



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 11th March, 2020

Place

Committee Room 3 - Council House

Public Business

1. **Apologies and Substitutions**
2. **Declarations of Interest**
3. **Minutes** (Pages 5 - 10)
 - (a) To agree the minutes of the meeting held on 29th January 2020
 - (b) Matters Arising
4. **Autism Spectrum Condition (ASC) Pathway and Support to Children and Young People in Coventry** (Pages 11 - 26)

Joint report

Members of the Education and Children's Scrutiny Board (2) have been invited to the meeting for the consideration of this item along with Councillors P Seaman and B Gittins, Cabinet Member and Deputy Cabinet Member for Children and Young People, Councillor K Maton, Cabinet Member for Education and Skills, and Councillors K Caan and R Ali, Cabinet Member and Deputy Cabinet Member for Public Health and Sport.

The following representatives have also been invited to attend:

Ali Cole – Senior Joint Commissioner for Disabilities and Autism, Coventry City Council, Warwickshire County Council, Coventry and Rugby CCG, South Warwickshire CCG, and Warwickshire North CCG

Jamie Soden – Director of Nursing and Clinical Transformation, Coventry and Rugby CCG

Jeanette Essex – Head of SEND and Specialist Services, Coventry City Council

Rob Spencer – Associate Director of Operations (Neurodevelopmental), Coventry and Warwickshire Partnership Trust (CWPT)

5. **Maternity and Child Health Programme Update** (Pages 27 - 30)

Briefing note of Anna Hargrave, Chief Strategy Officer, South Warwickshire Clinical Commissioning Group (CCG) who has been invited to the meeting for the consideration of this item

Members of the Education and Children's Scrutiny Board (2) have been invited to attend along with Councillors P Seaman and B Gittins, Cabinet Member and Deputy Cabinet Member for Children and Young People, Councillor K Maton, Cabinet Member for Education and Skills, and Councillors K Caan and R Ali, Cabinet Member and Deputy Cabinet Member for Public Health and Sport.

6. **Work Programme 2019-20 and Outstanding Issues** (Pages 31 - 36)

Report of the Scrutiny Co-ordinator

7. **Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Tuesday, 3 March 2020

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on Wednesday, 11th March, 2020 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, J Birdi, J Clifford (Chair), L Harvard, J Innes, R Lancaster, E Ruane, D Skinner, and H Sweet

Co-opted Member: D Spurgeon

By Invitation: Councillors P Akhtar, R Ali, J Blundell, K Caan, B Gittins, B Kaur, L

Kelly, J Lepoidevin, G Lloyd, K Maton, M Mutton, K Sandhu, P Seaman, Thay and C Thomas

By invitation Co-opted Members: S Hanson and K Jones

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

Liz Knight

Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 29 January 2020

Present:

Members: Councillor L Kelly (Chair)
Councillor M Ali
Councillor J Birdi
Councillor L Harvard
Councillor J Innes
Councillor R Lancaster
Councillor H Sweet

Co-Opted Member: David Spurgeon

Employees:

V Castree, Place Directorate
J Coates, People Directorate
P Fahy, People Directorate
L Gaulton, People Directorate
L Knight, Place Directorate

Apologies: Councillor J Clifford, M Mutton (Cabinet Member), E Ruane
and D Skinner

Public Business

25. Declarations of Interest

There were no declarations of interest.

26. Minutes

The minutes of the meeting held on 16th December 2019 were agreed and signed as a true record.

Further to Minute 16 headed 'Developing Stroke Services in Coventry and Warwickshire - Public Consultation', the Board were informed that at the Joint Health Overview and Scrutiny Committee meeting on 22nd January, Members agreed to support the proposals for improved stroke services and that regular updates to monitor actual performance against the anticipated outcomes in the business case would be submitted to future meetings of Health and Social Care Scrutiny Board (5).

27. 2019 Year of Wellbeing - Next Steps

The Board considered a briefing note and received a presentation of the Director of Public Health and Wellbeing which informed of the Council's participation in the Year of Wellbeing and sought direction on the focus of future local activity to

promote lifelong wellbeing messaging to staff and residents. The Board also viewed a short video which provided a Coventry perspective of the year of activities from a range of organisations including schools and community groups.

The briefing note indicated that the 2019 Coventry and Warwickshire Year of Wellbeing was a public campaign across both authority areas driven by the joint Health and Wellbeing Boards acting as the 'Place Forum'. The campaign provided a visual and messaging framework for the 24 individual Board partners to promote wellbeing and prevention activity throughout 2019 with a long-term intention to keep people well and reduce demand for health and care services. The main thrust of the activity focused on the development of a visual 'brand' that could be used by any partner and the use of positive, strengths-based language to showcase the benefits of staying well. The City Council was a strong adopter of the campaign, promoting it through media campaigns, public signage, intranet stories and opportunities for staff to engage in 'wellbeing' themed activity. The strength of the brand had been multiplied through its adoption by key partners across the NHS, police, universities and third sector. The Board were informed that in taking a 'dispersed ownership' approach to the event, this had grown the visibility and reach of the campaign.

Reference was made to the tie in with the European City of Sport.

Recognising the positive impact of the year, the branding and logo had been revised under the banner 'Wellbeing for Life' to secure longevity of use. A radio campaign was launched in early January to engage the annual 'New Year resolution' momentum with a longer-term aspiration for wellbeing. Support was being sought to maintain the use of the brand on Council materials where there was a 'wellbeing' element that was being highlighted.

It was proposed to launch, later in the spring, a Coventry and Warwickshire approach to '5 Ways to Wellbeing', a simple national model for promoting wellbeing that was intended to build the capacity of individuals to understand, value and act to balance their own wellbeing.

The briefing note and presentation highlighted the main targets of activity that had been delivered during the year as follows:

- i) 100 local primary schools increasing child physical activities during 2019 - through partnership working with Think Active, Schools Games Organisers, School Sports Trust, CV Life and officer capacity, the target had been exceeded for contacts, activities delivered and advice/resources shared.
- ii) Starting a conversation about loneliness and social isolation - national campaigns were supported and promoted to target messaging aimed at reducing stigma and generating social action. A strategic approach to loneliness was being developed in Coventry with a range of partners.
- iii) Promote 'Thrive at Work' to Health and Wellbeing Board members and other employers - the majority of Board members had signed up for the 'Thrive at Work' wellbeing accreditation and results were very close to securing workplace wellbeing improvements for 19% of the working age population employed through the public sector.
- iv) Achieve 1000 pledges by individuals to promote wellbeing – this figure had been exceeded by around 800 pledges. This figure was higher if the 'One You' web-based health pledges were included.

The year had been delivered with a total budget spend of £300,000 plus in kind contributions of staff time by partners.

Place Forum partners had now been consulted about their preferences in terms of legacy activity for the Year of Wellbeing. The health and care system was particularly interested to progress explorations into 'anchor institutions' models, whereby large, community-embedded organisations reviewed their purchasing power, facilities and estates, employment opportunities, partnerships and environmental impact to drive positive change for the communities in which they were located.

An external evaluation of the Year of Wellbeing had been commissioned through a company called Risk Solutions Ltd. Their final evaluation findings were expected in early February and would feature in the final report that was due to be published in March. A decision had been taken to continue funding 1 full time employee for a further 12 months to embed legacy activity and drive forward the 'next steps work'.

The presentation highlighted the learning from the past year.

The Board questioned the officer on a number of issues and responses were provided, matters raised included:

- Support for the success of local primary schools increasing child physical activities
- Further information about the 'anchor institutions'
- Information about the support that had been provided for disabled citizens
- What reach did the message of the Year of Wellbeing have for local residents
- A request for specific examples of conversations about loneliness and social isolation and an acknowledgement of the difficulties of measuring successes for this action
- How did Year of Wellbeing information reach people who had no access to the internet
- Future opportunities for the Board to be able to scrutinise political decisions made by the Executive.

RESOLVED that:

(1) The proposals for the 'Wellbeing for Life' brand and messaging set out in 3.4 and 3.5 of the briefing note to support the visible legacy of the Year of Wellbeing be endorsed.

(2) The Cabinet Member for Public Health and Sport be recommended to support the promotion of ongoing participation across Coventry City Council in the health and wellbeing agenda, particularly in relation to improving staff wellbeing.

28. Adult Social Care Peer Challenge 3 to 5 March 2020

The Board considered a report of the Director of Adult Services, which informed of the forthcoming Adult Social Care peer challenge which was due to take place

from 3 to 5 March 2020. Peer challenges were a key part of how social care continued to improve within the city.

The report indicated that the case file audit took place in October 2018. The timescale between the case file audit and the peer challenge was longer than usual as Coventry had offered to be first to trial a new methodology for the case file audit that took a more rounded view of social work practice than could be gathered from an isolated review of 20 cases.

In respect of establishing the Key Lines of Enquiry reference was made to the core Adult Social Care objective of supporting people to be as independent as possible within their own homes and communities. This objective aligns with the system vision of: 'We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do'. Based on Adult Social Care performance data two areas where there could be potential to improve in order to further support the delivery of this core objective were identified from which the following two Key Lines of Enquiry were established:

(i) Admissions to residential care

A number of changes had been made to how people are supported at home in recent years. It is appropriate that the peer challenge team consider what else could be done in order to reduce levels of residential admissions and support people in their own communities.

(ii) Effectiveness of promoting independence.

The work to develop the promoting independence approach was ongoing and this would always be the case. Could the peer challenge team advise on further improvements in this area and what opportunities for improvement existed through working closer with internal and external stakeholders.

Data to support these two Key Lines of Enquiry was set out at an appendix to the report.

The report also detailed recent and proposed improvements being introduced by Adult Social Care as the Department worked to improve the services for Coventry residents.

The Board were informed that for Adult Social Care there was no formal regulatory or inspection framework and there was no requirement to participate in a peer challenge as the challenge team were essentially 'invited' to undertake the challenge. These processes did however provide valuable learning opportunities for Adult Social Care and often the wider system.

The Board questioned the officer on a number of issues and responses were provided, matters raised included:

- Clarification as to why Coventry was admitting more residents into residential care but numbers weren't rising – was this because people were being supported to be independent and remain in their own home for longer or were people being admitted into care later than they should have been

- How would the outcomes of the Peer Review Challenge compare and contrast with answers from service users
- From the outcomes from different sources, how would trends be picked up
- Clarification as to the figures included in the supporting data relating to the effectiveness of promoting independence in respect of older people receiving reablement/ rehabilitation on discharge from hospital.

The Board were informed that Councillor Clifford would be meeting with the Peer Challenge Team during their forthcoming visit and Board members were welcome to attend this meeting. Also, the Board would be invited to attend the feedback session with the lead Director on 5th March to hear the Team's initial thoughts on their findings.

RESOLVED that:

(1) The content of the report be noted and the Key Lines of Enquiry for the peer challenge be supported.

(2) The peer challenge process through meeting with the peer challenge team and providing scrutiny oversight of how findings from the review are progressed be supported.

(3) Members of Scrutiny Board (5) be invited to speak with members of the Peer Challenge Team during their forthcoming visit and also to attend the feedback session with the lead Director on 5th March.

29. Work Programme 2019-20 and Outstanding Issues

The Board considered their work programme for the current year. The potential second walk in centre for the city was put forward as a future item for the Board to consider.

RESOLVED that:

(1) The work programme be noted.

(2) An item on the potential second walk in centre for the city be considered at a future Board meeting, with the Accountable Officer for Coventry and Rugby CCG being invited to attend.

30. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 11.00 am)

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Briefing note

To: Health and Social Care Scrutiny Board (5) and Education and Children's Services Scrutiny Board (2) (by invitation)

Date: 11 March 2020

Subject: Autism Spectrum Condition (ASC) pathway and support to Children and Young People in Coventry

1. Purpose of the Note

1.1. The purpose of the briefing note is to provide Scrutiny Board 5 with:

- An overview of national policy and strategy relating to children with Autistic Spectrum Condition (ASC), local services and local governance;
- An update on what is working well and areas of concern;
- Details of next steps and plans.

2. Recommendations

2.1. It is recommended that the Health and Social Care Scrutiny Board (5):

- Notes the progress to date on services to support children and endorses the plans to further progress the Autism Spectrum Condition (ASC) support available to children and young people living in Coventry who are on the waiting list and who have been diagnosed (pre and post diagnosis support).

3. Context/Background

3.1. Autism is a term used to describe a neurological difference in brain development that has a marked effect on how a person develops. There are four areas of difference that are particularly important for staff in schools and educational settings to understand and pay attention to because most people with autism will have individual educational needs to be met in these areas.¹

3.2. Every person on the autism spectrum will have a range of abilities within each of these areas, and many people on the spectrum have high levels of anxiety. People on the autism spectrum also have differences in:

- Interacting
- Processing information
- Sensory processing
- Communication

¹ <https://www.autismeducationtrust.org.uk/what-is-autism/>

- 3.3. People with autism have strengths over those without autism. For example, strong attention to detail and an ability to see patterns in data that can bring many advantages². There are disadvantages too. Children with autism often have significantly worse health and social outcomes than their neurotypical peers; including lower educational attainment, difficulty forming relationships, bullying and social isolation.³
- 3.4. The Children and Families Act (2014) requires Local Authorities and Clinical Commissioning Groups (CCGs) to make provision for joint commissioning arrangements for education, health and care provisions for children and young people with Special Education Needs (SEN) or disabilities, including young people with autism. The Act requires Local Authorities to identify all the disabled children and young people in the area, including those who may have SEN, and to publish and maintain a local offer that sets out the education, health and social care provision that the local authority expects to be available for disabled children and young people and those with SEN, including young people with autism.
- 3.5. Building the Right Support (2015) is the national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism with behaviours that challenge, including those with a mental health condition. Since 2016, the Coventry and Warwickshire Health and Care Partnership has received additional investment from NHS England, CCGs, and Local Authorities to support the piloting of services for young people with autism to prevent an escalation in their mental health, which may result in admission to hospital. This has been known as the Transforming Care programme.
- 3.6. The NHS Long Term Plan (2019) includes a specific focus on autism and learning disabilities. There is currently no clarity on how much funding will be made available to support delivery of the plan, but it is likely that any funding will be targeted at improving the offer of support for people with autism and through the wider workforce. A key deliverable of the NHS Long Term Plan (2019) and Transforming Care programme, is a reduction in the numbers of children and young people with a learning disability and/or autism admitted to a mental health hospital.

4. Local governance

- 4.1. The Coventry and Warwickshire Learning Disability and Autism Transformation Board is responsible for the delivery of the NHS Long Term Plan objectives in relation to autism and learning disabilities, and in addition for overseeing the development and delivery of the joint all age autism strategy. The Autism Transformation Board is accountable to the Health and Care Partnership.
- 4.2. Educational support and provision is monitored by the SEND (special educational needs and disabilities) Support Senior Leadership team and is ultimately accountable to the SEND Board.

5. Data

- 5.1. Nationally and locally there is no register of people with autism recorded so the true prevalence in Coventry and Warwickshire is not known. As a result, national estimates of prevalence takes into account local population demographics ranges from 0.8% to 2% of the population⁴⁵.
- 5.2. Based on the national prevalence, it is estimated there are around 3,090 people living with autism in Coventry of which there are around 673 children living with autism, during 2019.

² <https://www.autistica.org.uk/what-is-autism/autism-myths-and-causes>

³ http://allcatsrgrey.org.uk/wp/download/disabilities/Liverpool-neurodevelopmental-needs-assessment_final-report_Jan17.pdf

⁴ Joint Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014

⁵ <https://www.cdc.gov/ncbddd/autism/data.html> , CCDC, 2019

- 5.3. The proportion of males compared to females diagnosed with autism varies across studies, but always shows a greater proportion of males, however studies also state it is likely that autism is underdiagnosed in females⁶.

Area	Age 0-17			Age 18+			All
	Female	Male	Total	Female	Male	Total	Total
North Warwickshire	12	95	108	53	378	431	538
Nuneaton & Bedworth	27	211	239	103	738	841	1,080
Rugby	23	183	206	84	613	696	902
Stratford-on-Avon	23	181	204	105	735	840	1,044
Warwick	26	208	234	114	847	960	1,195
Warwickshire	112	879	990	459	3,309	3,768	4,759
Coventry	75	598	673	280	2,136	2,417	3,090
Total	187	1,476	1,664	739	5,446	6,185	7,849

Source: APMS 2014 ASD prevalence estimates applied to 2017 ONS-mid-year population estimates. Figures may not sum exactly due to rounding.

- 5.4. Education, Health and Care Plans (EHCPs) are a mechanism to identify what additional support is required to help meet the needs of children and young people aged up to 25 with the most complex SEND. A significant proportion of children and young people with an EHCP also have an autism diagnosis. A report by the All Party Parliamentary Group on Autism (2017) on how the education system in England works for children and young people on the autism spectrum found:

- Autism is the most common type of need for pupils who have a statement of special educational needs or an EHC plan.
- Autism is the primary need for 27% of these pupils – 31% of boys with a statement or EHC plan, and 16% of girls.
- More than 70% of children on the autism spectrum in England attend mainstream schools.
- Mental health issues such as anxiety and depression affect almost 80% of autistic adults and 70% of autistic children and young people. National data suggests that young people with autism are 28 times more likely to think about or attempt suicide than their neurotypical peers⁷. However, there is little evidence nationally of what mental health interventions work for people with autism.
- The health, education and social outcomes for people with autism are worse than the neurotypical population across almost all conditions studied. People with autism die on average 16 years earlier than the general population. For those with autism and learning disabilities, it is more than 30 years earlier⁸. There therefore needs to be a focus on making all health, education and social care services more accessible and effective for people with autism.

6. Services for Children and Young People with autism

- 6.1. Within Coventry, there are a wide range of services available to parents and carers, children and young people, and schools to support children and young people who are on the waiting list or have received a diagnosis of autism. These services are detailed in appendix 1.
- 6.2. As part of the CAMHS offer, Coventry and Warwickshire Partnership Trust (CWPT) provide a specialist Neurodevelopmental Service, across Coventry and Warwickshire. In Coventry, the services provide pre-assessment, assessment and post diagnostic support to pre-school and school age children. The service delivers:

⁶ ADULTS AND CHILDREN WITH NEURODEVELOPMENTAL CONDITIONS Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019

⁷ www.autistica.org.uk

⁸ <https://www.autistica.org.uk/what-is-autism/signs-and-symptoms/suicide-and-autism>

- Two diagnostic pathways: Preschool (under 5 years) and School age (5-18 year olds).
- Online information sessions for parents and carers while waiting for or following a diagnosis (pre assessment support sign posting) and following a diagnosis on emotional regulation, communication, and sensory difficulties.
- Post diagnosis education sessions for parent and/or parent and child groups providing post diagnostic support for understanding neurodevelopmental disorders.
- Post diagnosis education sessions are provided by neurodevelopmental occupational therapy, for parent and/or parent and child and are focused on 'Life Skills' & 'Sensory and Anxiety'.
- Time limited individual interventions for some children and young people with complex needs which cannot be met in core mental health, occupational therapists (OT), and speech and language therapists (SLT) services where there is an assessed risk for the child.

6.3. CWPT deliver a children's intensive support service. The multidisciplinary teams, work alongside CAMHS where required, delivering:

- Assessment, treatment and support for individuals who display behaviour that challenges
- Provision of support, and person specific training for other agencies supporting those individuals
- Coordination of transitions from inpatient and other settings
- Autistic young people in mental health crisis are supported by the acute liaison service through the initial crisis and are then referred to the intensive support service where appropriate for further intervention and support. The intensive support service has a role in supporting the acute liaison and home crisis team in mainstream CAMHS to make reasonable adjustments for young people with autism.

6.4. Vibes (autism social club), is a service delivered by Coventry and Warwickshire Mind (CW Mind), who provide support to children and young people with autism by helping to develop confidence, social skills, self-esteem, and understanding of their own emotional health.

6.5. Schools and Education offer the following provision to support children with autism:

- A centrally commissioned service to early years families and settings from specialist teachers and teaching assistants to help identify and meet the needs of children and young people with complex communication difficulties.
- A traded service offer to schools, from specialist teachers, educational psychologists and higher-level teaching assistants (HLTAs) to address individual, group and whole-school needs.
- An early intervention and assessment offer to families and school settings from Educational Psychologists and Higher-Level Teaching Assistants, delivered as part of the Neurodevelopmental Pathway. This includes:
 - ✓ Support from Educational Psychologists, provided as part of termly planning meetings, to help to 'triage' children and young peoples (CYP's) cases and determine who may benefit from early intervention support.
 - ✓ Consultation with parents and school staff to help better understand the strengths and needs of CYP with regard to communication and interaction.
 - ✓ Direct intervention for CYP on the pathway to address specific language and communication targets.
 - ✓ Clinical supervision and management of the above from a Specialist Senior Educational Psychologist.
- Specialist educational provision at two Enhanced Resource Bases (attached to Aldermore Farm and Alderman's Green Primary Schools) a Special School for

children with complex communication needs (The Corley Centre) and a range of broad-spectrum provision.

- 6.6. The Dimensions Tool is a web-based app developed by CWPT with parents, carers, referrers and clinical staff that helps children and young people, parents and carers to find local wellbeing support in Coventry and Warwickshire that is specific to their needs. People using the tool are asked a series of questions and the Dimensions Tool produces a report which summarises the needs of the young person and gives them relevant advice about support and local interventions that may be helpful. Anyone can access the dimensions tool as a parent, carer or professional who is considering a referral to the neurodevelopmental service.
- 6.7. Appendix 1 shows the services that are delivered in Coventry to support children and young people pre and post ASC diagnosis.

7. What are we concerned about?

7.1. Increased demand and referrals for autism

- Autism assessments are a growing concern. So far in 2019/20 there has already been an increase in referrals for autism assessments of 11% (130) compared with 2018/19, which is anticipated to rise further to 33% (392) full year effect. Locally, demand is significantly outstripping capacity across children's diagnostic pathways.
- The number of early year's children presenting with highly complex communication needs is increasing. This has placed a strain on specialist providers within the city.
- The demand for specialist provision commissioned for autistic people is outstripped by capacity.
- The number of pre-school and school aged children on the waiting list for autism assessments remains high. January 2020 data shows 172 pre-school aged children and 940 school aged children are on the waiting list for assessment (1,112 combined). In comparison to the start of 2019/20 (April 2019) there were 258 pre-school and 789 school age children waiting for an assessment (1,047 combined).
- Graphs showing this data can be found in Appendix 2.

7.2. Waiting times for diagnosis

- In Coventry, pre-school aged children wait on average 78 weeks for an initial assessment, and school aged children wait on average 110 weeks.
- The NICE Quality Standard on autism states that the wait between referral and first diagnosis appointment should be no more than 3 months.⁹ Research in 2018 from Rt Hon Norman Lamb MP and the All Party Parliamentary Group on Autism uncovered stark regional variation and long waits for autism diagnosis nationally, with many children waiting more than two years for diagnosis.¹⁰
- There is no national or local register of people with autism, so it is not known how many autistic people there are across Coventry, nor how much unmet need there may be for diagnosis in the population. Other areas with demand and capacity challenges have undertaken system flow modelling and found that increasing assessment capacity through significant additional investment in diagnosis has had no positive enduring impact on the waiting list and in fact is likely to have stimulated higher demand.
- Young people are being diagnosed with autism while inpatients in mental health hospitals. In February 2020, 20 young people from across the midlands were diagnosed in tier 4 CAMHS mental health inpatient facilities, with 2 of these young people being from Coventry and 5 from Warwickshire. A quality review of the diagnostic process being used

⁹ NICE Guideline: Autism spectrum disorder in under 19s: recognition, referral and diagnosis

¹⁰ The All Party Parliamentary Group on Autism and Lamb, Norman (2018), The autism diagnostic process. London, UK.

- in tier 4 hospital is being undertaken by NHS England, who commission the service, to determine the validity of the diagnosis.
- Locally, commissioners and CWPT have reviewed and implemented a number of different options to reduce waiting times. These include:
 - Streamlining the referral and assessment process. NHS Improvement have recently visited CWPT to review this process and the outcome is pending.
 - Increased pre-diagnostics support offer both with CWPT and education including screening children and young people and redirecting those who are unlikely to get a diagnosis.
 - Increased capacity for post diagnostic interventions through upskilling and training staff.
 - Additional investment, through St Andrews Hospital, to undertake diagnostic assessments to support the waiting list. Although there has been additional investment, the impact of this service has been restricted due to workforce issues, as highlighted in section 7.3.
 - With all the above initiatives being implemented there has been no significant impact of the waiting list and waiting times, due increased demand (as highlighted in bullet 7.1).

7.3. Recruitment/ Workforce

- There are known national workforce shortages in specialist roles relating to autism which makes recruitment into specialist teams a challenge. Even where additional investment has been given to an external provider (St Andrews) they are still experiencing the same workforce shortages and issues, which has an impact on the number of additional assessments which can be purchased from independent providers.
- The focus of any redesign of the neurodevelopmental diagnostic pathway therefore needs to be on building capacity and capability across existing services that work with children, to support and undertake diagnosis.
- There is a national shortage of Educational Psychologists, which has presented challenges to meeting demand for traded services from schools.

7.4. Early Intervention services

- Uptake of the early intervention and assessment offer to families and school settings from Educational Psychologists and Higher Level Teaching Assistants (mentioned in bullet 6.5), delivered as part of the Neurodevelopmental Pathway, has had a slower uptake than anticipated.
- Where young people are open to CAMHS there is a need to improve the identification of needs related to autism and ensure the whole mental health offer from early intervention through to crisis is adjusted to account for the needs of people with autism (with or without a formal diagnosis).

8. What is working well?

8.1. Joint All Age Autism Strategy

- In recognition of the need to address the increased demand and waiting times for diagnosis within the current financial budget, the Coventry and Warwickshire Health and Care Partnership has developed a Joint All Age Autism Strategy, to ensure a co-ordinated response based on engagement with people and their families and evidence of what has worked elsewhere.
- National evidence and feedback from local people and their families show that there may be a perception that an autism diagnosis will resolve an individual's issues, however autistic people and families report that while a diagnosis helps them to understand themselves, the diagnosis itself does not improve their lives because their support and care needs are still present. There is no pharmacological intervention for people with

autism. Any planned investment in the diagnostic pathway to reduce the waiting list must therefore be considered in the context of the broader support and care needs of people with autism.

- Experience from other areas suggests waiting lists are most likely to be impacted through reducing demand for a diagnosis by improving access to support and services for people with needs related to autism without requiring a formal diagnosis. The most effective way to promote independence, reduce mental ill-health and maintain resilience is to give people with autism personalised, responsive information, advice and support to navigate the most significant challenges they have. These challenges include managing anxiety, coping with transitions, navigating services and support, improving relationships with others, understanding themselves and solving problems.
- Parents reported that services could be better at making adjustments to support their autistic children engage and access support, and professionals reported that they wanted to feel more confident and understand how they could be better at working with this group.
- Through this work this has enabled a more deeper understanding our local population data and needs of children and young people, within Coventry and Warwickshire, in particular having a good understanding of the contributing factors that lead to mental health hospital admissions, such as:
 - Having autism and no learning disability
 - Being out of school
 - Under identification of girls within autism in schools
 - Trauma and bullying
 - Complex family dynamics including parental mental health issues.

8.2. New Services for children pre and post diagnosis

8.3. Within the Autism Strategy outlined above there has been a significant amount of investment made to develop services to provide support pre and post diagnosis since 2018. These services are outlined below (there is currently only impact data available for two of the services):

- a) **Community outreach support for children, young people and families with autism**, led by Coventry and Warwickshire Mind was commissioned in November 2018. The support is provided within the home, a community setting or in school. The service delivers:
 - Targeted outreach community support to children, young people and families who are on the waiting list for an autism diagnosis. This may include focused and practical support to the child and their family around sensory integration and processing, behaviour, boundaries and routines, understanding and communicating feelings, managing relationships, eating and sleeping.
 - Provision of 1:1, paired or small group support to children and young people with a diagnosis of autism but who do not meet social care or Child and Adolescent Mental Health Services (CAMHS) criteria or where the school has not commissioned specific support as behaviours are mostly exhibited at home.
 - Parent coaching with development of a network for peer to peer support.
- b) **Education provide support in the early years allows children with complex communication needs to be identified early**. There is good partnership working between Early Years Education Practitioners and professionals from CWPT.

- Evaluative data indicates that traded services are highly valued by families and settings. Demand for these services is high
 - Early Intervention Support has led to around a quarter of the families who have received this support making the decision not to proceed to a diagnostic assessment for AS
 - There are strong partnerships between the Local Authority and Specialist Providers.
- c) **Specialist interventions for young people (pre and post diagnosis) who have been out of school for over 10 weeks** as part of the Extended Non-Attendance in Schools pilot project, led by Education.
- Three schools in Coventry have engaged in the pilot. The objectives of the pathway are:
 - To promote positive mental health and deliver early intervention when people first experience mental health difficulties.
 - To maximise school attendance of children with mental health needs.
 - To build resilience of young people who have stopped attending school.
 - To help more young people re-engage with education following a period of absence due to poor mental health.
 - The pathway supports young people through three cycles of support of increasing intensity:
 - Cycle one provides a quick response for young people who have been out of school for ten days or more over a period of three weeks.
 - Cycle two provides specialist support to the young person and their family and prepares the way for more intensive support. This includes support for families and schools in understanding the needs of the autistic young person, specialist occupational therapy support and interventions, educational psychology and complex communication specialist interventions.
 - Cycle three includes support available through statutory processes including EHC plans.

8.4. **Autism awareness training for the children's workforce** was commissioned in 2018 for professionals working with or supporting children and young people with autism or potential pre-diagnosis complex social communication needs across Coventry. The training was oversubscribed and attended by 407 individuals working across health, social care, education and the voluntary sector. The training was well evaluated in terms of usefulness and impact. 95% of follow up survey respondents stated that the training had helped them in their daily work place to be more autism aware and to implement adjustments to their practice.

8.5. **Support to children at risk of mental health hospital admission**

- a) **The Introduction of a children's Intensive support team (IST) for children with autism or learning disabilities** in 2018, initially for two years, has had a positive impact on preventing young people being admitted to mental health hospitals
- There is evidence that the intensive support service has improved outcomes for young people and families who have accessed the service, including avoiding hospital admission, maintaining young people in the home and improving engagement with education. This reduction in inpatients is partly due to the impact of the intensive support team and also to improved identification of young people at risk of admission to hospital and multi-agency working including care education and

treatment reviews. During the course of the pilot, phase 1 of the CAMHS tier 3.5 service was mobilised increasing the capacity of the Acute Liaison Team, which is also a contributory factor.

- Another two years funding has been agreed for the service.

b) Dynamic register of young people at risk of mental health hospital admission:

- Children and young people who are under the transforming care partnership and who are at risk of being admitted to a tier 4 bed are considered at a monthly operational group, which consists of health, social care and education. This meeting is attended by partner agencies and provides an effective forum to consider the needs of children and young people to ensure they are receiving appropriate services and support in the community, to prevent the need for them to be admitted to hospital or to facilitate their discharge.

c) Care Education and Treatment Reviews (CETRs)

- CETRs are a well-established, multi-agency decision making panel to ensure a child's care and support needs are being met, for those who are at risk of admission, or who are already admitted into a specialist hospital.

8.6. Joint Commissioning

- In accordance with national policies and legislation, integrated commissioning arrangements exist for adults and children with autism or learning disabilities for Coventry and Warwickshire.
- A joint Coventry and Warwickshire integrated commissioning function has included children with SEND within scope since July 2019 and has strengthened existing joint commissioning arrangements for children with SEND in Coventry. The integrated commissioning arrangements enable a specific focus on autism which is coordinated across health and care commissioners for Coventry and Warwickshire.

9. What are the next steps?

- 9.1. The Joint All Age Autism Strategy will be published in spring 2020 with associated delivery plans for Coventry and Warwickshire.
- 9.2. Revision of the early intervention component of the Neurodevelopmental Pathway (mentioned in bullet 7.6) to include family clinics (this will provide direct access for families on the pathway to specialist SEND expertise).
- 9.3. A review is underway with a view to re-design the assessment and diagnosis of autism process to enable children and young people to be diagnosed within a wider range of services, with the potential to include; Paediatrics, Psychiatry, and Educational Psychologists. This evidence based practice will require training of the wider workforce and redesign of existing services.
- 9.4. To explore the potential to increase capacity to diagnose through an online platform based service.
- 9.5. The Extended Non-Attendance at School pilot will be evaluated in summer 2020 to understand effectiveness of the approach and associated recommendations for spreading across all schools.
- 9.6. The community outreach service, delivered by CW MIND, will be evaluated in summer 2020 to understand effectiveness of the services, alongside service impact.

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Appendix 1

Support	Description	Service / Provision	Detail of Service offer
School Support	Support School are able to access	Dimensions Tool	<ul style="list-style-type: none"> Free online mental health self-assessment tool developed by CWPT for professionals/parents to complete with a child. Involves a number of questions which are rated to indicate how the child or young person is feeling. The tool analyses the responses, and provides a report of the submitted answers for a professional/parent to use in supporting a child's mental health where necessary. Depending on the young person's score, the tool may signpost on to relevant services.
		Information and Advice (FAQs)	<ul style="list-style-type: none"> Frequently Ask Questions (FAQs) have been developed in partnership with CWPT and the CCG to provide parents / carers / schools with information and advice
		Extended non-attendance at School (ENAS) - Pilot	<ul style="list-style-type: none"> Pilot project with a small number of schools across Coventry and Warwickshire Pilot is a 3 cycle process: <ul style="list-style-type: none"> ✓ Cycle one provides a quick response for young people who have been out of school ✓ Cycle two provides specialist support for children and young people, families and schools in understanding the needs of the autism through specialist occupational therapy support and interventions, educational psychology and complex communication specialist interventions. ✓ Cycle three includes support available through statutory processes including EHC plans
		Traded Service offer	<ul style="list-style-type: none"> Offer to schools which consist of specialist teachers, educational psychologists and higher level teaching assistants (HLTAs) to address individual, group and whole-school needs. Schools are required to buy in this offer (traded).
		Early intervention and assessment offer	<ul style="list-style-type: none"> Offer to families and school settings from Educational Psychologists and higher level teaching assistants (HLTAs) to address individual, group and whole-school needs.
		Specialist Education Provision	<ul style="list-style-type: none"> Service is available at 2 Enhance Resource Bases (attached to Aldermore Farm and Alderman's Green Primary Schools) a Special School for children with complex communication needs (The Corley Centre) and a range of broad-spectrum provision.
Pre and post Diagnostic Support	Support available to those children on the ASC waiting list	GPs	<ul style="list-style-type: none"> Support children and young people and their families to complete the Dimensions tool. Signpost children and young people onto appropriate services such as CAMHS to support their wellbeing.
		VIBES	<ul style="list-style-type: none"> A service provided by CW Mind that provides: <ul style="list-style-type: none"> ✓ Support for children and young people with Autistic Spectrum Condition (ASC) ✓ Helps develop confidence, social skills, self-esteem and understanding of their own emotional health
		Community Outreach support	<p>A service provided by CW Mind that provides</p> <ul style="list-style-type: none"> Targeted outreach community support to children, young people and families who are on the waiting list for an autism diagnosis. Focused and practical support to the child and their family around sensory integration and processing, behaviour, boundaries and routines, understanding and communicating feelings,

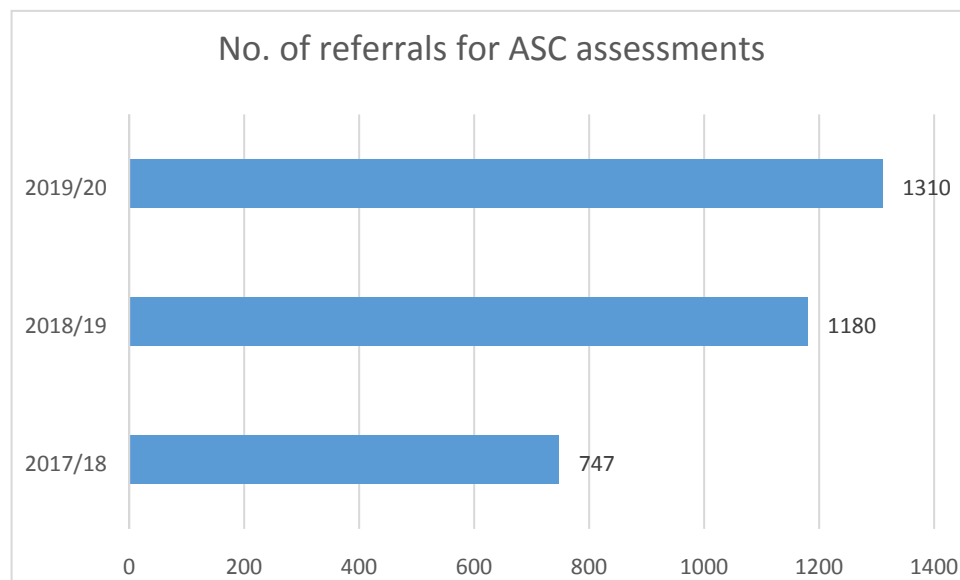
			<p>managing relationships, eating and sleeping. This could be provided within the home, a community setting or school.</p> <ul style="list-style-type: none"> • 1:1, paired or small group support to children and young people with a diagnosis of autism. • Parent coaching with development of a network for peer to peer support
		Website	<ul style="list-style-type: none"> • Coventry and Warwickshire RISE website https://cwrise.com/parent-and-carer-resources provides a lot of useful information and resources available pre-assessment and post diagnostic
		Neurodevelopmental service	<p>A service provided by CWPT that provides0</p> <ul style="list-style-type: none"> • Online information sessions for parents and carers, whilst waiting or following a diagnosis • Post diagnostic education sessions for parents / carers and/or child groups to provide support around understanding neurodevelopmental disorders.
		Intensive Support Service	<ul style="list-style-type: none"> • Assessment, treatment and support for individuals who display behaviour that challenges • Provision of support, and person specific training for other agencies supporting those individuals • Coordination of transitions from inpatient and other settings • Autistic young people in mental health crisis are referred to the intensive support service where appropriate for further intervention and support.

Appendix 2

Table 1: Summary of key data broken down into Pre-School and School aged children

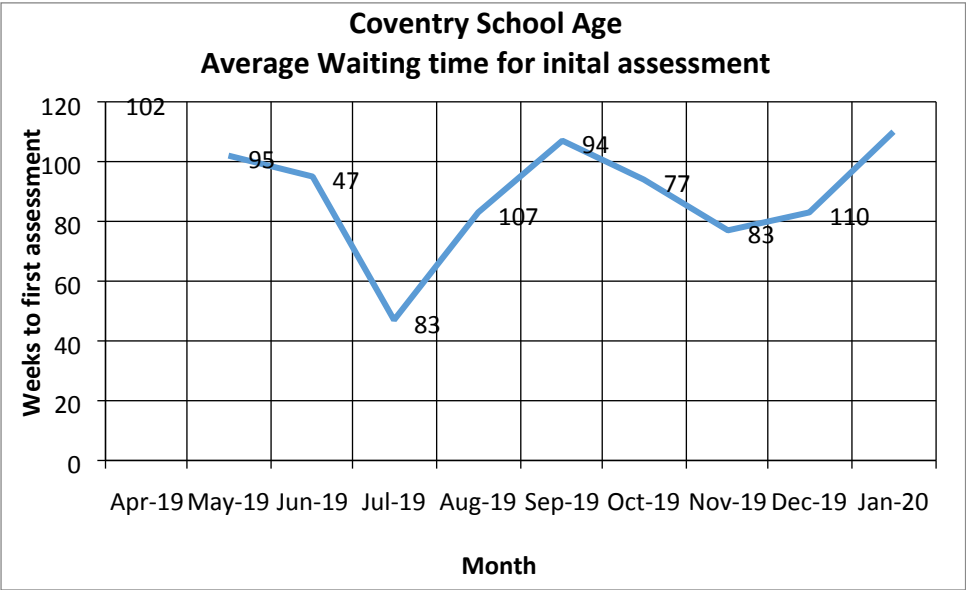
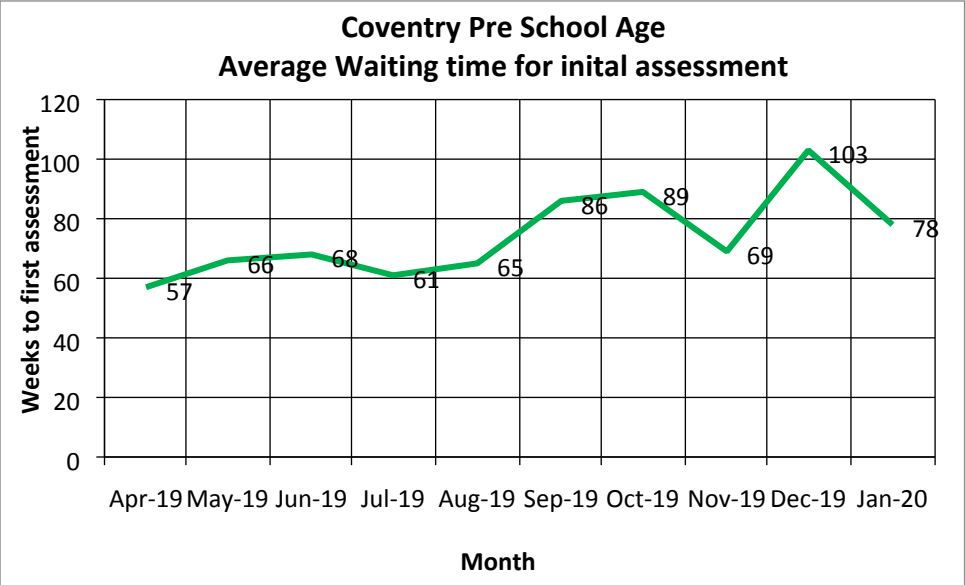
Coventry Pre School		Coventry School Age	
Patients on Waiting List	172	Patients on Waiting List	940
Average waiting time for patients seen in month	78 weeks	Average waiting time for patients seen in month	110 weeks
Average Waiting Time of patients on the waiting list	36 weeks	Average Waiting Time of patients on the waiting list	56 weeks
Longest Waiting Time of patients on the waiting list	123 weeks	Longest Waiting Time of patients on the waiting list	221 weeks

Graph 1: Total number of ASC referrals made

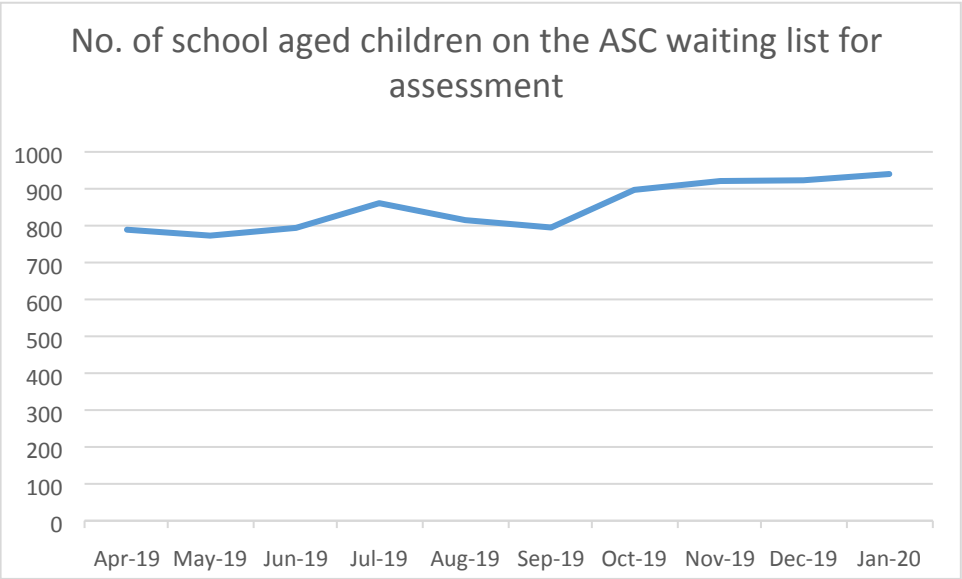
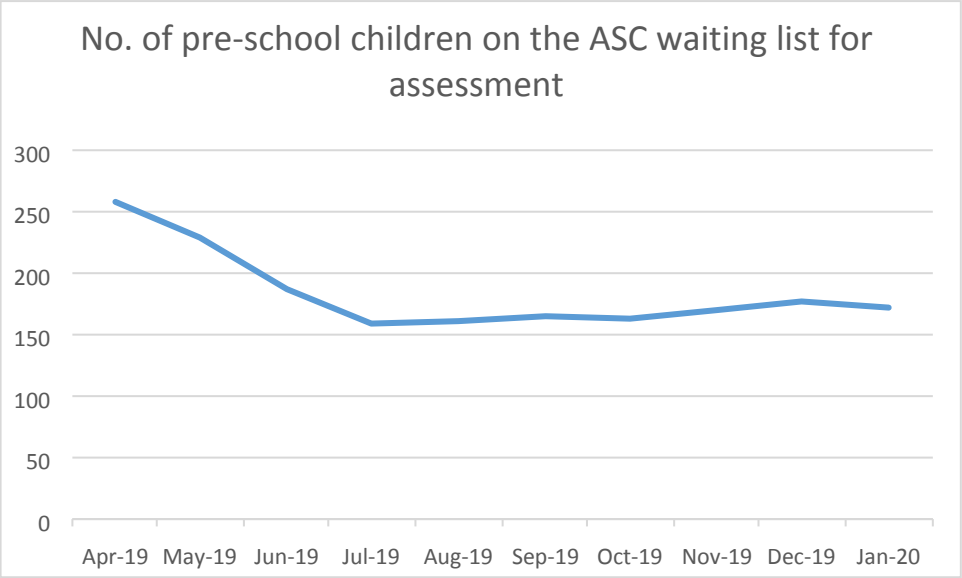


The data for 2019/20 is not full year affect (April 2019 – January 2020)

Graph 2: Average waiting time for initial assessments broken down into Pre-School and School aged children



Graph 3: Number of children on the waiting list for assessment broken down by Pre-School and School aged children:



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Coventry City Council

Briefing note

To: Coventry Health and Social Care Scrutiny Board and Education and Children's Services Scrutiny Board

Date: 11 March 2020

Subject: Maternity and Child Health Programme Update

1 Purpose of the Note

- 1.1 To provide members of the Scrutiny Board with an introduction to the Coventry and Warwickshire Maternity and Child Health Programme ahead of a more detailed presentation on the engagement that has taken place as part of the programme.

2 Recommendations

- 2.1 To note the content of the short briefing document attached and support the direction of travel.

3 Information/Background

- 3.1 This is a collaborative programme being undertaken by the 3 Coventry and Warwickshire Commissioning Groups, Coventry City Council and Warwickshire County Council.
- 3.2 The Programme was established in 2017 and has been included in CCG Commissioning Intentions as a priority programme. The programme is a priority in the 5 Year Plan in recognition of its important role in delivering improved health outcomes for the Coventry and Warwickshire population.

Name: Anna Hargrave

Job Title: Chief Strategy Officer, South Warwickshire CCG

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The Maternity and Child Health Service Programme

“Working together across health and social care to develop and deliver joined-up services commissioned for babies, children, young people and their families”

Over the last year, the three CCGs across Coventry and Warwickshire have spoken with almost 1000 mothers, mothers to be, families, carers, frontline NHS staff and community and voluntary sector organisations to learn about their experiences of receiving, delivering or supporting maternity and child health services.

Why are we looking at maternity and child health services?

We know that improving the health and welfare of mothers and their children is the best way to a healthier population, as well as the best way to achieve a fairer society for the future by improving health and tackling inequalities in childhood, where some groups have difficulties accessing the support they need. Healthy mothers have healthier babies who hopefully grow into healthy children and adults, helping to prevent ill health and disease later in life.

Locally, we are experiencing changes to our demographic and population trends: the number of births is going down, but the number of complex births is increasing. We are also seeing more people move into the area due to the significant housing developments in the area. We are also seeing increases in potential “lifestyle illnesses”, requiring a whole-system approach to prevention.

There is a lot of good work happening across Coventry and Warwickshire to deliver maternity and child health services, but we recognise we can always do more to continue to make these services better.

- We have the opportunity to explore our services and ensure they are fit for purpose, meet the needs of our population and are safe, effective and sustainable long into the future;
- We want to meet future demands such as population growth and workforce challenges;
- We need to make sure all the organisations involved can work together more easily to give people the best possible care, in the right place, when they need it most.

Our goals

We want to:

- Give everyone the best start in life by putting a greater focus on supporting mothers, babies and their families before, during and following birth;
- Help mothers stop smoking during pregnancy and support families to stop smoking in the home;
- Support mothers and families to be happy and healthy and reduce the number of women suffering from perinatal mental health issues, as well as support those in their wider family such as their partner, whilst providing better support to those that do find themselves with mental health issues;
- Reduce the inequalities and challenges some of our population face in access to, availability of and quality of services;
- Reduce the number of infants, children and young people dying prematurely;
- Tackle childhood obesity, poverty, abuse and neglect, and improve health outcomes.

We wanted to engage with local people and gather their feedback to help us create a set of **desirable criteria** (the things people told us were important to them) and some **draft outcomes** (how we will measure how successful we are in meeting patient needs).

What have we done so far?



We've spoken to almost 1000 people about what their experience of maternity and child health services has been, what was important to them, what they thought worked well and what they'd like to see improve to help us understand what matters most to people.

We were very lucky to be supported in our engagement by a number of local community and voluntary sector organisations, parent and toddler groups, refugee centres, and children's centres, which helped us reach more people and speak to them in locations and venues they knew and were comfortable with.



Our targeted approach has meant that the feedback has come from those most involved in or affected by these services. We conducted additional engagement with seldom heard groups to make sure our work is as robust and inclusive as possible.

Our proposed outcomes for maternity and child health services – designed in collaboration with local people

All of our engagement and the feedback local people have given us has allowed us to create a set of draft outcomes. These outcomes are what we intend to measure ourselves against to make sure we're meeting the needs of mothers, mothers to be, families, carers and the frontline NHS staff delivering maternity and child health services. A summary of these outcomes can be seen below.

1: Person centred care

Services are delivered with compassion, empathy and understanding of the person's needs and circumstances

2: Access

People are given the information and knowledge to access the right services in the right way, in the right place and at the right time for their needs

3: Quality of care

Care is delivered safely, effectively and to the highest possible standard in a way that meets the needs of families, including children and young people

4: Services & workforce

Services should be built around the needs of those using them and the workforce should receive the training and support necessary to deliver those services in a person-centred way

5: Environment

Services delivered in hospitals, in the community or in the independent and voluntary sectors are delivered in safe, clean and appropriate locations that meet the needs of people accessing them

What are we doing next?

Now that we've gathered all this really useful feedback, we need to work with our local providers and public to think about how maternity and child health services might need to change to meet the needs of the people living in Coventry and Warwickshire and meet national and local guidance.

This is just one part of an ongoing journey and we want to bring you with us every step of the way. There is still a lot to talk about and there will be plenty of opportunities to shape and influence the future of maternity and child health services.

Please see page 2 onwards for background to items

10th July 2019
- NHS Long Term Plan - Response to NHS Long Term Plan in Respect of Streamlining Commissioning
11th September 2019
- Adult Social Care Annual Report & Key Areas of Improvement 2018/19 (Local Account) - Adult Safeguarding Annual Report 2018/19
30th October 2019
- NHS 5 Year Plan - Director of Public Health and Wellbeing Annual Report - Update from Coventry and Rugby CCG on Alternative Provider Medical Services (APMS) Contracts
11th December 2019 (Cancelled)
Cancelled due to General Election
2pm 16th December 2019 (Additional)
- Developing Stroke Services in Coventry and Warwickshire – Public Consultation
29th January 2020
- Adult Social Care Peer Review - Year of Wellbeing
11th March 2020 (Joint with SB2)
-Child and Adolescent Mental Health -Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP)
8th April 2020
- Health and Wellbeing Strategy Priorities
2020/2021
- Social Prescribing - Community Pharmacies - Primary Care - Employment and Mental Health - Mental Health Issues and their impact on the health system - Child and Adolescent Mental Health Services (Joint with SB2) - NHS Long Term Plan - Proposal for new Walk in Centre in Coventry
Joint Health Overview and Scrutiny Committee - 14th October at WCC
- Stroke Services
Joint Health Overview and Scrutiny Committee – 22nd January at CCC
- Stroke Services
2020/21
-Drug and Alcohol Strategy - Managing Seasonal Pressures

Date	Title	Detail	Cabinet Member/ Lead Officer
10th July 2019	- NHS Long Term Plan	Racheal Danter will present an overview of the NHS Long Term Plan to the Board.	Rachael Danter
	- Response to NHS Long Term Plan in Respect of Streamlining Commissioning	To receive an update on information regarding the implementation of the NHS Long Term Plan in relation to the commissioning function of the CCG's within Coventry and Warwickshire.	Sarah Raistrick
11th September 2019	- Adult Social Care Annual Report & Key Areas of Improvement 2018/19 (Local Account)	An annual item to consider this report. To include feedback on new supervision regime as discussed at the meeting on 18 th October during an item on Workforce Development Strategy.	Pete Fahy
	- Adult Safeguarding Annual Report 2018/19	Annual Report received by the Board. In 2017/18, the Board requested the next report included information on the engagement strategy and contribution to the Board's work from Partners, for example probation and housing associations. The new Chair will be invited and asked for their view of Coventry Safeguarding Board and priorities.	Rebekah Eaves
30th October 2019	- NHS 5 Year Plan	A further report on the NHS Long Term Plan be submitted to a future meeting of the Board with particular reference to the £139m of savings already achieved including how these had been secured; the impact on current services; any services that had been discontinued; details of anything that had been outsourced and staffing levels	Sir Chris Ham
	- Director of Public Health and Wellbeing Annual Report	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton
	- Update from Coventry and Rugby CCG on	To receive an update on Alternative Provider Medical Services contracts in the City.	Jenni Northcote

Health and Social Care Scrutiny Board Work Programme 2019/20

Date	Title	Detail	Cabinet Member/ Lead Officer
	Alternative Provider Medical Services (APMS) Contracts		
11th December 2019 (Cancelled)	Cancelled due to General Election	Due to General Election, this meeting has been cancelled and the business included elsewhere on the work programme.	
2pm 16th December 2019 (Additional)	- Developing Stroke Services in Coventry and Warwickshire – Public Consultation	For SB5 to develop their response to the Stroke Consultation Proposals which will be fed into the Coventry and Warwickshire Joint Health Overview and Scrutiny Committee on 22 nd January, who have responsibility for providing the formal response to the consultation.	Adrian Stokes
29th January 2020	- Adult Social Care Peer Review	To assist Social Care with their preparation for the Adult Social Care Peer Review.	Pete Fahy
	- Year of Wellbeing	To look at the delivery and benefits to the City of the Year of Wellbeing and it's legacy.	Liz Gaulton
11th March 2020 (Joint with SB2)	-Child and Adolescent Mental Health	To look specifically at Autistic Spectrum Disorder. To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators.	Sally Giles
	-Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP)	Looking scrutinise plans to develop and deliver joined-up services commissioned for babies, children, young people and their families being developed as part of the Coventry and Warwickshire Health and Care Partnership work programme.	Anna Hargraves, South Warwickshire CCG
8th April 2020	- Health and Wellbeing Strategy Priorities	To look at the updated Health and Wellbeing Strategy and the actions to progress the three priorities.	Liz Gaulton
2020/2021	- Social Prescribing	This item will explore the concept of social prescribing and feedback on the evaluation of the pilot which has taken place in the City.	Liz Gaulton

Date	Title	Detail	Cabinet Member/ Lead Officer
	- Community Pharmacies	Fiona Lowe, from the Chief Officer Coventry , Warwickshire and Herefordshire & Worcestershire LPCs, following on from work on POD in 18/19, has requested the Board consider a report on the potential of Community Pharmacies.	Fiona Lowe
	- Primary Care	An item to look at Primary Care, including the recruitment and retention of GPs and Supporting Self Care	Adrian Stokes
	- Employment and Mental Health	To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.	Simon Gilby
	- Mental Health Issues and their impact on the health system	A detailed report on the issues and pressures relating to patients with mental health issues and their impact on the health system to be considered at a future meeting of the Board.	
	- Child and Adolescent Mental Health Services (Joint with SB2)	To receive an update on the transformation plan including waiting times for assessment and treatment, services for Looked After Children and transition between children's and Adults Services.	Matt Gilks/ Alan Butler
	- NHS Long Term Plan	A further report on the NHS Long Term Plan be submitted to a future meeting of the Board with particular reference to the £139m of savings already achieved including how these had been secured; the impact on current services; any services that had been discontinued; details of anything that had been outsourced and staffing levels	Sir Chris Ham
	- Proposal for new Walk in Centre in Coventry	Request by SB5 Board members to consider the proposal for an additional walk-in centre in the City.	Adrian Stokes/ Andy Hardy
Joint Health Overview and Scrutiny Committee -	- Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Adrian Stokes

Date	Title	Detail	Cabinet Member/ Lead Officer
14th October at WCC			
Joint Health Overview and Scrutiny Committee – 22nd January at CCC	- Stroke Services	To agree a joint response to the Stoke Services Review Consultation .	Adrian Stokes
2020/21	-Drug and Alcohol Strategy	The Drug and Alcohol Strategy is due to end in 2020. Following the outcome of the CLeaR Assessment, the strategy will be revised and Members will feed into the revised strategy. Outcome of CLeaR Assessment and service user feedbacks (May/ June 2020).	Sue Frossell, Karen Lees
	- Managing Seasonal Pressures	To look at the approach being taken by relevant partners across the Coventry system to plan for seasonal pressures including the NHS Winter Plan.	CCC/UHCW/ CCG/ CWPT

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