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### Health and Social Care Scrutiny Board (5)

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**Time and Date**

10.30 am on Wednesday, 7th December, 2022

**Place**

Diamond Rooms 1 and 2 - Council House

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**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 November 2022

(b) Matters Arising

4. **Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire** (Pages 9 - 16)

Briefing Note of the Head of Communications and Public Affairs, Coventry and Warwickshire Integrated Care Board

5. **Autism Task and Finish Group Report** (Pages 17 - 26)

Briefing Note of the Scrutiny Co-ordinator

6. **Work Programme and Outstanding Issues** (Pages 27 - 32)

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

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Julie Newman, Chief Legal Officer, Council House, Coventry

Tuesday, 29 November 2022

Note: The person to contact about the agenda and documents for this meeting is

Caroline Taylor caroline.taylor@coventry.gov.uk

Membership: Councillors M Ali (Chair), J Birdi, K Caan (By Invitation), J Clifford, E DeVane (Co-opted Member), J Gardiner, G Hayre (By Invitation), M Heaven, J Innes, A Jobbar, G Lloyd, J McNicholas, C Miks, B Mosterman and M Mutton (By Invitation)

By invitation: S Hanson (IET)

**Public Access**

Any member of the public who would like to attend the meeting in person is encouraged to contact the officer below in advance of the meeting regarding arrangements for public attendance. A guide to attending public meeting can be found here: <https://www.coventry.gov.uk/publicAttendanceMeetings>

**Caroline Taylor**  
**caroline.taylor@coventry.gov.uk**

# Public Document Pack Agenda Item 3

## Coventry City Council

### Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.30 am on Wednesday, 2 November 2022

Present:

Members: Councillor M Ali (Chair)  
Councillor J Birdi  
Councillor J Clifford  
Councillor J Gardiner  
Councillor A Hopkins  
Councillor A Jobbar  
Councillor G Lloyd  
Councillor J McNicholas  
Councillor B Mosterman  
Councillor M Mutton

Co-Opted Members: Ed DeVane

Other Members: Councillor M Mutton (Cabinet Member for Adult Services)

Employees (by Service)

Adult Services: P Fahy (Director of Adult Services and Housing), S Caren,  
R Eaves, A Errington, A Staunton

Law and Governance V Castree, L Knight

Others Present: D Benson (Independent Chair, Coventry Safeguarding Adults  
Board)

Apologies: Councillor C Miks

## **Public Business**

### **15. Declarations of Interest**

There were no disclosable pecuniary interests.

### **16. Minutes**

The minutes of the meeting held on 14<sup>th</sup> September 2022 were agreed and signed as a true record.

The Board noted that the briefing notes referred to in Minute 11, headed Adult Social Care Annual Report 2021/22 (Local Account) and Minute 12, headed Adult Social Care Customer Experience and Engagement, had been sent to the Cabinet and the Cabinet Member for Adult Services respectively.

## 17. **Safeguarding Adults Board Annual Report and Performance Framework**

The Health and Social Care Scrutiny Board (5) received a briefing note and presentation by the Safeguarding Board Business Manager and the Independent Chair of the Safeguarding Adults Board, which provided an overview of the Coventry Safeguarding Adults Board Annual Report 2021/22 and Performance Framework.

The Board noted that the Coventry Safeguarding Adults Board (CSAB) is a partnership of organisations that work to both prevent and end abuse of adults with care and support needs within Coventry.

The Care Act 2014 requires local authorities to establish a Safeguarding Adults Board for its area, with the objective of protecting adults in its area in cases where the adult a) has care needs; b) is experiencing, or is at risk of, abuse or neglect; and c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. Under the Care Act 2014, one of the core duties of the Safeguarding Adults Board is to publish an annual report detailing what the Board has done during the year to achieve its main objectives and implement its strategic plan, what each member has done to implement the strategy, as well as detailing the findings of any safeguarding adult review and subsequent actions. The CSAB Annual Report 2021/22 is in line with this requirement.

The Annual Report identified an upward trajectory of both the number of adults referred as a concern and the conversion rate from concern to enquiry during 2021/22 after a significant decline during the Covid-19 pandemic in 2020/21. End of year data showed that 93% of safeguarding enquiries had the risk reduced or removed in 2021/22, which evidenced that most people were being kept safe as a result of their engagement with services. Financial, neglect, acts of omission and physical abuse remained the top abuse types for concluded safeguarding enquiries in Coventry in 2021/22. The increase in enquiries relating to self neglect was a trend that continued throughout the year. There was no change in the number of concluded safeguarding enquiries relating to domestic abuse, in contrast to local and national reports of domestic abuse increasing in other areas of the system. It was noted that work was being carried out as part of the Domestic Abuse Strategy to raise awareness and help practitioners be better equipped to support adults experiencing domestic abuse.

The Scrutiny Board were advised of the importance of obtaining information on the experience of the person in receipt of Safeguarding Adults Services, including through the Safeguarding Awareness Week, family and service users involved in Safeguarding Adult Reviews, the voice of service users in audits, 'real time experience' surveys launched by the Council and by the University Hospital Coventry and Warwickshire through mandated fields within referrals for staff to capture patient and family views. Feedback was also obtained from partners, staff and leaders.

The Quality Assurance Framework highlighted that the CSAB Quality Assurance and Continuous Improvement Framework helps the Board to ensure that adults who have care and support needs and who are unable to protect themselves are safeguarded, by using a wide range of key quality and performance indicators aligned to the CSAB priorities. These are scrutinised and challenged through a

robust, systematic process. This also provided assurance to the Board and the CSAB Executive Group that partner agencies have effective systems and processes and practice in place to improve outcomes and experience in the context of safeguarding adults at risk, and that the quality of the work undertaken in Coventry is to a sufficient standard. The Framework is published to allow transparency around the assessment of effectiveness.

Members of the Scrutiny Board asked questions and received responses in relation to the following matters:

- How sure the CSAB were about the 93% figure in risks being reduced or removed and whether that is linked to the Covid-19 pandemic.
- Whether any work is undertaken to monitor repeat referrals.
- How cases are referred for Safeguarding Adult Reviews.
- Information on the Deprivation of Liberties Safeguarding (DoLS) figures.
- The number of adults currently in care in Coventry.

The Scrutiny Board requested that the information in respect of Governance Arrangements be updated in future years to reflect that the report was shared with Elected Members.

**RESOLVED that the Health and Social Care Scrutiny Board welcome the Safeguarding Adults Board Annual Report and Performance Framework.**

#### **18. Adult Social Care and Keeping People Safe**

The Health and Social Care Scrutiny Board (5) received a briefing note and presentation by the Director of Adult Services and Housing, which provided information on the range of approaches and mechanisms in place to keep people safe for both assurance and contribution on potential improvements.

The Scrutiny Board noted that keeping people safe is a fundamental element of the work of Adult Social Care and that this is one of the key commitments in the Adult Social Care offer. Ensuring the safety and wellbeing of the most vulnerable people, helping people to stay safe from harm and abuse, working alongside other organisations when needed, and supporting people to make their own choices was paramount. Although this is central to everything the Adult Social Care does, it was recognised that this is a challenging area and that the service is often involved in people's lives at a time of change, crisis, profound trauma and abuse.

The presentation provided an overview of the ways in which Adult Social Care helps to keep people safe, summarise and identify key issues and provide real examples of the application in practice.

The Scrutiny Board noted that there were 3 specified routes to keeping people safe. It was further noted that these all have specific criteria so don't apply to all adults within the community, but in some very limited situations consideration of all 3 of the following areas may apply:

- Care Act 2014 – provides general duties but predominantly safeguarding. The Act provides a clear legal framework for how local

authorities should protect adults with care and support needs at risk of abuse or neglect.

- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) – for people who lack capacity to make decisions. This is also an area of safeguarding activity where the Council is experiencing increasing demand. The Council is the supervising authority, assessing and authorising the deprivation in care homes, hospitals etc.
- Mental Health Act 1983 – for those experiencing acute mental illness requiring detention in hospital. The Act has very specific criteria that is medically led and assessed and authorised by an Approved Mental Health Practitioner, more commonly a social worker.

The presentation provided case studies in respect of safeguarding, mental capacity and DoLS, and how all 3 of the above elements were used. This provided real life examples of some of the cases Adult Social Care undertake and how the various acts support the service to keep people safe.

Key issues were highlighted in respect of the perception of others, particularly where it is not possible to share the rationale in decision making; increased activity within Adult Social Care, the impact of increased demand on the workforce; and recognising that it isn't always possible to remove all risks and ensure the complete safety of individuals, who may chose to remain in an unsafe or risky situation.

Members of the Scrutiny Board asked questions and received responses in relation to the following matters:

- In respect of impact on workforce, whether there have been issues in relation to the retention or recruitment of staff.
- The impact on individuals and professionals involved in cases of DoLS where the service user refuses to accept the outcome of the assessment.
- What Key Performance Indicators are used, where they can be located and how they are used to measure performance.
- How safeguarding is assured when individuals are brought into care homes.
- The impact of high staff turnover with regard to safeguarding.
- Winter planning to ensure the safeguarding of individuals and whether there was likely to be an increase in referrals with relatives and neighbours raising concerns, particularly in light of the cost of living crisis.

The Scrutiny Board placed on record their congratulations to the Cabinet Member for Adult Services on her commitment and leadership on this agenda, as had been acknowledged by the Independent Chair of the Adult Safeguarding Board. Officers were also thanked for their proactive work and willingness to discuss challenging issues within this service area. The Board further recognised that whilst the Adult Social Care Service would do their best to mitigate the current challenges, assurances could not be given that the impact of the cost of living crisis would not be felt by the service and service users.

The Scrutiny Board recommended that additional mechanisms to enable the collection of service user's views be explored.

**RESOLVED that the Health and Social Care Scrutiny Board:**

- 1. Reviewed and commented on the work of Adult Social Care, understanding the approaches and mechanisms that are in place in line with the service's commitment to keep people safe.**
- 2. Recommend that additional mechanisms to enable the collection of service user's views be explored.**
- 3. Congratulations the Cabinet Member for Adult Services on her commitment and leadership on this agenda, as had been acknowledged by the Independent Chair of the Adult Safeguarding Board.**

**19. Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme and agreed the inclusion of A & E waiting lists. It was further noted that an additional meeting had been scheduled for 15<sup>th</sup> February 2023 to consider GP access.

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

There were no other items of public business.

(Meeting closed at 12.10 pm)

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## **Briefing Note – Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire**

### **1. Background**

- 1.1. Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Following several years of locally led development, including the merger of the three Clinical Commissioning Groups in the area, the passage of the Health and Care Act (2022) established Coventry and Warwickshire as an Integrated Care Board on a statutory basis on 1 July 2022.

- 1.2. The purpose of an ICS is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

- 1.3. Coventry and Warwickshire Integrated Care System comprises the following elements

#### **Integrated Care Board (ICB)**

A statutory NHS organisation responsible for developing a plan for meeting the health and care needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being dissolved.

#### **Integrated Care Partnership (ICP)**

A statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners committed to improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy detailing how they will meet the health and wellbeing needs of the population in the ICS area.

#### **Local Authorities**

Local Authorities in the ICS area, responsible for social care and public health functions along with other vital services for local people and businesses, are a vital part of the ICS. Representatives from the upper tier Local Authorities sit on the ICB Board and are members of the ICP.

#### **Care Collaboratives**

Within our ICS, Care Collaboratives will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population. There is one Care Collaborative developing in Warwickshire and one in Coventry. The Warwickshire Care Collaborative will be supported by the three Places already established in the area, Warwickshire North, Rugby and South Warwickshire.

### **Provider collaboratives**

Provider collaboratives will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICS areas, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

1.4. In order to achieve the ICS aims already stated, we must develop two documents:

- An Integrated Care Strategy which sets the direction of the system and outlines our priorities for delivering integrated care. This will be developed by the ICP.
- A 5 Year Integrated Health and delivery Plan which responds to the Integrated Care Strategy and details how we will deliver its aims. This document will be developed and delivered through the ICB.

## **2. Developing an Integrated Care Strategy**

2.1. The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires all ICPs to write an Integrated Care Strategy to set out how the assessed needs (from the Joint Strategic Needs Assessments already developed by local authorities) can be met.

Throughout Coventry and Warwickshire considerable work on integration has already taken place, including through our two Health and Wellbeing Boards, the preparation of Better Care Fund plans, and work undertaken by the former Health and Care Partnership to develop strategies that support more integrated approaches to delivering health and care.

Our Integrated Care Strategy will build on this existing work and momentum to further the transformative change needed to tackle the significant challenges facing health and care. It will outline the direction of the system, setting out how decision makers in the NHS and local authorities, working with providers and other partners including the voluntary sector, will deliver more joined-up, preventative, and person-centered care for their whole population, across the course of their life.

The strategy presents an opportunity to do things differently, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or

joining-up health, social care and wider services. It will agree the steps that partners, working closely with local people and communities, will take together to deliver system-level, evidence-based priorities in the short-, medium- and long-term. These priorities will drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout Coventry and Warwickshire. This will include how we will contribute to the ambitions to reduce geographic disparities in wellbeing and healthy life expectancy, and overall increase them". It will also include how areas will address the need for personalised care and choice, control and independent living.

2.2. The Integrated Care Partnership met on the 26<sup>th</sup> July to agree the work programme to develop the Strategy. A working group has been established, as well as a broader reference group made up of representatives from across the Partnership. The working group will lead, with input from the reference group, planning and orchestrating the engagement with key stakeholders integral to the development of the strategy and ensuring that the Strategy is developed with input from across the ICS.

2.3. The draft strategy is due to be submitted to NHS England for review on the 14<sup>th</sup> December.

### **3. Developing the Strategy**

3.1 The intention is that the strategy will be short and concise (around 30 pages), recognising and building upon work already in place by signposting to existing strategies. Since July, the working group has completed a mapping exercise of existing and emerging system and partner strategies that will support delivery of this overarching strategy, capturing the breadth of determinants of health. Needs data from across the system has also been collated to inform the strategy.

3.2 An initial outline content structure and framework for the strategy was developed, including identification of a number of proposed priority or 'strategic focus' areas, drawn from health and wellbeing strategies, a prioritisation exercise by the Shadow ICP and recommendations from the national guidance. A number of system enablers were also identified, which will support our vision for integration. The approach to drafting the strategy aims to be as inclusive as possible, with lead 'owners' from across the system identified for each of these initial priorities and enablers.

3.3 The draft priorities and enablers were shared with the C&W Integrated Health and Wellbeing Forum on 13 October, where members discussed them and what is most critical to the system now. The proposed strategy content and structure was reviewed in light of the feedback received and further proposals were developed for consideration by the ICP on 31 October.

3.4 This included identification of a series of commitments that will run through the strategy, aligned to achievement of the core purposes of the ICS:



#### 4. Engagement activity

- 4.1. As a system we need to make sure that the development of the Integrated Care Strategy and the Integrated Care 5-year Plan is done in an aligned and connected way, with all of those with a stake communicated with, engaged and involved as necessary throughout. It must also be aligned and coordinated with other engagement and involvement planned by local authorities, NHS organisations and others in the system to avoid the burden of engagement falling on the local population too heavily.
- 4.2. A separate engagement task and finish group has been established, including representatives from Local Authorities, NHS organisations, the voluntary and community sector, faith groups and others, to first establish what we already know from previous engagement to feed into the development of the strategy. Once the strategy starts to take shape the group will support further engagement across the area to ensure that the strategy accurately represents the priorities of residents, particularly those with a protected characteristic.
- 4.3. A significant piece of system wide mapping and analysis has taken place to determine the insight already available within the system in order to avoid duplication and asking people to repeat information they have already shared within the ICS. All ICS partners have contributed to this desktop research exercise and the resultant information has been shared with all those who are contributing to writing the various elements.
- 4.4. An engagement calendar has been developed to enable us to talk to residents of Coventry and Warwickshire and to hear about their priorities for health and care and what integration means to them. Across the engagement period we have over 30 different events currently scheduled or already taken place to speak to groups, and we continue to develop more. These

opportunities focus both on those groups who are within the 'Core 20 plus 5' groups and those who are seldom heard or who may not be able to access online services.

The main messages we are hearing so far from this engagement are about:

- Access to primary care
- Digital inclusion
- Trust (and erosion of trust in health services).

4.5. We have also launched an online survey which is being promoted widely through ICS and ICP networks via email and posters. This survey will remain open for a month, with weekly findings circulated to those developing content for the strategy.

4.6. Stakeholder engagement also continues, with regular updates circulated to stakeholders. This includes attending Scrutiny meetings at both Upper Tier Local Authorities in November and December to give them the full opportunity to feed into the process.

## **5. The 5 Year Integrated Health and Care Delivery Plan**

5.1. Before the start of each financial year, the ICB and its partner NHS Trusts and NHS foundation trusts must prepare a 5 Year Integrated Health and Care Delivery Plan.

5.2. The plan produced by the ICB must have regard to the Integrated Care Strategy and must set out the steps by which the ICB proposes to implement any JLHWS that relates to the ICB area. It will provide the operational detail around how the strategy's vision can and will be realised and should be informed by:

- Health and Wellbeing Board strategies and JSNAs
- The revised Long Term Plan from NHS England
- NHS England priorities and planning guidance
- The Coventry and Warwickshire Integrated Care System Strategy

5.3. The Health and Care 2022 act states specifically that the plan must, in particular—

- (a) describe the health services for which the Integrated Care Board proposes to make arrangements in the exercise of its functions by virtue of this Act;
- (b) explain how the Integrated Care Board proposes to discharge its duties under—
  - (i) sections 14Z34 to 14Z45 (general duties of Integrated Care Boards), and
  - (ii) sections 223GB to 223N (financial duties);
- (c) set out any steps that the Integrated Care Board proposes to take to implement any joint local health and wellbeing strategy to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007
- (d) set out any steps that the Integrated Care Board proposes to take to address the particular needs of children and young persons under the age of 25;

- (e) set out any steps that the Integrated Care Board proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

5.4. This plan, like the Integrated Care Strategy, must be refreshed each year.

5.5. Further guidance is expected from NHSE regarding the 5 Year Integrated Health and Care delivery Plan imminently, at which point an updated stakeholder briefing will be issued.

5.6. Like the strategy, this plan needs to be developed with engagement and involvement with key stakeholders and the wider population. Formal guidance has not yet been issued on the exact requirements for involvement but as a system we are committed to and will be directed by what we deem to be purposeful engagement and involvement.

5.7. The 5 Year Integrated Health and Care Delivery Plan must be developed, submitted and in place before 31 March 2023.

## **6. Strategy content and next steps**

6.1. Reflecting the clear messages emerging so far from the public engagement and the feedback from stakeholders, the ICP identified the following three core areas of focus for the strategy:

- Access to health and care services and restoring trust
- Prioritising prevention and improving future health outcomes
- Immediate system pressures and resilience.

6.2. The strategy document will be further developed during November, shaped around these core priorities and in consultation with the identified leaders from across the system. We will take 'access and restoring trust' as a worked-up example to bring the strategy to life, showing how this is supported in practice by the identified integration enablers and how we can have an impact on individual people's journeys and tackling inequalities through a different, collective, way of working.

6.3. The ICP Strategy must be submitted to NHS England by December 2022. The ICP will meet by exception in early December to consider the final strategy.

## **7. Timeline**

7.1. The timeline for both the Integrated Care Strategy and the 5 Year Integrated Health and Care Delivery Plan is set nationally (referred to in the diagram below as the joint forward plan) and as an ICS we must respond to the deadlines.





## 8. Recommendations

Members are asked to ENGAGE with the ICB/ICP on the development of the strategy and offer FEEDBACK on the contents of the report.

Report Author: Rose Uwins, Head of Communications and Public Affairs, Coventry and Warwickshire Integrated Care Board  
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Executive Lead: Liz Gaulton, Chief Officer Population Health and Inequalities, Coventry and Warwickshire Integrated Care Board  
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**To: Health and Social Care Scrutiny Board 5**

**Date: 7 December 2022**

**Subject: Autism Task and Finish Group – Update on Recommendations**

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### **1 Purpose of the Note**

- 1.1 The Autism Task and Finish Group, jointly established by Health and Social Care Scrutiny Board 5 and Education and Children's Services Scrutiny Board 2 took their recommendations to Cabinet on 12<sup>th</sup> April 2022. The recommendations within the report were approved.
- 1.2 The purpose of this report is to provide Members with a progress report on the implementation of the recommendations (Appendix 1).

### **2 Recommendations**

- 2.1 Health and Social Care Scrutiny Board 5
  - 1) Note the update on the implementation of the recommendations from the Autism Task and Finish Group
  - 2) Note there is a joint Task and Finish Group considering issues of Autism in Schools which is due to report to the Education and Children's Services Scrutiny Board (2) this municipal year
  - 2) Make recommendations or comments to the appropriate Cabinet Member or organisation regarding the progress on the implementation of the recommendations.

### **3 Background and Information**

- 3.1 At the start of the 2021/22 municipal year, the Health and Social Care Scrutiny Board (5) and Education and Children's Services Scrutiny Board (2) 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 Officers from a range of Coventry Council services attended meetings to provide evidence including Children's 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.
- 3.3 Coventry and Warwickshire Partnership Trust also participated in the meetings.

- 3.4 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.
- 3.5 A report with a number of recommendations was written by the task and finish group and agreed by Health and Social Care Scrutiny Board 5 prior to the report going to Cabinet on 12<sup>th</sup> April 2022. The final task and finish group report can be viewed following the link [here](#).
- 3.6 This report follows up on the recommendation made for an update to be provide to the Health and Social Care Scrutiny Board 5.

#### **4 Health Inequalities Impact**

- 4.1 The following paragraph from the Coventry and Warwickshire All Age Autism Strategy outlines some of the health inequalities suffered by autistic people
- 4.2 *“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.”*
- 4.3 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.
- 4.4 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 the reduce the health inequalities experienced by autistic people.

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## Appendix A

### Autism Task and Finish Group – Update on Recommendations

The Autism Task and Finish Group, jointly established by Health and Social Care Scrutiny Board 5 Education and Childrens' Services Scrutiny Board 2 took their recommendations to Cabinet on 12<sup>th</sup> April 2022 and these were approved. The purpose of this report is to provide scrutiny Members with a progress report on the implementation of the approved recommendations.

	Recommendation	Update - October 2022
1	That the Council 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.	<p>Funding has been identified to support the commissioning of pre and post diagnostic support for years 2 and 3 of the Autism Strategy delivery. Coventry City Council have also contributed to the investment into additional diagnostic capacity.</p> <p>As future funding needs are identified, leads of the five priority areas of the strategy will develop business cases for investment. However, there is also focus on considering wider funding opportunities such as the system-wide health inequalities fund.</p> <p>Investment of £11m across the Coventry and Warwickshire system has been identified to address the diagnostic waits issue and to support the development of post diagnostic support provision.</p>
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.	<p>This is a focus of Priority 2 of the Autism Strategy. Allison Duggal, Director of Public Health and Well-being for Coventry City Council has recently been identified as the lead for this Priority Area.</p> <p>A delivery plan for this Priority Area is currently being developed with key stakeholders.</p>

		A new system-wide health inequalities lead for mental health, learning disability and autism across Coventry and Warwickshire has recently been appointed. The local Autism Partnership Board are liaising with the postholder to identify areas for focus.
3	Work with partners to accelerate and build on existing workstreams, to reduce the unacceptably long waiting times for diagnostic assessment	<p>Significant investment has enabled CWPT to recruit additional internal diagnostic capacity and to source an additional 8 external “neuro partners” who can complete diagnostic assessments. This is enabling progression towards the reduction of the autism diagnostic waits as per a business case and trajectory that was developed to support the investment.</p> <p>Whilst progress is being made and we are currently ahead of plan in relation to reduction in the wait for an assessment, a new challenge has arisen as there has been a significant increase in the number of referrals for assessment – CWPT are currently undertaking analysis of this and revising the associated modeling to identify the capacity required to meet demand.</p>
4	The Council and health partners 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.	<p>Extended Non-Attendance at School (ENAS) Programme is well developed in Coventry. A termly panel meets to consider individual cases and provides advice and signposting to schools. More information can be found here:  <a href="https://www.coventry.gov.uk/attendance-inclusion/extended-school-non-attendance-advisory-panel-esnaap">https://www.coventry.gov.uk/attendance-inclusion/extended-school-non-attendance-advisory-panel-esnaap</a>.</p> <p>Training on non-attendance regularly offered to schools by members of the ENAS Panel and Complex Communication Specialist Practitioners are in post and providing training and modelling of good practice to school professionals as part of a traded service managed by Coventry City Council. .</p>

		<p>Two Coventry secondary schools were involved in an NHSE funded Autism In Schools project during the 21/22 academic year, developing awareness and resources that can be shared across settings to improve the school experience of autistic pupils. During the 22/23 academic year, key learning from the project will be shared with other schools in their MAT.</p> <p>Priority 3 of the Autism Strategy outlines a commitment to developing an understanding of training and workforce needs across Coventry and Warwickshire to identify gaps and enable consistency of workforce development – this will feature as part of years 2/3 delivery plans.</p> <p>The Community Autism Support Service, delivered by Coventry and Warwickshire Mind, leads monthly topic-based toolbox sessions for education, care, and health professionals with a focus on helping them to successfully navigate working with children and/or young people with autism and other neurodevelopmental conditions. Topics of focus have been agreed based on feedback from professionals.</p> <p>An e-booklet is now available for neurodiverse children, their families, and professionals. This includes resources and links to services who offer training in autism.</p>
5	The Council strengthen data sharing, alongside all relevant partners, 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.	The data sharing agreement was renewed in 2021 to enable the Key Worker pilot to function.

6	Support the Education and Childrens' Service Scrutiny Board undertaking 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.	The task and finish group has been established.
7	Health partners review the referral process for diagnosis to simplify it and enable electronic submission of referral forms.	<p>Work in progress. Referrals currently submitted via email to CWPT who are the lead provider of diagnostic provision and hold the local waiting list.</p> <p>The referral process is under review as part of the neurodevelopmental transformation plan. Work is also underway to widen capacity and capability of the wider health workforce to be able to diagnose individuals, as part of a local differentiated diagnosis pilot.</p>
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.	Work in progress. Processes linked to this are being co-produced with parents/carers of children and young people with and awaiting diagnosis. There are a range of issues and concerns regarding consent and lengthy waits meaning that children may be attending different schools to that which they were attending at the time of referral – however, these instances should reduce as we progress to much shorter waiting times.
9	The Council work with partners to ensure information on referral and support pathways is accessible to parents, carers, young people, and professionals.	<p>This is a feature of the information stored on the Local Offer website.</p> <p>CWPT also deliver the Dimensions tool which provides a range of self-care resources and hosts the recently published e-booklet providing information and advice for neurodivergent people <a href="https://dimensions.covwarkpt.nhs.uk/Events.aspx">https://dimensions.covwarkpt.nhs.uk/Events.aspx</a></p> <p>Further development of the information and advice offer will be progressed via Priority 1 of the Autism Strategy – this includes</p>

		further development of the e-booklet resource, video resources and an expanded offer of co-produced accessible resources.
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.	<p>There is an increased focus on need across provision so that access to support is not diagnosis dependent.</p> <p>The Community Autism Support Service is commissioned to provide support to people with and without diagnosis.</p>
11	The Council, with partners develop a holistic approach to support for families post diagnosis which includes emotional as well as clinical support and access to training.	<p>As per update 9 above</p> <p>In addition, CWPT are developing a clinical model of care and plans for a community specialist neuro team who will provide additional post diagnostic support</p>
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.	Although Coventry University and Ambitious About Autism had obtained funding for 2 interns this year this has not proceeded due to the participating service area being unable to proceed and too little time available to engage another placement area. Ambitious About Autism are currently in talks with Santander, regarding the future of the scheme and whether or not they will continue to fund it moving forward. Depending on the outcome, this is likely to affect our ability to be able to provide such employability opportunities, going forward, particularly given the current economic climate.
13	For the Council to lead by example and become an inclusive employer including for autism and neurodiversity.	The Council recently commissioned Enna, an organisation specialising in supporting neurodiverse individuals in joining the workforce, to deliver Neurodiversity 101 training as part of National Inclusion Week in September. The session was recorded and is available on the <a href="#">intranet</a> for all staff to access. The Workforce D&I team do not have a specific neurodiversity project in progress at this time.

		The Council were re-validated as Disability Confident Level 2 (disability Confident Employer) in August 2022 work has not yet started on achieving Level 3 (Disability Confident Leader).
14	Support SCRUCO including a future item on skills resilience pathways into employment for those with disabilities, including neurodiversity	This item went to SCRUCO in September 2022.
15	<p>The Council works towards Coventry becoming a city which celebrates, supports, and accepts autism and neurodiversity. This would include</p> <ul style="list-style-type: none"> <li>a. the introduction of more inclusive spaces and autism friendly environments throughout the City including in the City Centre, Parks and Open Spaces</li> <li>b. safe spaces/low sensory stimulus areas to enable autistic people to decompression throughout the City.</li> <li>c. public realm designs should include inclusive spaces including Autism friendly environments.</li> </ul>	This is a focal area of Priority 2 of the Autism Strategy
16	The Council resource and pursue digital opportunities including the development and rollout of a Neurodiversity Support App for Coventry	Brain in Hand is an app tool used to help improve confidence and resilience when facing anxiety and stress. This was piloted across Coventry and Warwickshire during 2021/22 - evaluation suggested the app may not be appropriate for individuals who were in or approaching crisis. Coventry and Warwickshire are now entering into a 6-month self-referral model of Brain in Hand which will consist of 50 licenses made available to individuals aged 16+, who are autistic, or awaiting a neurodevelopmental assessment. The impact of use of the app will be evaluated to inform future commissioning decisions.



		The first iteration of the information and advice booklet for neurodivergent people was issued as an e-booklet, with a mobile phone compatible version created alongside a traditional booklet
17	Support Health and Social Care Scrutiny Board receiving an update in 6 months-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.	This report is to update the Chair and the Board on the progress.

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# Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2022/23

Last updated 25<sup>th</sup> November 2022

Please see page 2 onwards for background to items

<b>6<sup>th</sup> July 2022</b>
<ul style="list-style-type: none"><li>- Adult Social Care Reforms</li><li>- Adult Social Care Quality Assurance and Market Failure Plan</li></ul>
<b>14<sup>th</sup> September 2022</b>
<ul style="list-style-type: none"><li>- Adult Social Care Annual Report and Key Areas of Improvement 2022/23 (Local Account)</li><li>- Customer Experience</li></ul>
<b>2<sup>nd</sup> November 2022</b>
<ul style="list-style-type: none"><li>- Adult Safeguarding Annual Report 2021/22</li><li>- Keeping People Safe</li></ul>
<b>7<sup>th</sup> December 2022</b>
<ul style="list-style-type: none"><li>- Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire</li><li>- Report back of the Autism Task and Finish Group</li></ul>
<b>1<sup>st</sup> February 2023</b>
<ul style="list-style-type: none"><li>- Health Protection</li><li>- Joint Forward Plan for Coventry and Warwickshire Health Care</li><li>- Managing Demand for Adult Social Care</li></ul>
<b>15<sup>th</sup> February 2023</b>
<ul style="list-style-type: none"><li>- GP Access</li><li>- A&amp;E Waiting Times</li><li>- Neuro-rehabilitation Level 2b Beds</li></ul>
<b>22<sup>nd</sup> March 2023</b>
<ul style="list-style-type: none"><li>- Director of Public Health and Wellbeing Annual Report</li><li>- Pharmaceutical Needs Assessment</li><li>- End of Life Strategy</li></ul>
<b>2022/23</b>
<ul style="list-style-type: none"><li>- Community Mental Health Transformation</li><li>- All Age Autism Strategy 2021-2026 Implementation Update</li><li>- Health Sector Skills Development</li><li>- Child and Adolescent Mental Health (Joint with SB2)</li><li>- West Midlands Ambulance Service</li><li>- Preparing for Adult Social Care CQC Assurance</li><li>- Modernising Sexual Health Services</li><li>- Pet Therapy</li></ul>

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
<b>6<sup>th</sup> July 2022</b>	- Adult Social Care Reforms	The Board will receive information on Adult Social Care reforms which will be introduced in 2023.	Cllr M Mutton Pete Fahy Sally Caren
	- Adult Social Care Quality Assurance and Market Failure Plan	Scrutiny will scrutinise this report before it goes to Cabinet in July. The report focusses on the Council's commitment to ensuring best value in its commissioning and procurement and ensuring quality standards for care are met.	Cllr M Mutton Pete Fahy Jon Reading
<b>14<sup>th</sup> September 2022</b>	- Adult Social Care Annual Report and Key Areas of Improvement 2022/23 (Local Account)	To scrutinise the Adult Social Care Local Account 2020/21 and Adult Social Care Performance.	Cllr M Mutton/ Pete Fahy
	- Customer Experience	To scrutinise the experience those receiving Adult Social Care have.	Cllr M Mutton/ Pete Fahy
<b>2<sup>nd</sup> November 2022</b>	- Adult Safeguarding Annual Report 2021/22	To receive the Adult Annual Safeguarding Board Annual Report.	Cllr M Mutton/ Pete Fahy/ Rebekah Eaves
	- Keeping People Safe	To scrutinise how Adult Social Care work to keep people safe.	Cllr M Mutton/ Pete Fahy
<b>7<sup>th</sup> December 2022</b>	- Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire	The NHS Long Term Plan has evolved into the development of ICS which was formally established on 1 <sup>st</sup> July 2022. ICSs 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. This item will review the first six months of operation of the ICS.	ICB

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- 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.	Jon Reading/ Victoria Castree
<b>1<sup>st</sup> February 2023</b>	- Health Protection	To look at the Health Protection arrangements at Coventry City Council.	Cllr K Caan Allison Duggall
	- Joint Forward Plan for Coventry and Warwickshire Health Care	To scrutinise the Joint Forward Plan for Coventry and Warwickshire Health Care (time critical).	ICB
	- Managing Demand for Adult Social Care	To review how the demand for Adult Social Care is managed. This will include demand for the Disabled Facilities Grant (DFG).	Cllr M Mutton Pete Fahy
<b>15<sup>th</sup> February 2023</b>	- GP Access	To include the challenges of GP access, the reset of services post Covid, GP numbers and capacity, recruitment and retention.	Kirston Nelson/ Integrated Care System
	- A&E Waiting Times	To review A&E waiting times at UHCW.	UHCW
	- Neuro-rehabilitation Level 2b Beds	To consider the permanent relocation of the neuro-rehabilitation Level 2b Beds from University Hospitals of Coventry and Warwickshire (UHCW) to South Warwickshire Foundation Trust's (SWFT) Central England Rehabilitation Unit, located at Royal Leamington Spa Hospital.	ICB
<b>22<sup>nd</sup> March 2023</b>	- Director of Public Health and Wellbeing Annual Report	To present the annual report for and feedback on progress from the previous report.	Cllr K Caan Allison Duggall
	- Pharmaceutical Needs Assessment	To consider the pharmaceutical needs assessment and the role of pharmacies in the system.	Cllr K Caan Allison Duggall
	- End of Life Strategy	To consider the End of Life Strategy.	Cllr M Mutton Pete Fahy Jon Reading

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
<b>2022/23</b>	- 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
	- All Age Autism Strategy 2021-2026 Implementation Update	This report was scrutinised by the Board prior to it being approved by Cabinet in February 2022. The Board welcomed the ambitious plans and requested an update on the delivery of the Year 1 action plan.	Cllr M Mutton Pete Fahy
	- 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.	Integrated Care System
	- 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. To include wider children's mental health support.	Integrated Care System
	- West Midlands Ambulance Service	WMAS are experiencing operational challenges which are impacting on patient care. The Board would like to scrutinise the Ambulance Service and see how other partner agencies are supporting WMAS, including the Fire Service.	WMAS
	- Preparing for Adult Social Care CQC Assurance	To scrutinise the work being done in preparation for the reintroduction of CQC inspections of Adult Social Care from April 2023.	Cllr M Mutton Pete Fahy
	- Modernising Sexual Health Services	To consider the 'modernising sexual health services' agenda.	Cllr Caan Allison Duggall
	- Pet Therapy	To consider the benefits of pet therapy.	

### Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- C&WCCG – Coventry and Warwickshire Clinical Commissioning Group
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilities Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal
- PCN – Primary Care Network
- SAB – Safeguarding Adults Board
- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service

