

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 23 March 2022**

Present:

Members: Councillor J Clifford (Chair)  
Councillor J Birdi  
Councillor G Lloyd  
Councillor A Lucas  
Councillor A Masih

Co-Opted Members: David Spurgeon

Other Members: Education and Childrens Services Scrutiny Board (2)  
Councillors: J Blundell, J Innes, S Keough and C Thomas  
S Hanson (Co-opted Member)  
  
Councillors M Mutton and P Seaman, Cabinet Members  
  
Councillor M Heaven

Employees:

V Castree, Law and Governance  
G Holmes, Law and Governance  
L Knight, Law and Governance

Other representative: Ed De Vane – Coventry Healthwatch

Apologies: Councillors T Khan, R Lancaster, E Ruane, and D Skinner  
Councillor R Simpson, Scrutiny Board (2)  
Councillors K Sandhu and B Gittins, Cabinet and Deputy  
Cabinet Member

## **Public Business**

### **30. Declarations of Interest**

There were no declarations of interest.

### **31. Minutes**

The minutes of the meeting held on 2<sup>nd</sup> February 2022 were agreed as a true record. There were no matters arising.

### **32. University Hospitals Coventry and Warwickshire Organisational Strategy**

The Board received a presentation from Andy Hardy, Chief Executive, University Hospitals Coventry and Warwickshire on the new organisational strategy for the hospitals for 2022-2030 'More than a Hospital', as part of the consultation process.

Dame Stella Manzie, Chair of the Hospitals Trust also attended the meeting for the consideration of this item and spoke in support of the new strategy.

The presentation commenced with a short video highlighting the employees and the good work they carried out whilst caring for local residents at the hospital, along with the innovation and research that was currently taking place.

Covid was now a springboard for transformation with a collective approach to the response including businesses, communities and individuals. It has enabled agility in making big changes. There was now a focus on building community resilience with a focus on prevention and proactive interventions moving away from a “care and repair” model. The Board were reminded that Healthcare was changing, with a new environment brought about by the Health and Care Act with more opportunities being created by greater integration. There would be a focus on reducing health inequalities by focussing on the wider determinants of health – the economy, employment, education, housing, leisure and the environment, with the hospital’s role being that of an anchor organisation

The presentation highlighted the current strategic triangle which put the patient at the top of everything. The current mission, values and objectives were set out. The Board were informed of the refreshed strategic triangle which once again put the patient at the top of everything. The hospital’s new vision was ‘To be a national and international leader in healthcare rooted in our communities’. The new purpose was ‘Local integrated care. Being a regional centre of excellence. Research Innovation and Training’. The following were the values for the new organisational strategy:

Compassion; Openness; Improve; Respect; Partnership; Pride and Learn.

The new strategy contained the following purpose:

‘Our fundamental purpose is to deliver the best possible care for our local communities. We will achieve this by leading in all that we do, with our three interconnected purposes enabling us to continually improve local care’.

The three interconnecting purposes were:

- i) Local integrated Care – Collaborating with partners to integrate services, improve population health and tackle health inequalities.
- ii) Research, innovation and training – developing the next generation of health and care professionals and leading research and innovation to improve patient outcomes.
- iii) Being a regional centre of excellence – developing the strongest specialities to meet the needs of a broader population.

Additional information was provided on these three purposes and what they meant for patients, people and the organisation.

Reference was made to supporting strategies – the ability to deliver outstanding care was dependent on how the hospital improved quality, supported employees, invested in digital technology and data insights and promoted sustainability. These cross-cutting enabling strategies related to the three purpose elements of local integrated care; being a regional centre of excellence; and research; training and excellence. The four supporting strategies were:

- i) Developing our people – employees define UHCW and were vital to the care being delivered and the outcomes achieved for patients. It was proposed to transform culture, making UHCW a great place to work.

- ii) Improving quality of care – high quality care was effective, safe and provided the best possible experience for patients
- iii) Investment in digital -the hospital was investing and transforming care using the latest advances in technology
- iv) A sustainable future – in the clinical, environment and finance areas.

Members questioned the representatives on a number of issues and responses were provided, matters raised included:

- An acknowledgement of the importance of successful partnership working, with particular reference to the partnership work of the Health and Wellbeing Board and the Place Forum, of which the hospital was a member along with the other health partners in the city
- The need to work in partnership with primary care
- The importance of improving patient discharge from the hospital to back into the community
- Support for the focus on health inequalities
- Further information on shared electronic patient records and the issue of data protection
- Support for the work of the bereavement services team
- Concerns about the availability of out of hours pharmacy services and what could be done to enable existing provision to open 24/7
- The importance of a successful integrated care system to support patients following discharge from hospital and those in their own home with more minor ailments
- Details about what the hospital's work on Covid research including the implications of long Covid and information about Covid vaccine reactions
- The number of Covid vaccines administered by the hospital
- In relation to health inequalities, why patients in affluent areas spent less time on hospital waiting lists and how this could be addressed to support patients from the more deprived areas
- What were the problems currently being experienced with patient transfer between the ambulance service and A and E
- The use of the Government Apprenticeship Levy by the hospital
- The sharing of best practise between hospitals at both national and international levels
- Further details about the recruitment and retention of staff and were employees still having to work excessive hours to enable to hospital to provide appropriate patient care
- The support for patients where English was not their first language
- Moving services out into the community to help address health inequalities
- What was the hospital doing in support of patients whose health was deteriorating whilst on a hospital waiting list
- The issue of missed appointments and how was this being addressed
- The requirement for pooled budgets to enable the best use of resources to support services for local residents.

**RESOLVED that:**

**(1) The contents of the presentation be noted.**

**(2) The proposals for the new organisational strategy for University Hospital Coventry and Warwickshire 'More than a hospital' for 2022-2030 be supported.**

**33. Report Back from the Autism Task and Finish Group**

The Board considered a report back of the Autism Task and Finish Group informing the Board of their recommendations arising from their consideration of the issues around the assessment process and support for children and young people who were referred for an autism assessment, and their families. As the task and finish group had progressed, their remit had expanded to include transition into adult services, inclusion and other aspects of neurodiversity. As the Task and Finish Group comprised members of this Board along with Members of the Education and Children's Services Scrutiny Board (2), Scrutiny Board (2) were invited to the meeting for the consideration of this item. Councillor P Seaman, Cabinet Member for Children and Young People and Councillor Heaven, a Member of the Task and Finish Group, also attended.

The report set out the background to the establishment of the Task and Finish Group which had their had their first meeting on 11th October 2021 and met 5 times. The membership comprised Councillor Clifford (Chair), Councillors Innes and Heaven and the Education and Children's Services Scrutiny Board (2) Co-opted Members, Sybil Hanson and Kellie Jones. Councillor Brown and Sarah McGarry also attended the meetings as Experts by Experience. Officers from a range of Council Services, officers from Warwickshire County Council and representatives from Coventry and Warwickshire CCG Joint Commissioning Team and Coventry and Warwickshire Partnership Trust also attended meetings.

The Task and Finish Group members also attended a Special Educational Needs Co-ordinator (SENCo) Briefing. There were representatives of around 80 schools present who shared their views from an educational perspective about the support to autistic children and young people and their families including those awaiting assessment.

The report provided a definition of Autism and Neurodiversity and included a link to a video from the National Autistic Society which provided further information about Autism.

Reference was made to the Coventry and Warwickshire All Age Autism Strategy that was being developed and finalised during the period that the task and finish group met. The Health and Social Care Scrutiny Board had scrutinised the draft strategy at their meeting on 2nd December, 2021 which was approved at Cabinet on 15th February, 2022. The aims of this strategy were detailed. Members appreciated that the strategy would help to address some of the issues raised throughout the task and finish group but were concerned that funding had only been identified for the first year of the delivery plan.

The report also referred to the National Autism Strategy for 2021-2026 with the six national priorities being set out. The local strategy was designed to complement this national strategy.

Information was provided on the Coventry context which included that there was no register of autistic people nationally or locally and so the true level of occurrence of autism in Coventry was unknown. Evidence suggested that the city had a higher proportion of Special Educational Needs (SEN) support for autism across all state-funded school settings compared to England, the West Midlands, Warwickshire and Derby. Potential reasons for this were highlighted. A lack of an accurate register meant it was difficult to plan services effectively to meet the needs of all people affected.

The report provided statistical information on the referrals and assessments for children and young people between April 2017 and August 2021, along with the current referral demand and assessment delivery. The Task and Finish Group had heard about the work being done to reduce waiting times as well as the challenges which included difficulties in recruiting specialist staff. Whilst this work was acknowledged, Members had stressed that the waiting times were still unacceptable.

Reference was made to the early intervention in Education and Statutory Support included Support including Education, Health and Care Plans. There was transition support from Nursery to Reception, then the core offer for school age children and young people was highlighted in the following four key blocks:

- i) Quality First Teaching
- ii) Universal Provision Guidance
- iii) SENCo Network
- iv) Autism in Schools Project.

The report set out recommendations arising from their consideration of the issues set out above, along with the reasons behind their recommendations arising from feedback from the Special Education Needs Co-ordinators; and from consideration of the Pathways and Support Services; the impact of diagnosis; preparing for adulthood; the Employ Autism Higher Education Network project; and the Autism Friendly City.

The recommendations of the Autism Task and Finish Group were as follows:

- 1) The Council to work with partners to identify sustainable, long-term funding as there is currently only funding available for the first year of the All Age Autism Strategy delivery plan.
- 2) Ensure tackling health inequalities for autistic people is prioritised for delivery as part of the All Age Autism Strategy implementation plan to improve physical health, mental health and emotional wellbeing.
- 3) Partners to accelerate and build on existing workstreams, to reduce the unacceptably long waiting times for diagnostic assessment
- 4) The Council and health partners to work with schools, colleges and universities to ensure that all educational professionals (teachers, senior leaders, early career teachers, support staff) have a good understanding of the needs which may present for autistic and neurodiverse pupils and provide appropriate Continuous Professional Development (CPD) to ensure high quality provision at both whole class and individual intervention level.
- 5) All partners work to strengthen data sharing between organisations to enable evidence gathered through assessments to be used by other professionals as part

of the autism assessment process, to assist and expedite diagnosis with the necessary data protection safeguards put in place.

6) That the Education and Childrens' Service Scrutiny Board undertake a task and finish group during the 2022/23 municipal year to look at the in-depth challenges facing schools in providing support to children, young people and their families who are on the autism assessment pathway.

7) Health partners review the referral process for diagnosis to simplify it and enable electronic submission of referral forms.

8) Health partners to include schools in correspondence about appointments where schools were involved in the referral process. This will enable schools to support pupils and families through the diagnostic process.

9) Partners to ensure information on referral and support pathways is accessible to parents, carers, young people and professionals.

10) Community support services should be offered in the wider context of neurodiversity rather than limited to those with an autism diagnosis. Services should be titled and described to reflect that not all services require a diagnosis to access them.

11) Partners to develop a holistic approach to support for families post diagnosis which includes emotional as well as clinical support and access to training.

12) To continue the Council's participation in the Employ Autism scheme, or the development of an inhouse equivalent and ensure there is appropriate resource for it to be delivered.

13) For the Council to lead by example and become an inclusive employer including for autism and neurodiversity.

14) That Scrutiny Co-ordination Committee include a future item on skills resilience pathways into employment for those with disabilities, including neurodiversity

15) The Council works towards Coventry becoming a city which celebrates, supports and accepts autism and neurodiversity. This would include:

a) the introduction of more inclusive spaces and autism friendly environments throughout the City including in the City Centre, Parks and Open Spaces

b) safe spaces/low sensory stimulus areas to enable autistic people to decompression throughout the City.

c) public realm designs should include inclusive spaces including Autism friendly environments.

16) The Council resource and pursue digital opportunities including the development and rollout of a Neurodiversity Support App for Coventry.

It was proposed that following the Board's consideration of these recommendations, a report would be submitted to Cabinet on 12th April, 2022 to allow for consideration of the recommendations. It was the intention that progress on the implementation of the recommendations would be undertaken by this Board.

The Board were informed about the highly successful jam board exercise that had taken place at the SENCo Briefing.

Members expressed their unanimous support for the excellent report and the recommendations of the Task and Finish Group. They placed on record their thanks to Vicky Castree and Gennie Holmes, Scrutiny Co-ordinators, for all their work in support of the work of the Task and Finish Group.

**RESOLVED that:**

**(1) The recommendations of the Autism Task and Finish Group as set out above be supported, noting that a report will now be submitted to Cabinet at their meeting on 12th April, 2022.**

**(2) An update report be submitted to the Board in six months time on progress towards the recommendations, particularly the impact of measures to reduce waiting times for diagnostic assessments with regular briefing being given to Chair in between.**

**34. Work Programme 2021-22 and Outstanding Issues**

The Board noted their final work programme for the 2021/22 municipal year.

**35. Any other items of Public Business - Membership Changes**

The Board placed on record their thanks to David Spurgeon Co-opted Member, who was attending his last Scrutiny Board meeting, having been a member for the previous ten years. The Chair, Councillor Clifford, thanked him for his valuable contribution to the work of the Board during this time. He referred to Ed DeVane who was attending the meeting as an observer and was to be the replacement Co-opted member from Healthwatch from the start of the new municipal year.

The Board also thanked Councillor Lucas for her time as a Member of the Board and wished her well for the future.

(Meeting closed at 12.00 pm)