

Public Document Pack



Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 23rd March, 2022

Place

Diamond Rooms 1 and 2 - Council House

Please note that in line with current Government and City Council guidelines in relation to Covid, there will be reduced public access to the meeting to manage numbers attending safely. If you wish to attend in person, please contact the Governance Services Officers indicated at the end of the agenda.

Public Business

1. Apologies and Substitutions

2. Declarations of Interest

3. Minutes (Pages 3 - 8)

(a) To agree the minutes of the meeting held on 2nd February 2022

(b) Matters Arising

4. University Hospitals Coventry and Warwickshire Organisational Strategy (Pages 9 - 20)

Presentation from Andy Hardy, UHCW, who have been invited to the meeting for the consideration of this item along with Justine Richards

5. Report Back from the Autism Task and Finish Group (Pages 21 - 34)

Report of Councillor Clifford, Chair of the Task and Finish Group

Members of the Education and Children's Services 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 and Councillor K Sandhu, Cabinet Member for Education and Skills

6. Work Programme 2021-22 and Outstanding Issues (Pages 35 - 38)

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

Julie Newman, Director of Law and Governance, Council House, Coventry

Tuesday, 15 March 2022

Note: 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

Membership: Councillors J Birdi, J Clifford (Chair), T Khan, R Lancaster, G Lloyd, A Lucas, A Masih, E Ruane, D Skinner and D Spurgeon, Co-opted Member

By invitation: Education and Children's Services Scrutiny Board (2) - Councillors F Abbott, P Akhtar, J Blundell, J Innes, S Keough, R Simpson, R Thay, C Thomas and A Tucker and S Hanson, Co-opted Member

Cabinet and Deputy Cabinet Members: Councillors K Caan, B Gittins, G Hayre, M Mutton, K Sandhu and P Seaman

Public Access

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Liz Knight

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

Agenda Item 3

Coventry City Council

Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00 am on Wednesday, 2 February 2022

Present:

Members: Councillor J Clifford (Chair)
Councillor J Birdi
Councillor S Keough (substitute for Councillor Skinner)
Councillor G Lloyd
Councillor A Lucas
Councillor C Thomas (substitute for Councillor Lancaster)

Other representatives: Eleanor Cappell, Coventry and Warwickshire Partnership Trust
Andy Hardy, University Hospitals Coventry and Warwickshire
Phil Johns, Coventry and Warwickshire CCG
Esther Meininger, University of Warwick
Dr Diane Phimister, Coventry University
Dr Sarah Raistrick, Coventry and Warwickshire CCG
Vickie Rybinski, Coventry University
Rose Uwins, Coventry and Warwickshire CCG

Employees: V Castree, Law and Governance
J Fowles, Public Health
J Grainger, Public Health
L Knight, Law and Governance

Apologies: Councillors R Lancaster, A Masih, E Ruane and D Skinner
D Spurgeon, Co-opted Member
Councillors M Mutton and G Hayre, Cabinet and Deputy Cabinet Members
Dr Hannah Friend, Warwick University

Public Business

24. Declarations of Interest

There were no declarations of interest.

25. Minutes

The minutes of the meeting held on 1st December, 2021 were agreed as a true record. There were no matters arising.

26. Integrated Care System

The Board received a presentation on the development of the Integrated Care System from Phil Johns, Coventry and Warwickshire CCG, who attended the meeting along with Dr Sarah Raistrick and Rose Uwins, Coventry and

Warwickshire CCG. Andy Hardy, University Hospitals Coventry and Warwickshire was also in attendance.

The presentation referred to the national move to bring health and care organisations together into Integrated Care Systems (ICS) and to the legislative proposals by the Government for a new Health and Care Bill, which built on recommendations in the NHS Long Term Plan. This would establish statutory ICS in each STP/ICS footprint. The proposals were continuing to progress through parliament and were currently at committee stage in House of Lords. In Coventry and Warwickshire partners were already working closely together as a Health and Care Partnership and this was development was seen as what was best for the locality. The Board noted that the earliest Coventry and Warwickshire could become a statutory ICS was July 2022.

The benefits of the ICS were highlighted which included breaking down the barriers between organisations; joining up health and care more effectively to make a difference to people's lives; and addressing the "wider determinants of health" such as poor housing or socio-economic problems and bringing the right resources from across organisations to tackle public health issues such as obesity.

The presentation set out the vision for the local ICS: 'We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence, and put people at the heart of everything we do' and detailed the proposals for how this would be achieved.

The following three layers made up the structure of the ICS: Primary Care Networks, Place and System and an explanation was provided for each layer. Dr Raistrick highlighted the vision in practice for each of these layers. Enabling everyone to keep well was the System approach to engagement. Pooling knowledge and experience between health and local authorities, working as one team to leverage all connections and reach the diverse communities. Reference was made to the successful partnership engagement carried out during the Covid pandemic.

For Place the vision was to provide the best possible care and the example of improving musculoskeletal services in Coventry was highlighted. All partners across Coventry delivering Musculoskeletal (MSK) services were brought together to design a new model of care - patients first saw a First Contact Practitioner, a specialist physio who could access diagnostics and provide specialist assessment, at a local GP practice. Those patients were assessed through a new Multi-Disciplinary Team (MDT) for MSK triage, made up of experts from different specialties. Patients who would benefit from physiotherapy or similar treatments could be redirected to the correct service directly by the triage team so shortening the process and improving patient experience.

The vision for Primary Care Networks was enabling everyone to keep well and the example of pre-diabetes and weight management at Sowe Valley was detailed. To support weight loss and those at risk of developing type 2 diabetes across the Sowe Valley area, the Primary Care Network hired a full-time health coach to offer one to one and group support about diet, exercise and lifestyle. The coach was based at the Coventry Cricket Club, a central location in the heart of the community offering a non-clinical setting within a healthy living setting.

The presentation provided a chart of how the governance arrangements could work for the Integrated Care System including the place of the Scrutiny Board and the Health and Wellbeing Board.

The presentation concluded with the next steps which involved ongoing work to establish strategies and governance, in collaboration with the population and stakeholders, with the aim the Integrated Care Board and Integrated Care Partnership coming into being on 1st July 2022 and the statutory powers transferring from the Clinical Commissioning Group to the Integrated Care Board.

Andy Hardy, UHCW, outlined his support for the development of the Integrated Care System which was the best way forward for patients and their outcomes.

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

- How would the ICS improve efficiency in the health system
- Would the ICS contribute to the aim of enabling people to remain in independent living in their home for as long as possible rather than going into care
- Information about equality and inclusion in the new system
- The need to improve the process of patient discharge from hospital to the home environment with the right medical community support package in place
- Concerns about the availability of out of hours pharmacy services in relation to patients requiring prescriptions; delays at the hospital pharmacy that can delay patient discharge; and the need for a 'one Coventry' approach
- Concerns about the costs to residents of healthy eating items as compared to the costs of unhealthy foods
- Concerns about residents/ patients who don't have access to IT and a reference to the Connecting Sherbourne IT project.

RESOLVED that:

- (1) The contents of the presentation be noted.**
- (2) A report on how inclusion is being addressed and progressed within the Integrated Care System to be submitted to a future meeting.**
- (3) A report on plans to improve the system to ensure patients fit for discharge can leave hospital without delay, knowing that the appropriate support package has been put in place to be submitted to a future meeting.**
- (4) Details about the Council's IT project 'Connecting Sherbourne' be circulated to the health partners.**

27. Mental Health and Suicide Prevention Transformation Programmes

The Board considered a briefing note of the Director of Public Health and Wellbeing which provided an update to the Board on the progress made on the recommendations of the scrutiny review undertaken on suicide prevention and the

subsequent task and finish group report on mental health support for students. The note also updated on the implementation of the Coventry and Warwickshire community mental health transformation programme 2021-2024. Dr Diane Phimister and Vickie Rybinski, Coventry University, Esther Meininger, University of Warwick and Eleanor Cappell, Coventry and Warwickshire Partnership Trust, attended the meeting for the consideration of this item and the Board received presentations from both universities regarding their mental health support for students and viewed a video on the NHS Community Mental Health Transformation.

The briefing note referred to the Coventry Suicide Prevention Strategy 2016-19 Forward Plan. In January 2020 the Health and Wellbeing Board reviewed the delivery of this strategy and approved a refreshed action plan for 2020-21. Reference was made to the funding secured from NHS England to respond to prevalence rates in the city and the most recent suicide data showed that the rates in Coventry dropped slightly from 2017–2019 at 10.6 per 100,000 (England 10.1) to 2018–2020 at 10 per 100,000 (England 10.4).

Legacy activity from the strategy and NHS England funding programme had now been devolved to the Coventry and Warwickshire suicide prevention steering groups. Local strategies, partnership arrangements and action plans were currently being reviewed. Consultation with the respective Coventry and Warwickshire suicide prevention multi agency steering groups during November and December 2021 identified that many of the partners were duplicating resources in both areas, consequently it was recommended that a single Coventry and Warwickshire Suicide Prevention Strategy be developed. Proposals for this joint strategy were outlined.

The briefing note referred to the student mental health support at Coventry University. Over the last 2 years the University had been part of a local system response set up to improve access to University, community, and NHS mental health support for students. The University implemented a Covid response and contributed to the delivery of mental health and suicide prevention plans across Coventry and Warwickshire. A health and wellbeing strategy and a recently refreshed mental health strategy drove the Universities approach. As part of this, the University had submitted a funding bid to the Office for Students last year to develop and expand culturally appropriate mental wellbeing support for international students and those from minority ethnic backgrounds (57% of the student population). Information was provided on the current wellbeing services which provided access to counsellors. Reference was made to the work of the team of mental health advisors.

The briefing note also highlighted the student mental health support at Warwick University referring to the recent restructuring of its wellbeing services to better meet needs which were implemented for the 2019-20 academic year. This investment in student wellbeing was £2.7m with the review and re-structure responded to feedback from students. The benefits of the restructure were detailed. In addition, a Wellbeing Strategy had been approval by the University Council on 20 May 2020. It was now in the second year of implementation and had a strong focus on Prevention and was published on the university website. The Board were informed that the average spend per student was approximately £90.

Information was provided on the POD Community Connections Project which was funded by NHS Charities Together. The project involves 1:1 intensive work by a dedicated worker with students (18-25) in secondary mental health services for up to 40 weeks, funded for 12 months from September 2021. The project had been effective because the officer sat within The Pod team so had a supportive professional infrastructure, a unique knowledge base, an established working relationship with sector experts, and authentic connection with the City. The impact and outcomes of the project were summarised.

The briefing note provided an update on the Coventry and Warwickshire Community Mental Health Transformation Programme, a ground-breaking, once in a generation transformation programme of Adult Community mental health services for the locality. Key principles were a new community-based offer to include greater access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and co-existing substance use, enabling individuals to have greater choice and control over their care, and to promote meaningful recovery. Key patient cohorts were those with a Severe and Enduring Mental Illness (SMI) who needed Early Intervention in Psychosis (EIP) and complex mental health difficulties associated with a diagnosis of 'personality disorder', mental health rehabilitation and adult eating disorder. The project outcomes were highlighted as follows:

- The new model would provide people with SMI with easier and faster access to services delivered at neighbourhood level by a range of partners across health, social care, and voluntary, community and social enterprises (VCSE).
- Access to care would be broadened, moving away from risk, diagnosis, and care clusters, to quicker access to interventions.
- The model would be trauma informed.
- Waiting access time standards would be established to aid and promote recovery.
- People would not need to repeat their story as integrated care records would be core to the model.

Further information was provided on the partnership working and additional developments included in the programme.

The presentation for the representatives from Coventry University provided an overview of the student mental health support; highlighted progress with services that were commissioned with reference to other mental health services in the city (enabling pathways to be identified and transition between services smoother); set out additional training being given to academic and pastoral staff; informed about how admissions policies enabled the identification of existing mental health issues specifically as part of the admissions process to allow for the support to be provided; reported on the additional focus on international students' mental health and wellbeing; and outlined how the findings of the Task and Finish Group were being reflected in the mental health and wellbeing strategies. Progress and examples were provided for each of these areas.

The presentation from the representative from Warwick University provided a profile of the university; referred to the review, restructure and implementation of wellbeing services between 2018-2020; detailed the wellbeing strategy including

strategic priorities; informed of prevention work as detailed in the safer suicide strategy and action plan; highlighted the support available to students; and provided additional information on the safer suicide strategy and action plan.

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

- Details about how the Universities could find out about the mental health of international students
- What were the early signs to look out for indicating a student might be having problems
- Were tutors trained to spot the warning signs
- The causes of depression
- What was the approximate percentage of students with mental health problems
- How successful were the support measures in enabling students suffering with their mental health to complete their degrees
- How did local GPs cope with the numbers of students experiencing mental health issues.

RESOLVED that:

- (1) **The proposal to develop a single Coventry and Warwickshire Suicide prevention strategy by the Autumn of 2022 be endorsed.**
- (2) **The progress to date on the work to support student's mental health led by Coventry and Warwick Universities, and supported by projects such as the PODs community connections for 18–25-year-olds in secondary mental health services be noted.**
- (3) **The progress against the implementation of the community mental health transformation programme be noted.**
- (4) **The contents of the presentations from Coventry and Warwick universities, and the video from CWPT be noted.**

28. Work Programme 2021-2022

The Board noted their work programme for the current municipal year.

29. Any other items of Public Business

There were no additional items of public business.

(Meeting closed at 12.05 pm)



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 23 March 2022

Subject: UHCW – More than a hospital: Your views invited to shape our organisational strategy for 2022-2030

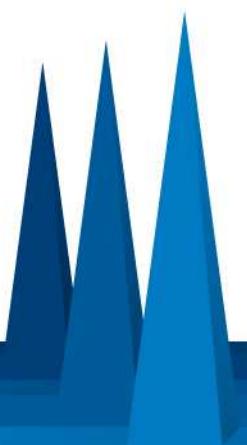
1 Purpose of the Note

- 1.1 Health and Social Care Scrutiny Board (5) have been invited to participate in the consultation on shaping University Hospitals Coventry and Warwickshire's (UHCW) organisational strategy 2022-2030.
- 1.2 Professor Andy Hardy, Chief Executive Officer of UHCW, will deliver the presentation in Appendix A at the meeting.
- 1.3 The video in the presentation can be viewed here:
<https://www.youtube.com/watch?v=XXReUxrctU0>
- 1.4 Members are being provided with the opportunity to ask questions on the strategy proposals and have their views and comments taken on board as part of the consultation process.

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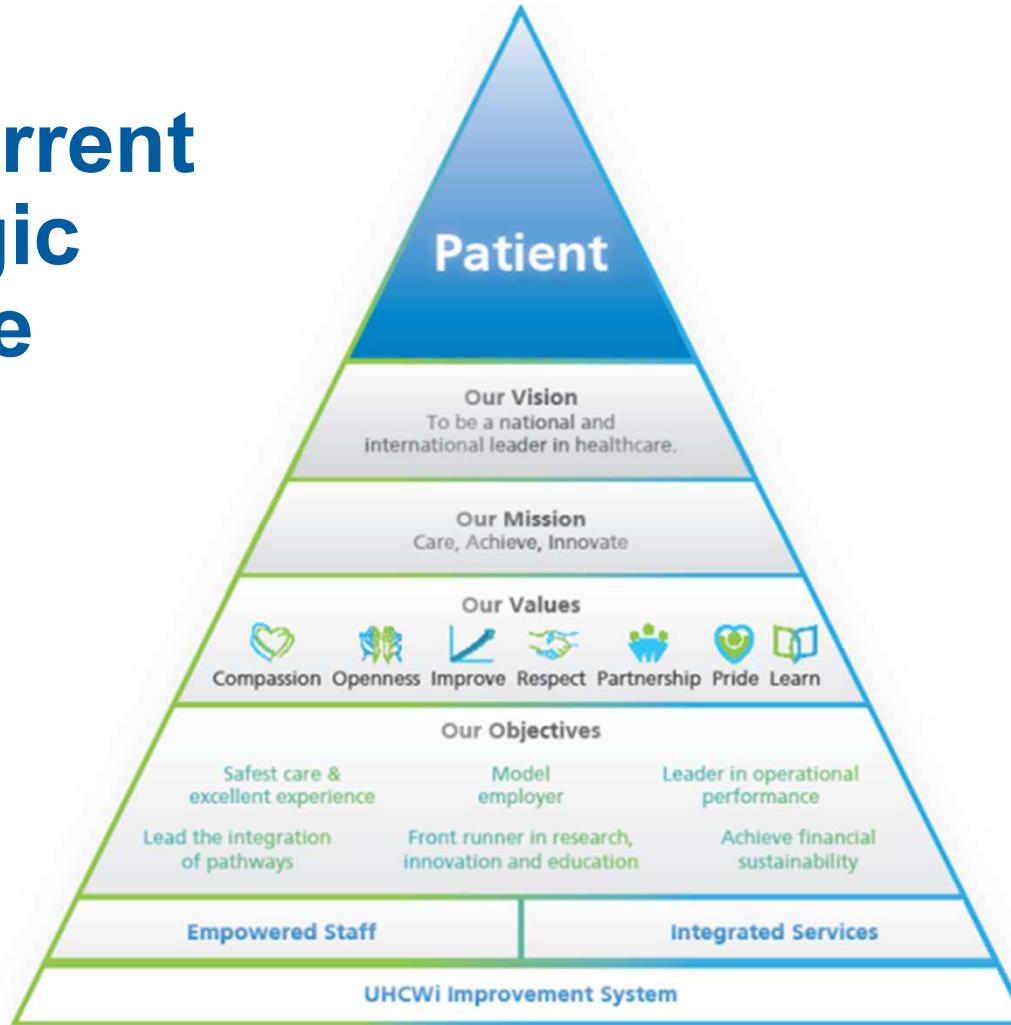


**University Hospitals
Coventry and Warwickshire
NHS Trust**



**More than a hospital:
Your views invited to shape our
organisational strategy for 2022-
2030**

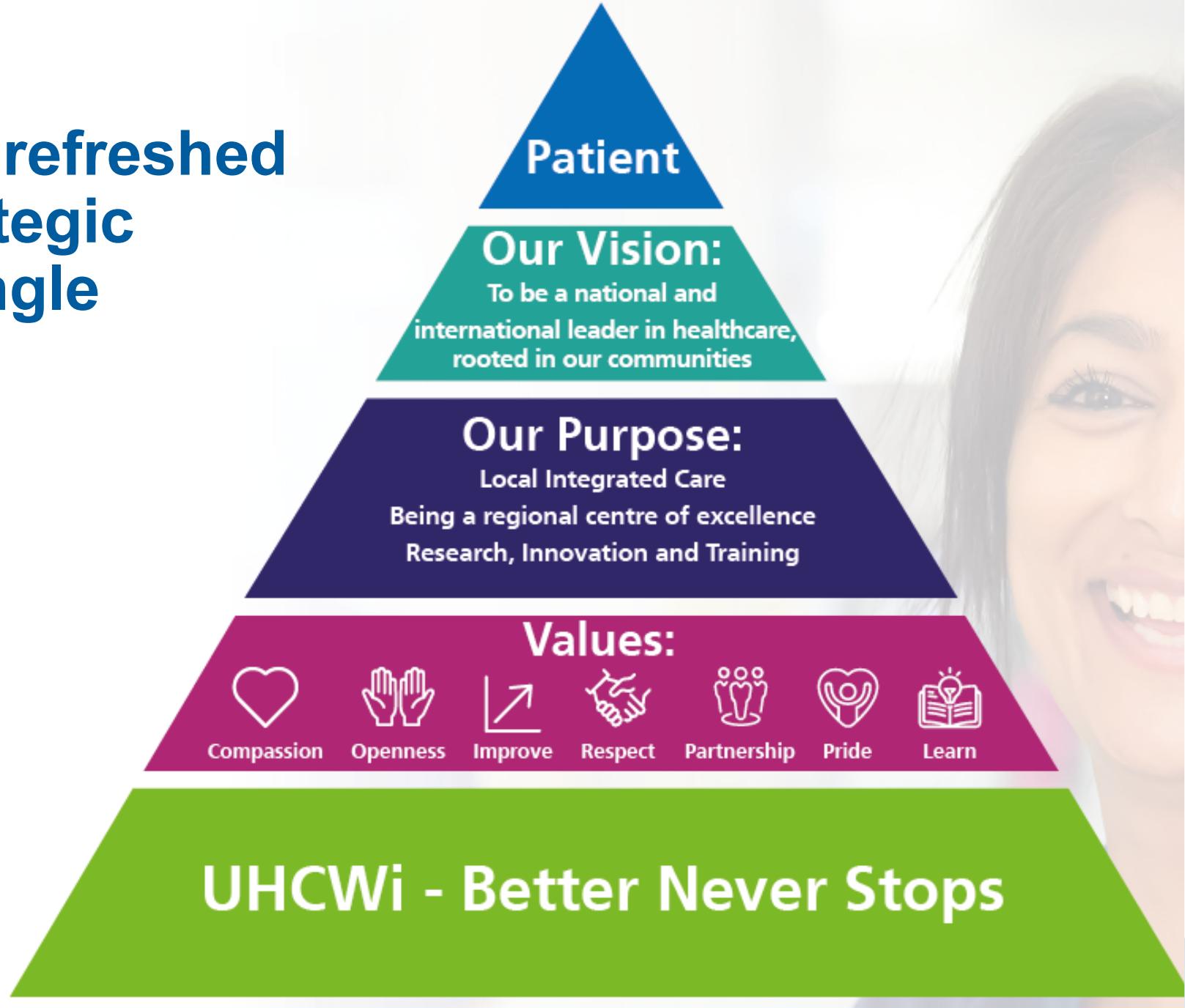
Our current strategic triangle



More than a hospital

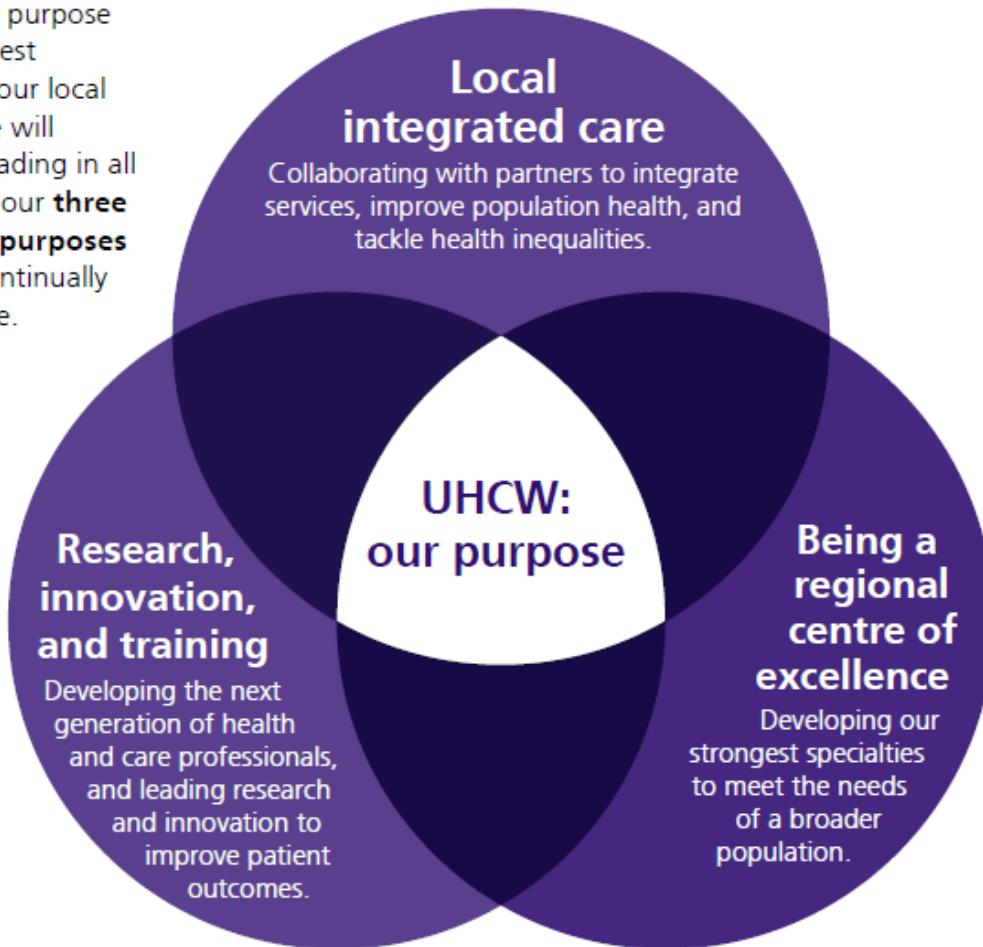


Our refreshed strategic triangle



Our 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.



Local integrated care

- This means collaborating with partners to integrate services, improve population health, and tackle health inequalities.

What we want to achieve:

- **For our patients:**
 - Local people should live longer, healthier lives, supported by effective, joined up services.
 - Improve outcomes by timely support in areas such as diabetes, cancer, smoking and obesity.
- **For our people**
 - A sustainable workforce equipped to provide the best care.
 - Opportunities to work across other organisations, strengthen relationships and gain new skills.
 - More satisfaction from delivering holistic, joined up care that helps patients to stay well.
- **For our organisation:**
 - Leading collaborative work with our partners in integration, population health and health inequality.
 - Embedding multi-disciplinary teams across services and areas.

Regional centres of excellence

- This means developing our strongest specialties to meet the needs of a broader population.
- **What we want to achieve:**
- **For our patients:**
 - Local and regional patients will have consistently excellent health outcomes
 - Patients with highly complex conditions will achieve the best possible outcomes from treatment.
- **For our people we will provide opportunities:**
 - To develop in specialised areas and build a career with us and our partners.
 - To work with regional partners and different communities of patients.
- **For our organisation:**
 - Attract and retain the best talent to build a culture of excellence.
 - Improved productivity and operational performance.
 - Be a regional leader that recognises partners' strengths and learns from them, to support our service improvement.

Research, Innovation and Training

- Developing the next generation of health and care professionals, and leading research and innovation to improve patient outcomes.
- **What we want to achieve:**
- **For our patients:**
 - Improved care quality and better treatment outcomes.
- **For our people:**
 - Continuous learning, development, and leadership opportunities for all.
 - Opportunities to innovate and experiment in a supportive environment.
 - Increased satisfaction from delivering successful, cutting-edge treatments for patients.
- **For our organisation:**
 - Strong national and international reputation for teaching, research, and innovation.
 - Increased ability to attract students and professionals in all health and care disciplines.
 - Greater ability to attract investment for continued research and innovation.

Supporting Strategies

- Our ability to deliver outstanding care is dependent on how we improve quality, support our people, invest in digital technology and data insights, and promote sustainability. These cross-cutting enabling strategies relate to our three purpose elements of local integrated care, being a regional centre of excellence and research, training and innovation

Our ability to deliver outstanding care is also dependent on our four supporting strategies

Developing our people

Our people define UHCW and are vital to the care we deliver and outcomes we achieve for patients. We want to transform our culture and make UHCW a great place to work.

Improving quality of care

High quality care is effective, safe and provides the best possible experience for patients.

Investment in digital

We are investing and transforming care using the latest advances in technology.

A sustainable future

in the following areas:

- Clinical
- Environment
- Finances





To: Health and Social Care Scrutiny Board (5)

Date: 23rd March 2022

Subject: Report back of the Autism Task and Finish Group

1 Purpose of the Note

- 1.1 To inform the Health and Social Care Scrutiny Board (5) of the recommendations identified by the task and finish group established from members of the Education and Childrens' Services Scrutiny Board (2) and the Health and Social Care Scrutiny Board (5) to initially consider issues around the assessment process and support for children and young people who are referred for an autism assessment, and their families. As the task and finish group progressed, it expanded to include transition into adult services, inclusion and other aspects of neurodiversity.
- 1.2 Education and Childrens' Services Scrutiny Board (2) with support from Health and Social Care Scrutiny Board (5) are recommended to undertake further work 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.
- 1.3 Throughout this report, we will use the word **autism** and identity-first terminology ("**autistic people**" rather than "people with autism") when referring to autistic people - children, young people and adults. More information on this is provided in paragraph 5.4.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board are recommended to make the following recommendations:
 - 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 SCRU CO 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
 - 17) That Health and Social Care Scrutiny Board receive an update in 6months time on progress towards the recommendations, particularly the impact of measures to reduce waiting times for diagnostic assessments with regular briefings to the Chair in-between.

3 Background and Information

- 3.1 At the start of the 2021/22 municipal year, the Health and Social Care Scrutiny Board (5) agreed to set up a task and finish group to look at support for children and young people, and their families, who had been referred for an autism assessment. This work was prompted by concerns raised regarding the wait times for assessments and diagnosis. The Task and Finish group wanted to understand the reason for the lengthy waits and what support was available during that time, particularly for children and young people.
- 3.2 At their meeting on 11 March 2020 the Health and Social Care Scrutiny Board considered an item on the Autism Pathway and Support to Children and Young People in Coventry. The Board identified that more in-depth consideration needed to be made of some of the issues and invited Members to join a task and finish group
- 3.3 Due to delays caused by Covid-19 the task and finish group had their first meeting on 11th October 2021 and met 5 times.

4 Task and Finish Group Membership

- 4.1 The Task and Finish Group membership was Cllr Clifford (Chair), Cllr Innes, Cllr Heaven, and Education and Children's Services Scrutiny Board (2) Co-optees, Sybil Hanson and Kellie Jones.
- 4.2 Cllr Brown and Sarah McGarry attended the meetings as Experts by Experience.
- 4.3 Officers from a range of Coventry Council services attended meetings to provide evidence including Childrens' Services, Education, Adult Services, Human Resources, ICT and in addition Officers from Warwickshire County Council and representatives from Coventry and Warwickshire CCG Joint Commissioning Team.
- 4.4 Coventry and Warwickshire Partnership Trust also participated in the meetings.
- 4.5 Task and Finish Group members 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.
- 4.6 The Task and Finish Group would like to thank all those who took part in and contributed to the work of the task and finish group.

5 Defining Autism and Neurodiversity

- 5.1 Autism is not a medical condition with treatments or a “cure”, but autistic people often need person centred support to varying levels across and within four main areas: social communication, social interaction, social imagination and sensory processing. No two people with autism will necessarily be alike or will necessarily benefit from the same type and level of support. Lack of appropriate support during childhood can result in the need for additional support during adulthood. There is a higher prevalence of anxiety, depression and Post Traumatic Stress Disorder in autistic adults than the neurotypical population.
- 5.2 This video from the National Autistic Society provides further information about Autism <https://www.youtube.com/watch?v=Lk4qs8iGN4U>

- 5.3 As the work of the task and finish group developed, it became apparent that many of the recommendations being made by the task and finish group would also apply to other neurodiverse people. Neurodiversity is a term used to describe a variation in normal human evolution which means some people think differently to others and experience the world in a different way. Neurodiverse conditions include autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, Tourette's syndrome and complex tic disorders¹.
- 5.4 Throughout this report, we will use the word **autism** and identity-first terminology (“**autistic people**” rather than “people with autism”) when referring to autistic people - children, young people and adults. This reflects research published in the Autism journal in 2015 which looked at the preferences of UK autistic community members – autistic people, their families, friends and professionals around the language used to describe autism. This mirrors the language used in the Coventry and Warwickshire All Age Autism Strategy.
- 5.5 Partners referred to in recommendations include Council services, health service commissioners, service providers and third sector organisations involved in the delivery of services to autistic children, young people and adults.

6 Coventry and Warwickshire All Age Autism Strategy

- 6.1 The Coventry and Warwickshire All Age Autism Strategy was being developed and finalised during the period that the task and finish group met. The Health and Social Care Scrutiny Board scrutinised the draft strategy at their meeting on 2nd December, which was approved at Cabinet on 15th February 2022.
- 6.2 Members endorsed the aims of the strategy which are to:
 - 6.2.1 **C&W Priority 1:** Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis
 - 6.2.2 **C&W Priority 2:** Reduce inequalities for autistic people and make Coventry and Warwickshire an autism friendly place to live
 - 6.2.3 **C&W Priority 3:** Develop a range of organisations and services locally with the skills to support autistic people
 - 6.2.4 **C&W Priority 4:** Develop the all age autism specialist support offer
 - 6.2.5 **C&W Priority 5:** Co-produce, work together and learn about autism
- 6.3 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.
- 6.4 **Recommendation 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.
- 6.5 Members were concerned about the extent of health inequalities and rates of premature death experienced by autistic people and welcomed priority 2 of the Coventry and Warwickshire All Age Autism Strategy. However, the task and finish group wanted to ensure that the importance of delivering on this priority for all organisations.

¹ <https://www.oxfordhealth.nhs.uk/news/autism-and#:~:text=Neurodiversity%20is%20a%20term%20used,syndrome%20and%20complex%20tic%20disorders>.

6.6 **Recommendation 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.

7 National Autism Strategy (2021-2026)

7.1 A National Autism Strategy (2021-2026) has also been published. The Local strategy is designed to complement the national strategy. The aims of the national strategy are:

7.1.1 **National Priority 1:** Improving understanding and acceptance within society

7.1.2 **National Priority 2:** Improving access to education and supporting positive transition into adulthood

7.1.3 **National Priority 3:** Supporting more autistic people into employment

7.1.4 **National Priority 4:** Tackling health and care inequalities

7.1.5 **National Priority 5:** Building the right support in the community and supporting people in inpatient care

7.1.6 **National Priority 6:** Improving support within the criminal and youth justice service

8 Coventry Context

8.1 There is no register of autistic people nationally or locally and so the true level of occurrence of autism in Coventry is unknown.

8.2 Autism predicted occurrence by local place-based Joint Strategic Needs Assessment (JSNA) area indicates a higher density of expected cases in Coventry urban areas, compared with less densely populated areas of Warwickshire but more overall cases in Warwickshire than Coventry.

8.3 Evidence suggests that Coventry has a higher proportion of Special Educational Needs (SEN) support for autism across all state-funded school settings - primary, secondary and special schools – compared to England, the West Midlands, Warwickshire and Derby. The reasons for this are not clear but options to be considered include:

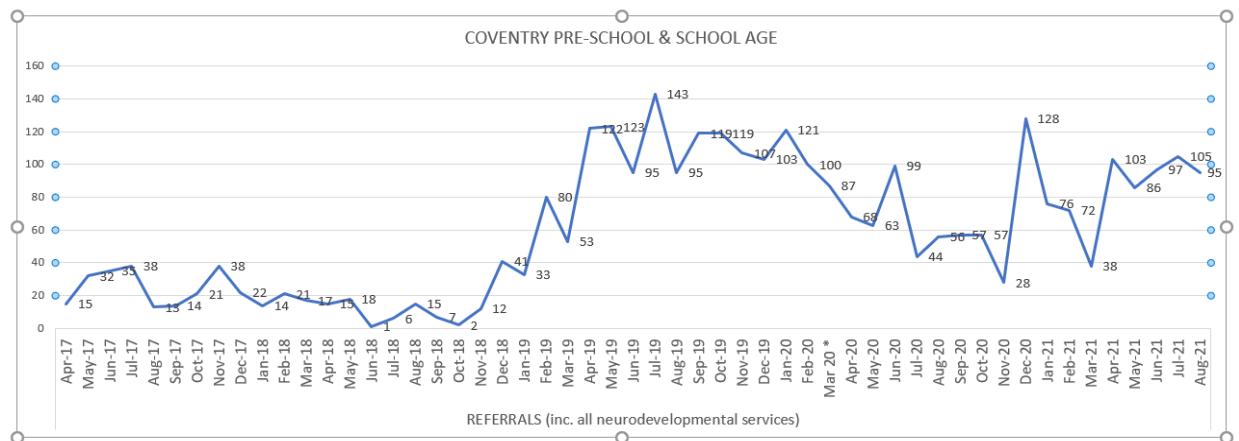
- Higher occurrence of autism in Coventry than nationally or in similar areas, due to unknown factors or chance variation
- Higher autism need based on wider socio-economic or a variety of other factors (e.g. training of teachers and approach within schools, support provided for families etc.), meaning autistic pupils in Coventry require more help than those elsewhere to manage their autism in an education setting.
- A combination of higher occurrence and higher needs to thrive at school than other areas
- A higher proportion of new autism cases receiving a diagnosis in school in Coventry compared with other areas, leading to increased access to support
- A lower threshold criteria for SEN/EHCP support for Coventry pupils with autism than other areas.

8.4 Members were concerned that because there was no fully accurate register of autistic people in the city, it was difficult to plan services effectively to meet the needs of all people affected. It was thought that it would be useful if health partners developed of a process to record the numbers of autistic people diagnosed in the City to enable planning and service delivery.

9 Waiting Times for Assessment and Diagnosis

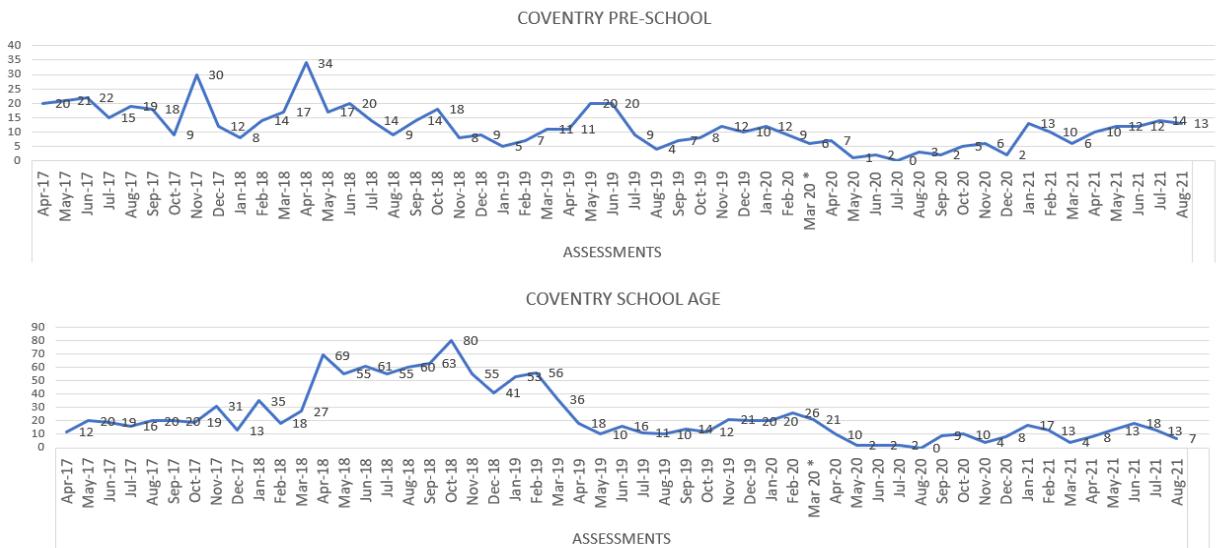
- 9.1 Information was shared with the task and finish group at their October meeting on the number of referrals made for pre-school and School age children (see graphs below).

Number of referrals made between April 2017 and August 2021 – Children and Young People



9.2

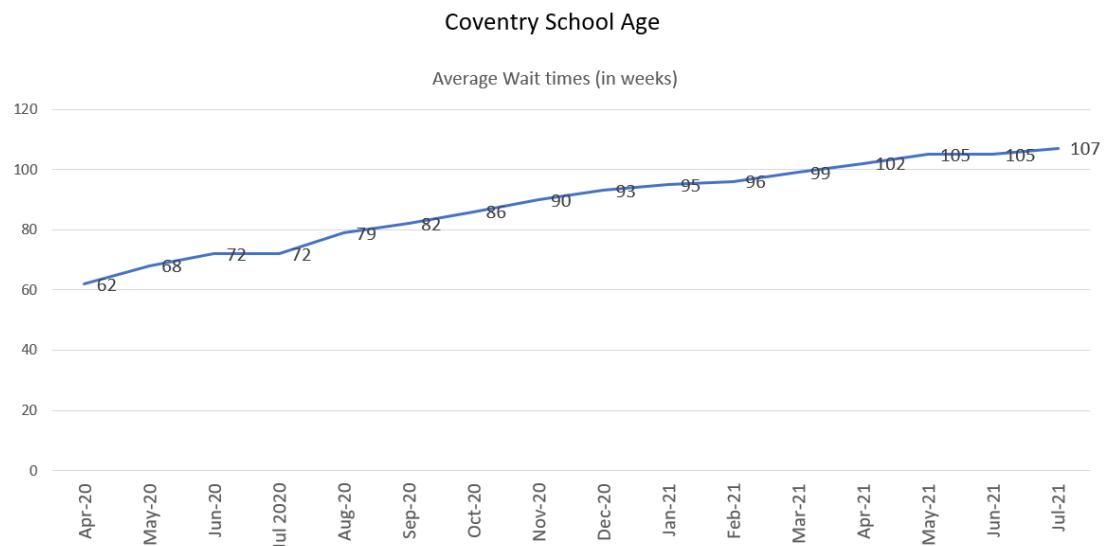
Number of assessments undertaken between April 2017 and August 2021 - Children and Young People



- 9.3 As of August 2021. There were 185 pre-school children in Coventry awaiting assessment and 1343 children and young people of school age. The system had identified priority groups via school years – these priority groups were pre-school, Year 6, Year 10 and Year 11.
- 9.4 As of July 2021, the average wait for assessment for a Coventry Pre-school child was 42 weeks which was a reduction from 56 weeks at its peak in March 2021. This reduction was being made as resource had been prioritised for pre-school assessments.

- 9.5 However, there had been a steady increase in the average wait times of the Coventry school age children – up to 107 weeks as of July 2021. Across Coventry and Warwickshire, 598 children and young people had been waiting over 3 years for an assessment, with 10 waiting 4 years and 1 having been on the waiting list of 5 years, as per the graph below.

Current Referral Demand and Assessment Delivery



- 9.6 The Task and Finish Group 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 stressed that the waiting times were still unacceptable.
- 9.7 **Recommendation 3:** Partners to accelerate and build on existing workstreams, to reduce the unacceptably long waiting times for diagnostic assessment

10 Early Intervention in Education and Statutory Support (including Education, Health and Care Plan)

- 10.1 The Task and Finish group heard about Early Intervention in Education and Statutory Support including Education, Health and Care Plans (EHCP). This includes a description of the targeted nursery support package and a group offer, parenting sessions for the carers focussing on the developmental profile for each child, plus interaction, play skills and strategies to use at home if required in Early Years.
- 10.2 There is transition support from Nursery into Reception provided by a Higher Level Teaching Assistant for the first term of the child's move into primary school.
- 10.3 The core offer for school age children and young people is outlined below in 4 key blocks.

Quality First Teaching	Universal Provision Guidance	SENCo Network	Autism in Schools Project
<ul style="list-style-type: none"> • Reduce sensory stimulus • Agree a regular seating position • Clear and specific instructions • Emotional Literacy Word Bank • Visual cues and timetable 	<ul style="list-style-type: none"> • A local agreement about the support available across schools and settings without an EHCP. 	<ul style="list-style-type: none"> • Available for all maintained schools and academies. • Peer support, training and resource sharing. 	<ul style="list-style-type: none"> • Developing resources to help Autistic young people develop their identity. • Strengthening co-production between settings and families.

- 10.4 Following a discussion about how to improve and widen the support in schools, the Task and Finish Group discussed opportunities to work with schools, colleges and universities to encourage them to promote and deliver enhanced training for supporting autism in the classroom. This would help empower staff across the whole school to support autistic children and young people. The skills and knowledge of SENCOs within school could also be better utilised to help staff gain the skills to support autistic children and young people. This led to the following recommendation:
- 10.5 **Recommendation 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 CPD to ensure high quality provision at both whole class and individual intervention level. Good teaching for autistic pupils is good teaching for all.
- 10.6 Members heard there was a Complex Communication Team who provided training to whole settings on autism as well as bespoke training, including Lego therapy. This team also offered individual and group support.
- 10.7 The role of Education, Health and Care Plans (EHCP) was outlined. They were introduced in 2015 and were subject to review with a Green paper due to be published in Spring 2022. To be eligible for a plan the individual would have severe and complex needs requiring provision that is over and above what is 'ordinarily available' in the local area and focussed on the barriers to learning. A diagnosis of autism is not required to access the assessment which leads to an EHCP.
- 10.8 The Educational Psychology Team provide complex case support as well as assessment, formulation and consultation. They work in partnership with young people and their families. One of the issues raised was that the observations and findings from the work undertaken by educational psychologists did not contribute to the autism assessment process. It was discussed that there was an opportunity for the observations of other professionals to be included in the autism assessment process. This could help speed up the diagnostic process, reduce duplication in the system and potentially reduce undue stress on the young person and their family by them having to go through another observation process.
- 10.9 **Recommendation 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.

11 Education – Feedback from Special Education Needs Co-ordinators (SENCos)

- 11.1 Task and Finish Group members were invited to attend a SENCo meeting on 15th February. There were representatives from around 80 schools present.
- 11.2 This meeting was held virtually and participants were asked to submit their views on four questions via a Google Jamboard. The questions asked were:
 1. What works well in the system? Things that you value (keepers)
 2. What's missing or doesn't work well? (gaps, areas to improve, things we could stop)
 3. Thinking about the child's experience and the challenges they face in school - if you could change three things to improve support, provision and outcomes, what would you do?
 4. Do you have any other comments?
- 11.3 The opportunity for SENCos to comment on this topic was well received with over 400 comments made in response to the questions above. This exceeded expectations and the quality and breadth of data collected was phenomenal. Therefore, the Task and Finish group recommend that this data is reviewed in depth by a separate task and finish group in the new municipal year.
- 11.4 **Recommendation 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.
- 11.5 In light of the above recommendation, high level data analysis has been done and a number of key themes identified. Key issues raised included
- 11.6 **The referral process** – there were concerns that the form took too long to complete and by the time a young person was seen, it was out of date and therefore had to be filled in again. The referral form was a paper document which had to be returned by post/fax with no confirmation provided it had been received.
- 11.7 **Recommendation 7:** Health partners review the referral process for diagnosis to simplify it and enable electronic submission of referral forms.
- 11.8 There were significant concerns about the length of wait for assessments, and regarding the support received by parents both pre and post diagnosis. This is addressed in recommendation 4 above.
- 11.9 Concerns were raised about the communication between NHS services and schools – it was difficult for schools to speak to health services about their pupils. A dedicated phoneline for schools was suggested as an option to explore. There were also issues whereby parents missed appointments, in some cases as they were unable to read the letter offering an appointment, and therefore the referral process had to restart. Issues such as this could be mitigated if the school was copied into appointment letters. Parents and schools struggled to get a dialogue with CAMHS even after a diagnosis.

- 11.10 **Recommendation 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.
- 11.11 Schools wanted to be able to provide more support to parents whilst they waited for an assessment including how to help the young person at home for example with sleep, food and sensory issues.
- 11.12 SENCo's also flagged the need to improve understanding and support for mental health issues being experienced by pupils, some of which may co-present with autism and some which can lead to similar presentations, for example anxiety.
- 11.13 The recommendation identified by the task and finish group to become an Autism Friendly City, was supported by the schools. They wanted schools to become more autism friendly by increasing understanding amongst pupils, parents and all staff about autism to improve inclusivity and the introduction of quiet, low sensory spaces.
- 11.14 Concerns were raised about the lack of capacity in specialist settings for children and young people who would do better in specialist provision than a mainstream setting.
- 11.15 The increase in the numbers of children and young people presenting with autism was also flagged alongside concerns about the impact this has on resources within the school to ensure support is provided.
- 11.16 There was significant praise and support for the Council's Complex Communications Team who provide support whilst children and young people are awaiting assessment.

12 Pathways and Support Services

- 12.1 The complexity of the services on offer and the pathways to access support became clear as the task and finish group progressed. Sometimes the support was available but it was hard for the young people or their carers to know whether it was the right service for them to access or not. Some services could be accessed without a diagnosis if required. Therefore, it is recommended that:
- 12.2 **Recommendation 9:** Partners to ensure information on referral and support pathways is accessible to parents, carers, young people and professionals.
- 12.3 **Recommendation 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.

13 Impact of Diagnosis

- 13.1 The Task and Finish Group discussed the impact of a diagnosis on the child, young person and their families.
- 13.2 Members were told that whilst a diagnosis was not always required to access services, for some people gaining a diagnosis helped them to understand themselves better. It could provide families with a reason why their child/young person experienced the world differently to others.
- 13.3 However, for some families, a diagnosis brings a sense of grief as they worry about their child's or young person's future. In the past there had been emotional support

provided following a diagnosis as well as clinical support, however this was no longer offered. The task and finish group felt this was a gap and therefore recommended:

- 13.4 **Recommendation 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.

14 Preparing for Adulthood

- 14.1 The Task and Finish Group heard about the transition process from Children's Service to Adult services. There was an agreed pathway for preparing for adulthood, outlined within a Transitions Protocol. Referrals were being more consistently sent to Adult Services from age 14 and there were monthly Pre-Transitions Panels supporting early identification and planning for all children and young people. There were regular transition meetings and a transition tracker to help monitor progress. Performance indicators were being developed to help strengthen service delivery.
- 14.2 Services available through Adult Services varied depending on whether the individual needs met Care Act eligibility criteria or not. Those who were eligible for services could access a range of services according to their needs including Promoting Independence Service; Home support; Supported Living; Employment Support; Day Opportunities; Care home; Aids and adaptations/digital solutions and Support for family carers.
- 14.3 Those who did not meet the nationally prescribed eligibility criteria were able to access information and advice/signposting/social prescribing; Mind; Grapevine; Employment Support (Disability Confident Employers); Support for Family Carers and Housing Related Support.
- 14.4 It was recognised by the Task and Finish group that the threshold for eligibility in Adult Services was much higher than that for children and young people through Education or Children's Services, and fewer autistic people would have the level of need required to access specialist provision as an adult.
- 14.5 Adult Services had been reviewing areas for improvement and had identified areas for development. They had undertaken a survey in December 2021 with young people and initial feedback identified that discussions around transition usually start at 14-16 years, but young people and families struggle to understand the changes to the service. There were still times when referrals to Adult Services were made too late. Adult Social Workers were not consistently identified early enough, although this had improved, in particular for children with complex needs and disabilities
- 14.6 There were a number of actions being implemented to improve the transition process. These included the weekly monitoring of performance indicators; completion of Preparing for Adulthood leaflet for children, young people and their families to support their understanding around changes to services; Care Act assessments to be consistently completed by 17.5 years; Adult Social Workers to be identified consistently at 16 years to support planning and enable families to understand the change in provision at 18 years.

15 Employ Autism Higher Education Network Project

- 15.1 Coventry City Council had participated in the Employ Autism employability programme which offered 8-week summer internships for up to 5 autistic students and graduates per organisation.
- 15.2 This was a pilot programme which was delivered in partnership with Ambitious about Autism and Coventry University between July and September 2021. The pilot was a fully-funded programme – with the intern's, who worked at the Council, having their salaries paid by Santander Universities UK, making it zero-cost for the Council.
- 15.3 The project included two free training sessions delivered by Ambitious about Autism on recruiting, onboarding and working with autistic students and graduates. This training was mandatory for all line managers and buddies participating in the programme.
- 15.4 Benefits for the Council included access to a pool of untapped, diverse talent; the promotion of diversity of thought and problem-solving; reflection on the diverse communities we serve; the removal of structural barriers to employment (traditional application and interview processes) and facilitation of a positive cultural change by raising awareness of conditions required for an inclusive team
- 15.5 The interns gained work readiness skills and ability to move into employment; enhanced confidence to contribute as an employee within a team; found barriers were broken down and they had a chance to expand their networks. It also empowered the interns to self-advocate in the workplace.
- 15.6 There was some learning from the programme which included the interns suggesting that they would like internships to last for 12 weeks rather than the 8 weeks offered, or to be paired up with other interns, if the programme were to run again.
- 15.7 Ambitious about Autism are currently evaluating the pilot programme using feedback from participating employers and interns and a decision is expected soon regarding the future of the programme and whether Santander Universities will continue to fund it moving forward
- 15.8 The Council is working with Ambitious about Autism and Coventry University to explore other ways to continue the project moving forward, if the funding is withdrawn.
- 15.9 The Task and Finish group were impressed with the opportunities offered by participating in the scheme and therefore made the following recommendation
- 15.10 **Recommendation 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
- 15.11 Further to the recommendation above, Members felt that the Council should lead by example and become an autism friendly employer and showcase to employers across the City the benefit of employing autistic people.
- 15.12 **Recommendation 13:** For the Council to lead by example and become an inclusive employer including for autism and neurodiversity.

15.13 It was also discussed that barriers to employment are an issue for people with a range of disabilities. SCRUCO would be considering an item on skills resilience in 2022/23 and the task and finish group recommended that:

15.14 **Recommendation 14:** That SCRUCO include in a future item on skills resilience pathways into employment for those with disabilities, including neurodiversity

16 Autism Friendly City

16.1 There are already initiatives taking place to make the city autism friendly however, there is more that can be done to make Coventry a city which celebrates, supports and accepts autism and neurodiversity.

16.2 There is a proposal to develop a Coventry Autism App. The app would have a range of functions which could include information on autism friendly retailers, sign posting to green spaces and free of charge charging points, locations of disabled toilets, social stories to support travel, relaxation games, notification of autism friendly, low sensory sessions as well as identification of large events in the city such as carnivals which autistic people may wish to avoid.

16.3 Potential benefits of the app would be to increase independence of autistic people by reducing sensory overload, providing social stories for travel and reduce dependence on carers

16.4 Whilst the app has been scoped, to be able to develop it and roll it out, possible funding sources, partners, sponsors and suppliers need to be identified and resource allocated to make it happen.

16.5 Through forthcoming public realm works, there are opportunities to design inclusive spaces through the capital works which includes creating environments which are autism friendly.

16.6 Existing buildings and spaces could be adapted to become safe spaces which provide low sensory stimulus areas for autistic people to decompress. Any safe spaces which are introduced, need to be promoted and also included on the Coventry Autism App should development progress.

16.7 **Recommendation 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.

16.8 **Recommendation 16:** The Council resource and pursue digital opportunities including the development and rollout of a Neurodiversity Support App for Coventry

17 Next Steps

17.1 If the Health and Social Care Scrutiny Board support the recommendations of the task and finish group a report will be taken to Cabinet on 12th April 2022 to consider the recommendations.

- 17.2 Health and Social Care Scrutiny Board will monitor progress on the implementation of the recommendations
- 17.3 **Recommendation 17:** That Health and Social Care Scrutiny Board receive an update in 6months time on progress towards the recommendations, particularly the impact of measures to reduce waiting times for diagnostic assessments with regular briefings to the Chair in-between.

18 Health Inequalities Impact

- 18.1 The following paragraph from the Coventry and Warwickshire All Age Autism Strategy outlines some of the health inequalities suffered by autistic people
- 18.2 *"The difficulties autistic people experience with communication, interaction, and social imagination lead to inequalities in health, education and social outcomes for autistic people compared to non-autistic groups for almost all conditions studied. This includes mortality, obesity, smoking, bullying, social isolation, education, criminal justice, employment, and homelessness. 80% of autistic adults and 70% of autistic children will experience mental health conditions including anxiety and depression, leading to higher rates of self-harm, suicide, and admissions to mental health hospital. In Coventry, the largest proportion of children and young people with Education Health and Care Plans have a primary need of Autism."*
- 18.3 Many of these adverse health outcomes are avoidable and can be addressed through appropriate levels of preventative care, support and lifestyle interventions. For this reason it is important that timely access to diagnostic assessments is provided so needs can be identified and addressed.
- 18.4 The recommendations in this report compliment the Coventry and Warwickshire All Age Autism Strategy 2021-26 and the National strategy for autistic children, young people and adults: 2021 to 2026 which strive to reduce the health inequalities experienced by autistic people.

Victoria Castree
Gennie Holmes
Scrutiny Team

Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2021/22

23rd March 2022

Please see page 2 onwards for background to items

23rd June 2021

- Emotional Wellbeing and Mental Health Support to the Population of Coventry
- Community Mental Health Transformation

14th July 2021

- NHS Restoration
- Access to GP Services

29th September 2021

- Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (Local Account)

3rd November 2021 (items deferred to December)

-

1st December @ 2pm (moved from 8th December 2021)

- All Age Autism Strategy 2021-2026
- Director of Public Health and Wellbeing Annual Report 2020-2021

2nd February 2022

- Integrated Care System (ICS)
- Mental Health and Suicide Prevention Transformation Programmes

23rd March 2022

- UHCW – More than a hospital: Your views invited to shape our organisational strategy for 2022-2030
- Report back of the Autism Task and Finish Group

2022/2023

- Primary Care including recruitment, retention and supporting self-care
- Drugs and Alcohol Overview
- Social Prescribing
- Health Sector Skills Development
- Step down care – from acute to community
- Child and Adolescent Mental Health (Joint with SB2)

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
23rd June 2021	- Emotional Wellbeing and Mental Health Support to the Population of Coventry	To scrutinise the emotional wellbeing and mental health support to the Population of Coventry with a focus on the emotional well-being and mental health support for children and young people.	Coventry and Warwickshire Partnership Trust/ Coventry City Council
	- Community Mental Health Transformation	To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19.	Coventry and Warwickshire Partnership Trust
14th July 2021	- NHS Restoration	Changes were made to NHS services to enable the management of the pandemic. This item will outline the process by which services will be restored across the sub-region.	Coventry and Warwickshire CCG
	- Access to GP Services	To scrutinise access to GP services. This includes appointment booking process and access to face to face care.	Coventry and Rugby CCG
29th September 2021	- Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (Local Account)	To scrutinise the Adult Social Care Local Account 2020/21 and Adult Social Care Performance.	Cllr M Mutton/ Pete Fahy (CCC)
3rd November 2021 (items deferred to December)	-		
1st December @ 2pm (moved from 8th December 2021)	- All Age Autism Strategy 2021-2026	SB2 have invited for consideration of this item	Pete Fahy Cllr M Mutton

Health and Social Care Scrutiny Board Work Programme 2021/22

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Director of Public Health and Wellbeing Annual Report 2020-2021	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton/ Cllr K Caan
2nd February 2022	- Integrated Care System (ICS)	The NHS Long Term Plan has evolved into the development of ICS. ICS are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. Implementation of the ICS is due to take place in April 2022.	Phil Johns/ Rose Uwins
	- Mental Health and Suicide Prevention Transformation Programmes	To update on the outcomes of the 2019 Task and Finish Group on Mental Health Support to University Students.	Cllr K Caan/ Jane Fowles
23rd March 2022	- UHCW – More than a hospital: Your views invited to shape our organisational strategy for 2022-2030	UHCW are presenting the consultation on their new organisational strategy for 2022-2030. The scrutiny board will be able to feed their views into the consultation.	Andy Hardy
	- Report back of the Autism Task and Finish Group	SB2 and SB5 established a joint task and finish group in July 2021 to look at Autism and neurodiversity. This includes referral rates, support to families and the impact on education.	Victoria Castree
2022/2023	- Primary Care including recruitment, retention and supporting self-care	An item to look at Primary Care, including the recruitment and retention of GPs, Supporting Self Care and changes to service delivery post Covid-19.	Coventry and Warwickshire CCG

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Drugs and Alcohol Overview	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).	Cllr Caan/ Director of Public Health and Wellbeing
	- 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.	Cllr Caan/ Director of Public Health and Wellbeing
	- Health Sector Skills Development	Identified at the meeting on 14.07.21, Members asked to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry.	
	- Step down care – from acute to community	Identified on 14.07.21, Members asked to scrutinise the provision of step-down care, for when a patient leaves hospital but requires care at home to continue their treatment.	Coventry and Warwickshire Partnership Trust
	- Child and Adolescent Mental Health (Joint with SB2)	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators.	Coventry and Warwickshire CCG