

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00**  
**am on Wednesday, 9 October 2024**

Present:

Members: Councillor C Miks (Chair)  
Councillor S Agboola  
Councillor S Gray  
Councillor L Harvard  
Councillor A Hopkins  
Councillor M Lapsa  
Councillor G Lewis  
Councillor K Maton  
Councillor B Mosterman

Other Members: Councillor L Bigham (Cabinet Member for Adult Services)  
Councillor K Caan (Cabinet Member for Public Health, Sport and Wellbeing)  
Councillor K Sandhu (Cabinet Member for Education and Skills)  
Councillor P Seaman (Cabinet Member for Children and Young People)  
Councillor CE Thomas  
Councillor D Toulson (Deputy Cabinet Member for Adult Services)

Employees (by Directorate)

Adult Services J Reading

Law and Governance E Jones, C Taylor

Public Health C Aldridge, A Duggal, N Mellor

Others Present: G Cartwright, M Cresswell, Y Surti, Coventry and Warwickshire Partnership Trust

## **Public Business**

### **13. Declarations of Interest**

There were no disclosable pecuniary interests.

### **14. To agree the minutes of the meeting held on 4th September 2024**

The minutes of the meeting held on 4<sup>th</sup> September 2024 were agreed and signed as a true record.

There were no matters arising.

## 15. **All Age Autism Strategy 2021 - 2026 Implementation Update**

The Board considered a report and presentation of the Director of Adult Services and Housing regarding the delivery activity associated with the Coventry and Warwickshire Autism Strategy (2021 – 2026).

Local Authorities and NHS Integrated Care Boards (ICB) had statutory responsibilities to support autistic people as outlined in legislation. In recognition of these statutory responsibilities and the inequalities faced by autistic people, the Coventry and Warwickshire All Age Autism Strategy (2021-2026) was developed and approved in February 2022. This five-year joint strategy was owned by Warwickshire County Council, Coventry City Council, NHS Coventry and Warwickshire ICB and the Coventry and Warwickshire Partnership Trust, for which all partners were equally responsible and accountable for improving lives of Coventry and Warwickshire's autistic citizens. The All-Age Coventry and Warwickshire Autism Partnership Board oversaw the delivery of the strategy.

Key achievements associated with the delivery of the strategy to date included:

- Development of a co-produced information and advice offer.
- Delivery of a series of 3 Together with Autism conferences.
- The launch of a new commissioned All-Age Community Autism Support Service.
- Significant investment had reduced the waiting times for assessments for children and young people from over 5 years to under 1 year.
- Co-produced a new model for the application of reasonable adjustments to promote equitable access and positive outcomes for autistic people accessing services.
- Introduced a Neuro-Liaison Team supporting CWPT's mental health professionals working with autistic adults.
- Secured funding for the continuation of the Neuro-Liaison approach and the development of a new MDT approach for autistic people experiencing escalating needs.
- Developed training materials to raise awareness of autism and support inclusive approaches to working with autistic people including e-learning modules and webinars.
- The roll out of the national Oliver McGowan training on learning disability and autism.
- A quarterly Coventry and Warwickshire Autism Stakeholder issued to a growing stakeholder contact list.
- 15 Coventry primary schools engaged in a new national project called Partnership for Inclusion of Neurodiversity in Schools (PINS).

In recognition of the need to reduce the number of autistic people being admitted to mental health inpatient settings, a range of services aimed at preventing such admissions had been commissioned including:

- a) Community based Admission Avoidance Service for young people age 14+ and adults at risk of admission.

- b) A Key Worker Service for children and young people up to the age of 25, providing strategic support to the child and their family.
- c) An All-Age Intensive Support Team, offering a specialist, multi-disciplinary approach.

Key risks to the ongoing delivery of the strategy were focused on the growth in demand for assessment and subsequent support and the challenging financial climate associated with resourcing this.

Although there had been significant progress in reducing diagnosis waiting times for children and young people, the challenge remained in respect of adults where significant waiting times were still apparent.

Continuation of the Community Autism Support Service was at risk as Coventry City Council was not currently able to identify a funding stream to continue this beyond 2024/25. Such a reduction in funding would destabilise the current Coventry and Warwickshire offer of preventative personalised support designed to ensure people were supported both prior to and after an autism diagnosis.

The Cabinet Member for Public Health, Sport and Wellbeing, Councillor K Caan, congratulated the team on this important work, commenting on the positivity of the Marmot city-wide approach, giving direct opportunities and impact to residents and that the coming years would be critical as demand for support was growing however, tools to assess autism were improving.

The Cabinet Member for Adult Services, Councillor L Bigham, commended the report, commenting on the numbers of autistic people nation-wide; which were many more than supposed.

The Cabinet Member for Children and Young People, Councillor P Seaman, congratulated the team on their progress including managing increased demand and reducing waiting times for diagnosis.

The Cabinet Member for Education and Skills, Councillor K Sandhu, advised of the close links with adult education and the Job Shop and suggested adults with fewer qualifications searching for a job, would be an area of future progress.

Members of the Scrutiny Board, having considered the content of the report and presentation, asked questions and received information from officers on the following matters:

- Diagnostic tools were traditionally standardised on males and therefore females with autism had been under the radar however, the female presentation and diagnosis of autism was now better understood and now made up 40% of referrals for young people.
- A forthcoming regional project would address those affected by autism in the criminal justice system, including the impact on them and their future.
- Employment support and apprenticeships were included within the Priority 2 and 3 workstreams of the strategy.
- Covid had impacted on the demand for autism diagnosis and support however, autism awareness had increased and stigma decreased.

- Autistic children often had autistic parents/carers which was one of the reasons an increase in adults had been seen. Nationwide adult diagnosis was not in place until 2008 and the Coventry team established in 2016.
- Work was underway to analyse referrals and diagnostic rates for GP surgeries which may highlight those from harder to reach communities however, flaws in the data meant true numbers were not seen, as many people did not declare they have autism and/or ethnicity.
- Ongoing work with Warwick University to develop community listeners would help to infiltrate the harder to reach communities and unpick barriers along with the culture inclusion network which worked with spiritual and cultural leaders.
- Reasonable adjustments looked at the wider services and how to support those who needed to make those adjustments eg. care homes.
- Oliver Magowan training was promoted across Coventry's care market. It was important to ensure through the Council's quality assured system, that any equivalent training programmes were equal to Oliver Magowan training.
- Education was an integral part of the strategy and all Coventry schools had received autism training. A number of schools had signed up for Partnerships for Inclusion of Neurodiversity in Schools (PINS).
- A workforce strategy within the Education and Skills portfolio recognised the increased demand and trained teachers in neurodiversity.
- National and international research of autism within different cultures had been looked into however, the voices of those with lived experience were the strongest at reaching communities which did not come forward easily.
- Further and higher education were more popular than school for autistic pupils and the local universities had neurodivergent networks.
- Work was ongoing to ensure council services such as libraries and leisure centres were neurodivergent friendly. A current project in North Warwickshire worked with leisure centres to look at signage, working with staff, staff training and recognising champions, which would be cascaded to all leisure centres. Community hubs in Coventry were to be assessed to see if they were neurodiversity friendly.
- The e-booklet had been designed to be inclusive. The diagnostic process was complex and took a number of hours to complete.
- Anyone who came forward for an autism diagnosis was treated as an individual, looking into their strengths and individual needs.
- The SEND Information, Advice and Support Service (SENDIASS) was a support service providing advice to parents and carers, children and young adults. Information was easily accessible online at [www.covsendiass.co.uk](http://www.covsendiass.co.uk)

The Board requested:

- The presentation to be sent out to Members and future presentations to be sent to Members in advance.
- Information for neurodivergent people and their families e-booklet to be emailed to all Members.
- Training and educating partners around autism to be explored e.g police.
- Adult Social Care to encourage care home take up of the 'Reasonable Adjustments Work'

- Development of information regarding what's available for the Autistic Community across the city eg. quiet sessions etc

**RESOLVED that the Health and Social Care Scrutiny Board (5):**

- 1) Note the progress and key achievements in delivery of the strategy to date.**
- 2) Consider the risks that are highlighted in light of financial challenge of the Council and health partners.**
- 3) Identify any comments/issues they may wish to raise with Cabinet Member for Adult Services.**

**16. Suicide Prevention Strategy**

The Board considered a report and presentation of the Director of Adult Services and Housing regarding the update on the Coventry and Warwickshire Suicide Prevention Strategy 2022 – 2030 and the positive actions as a result of the Suicide Prevention workstream.

The Coventry and Warwickshire Suicide Prevention Strategy was developed in collaboration with partners, key stakeholders and Coventry and Warwickshire residents. A delivery plan had been drafted aligned to the 5 strategic priorities, focusing on how we collaborate with partners, identify gaps and opportunities and how suicide prevention is embedded as a system priority.

Real Time Surveillance of Suspected Suicides allowed officers to have real time data of anyone who died by suspected suicide. The process was coroner led and the Real Time Surveillance Co-ordinator worked with the data to identify clusters, trends and any concerns. Annual events had been held to showcase the work of partners, locally, regionally and nationally to enable collaboration and strengthen partnership working. Other Suicide Prevention activity included commissioning system wide Suicide Prevention training, quarterly suicide prevention network meetings, supporting workplace wellbeing forums, attending community events, raising awareness of suicide prevention and risk within key workstreams.

High risk and vulnerable groups had been identified through the strategy work and targeted interventions and focused worked was required to ensure all communities had access to support.

The Cabinet Member for Public Health, Sport and Wellbeing, Councillor K Caan, highlighted the positive vision the strategy set out whilst ensuring community access to information, support and services.

The Cabinet Member for Adult Services, Councillor L Bigham, referred to those in isolated communities who were often alone and holding confidences for others. She advised her portfolio had been looking into loneliness and the ability for people to talk about their feelings, both of which were important elements of the strategy.

Members of the Scrutiny Board, having considered the content of the report and presentation, asked questions and received information from officers on the following matters:

- There were many reasons Coroners reports took time however, within the system, there were ways to identify where there was a potential suicide risk and the risk of further suicides.
- Data by profession was collected although the information given was only 'employed', 'not employed' or 'part-time'. Occupation could not be pinpointed unless it was stated on a sudden death form.
- Coventry and Warwick Universities sat on the steering group and strong links had been made with Warwick University in particular, which had a health and wellbeing team in place. International students were high priority and awareness campaigns and training rolled out. Officers worked with mental health teams on talks in schools and some schools had paid for specialist staff training. Support also existed through the suicide bereavement service.
- Real time surveillance was fairly new and a local picture was still emerging however, Coventry was similar to the national picture, although below national average. Coventry had a slightly higher suicide rate in females than regionally or nationally.
- Age UK was a part of the network and information was held on the [www.dearlife.org.uk](http://www.dearlife.org.uk) website for the older population.

The Board requested:

- The presentation be sent out to all Members along with the link to [www.dearlife.org.uk](http://www.dearlife.org.uk)
- All Members attend the suicide prevention training in January 2025.
- Officers to ensure Age UK have the right resources in place to assist with suicide prevention

**RESOLVED that the Health and Social Care Scrutiny Board (5):**

- 1) **Note the progress made to date and share any comments with the relevant Cabinet Member regarding the delivery of the strategy.**
- 2) **Raise awareness of Suicide Prevention activity across Coventry and Warwickshire and understand the importance of signposting to support services and organisations.**
- 3) **Encourage partners, residents and Members to undertake suicide prevention training and access information.**

#### 17. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme.

**RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme 2024-2025.**

#### 18. **Any other items of Public Business**

There were no other items of public business.

(Meeting closed at 1.10 pm)