action 20: Embed consideration of hearing status as part of in-patient pathways for people with dementia, and in out-patient memory care pathways for diagnosis of dementia. Develop dementia friendly hearing services, including a system of alert for people living with dementia, specialist assessment and rehabilitation, and on-going support and review.

4. Social Services:

Action 21: Develop a social care pathway in line with national standards and best practice³ for people to access ongoing support that is responsive to their needs and in particular for older people who are D/deaf/living with hearing loss alongside other health and social care needs.

³ Best Practice Standards: Social Services for Deaf and Hard of Hearing People (Association of Directors for Social Services ; July 1999

Action 22: Further develop and implement an assessment of care and support that considers the needs of people who are D/deaf/living with hearing loss, including, information, advice and assistance to help people understand how the care and support system operates within each local authority area and signpost people to the appropriate social care support and well-being services available.

Action 23: Ascertain the extent to which national training and education programmes for social services enable assessments and programmes of support to people who are D/deaf/living with hearing loss and assist people with communication and daily living skills.

Action 24: Develop and implement national good practice guidance on D/deaf/hearing loss to support the implementation of the Social Services and Well-being (Wales) Act and codes of practice, specifically about the types of care and support which should be provided for people who are D/deaf/living with hearing loss.

5. Welsh Government:

Action 25: Actively ensure health boards and social services implement the All Wales Standards for Accessible Communication and Information for People with Sensory loss. As part of this work steps will be taken to ensure, as far as possible that employment programmes are fully accessible for people who are deaf or have hearing loss

Action 26: Establish an all Wales Project Board to oversee this framework of action, advising health boards and social services and other partners on priorities. The Project Board will ensure good linkages are made to the Primary Care Plan, ENT Planned Care Plan and Social Services and Well-being (Wales) Act 2014.

Action 27: Work with key stakeholders, to consider developing a national on-line system for the registration of people who are D/deaf/living with hearing loss and look at other ways to improve registers of sensory loss in accordance with the Social Services and Well-being (Wales) Act 2014, section 18.

Action 28: Work with stakeholders to review and revise and report on outcome measures for all patients (new and follow-up) based on clinical need and risk of irreversible hearing-loss. This will be supported by a review of the annual Welsh Health Survey questions. Develop mechanisms to determine prevalence of hearing loss, unmet need, uptake of intervention and demographic projections to help inform policy and planning. This will help to ensure equality of access in the different communities.

Action 29: Work with stakeholders to improve communications and engagement, ensuring consistency of key messages for the public and professionals and to share best practice. Introduce the patient information document 'This Is Me', created with the Royal College of Nursing, nationally across health and social care.

6. Community Health Councils:

Action 30: Working with third sector actively seek public view in the performance and design of services through patient groups and feedback to the Project Board, health boards multi-disciplinary groups and social services Regional Partnership

Boards, linking closely with the primary care clusters and conditions specific groups i.e. dementia groups.

7. The Third Sector:

Action 31: Engage with health boards to implement the audiology Quality Standard recommendations to provide services to support community and their hospital-based services where evidence shows that this maximises cost-effectiveness. Engage social services and service users to ensure services are co-designed and meet people's need for more local services.

Action 32: Actively seek opportunities to join up all third sector work across Wales to deliver key messages; raise awareness and publicise the full range of support groups available to reduce loneliness and isolation for people who are D/deaf/living with hearing loss. Provide timely signposting to health and social care peer support groups and befriending services to help maintain people's independence.

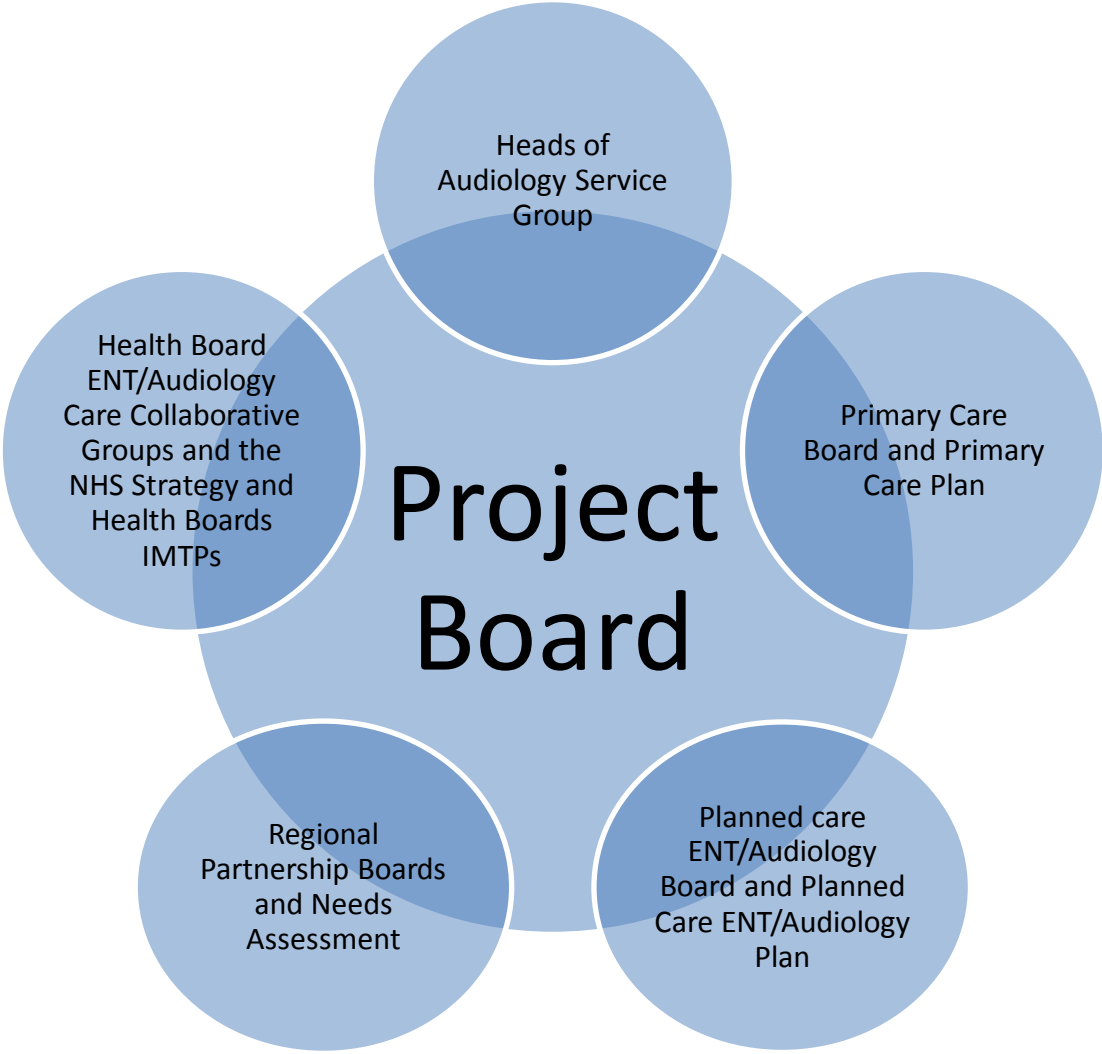
Action 33: Third sector will listen to people and work with communities to innovate and design services to meet unmet need or to improve effectiveness. They will also represent and co-ordinate peoples views and feedback about services. The third sector will work with people to develop effective ways of managing their hearing loss, creating capacity in local communities for care, support and empowerment. The third sector will represent that individuals voice and contribute professional expertise in working to ensure delivery of these plans.

Annex 2

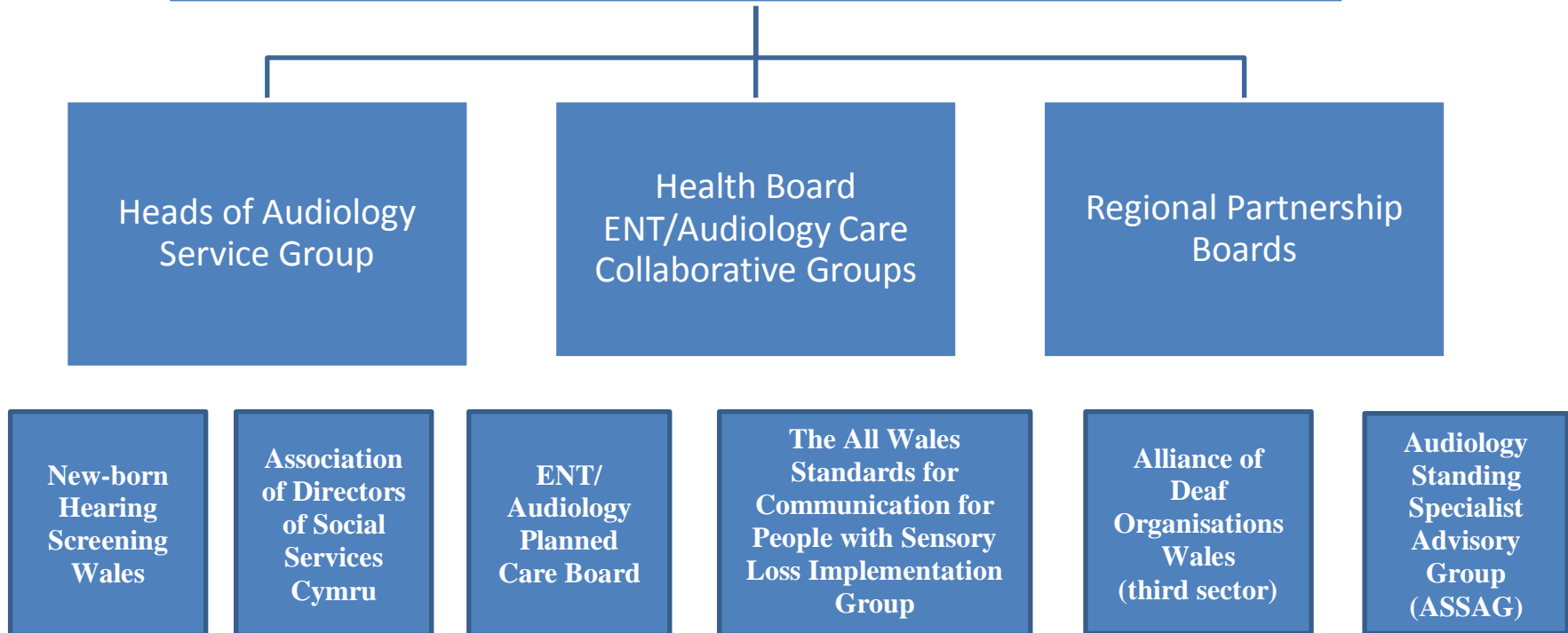
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- Primary Care Clusters - www.gpone.wales.nhs.uk/clusters
- ENT Planned Care Plan – www.nhs.uk
- Accessibility standards - www.equalityhumanrights.wales.nhs.uk/all-wales-standards-for-accessible-commu
- Social Services Well-being (Wales) Act 2014
http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf
- Additional Learning Needs and Education Tribunal (Wales) Bill, setting out proposals for a new legislative system for supporting children and young people aged 0-25 that have additional learning needs.
- Additional Learning Needs Code for illustrative purposes only to aid consideration of the draft Bill. The draft Additional Learning Needs Code will be consulted on at a later date. This work will inform the action within this plan.
- The Science Behind Prudent Healthcare: The NHS Wales Healthcare Science Workforce of the Future: a Strategy. (insert publishing date)
- Well-being and Future Generations (Wales) Act 2015:
<http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>
- The Partnership Arrangements (Wales) Regulations 2015
- Best Practice Standards: Social Services for deaf and Hard of Hearing People (ADSS; July 1999)

Annex 3 Framework Relationships



**Project Board
for D/deaf and Hearing Loss Wales**



Health and Social Services: Integrated Framework of care and Support for people who are D/deaf or living with hearing loss (organogram)

- Project Board for Deaf and Hearing Wales: Chaired by NHS Wales Chief Executive and Director General and held bi-annually.
- Heads of service group: Chaired by Audiologist and held tri-annually.
- Health board multi-disciplinary ENT/Audiology Care Collaborative Groups: Chaired by senior health board representative and held tri-annually.
- Regional Partnership Board: Chaired by senior health or social care representative and held quarterly.
- Audiology Standing Specialist Advisory Group: Chaired by Audiologist and held quarterly - advisory to the Welsh Scientific Advisory Committee.
- The Association of Directors of Social Services Cymru: Chaired by
Its primary purpose is to promote the well-being, protection, support and care of vulnerable adults and children in Wales. Members include statutory directors and senior social services managers from all 22 local authorities in Wales. Our associate members are past directors or heads of service.
- ENT/Audiology Planned Care Board: Chaired by senior health representative and held quarterly.
- The All Wales Standards for Communication for People with Sensory Loss Implementation Group: Chaired by Health Professional and held quarterly.
Its primary purpose is to ensure equality and diversity needs are met across health and social care and other departments.
- Alliance of Deaf Organisations Wales (ADOW): Voluntary sector organisations representing the views and rights of deaf people of all ages and degrees of deafness/hearing loss in Wales. Chaired by Third Sector and held bi-annually.

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