



Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 9th October, 2024

Place

Diamond Rooms 1 and 2 - Council House, Coventry

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 6)

(a) To agree the minutes of the meeting held on 4th September 2024

(b) Matters Arising

4. All Age Autism Strategy 2021 - 2026 Implementation Update (Pages 7 - 44)

Briefing Note of the Director of Adult Services and Housing

5. Suicide Prevention Strategy (Pages 45 - 90)

Briefing Note of the Director of Public Health and Wellbeing

6. Work Programme and Outstanding Issues (Pages 91 - 100)

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, 1 October 2024

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor, Governance Services caroline.taylor@coventry.gov.uk

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

By Invitation: Councillors L Bigham, K Caan, G Hayre, D Toulson

Public Access

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Caroline Taylor, Governance Services
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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at
11.00 am on Wednesday, 4 September 2024

Present:

Members: Councillor C Miks (Chair)
 Councillor S Agboola
 Councillor S Gray
 Councillor L Harvard
 Councillor G Lewis
 Councillor K Maton

Other Members: Councillor L Bigham, (Cabinet Member for Adult Services)
 Councillor K Caan, (Cabinet Member for Public Health, Sport
 and Wellbeing)
 Councillor G Hayre, (Deputy Cabinet Member for Public
 Health, Sport and Wellbeing)

Employees (by Directorate)

Adult Services T Denny, A Errington, P Fahy, L Ferro, L Lawson

Law and Governance E Jones, C Taylor

Apologies: Councillor M Lapsa

Public Business

7. Declarations of Interest

There were no disclosable pecuniary interests.

8. Minutes

The minutes of the meeting held on 17th July 2024 were agreed and signed as a true record.

Further to Minute 5/24 - Adult Social Care Market Position Statement Refresh, the following information requested by the Board would be circulated as soon as possible:

1. Clarification on the distribution and number of residential homes by ward.
2. A list and description of each type of care provision in Coventry.

9. Cabinet Member Priorities for the Year

The Cabinet Member for Public Health, Sport and Wellbeing, Councillor K Caan, provided a verbal update on priorities for the year highlighting key items including:

- The roll out of the health determinates research collaborative programme and learning from its research.

- Working in partnership to combat isolation by opening up leisure centres and ensuring they are accessible for older communities.
- Increased accessibility to GP and hospital appointments.

The Cabinet Member for Adult Services, Councillor L Bigham, advised her priorities interlocked with those of the Cabinet Member for Public Health, Sport and Wellbeing, highlighting the forthcoming Care Quality Commission (CQC) inspection, support for carers and empowering the patients they care for.

10. **Adult Social Care Performance - ASC Self-Assessment and Annual Report (Local Account) 2023/24**

The Board considered a report and presentation of the Director of Adult Services and Housing regarding the Adult Social Care Performance – Adult Social Care Self-Assessment and Annual Report (Local Account) 2023/24.

The CQC were responsible for assessing Local Authorities' delivery of their adult social care functions and had produced a framework to assess how well Local Authorities were performing against their duties. As part of these arrangements, Local Authorities were required to complete a Self-Assessment for issuing to the Care Quality Commission following receipt of the 'Notification of Inspection' by the Local Authority.

Coventry City Council had not yet received a 'Notification of Inspection' letter however, preparation for inspection was an ongoing process of which the production of a self-assessment was part.

Adult Social Care at Coventry City Council produced an Annual Report which covered performance and activity for the previous year along with examples and case studies of where a positive impact had been made to people's lives.

The production of an Annual Report was not a requirement however, it had always been well received by stakeholders and therefore would continue however, the format had been restructured to cover each of the four CQC themes for inspection and the quality statements associated with these themes. As the CQC self-assessment process also required the provision of a range of operational detail, the Annual Report had also been produced to mirror this detail.

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:

- An organisation had been engaged to search for candidate(s) with a specific focus on diversity which would assist to recruit Adult Social Care employees with an understanding, culture and expertise of ethnic groups.
- Recruitment and retention of social workers from ethnic minorities was essential. Listening to those employees mitigated some risk of attrition.
- Complaints received were mainly due to communication and delays in receiving care due to high demand. A complaints report was produced annually and regular meetings held with the complaints team.

- Joint assessments took place whereby carers were also assessed along with the patient. Separate carer assessments took place where appropriate, in partnership with the Carers Trust.
- There were a number of discharge pathways from hospital. Discharge assessments included an occupational therapist assessment and short term reablement packages were in place to provide initial support. Longer term assessments would then take place. Care could be reduced down if the patient had increased in independence.
- Coventry City Council was one of 2 councils currently undertaking a pilot aiming to support international recruitment.
- Engaging the voluntary sector and charities in care homes helped with stimulation and loneliness of residents. The profile of care homes could be raised through offers from organisations such as CV Life.
- Reviews and technology were ways in which spend could be reduced whilst still supporting people's needs.

The Board requested:

- Discharges for 2023/24 diagram (page 14) - clarification of the hospital discharge pathways.
- An estimate of how many migrants and refugees supported through Adult Social Care.

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

Note the content of the Adult Social Care Self-Assessment and Annual Report (Local Account) 2023/24.

11. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme subject to the inclusion of an item on Support for Carers. Recruitment from the community to UHCW would be included in the A&E waiting times item at the December meeting.

RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme 2024-2025 subject to the inclusion of the following items:

- **Support for Carers.**

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

There were no other items of public business.

(Meeting closed at 12.30 pm)

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 9th October 2024

Subject: All Age Autism Strategy 2021-2026 Implementation Update

1 Purpose of the Note

- 1.1 This report updates Health and Social Care Scrutiny Board on the delivery activity associated with the Coventry and Warwickshire Autism Strategy (2021 – 2026) (Appendix 1).

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board is recommended to:
- a) Note the progress and key achievements in delivery of the strategy to date.
 - b) Consider the risks that are highlighted in light of financial challenge of the Council and health partners.
 - c) Identify any comments/issues they may wish to raise with Cabinet Member for Adult Services.

3 Background and Information

- 3.1 Think Autism, the National Adults Autism Strategy defines Autism as a lifelong neurodevelopmental condition that affects how a person communicates with and relates to other people. Autism also affects how a person makes sense of the world around them. Autistic people often have difficulty, to a greater or lesser extent, with four main areas:
- a) Social communication: for example, problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice.
 - b) Social interaction: for example, problems in recognising and understanding other people's feelings and managing their own feelings.
 - c) Social imagination: for example, problems with predicting other people's intentions and behaviour and imagining situations outside their own routine.
 - d) Sensory differences: Many autistic people experience some form of sensory oversensitivity (hypersensitivity) or undersensitivity (hyposensitivity) for example to sounds, touch, tastes, smells, light or colours.
- 3.2 It is important to recognise there are positive aspects of autism, which underlines the importance of a strengths-based approach to our local strategy. This includes

attention to detail; an ability to focus deeply and avoid distractions; keen observation skills; an ability to absorb and retain facts, linked to high levels of expertise in particular topic areas; unique thought processes and creativity leading to innovative solutions; tenacity and resilience; and integrity and honesty.

- 3.3 Local Authorities and NHS Integrated Care Boards have statutory responsibilities to support autistic people as outlined in a range of policy and legislation including the Autism Act 2009, Equality Act 2010, Care Act 2014, Children and Families Act 2014, SEND Code of Practice, NHS Long Term Plan 2019 and Health and Care Act 2022.
- 3.4 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 joint five-year strategy is owned by:
- Warwickshire County Council
 - Coventry City Council
 - NHS Coventry and Warwickshire Integrated Care Board
 - Coventry and Warwickshire Partnership Trust
- 3.5 All partners are equally responsible and accountable in improving lives of Coventry and Warwickshire’s autistic citizens. The All-Age Coventry and Warwickshire Autism Partnership Board oversees the delivery of this strategy, comprising representatives from the social care, health and education sectors, community and voluntary sector as well as autistic people as experts by experience.
- 3.6 Co-production is a key enabler across the programme – experts by experience are recruited and engaged across the priority areas and have been integral to the outputs of the strategy.
- 3.7 Key achievements associated with the delivery of the strategy, to date, include:
- a) Development of a co-produced information and advice offer including launch of an e-booklet resource, relaunch of Dimensions, an online tool providing self-care information and a quarterly stakeholder newsletter.
 - b) Delivery of a series of three Together with Autism conferences, attended by nearly 900 people in 2023/4. Following positive feedback from attendees, a further series are scheduled for Autumn 2024 with a Coventry based conference having been delivered on Saturday 14th September 2024. The conferences provide an opportunity for autistic people and those who support them to gather information, meet local support services, attend workshops and network with others.
 - c) Launch of a new commissioned All-Age Community Autism Support Service (CASS) in April 2023, to support people across Coventry and Warwickshire who may self-identify as autistic, those awaiting an autism assessment and those with an autism diagnosis. The service offers a range of practical and emotional support and a training/education offer for parents/carers and professionals on a range of topics. This service has recently been evaluated to assess its impact and guide future commissioning decisions – early data analysis highlights that the demand for this service is higher than the capacity commissioned, however, those who access the service report positive feedback. The education/training element is particularly well regarded by those supporting autistic people – 29 courses have been offered covering a range of topics and “on demand” video resources have been developed to enable convenient access. During the first year of the contract

1,569 Coventry residents have contacted the service for information, advice and support – 68% relating to an autistic child and 32% to adults.

- d) Significant investment has reduced the waiting times for diagnostic assessments for children and young people, from over 5 years to under 1 year, via investment into diagnostic capacity. Between January 2022 and July 2024 - 10,765 assessments were delivered against a target of 8,166 for children and young people. Diagnostic rates have remained around 80 – 82%. As at July 2024, the average waiting time is 47 weeks from referral with a mode wait of 31 weeks, supported by more efficient processes and increased resource.
- e) Co-produced a new model for the application of reasonable adjustments, to promote equitable access and positive outcomes for autistic people accessing services. This is called the 4 P's as it considers reasonable adjustments across four domains, Place, Person, Process and Partnerships. A video resource, with cast members from our local autistic population, is in development to assist with the promotion of this model. This is being developed with Coventry University's media department.
- f) Introduced a Neuro-Liaison Team supporting CWPT's mental health professionals who are working with autistic adults (or an adult suspected to be autistic) via training, diagnostic assessment and advising on reasonable adjustments in order to improve patient experience and accessibility of services.
- g) Secured funding for the continuation of the Neuro-Liaison approach and the development of a new MDT approach for autistic people who are experiencing escalating needs relating to their diagnosis – this is due to launch in Autumn 2024
- h) Developed training materials to raise awareness of autism and to support inclusive approaches to working with autistic people including e-learning modules and webinars. A local expert by experience delivered a live webinar focusing on neurodivergent language which attracted over 150 people interested in this topic. Subsequently, an informative video further exploring this was co-produced and promoted across the local system as resource to give people a better, more inclusive understanding of neurodivergence by dispelling common assumptions and stereotypes.
- i) Coventry and Warwickshire Partnership Trust has led on the roll out of the national Oliver McGowan training on learning disability and autism. As at the end of July 2024, 3,982 people working across health and social care had received the level of training appropriate to their role. This training is delivered by people with lived experience and as such is offering paid employment opportunities for autistic people.
- j) A quarterly Coventry and Warwickshire Autism Stakeholder is issued to a growing stakeholder contact list, containing a broad range of articles and updates. Content for this is co-produced and local experts-by-experience support the content development.
- k) Fifteen Coventry primary schools are engaged in a new national project called Partnership for Inclusion of Neurodiversity in Schools (PINS). Schools have completed self-evaluation surveys and will receive a tailored offer of support during the Autumn and Spring terms, with the aim of providing early intervention

at a whole school level, upskilling school staff and strengthening the partnerships between schools and parents/carers.

4 Commissioning

- 4.1 In recognition of the need to reduce the number of autistic people being admitted to mental health inpatient settings, we have commissioned a range of services aimed at preventing such admissions including:
- a) Community based Admission Avoidance Service for young people age 14+ and adults at risk of admission. This service also offers a 1 bed flat for adults requiring a short term stay whilst they receive support to manage a crisis situation – this provision will be recommissioned and expanded for 25/26.
 - b) A Key Worker Service for children and young people up to the age of 25 – to provide strategic support to the child and their family through identifying blockages and challenges in their support journey, so that reasonable adjustments are made and solutions can be reached, to avoid unnecessary hospital admission. This service also supports inpatients during the hospital discharge process.
 - c) An All Age Intensive Support Team, offering a specialist, multi-disciplinary approach delivered by Occupational Therapists, Clinical Psychologists, Nursing and Support Workers to assess and manage people’s needs and deliver personalised interventions.

5 Key Risks and Challenges

- 5.1 Key risks to ongoing delivery of the strategy are focused upon the growth in demand for assessment and subsequent support, and the challenging financial climate associated with resourcing this.
- 5.2 Although there has been significant progress in reducing diagnosis waiting times for children and young people, there remain challenges in respect of adults where significant waiting times are apparent due to demand far outweighing available capacity.
- 5.3 Continuation of the Community Autism Support Service is at risk as Coventry City Council is 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 are supported both prior to and after an autism diagnosis.

6 Health Inequalities Impact

- 6.1 The wider Learning Disability and Autism Programme has a focussed workstream progressing the health inequalities agenda, monitoring a range of projects in progress across the local system.
- 6.2 Delivery of the strategy is aimed at reducing inequalities and improving the experience of autistic citizens. As such, one of the priority areas of the strategy delivery is dedicated to this and the wider determinants of well-being. This priority area is led by a Coventry Public Health Consultant.

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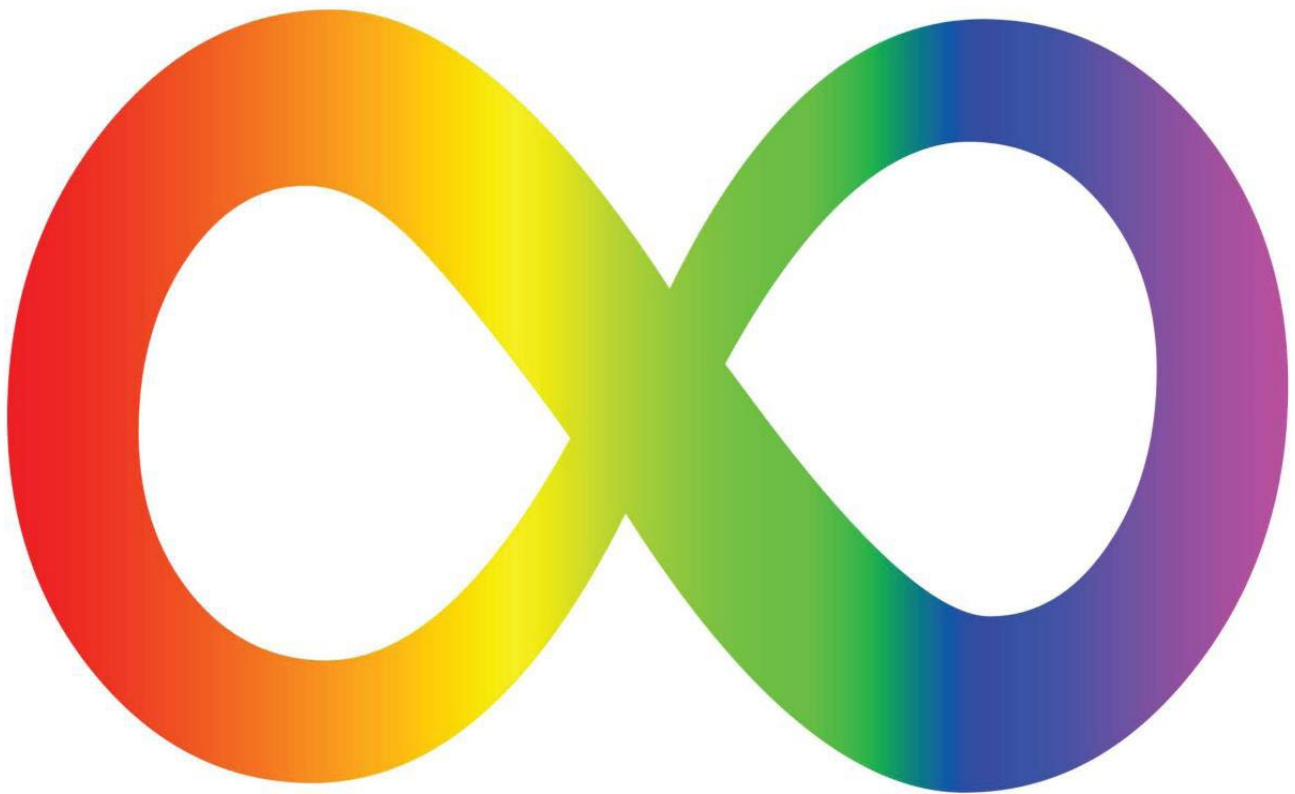
COVENTRY AND
WARWICKSHIRE

JOINT STRATEGY
FOR AUTISTIC PEOPLE

2021-2026



Coventry and Warwickshire
Integrated Care System



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EXECUTIVE SUMMARY

Autism touches the lives of many people living in Coventry and Warwickshire and can affect many aspects of life, from school to healthcare to employment, housing and social lives. As such, this Strategy takes an all age and whole life approach and encompasses children, young people, adults, older adults and their parents and carers with the following vision:

Autistic people and their families are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents

This is a joint five-year strategy which is owned by the following organisations:

- Warwickshire County Council
- Coventry City Council
- NHS Coventry and Warwickshire Clinical Commissioning Group

By making this a joint strategy between key statutory organisations, all partners will be equally responsible and accountable in improving lives of Coventry and Warwickshire citizens living with autism, and their parents and carers. An All Age Coventry and Warwickshire Autism Partnership Board will oversee the delivery of this strategy, comprising representatives from the social care, health and education sector, community and voluntary sector and primarily, autistic people, their parents and carers as experts in experience.

Being autistic does not mean you have an illness or a disease. It means your brain works in a different way from other people. Autism is not a medical condition with treatments or a “cure”, but autistic people often need support to varying levels across four main areas: social communication, social interaction, social imagination and sensory processing. There are positive aspects to autism including attention to detail; an ability to focus deeply and avoid distractions; keen observation skills; an ability to absorb and retain facts, linked to high levels of expertise in particular topic areas; unique thought processes and creativity leading to innovative solutions; tenacity and resilience; and integrity and honesty.

It is recognised that not all autistic people require support, and that many lead independent and fulfilled lives without any help from specialist statutory or community services. This strategy will therefore build on existing skills and capabilities of autistic people and will advocate for a strength based and person centred approach.

There is currently no specific budget for coordinated autism services and support. The strategy must therefore be delivered in a way that ensures existing resources are used in the most cost-effective way, including promoting prevention and early intervention and making all existing services and pathways of support more accessible and effective for autistic people.

This strategy is informed by a range of co-production and mapping activity undertaken to build a shared understanding of the experience of autistic people of all ages and their families and carers in accessing support appropriate to their needs and getting a formal diagnosis of autism. A robust co-production approach will be used throughout all stages of Strategy delivery to ensure that we build on strengths, experience and voice of individuals with direct experience of using health and social care services in supporting them in relation to autism related needs. Parent and carers will be equally supported and will be recognised as experts in experience.

EXECUTIVE SUMMARY

A Joint Strategic Needs Analysis for Autism and ADHD, completed in 2019, highlighted the challenges in understanding the true prevalence of autism in the population as there is no national register and data is not routinely captured about where autistic people access services. The JSNA highlights the inequalities in health, education and social outcomes of autistic people compared to non-autistic groups for almost all conditions studied including mortality, self-harm, suicide, obesity, smoking, bullying, social isolation, education, criminal justice, employment and homelessness. 80% of autistic adults and 70% of autistic children and young people will experience a mental health condition including anxiety or depression and there is more to be done to reduce the numbers of autistic people admitted to mental health hospitals. This joint Strategy is aimed at reducing inequalities experienced by autistic people by delivering a range of activities which improve their overall health and wellbeing outcomes.

This strategy incorporates the statutory duties outlined in the Autism Act, Care Act, Children and Families Act and the NHS Long Term Plan and builds on the previous Warwickshire All Age Autism Strategy (2014 -2017) 'Fulfilling & Rewarding Lives' and the joint commissioning plan developed by Warwickshire County Council and Coventry City Council in 2017.

Significant progress has been made in Warwickshire and Coventry since the previous strategy to develop diagnostic pathways for adults and children; pilot new support services for autistic people pre and post diagnosis and those in mental health crisis; improve support for young people in education with communication and sensory needs; and deliver autism training for parents, carers and the wider workforce. However, conversations with autistic people and their families revealed stories of autistic people struggling to cope with the stresses of daily life and of the effort it takes for individuals, their family members and professionals to understand how pathways work and how to access the support they need and are entitled to.

Particular issues highlighted through co-production include:

- There is an increasing demand for specialist autism services and in particular long waiting times for diagnostic assessments, which is further impacted by national workforce shortages in specialist autism roles.
- People with social, communication and sensory needs who are waiting for a diagnostic assessment are not getting the support they feel they need from services. Similarly, while a diagnosis is an important step in understanding the challenges they experience, a diagnosis alone is not sufficient to meet peoples' needs while there remain gaps in specialist support and in the capability of mainstream services to appropriately support autistic people. This is particularly a priority within mental health services and education.
- Support is not coordinated across services and people working in services often do not feel confident in their capability to effectively support and treat autistic people.
- Moving between different stages of life, such as school, college and work, is especially hard if you find change difficult, as many autistic people do¹. Support for autistic people therefore needs to be prioritised around periods of transition.

1. <https://www.autism.org.uk/about/transition.aspx>

EXECUTIVE SUMMARY

Based on the evidence base gained through the coproduction and research activity, as well as statutory responsibilities for partner organisations, five priority areas have been identified.

Priority 1: Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis

Improve early identification of characteristics linked to autism through wide ranging education and training and reduce the need for a diagnosis to access appropriate support. Provide information and advice to people with social, communication, sensory and emotional health needs in order to promote self-management, family resilience, independence and wellbeing.

Enable and empower people to develop their own solutions and networks of support in their communities through developing a better understanding of the third sector services people are using; enhancing peer support networks and facilitating information sharing.

Priority 2: Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live

Improve the health and wellbeing of autistic people through developing autism friendly towns and cities in Coventry and Warwickshire, including taking action to ensure autistic people experience equality of access and inclusive services and support. We all want to live in communities that support each other, without prejudice, to get the most out of our lives. Respecting human rights, citizenship and offering inclusive approach to all citizens must extend to everyone, including in access to education and employment, and autistic people as well as their parents and carers should be no exception.

Commission and deliver mainstream and specialist services in a way which does not restrict access nor exclude people on the basis of an autism diagnosis. It is the responsibility of all services to ensure accessibility and appropriate support for autistic people within their service, acknowledging that this may require training and development for the workforce.

EXECUTIVE SUMMARY

Priority 3: Develop a range of organisations locally with the skills to support autistic people

Ensure that a wide range of organisations that can provide skilled support and services are available and accessible in local areas to meet the health, care and education needs of autistic people. Enhance the skills of our existing workforce to achieve more personalised support from services through an increased understanding of autism across the workforce, from awareness raising through to specialist autism expertise.

Priority 4: Develop the all age autism specialist support offer

Commission and deliver a coordinated and personalised offer of support for autistic people across all levels of need, promoting early intervention and enabling people to navigate this offer as their needs change. This includes redesigning the autism diagnostic pathway and focussing on all age pathways to better support transition from children's to adult's services.

Priority 5: Co-produce, work together and learn about autism

Co-produce solutions and services with autistic people and their families and collect and share the information that will enable us to learn and improve our offer to autistic people.

Evaluate the impact of Covid-19 on the lives of people with autism and commission services in the way that responds effectively to people's needs during and following the COVID-19 pandemic.

A number of objectives have been developed against each of the priority areas (see page 29). These Coventry and Warwickshire wide objectives will be underpinned with place-based delivery plans that will ensure this strategy is delivered within the local context of services and support and that it has an active life cycle.

INTRODUCTION AND BACKGROUND

1. Introduction to the strategy

1.1 This is a joint Autism Strategy for adults, children and young people across Coventry and Warwickshire and is owned by the following organisations and partnership boards:

- Warwickshire County Council
- Coventry City Council
- NHS Coventry and Warwickshire Clinical Commissioning Group
- The Warwickshire Autism Partnership Board

1.2 All partners to this strategy are committed to commissioning high quality autism services and support and will work with partner organisations to improve the lives and opportunities for autistic children, young people and adults. This 5-year local strategy has been coproduced with support from a wide range of people, including autistic people and their families and people working in services and organisations that support autistic people.

1.3 The 2021-2026 Strategy builds on the achievements of the previous Warwickshire All Age Autism Strategy (2014 -2017) 'Fulfilling & Rewarding Lives' and the joint commissioning plan developed by Warwickshire County Council and Coventry City Council with the Warwickshire Autism Partnership Board in 2017.

1.4 It is recognised that not all autistic people require support, and that many lead independent and fulfilled lives without any help from specialist statutory or community services. The strategy is aimed at building a strengths-based approach and focusing on what people can do for themselves and where they want to get in life. Where they do need support, we will target it in the way that enables them achieve their goals.

1.5 There are many local schemes and services to support autistic people to achieve their goals, educate others about autism and make the community more accessible and welcoming to autistic people. The dedicated work of national charities and organisations and the many smaller local and national organisations and groups who work tirelessly to raise awareness day in and day out makes a real difference.

1.6 However, we know there is much more to be done. We still hear too many stories of autistic people struggling to cope with the stresses of daily life as well as navigating significant events such as moving schools, loss of friends or family and moving to a new house. We also hear about the huge amount of effort it takes (often over years) for individuals, their family members and professionals trying to understand how pathways work and how to access the support they need and are entitled to. We have heard stories about the years wasted while people wait to access support and, in the meantime, lose opportunities to achieve qualifications at school, the chance to live in a place they choose, work in a job that fulfils them and have fun with their friends and family.

1.7 It is recognised that autism sits on a spectrum and although autism is not a learning disability or a mental health condition, autistic people may also have these conditions. Equally, they may also have other physical conditions. This strategy focusses on principles that should be applied to everyone on the autistic spectrum. For those people with additional needs, this strategy should be read in conjunction with local strategies and action plans for:

- People with learning disabilities
- Special Educational Needs and Disabilities (SEND) and Inclusion
- Parenting, family and carer support
- Coventry and Warwickshire health and care partnership system plan
- Mental Health Transformation Plans for adults and CAMHS

1.8 Place based delivery plans will underpin this strategy, recognising different solutions may be required in different geographical locations across Warwickshire and Coventry. The delivery plans will describe specific commissioning activity to achieve the objectives outlined in this strategy to deliver services and support for autistic people and their carers between 2021 - 2026.

INTRODUCTION AND BACKGROUND

2. Co-production and strategy development

2.1 This strategy is informed by a range of co-production and mapping activity which was completed in 2019 and 2020 which was undertaken to build our shared understanding of the experience of autistic people of all ages and their families in accessing support appropriate to their needs and getting a formal diagnosis of autism. A number of new services for autistic people have been piloted since 2018 and the learning from those pilots has contributed to the strategy.

2.2 Working with Grapevine, a local advocacy organisation, people with lived experience of autism, their families,

as well as professionals, service providers and commissioners, we built a shared understanding of the challenges and opportunities across the system to in supporting people with autism to stay live and remain well. Honest conversations were had around limited resources and challenges related to waiting for an assessment for a diagnosis, identifying what pre and post diagnostic support was available and whether it was meeting everyone's needs, what could be done to make things better and what could prevent needs escalating to the point where statutory services have to get involved.

3. What is Autism?

3.1 Being autistic does not mean you have an illness or a disease. It means your brain works in a different way from other people. Autism is not a medical condition with treatments or a "cure", but some people need support to help them with certain things.² Autism is also referred to as Autism Spectrum Disorder (ASD), Autism Spectrum Condition (ASC) or Aspergers (used to describe people with above average intelligence). Autistic people often have other conditions, like Attention Deficit Hyperactivity Disorder (ADHD), anxiety or depression or epilepsy.

3.2 Think Autism, the National Adults Autism Strategy³ defines autism as a lifelong neurodevelopmental condition that affects how a person communicates with and relates to other people. Autism also affects how a person makes sense of the world around them. Autism is often described as a 'spectrum disorder' because the condition affects individuals in many different ways and to varying degrees. Autistic people have difficulty to a greater or lesser extent with four main areas. The Autism Education Trust⁴ highlights the importance for staff in schools and educational settings to understand and pay attention to this as most pupils with autism will have individual educational needs and a range of abilities across these areas:

- Social communication: for example, problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice.

- Social interaction: for example, problems in recognising and understanding other people's feelings and managing their own feelings.
- Social imagination: for example, problems with predicting other people's intentions and behaviour and imagining situations outside their own routine.
- Sensory differences: Many autistic people experience some form of sensory oversensitivity (hypersensitivity) or under-sensitivity (hyposensitivity) for example to sounds, touch, tastes, smells, light or colours.

3.3 It is important to recognise there are positive aspects of autism, which underlines the importance of a strengths-based approach to this strategy⁵. This includes attention to detail; an ability to focus deeply and avoid distractions; keen observation skills; an ability to absorb and retain facts, linked to high levels of expertise in particular topic areas; unique thought processes and creativity leading to innovative solutions; tenacity and resilience; and integrity and honesty.

3.4 Individuals with autism often prefer to have a fixed routine and can find change incredibly difficult to cope with. People who struggle to deal with change or an overload of information are likely to become stressed or anxious, and possibly feel physical pain. This can result in some people behaving in ways which are

2. <https://www.nhs.uk/conditions/autism/what-is-autism/>

3. <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>

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

5. <https://autismawarenesscentre.com/the-positives-of-autism/>

INTRODUCTION AND BACKGROUND

4. Terminology

4.1 Throughout this strategy, 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 autism⁶. Unless otherwise stated, reference to ‘autistic

people’ or ‘an autistic person’ includes children, young people and adults of all ages across the autism spectrum at all levels of intellectual ability.

4.2 We recognise that some people prefer other terms and all workers should wherever possible find out the term(s) preferred by the person(s) they are working with and respect this.

5. Vision

5.1 Coventry and Warwickshire have adopted the vision within the national strategy Think Autism (2014) as follows:

“Autistic people and their families are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.”

6. Purpose

6.1 The purpose of this strategy is to provide a clear plan for support across Coventry and Warwickshire and identify priorities and objectives which reflect local need. The strategy aims to ensure autistic people and their families and carers in Coventry and Warwickshire have access to the support and information they need to enable them to:

- Achieve their full potential in education;
- Maintain, develop and enhance meaningful connections with family, partners and spouses and others that support their health and wellbeing, including carrying out their caring responsibilities;
- Be employed in jobs, undertake volunteering roles and supported internships that maximise their strengths and feel meaningful and important to them;
- Feel safe and able to belong and contribute to their local community in a way that works for them;
- Have a comfortable home and live in a way that maximises their autonomy and independence;
- Enjoy the benefits of good health (especially mental health) and wellbeing;
- Be well informed about ways to help themselves, navigate support and access help when they need it;

6. The National Autistic Society, the Royal College of GPs and the UCL Institute of Education

INTRODUCTION AND BACKGROUND

7. Key Strategy Principles

- 7.1 This joint Strategy is aimed at reducing inequalities experienced by autistic people by delivering a range of activities which improve their overall health and wellbeing outcomes. Based on the evidence base gained through the coproduction activity, JSNA, service reviews and evidence of what works in other parts of the country, a number of key principles underpin the strategy.
- 7.2 The process of improvement is not within the gift of any one organisation, and requires joint ownership, commitment and leadership. All partners supporting this strategy are committed to reducing the gap between the support needed and the support currently available. This strategy outlines the areas of focus to make this happen.
- 7.3 Delivery of the strategy will continue to be driven through co-production with autistic people and their families to ensure solutions are accessible and meet needs. In the absence of national robust evidence detailing effective interventions and support for autistic people, there is commitment to testing approaches based on best practice and learning from experts by experience and professional experts. Partners will work together to develop our understanding about what works for autistic people and their families.
- 7.4 There is currently no specific budget for coordinated autism services and support. The strategy must therefore be delivered in a way that ensures existing resources are used in the most cost-effective way, including promoting prevention and early intervention and making all existing services and pathways of support more accessible and effective for autistic people.
- 7.5 Many people with autism can work and have shared that they want to work. It is therefore imperative to find out what people's aspirations are and agree how we can help them achieve these, building on their existing skills and experience. Enabling more people with autism to access education and meaningful paid employment will contribute to their mental and social wellbeing, increasing confidence, self-esteem and friendship networks, as well as financial wellbeing
- 7.6 Parents and carers of autistic people will be recognised as expert partners in care and supported to deliver their caring responsibilities, acknowledging the importance of preventing carer breakdown and reducing the need for further services.
- 7.7 People will be enabled to develop their own solutions and networks of support through developing a better understanding of the third sector services people are using to effectively develop their own support networks and facilitate information sharing.
- 7.8 Mainstream and specialist services will be commissioned and delivered in a way which does not restrict access nor exclude people on the basis of an autism diagnosis. It is the responsibility of all services to ensure accessibility and appropriate support for autistic people within their service, acknowledging that this may require training and development for the workforce.
- 7.9 Closer partnership working between services involved in supporting autistic people and their parents and carers, such as Health Visiting service, School Nursing, Early Help support teams, education providers, diagnostic services, mental health support and community providers will be crucial to an improved experience for people with autism.
- 7.10 The wellbeing of autistic people depends on feeling accepted and understood in all aspects of their lives and the strategy includes a commitment to develop autism friendly local communities and services. The strategy aims to enable autistic people to access housing, employment, education and benefit from being involved in cultural, sport and leisure opportunities in an equal measure.
- 7.11 Equal opportunities and access to support that responds to the needs of autistic people from Black, Asian or minority ethnic backgrounds, as well as communities described as 'seldom heard' LGBTQ+ communities, recognising that some studies suggest a higher percentage of autistic people identify as lesbian, gay, bisexual transgender or queer⁷.
- 7.12 The impact of Covid-19 on people's ability to access care and support illustrated the need to commission differently, with a re-focus of provision, including digitalisation of practices and setting up new ways of working across all sectors. Robust infection prevention measures and social distancing rules mean that face to face contact can become restricted, and this Strategy will consider alternative but accessible ways of support.

7. https://sparkforautism.org/discover_article/autism-lgbtq-identity/

NATIONAL AND LOCAL CONTEXT

8. National Context

8.1 This strategy is delivered within a context of significant reform within health and social care including the implementation of the Transforming Care Programme 2015 - 2019 following the horrific experiences of those living at Winterbourne View⁸; Building The Right Support 2015; The Care Act 2014⁹; The NHS Long Term Plan¹⁰; The Children and Families Act 2014¹¹ and the SEND code of practice all of which have a golden thread of personalisation, choice and empowerment and the delivery of support that promotes prevention and wellbeing running through them. It is therefore timely to present this Warwickshire and Coventry Autism Strategy to ensure that it reflects current national and local priorities. The Strategy is further shaped by a number of published reports included in Appendix 1:

8.2 In July 2021, the government published the National Strategy for autistic children, young people and adults, a strategy for meeting the needs of autistic adults in England. The strategy supports the Autism Act 2009 and sets out a vision for what we want autistic people and their families' lives to be like in 2026 across 6 priority areas. While the local strategy and local priorities were developed prior to the publication of the national strategy, there is close alignment between the two. With the publication of the national strategy comes the opportunity to access funding and national programmes that will support delivery of our local strategy.

8.3 Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy was published in 2015 and is reflected in this local strategy. This includes:

- Training of staff who provide services to adults with autism
- Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services
- Planning in relation to the provision of services for people with autism as they move from being children to adults

- Local planning and leadership in relation to the provision of services for adults with autism
- Preventative support and safeguarding in line with the Care Act 2014
- Reasonable Adjustments and Equality
- Supporting people with complex needs, whose behaviour may challenge or who may lack capacity
- Employment for adults with autism
- Working with the criminal justice system

8.4 The Children and Families Act (2014) requires Local Authorities and Clinical Commissioning Groups (CCGs) to make provision for joint commissioning arrangements for education, health and care provisions for children and young people with Special Education Needs (SEN) or disabilities, including young autistic people. The Act and the SEND Code of Practice (2014) requires Local Authorities to identify all the disabled children and young people in the area, including those who may have SEN, and to publish and maintain a local offer that sets out the education, health and social care provision that the local authority expects to be available for disabled children and young people and those with SEN.

8.5 NHS Long Term Plan (2019) includes a specific focus on autism and learning disabilities. There is currently no clarity on how much funding will be made available to support delivery of the plan, but it is likely that any funding will be targeted at improving the offer of support for autistic people through the wider workforce. A key deliverable of the NHS Long Term Plan (2019) and Building the Right Support (2015), is a reduction in the numbers of children and young people with a learning disability and/or autism admitted to a mental health hospital. This has been known as the Transforming Care programme.

8. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

9. http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

10. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

11. http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

NATIONAL AND LOCAL CONTEXT

9. Local Context

9.1 The development of Coventry and Warwickshire's Autism Strategy 2021- 2026 is shaped by the following local policy framework:

- Coventry and Warwickshire Health and Wellbeing Concordat
- Coventry and Warwickshire Local Response to the NHS Long Term Plan for people with Learning Disabilities and Autism (2019)
- Warwickshire county council one Organisation plan 2020
- One Coventry: Council Plan 2016-24
- Warwickshire SEND & Inclusion Strategy 2019-2023
- Coventry SEND Strategy 2019 to 2022 Lifting the Cloud of Limitation
- Warwickshire Learning Disability Statement of Intent "Its My Life" 2015-2020
- Coventry Learning Disability/Autism Services Market Development Plan for Adult Care Services 2019-2022

9.2 It is helpful to reflect on the achievements of the previous Warwickshire All Age Autism Strategy (2014 -2017) 'Fulfilling & Rewarding Lives' and the joint commissioning plan developed by Warwickshire County Council and Coventry City Council with the Warwickshire Autism Partnership Board in 2017. There have been significant positive changes since the previous plans were written:

- The commissioning of a specialist neurodevelopmental service to undertake diagnosis of autism, ADHD and other co-occurring neurodevelopmental services. The service now delivers pre-school, school age and adults diagnostic pathways within one service. There has been work to streamline the diagnostic pathway and improve support pre- and post-diagnosis with the introduction of online education resources, the dimensions tools and group support.
- New services have been commissioned for autistic people, both to provide early help through community outreach and at the more complex crisis end through intensive support for young autistic people with autism which has had a significant impact on the numbers of young

autistic people in CAMHS Tier 4 hospital beds. We have learned a lot from the services that have been commissioned and piloted over this period.

- The SEND and Inclusion programmes have increased the support available to those with social, communication and sensory needs in schools and specialist education settings, including some young people with an autism diagnosis. There has been significant work to reduce the need for a diagnosis to access appropriate support in schools.
- There is rising awareness of autism across services, and a range of training programmes delivered to staff from health, social care, education and the third sector to support autistic people. Parent training has been delivered to parents of young autistic people and autistic adults with very positive feedback.

9.3 However, despite considerable work to achieve the objectives agreed in the joint commissioning plan in 2017, autistic people are still not always able to access the support they need, hence the need for this refreshed strategy.

9.4 In line with the principles of joint working outlined in the Health and Wellbeing Concordat, a joint Coventry and Warwickshire integrated commissioning function was established in 2018, enabling a specific focus on autism which is coordinated across health and care commissioners for Coventry and Warwickshire.

9.5 Autistic people are supported through a variety of services in Coventry and Warwickshire. Some of these services are not designed specifically for autistic people. The services detailed in Appendix 1 are examples of the ones that are designed specifically to meet the needs of autistic people. The list is not exhaustive but represents the key services discussed in the coproduction activity.

9.6 The list of services highlights the fact that the majority of autism specific support across Coventry and Warwickshire is either pre-diagnostic or very soon after diagnosis, or very specialist support to prevent admission to hospital. Many of the services listed are pilots, with reviews planned to develop business cases for ongoing services. Through this strategy the development of pathways of support for autistic people will be coordinated.

NATIONAL AND LOCAL CONTEXT

10. Prevalence of Autism

10.1 It is difficult to measure the prevalence of Autism as there have been inconsistencies in diagnosis over time and across locations. There is no register of people with Autism recorded nationally or locally and so the true number of people with Autism in Coventry and Warwickshire is not known. Pockets of information are available only when people with Autism use certain public services that record an Autism diagnosis as part of their administrative data, like adult social care; but most do not.

10.2 A Joint Strategic Needs Assessment (JSNA) for Autism and Attention Deficit Hyperactivity Disorder (ADHD) was completed for Coventry and Warwickshire in 2019. As there is no accurate local data, the JSNA applied national prevalence estimates of between 0.8 and 1.1% of the population¹², suggesting there are an estimated 4,770 people living with autism in Warwickshire and 3,197 in Coventry¹³. Due to population growth alone, the total population of people with ASD is expected to rise slowly over the next 6 years to 4,894 in Warwickshire and 3,467 in Coventry by 2025.

Table 1 ASD predicted prevalence 2019, by district (all age)

Area	Female	Male	Total
North Warwickshire	64	473	537
Nuneaton & Bedworth	131	951	1,082
Rugby	108	804	912
Stratford-on-Avon	127	912	1,039
Warwick	140	1,061	1,200
Warwickshire	570	4,200	4,770
Coventry	367	2,831	3,197
Total	937	7,031	7,967

10.3 Local data collected by the neurodevelopmental diagnostic service suggests that national prevalence may underestimate the true number of autistic people in Coventry and Warwickshire. National prevalence estimates indicate the numbers of children in Coventry and Warwickshire with Autism should be 673 and 990 respectively, giving a total of 1663 young people across the sub-region. Since April 2017, over 7000 referrals have been made to the pre-school and school age neurodevelopmental service. On average, the service diagnoses 70% of the young people referred. This would mean that there are potentially over 4,000 young people who have been diagnosed in the last 3 years alone across Coventry and Warwickshire.

10.4 This either means that national prevalence estimates are underrepresenting the true prevalence, or we have a higher prevalence locally, or the system is over responsive to potential autism. By including a key objective through this strategy to learn more about the needs of autistic people locally and where they access services and support we will be attempting to improve our data and understanding of prevalence. It is important to note that all of the people referred to the neurodevelopmental service represent people with social, emotional, sensory and/or communication needs that require support, regardless of their diagnosis.

12. Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019

13. Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019

NATIONAL AND LOCAL CONTEXT

11. Inequalities experienced by autistic people

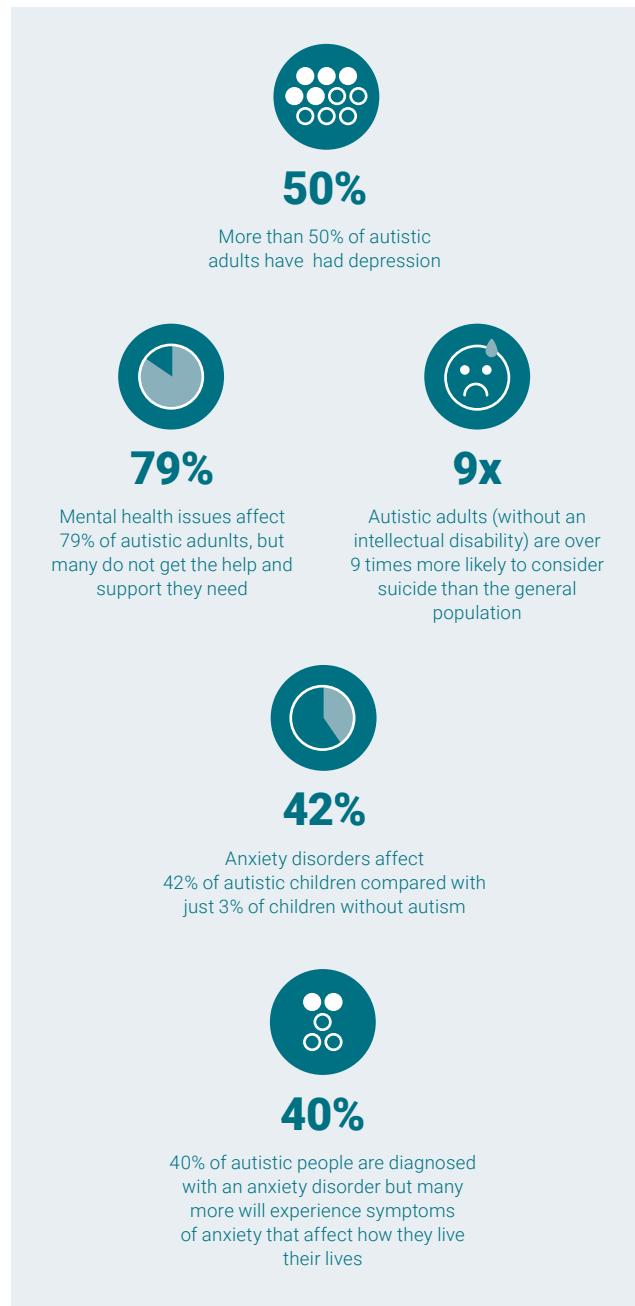
11.1 Health, education and social outcomes of autistic people are worse than non-autistic groups for almost all conditions studied, according to key outcomes from the Liverpool John Moores review¹⁴ into neurodevelopmental conditions in 2017 which are summarised in Table 1.

11.2 In addition to the above, research has shown that 12% of a group of people experiencing homelessness showed strong signs of autism¹⁵. It is likely that autistic people are not only more at risk of becoming homeless, but also more vulnerable once they are on the streets; they may also find it more difficult to move into new accommodation.

11.3 Autistic people nationally experience long waits for autism diagnosis. The NICE Quality Standard on autism states that the wait between referral and first diagnosis appointment should be no more than 3 months. Research in 2018 from Rt Hon Norman Lamb MP and the All-Party Parliamentary Group on Autism uncovered stark regional variation and long waits for autism diagnosis nationally, with many children waiting more than two years for a diagnosis.

11.4 A quarter of the general population have problems with their mental health at some point in their life. In autistic people, this number is much higher with almost 80% of autistic adults experiencing mental health issues during their lives¹⁶.

Table 1 Summary of health, education and social outcomes of autistic people ⁸			
Outcome*	Better	Worse	Unclear
Mortality			
Self harm and violence			
Suicide			
Obesity			
Smoking			
Bullying			
Education			
Social isolation			
Criminal justice system			
Employment			
Independent living			



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

15. Churchard, A., Ryder, M., Greenhill, A., & Mandy, W. (2018). The prevalence of autistic traits in a homeless population. *Autism*, 1362361318768484

16. Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019

NATIONAL AND LOCAL CONTEXT

12. Financial Context

12.1 The Warwickshire and Coventry health and social care economy continues to face significant financial pressures. Prioritising need and demand continue to be a challenge within a finite financial envelope. With the national strategy and the NHS Long Term Plan comes an opportunity to access short term funding to support innovation and redesign of services.

This 5-year strategy's primary focus is to re-shape and re-design current support offers and services within existing financial resources to adults, young people and children with autism spectrum disorder (both diagnosed and undiagnosed). As a result, the delivery of objectives will be achieved by working collaboratively as partners to ensure best value is achieved in commissioned services; by prioritising early intervention and developing an offer of care and support that prevents escalation of need.

12.2 As outlined in the Joint Strategic Needs analysis, the data available on autistic people and where they access services is not readily available. The actual amount spent locally on support for autistic people is therefore also difficult to calculate, as people are supported by a wide range of services and there are no flags in information systems to identify autistic people, for example within mental health services. National estimates have been used to calculate the cost to the Coventry and Warwickshire system of supporting autistic people. Further work is required to identify and quantify the current cost of support for autistic people and to make the case for reducing the demand for specialist and crisis services through investing in early intervention and enablement.

12.3 A 2014 study into the average cost of supporting autistic individuals over their life course estimated the cost to be £1.5 million for someone with learning disabilities and £0.92 million for someone without (at 2011 price levels). Using the population prevalence figures included in the JSNA, this suggests the total cost of supporting people with autism in Coventry and Warwickshire is approximately £9,177 Million.

Estimated cost of supporting people with autism	
Warwickshire	£5,495 Million
Coventry	£3,682 Million
Total	£9,177 Million

12.4 Based on what we know about where autistic people access services, we can identify potential opportunities to reduce spend on high cost services (including mental health crisis and hospital services, residential care and high needs block education funding) through investing in earlier intervention, with almost two thirds of parents considering a lack of timely support as the reason for their child having higher long term support needs.

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

15. Churchard, A., Ryder, M., Greenhill, A., & Mandy, W. (2018). The prevalence of autistic traits in a homeless population. *Autism*, 1362361318768484

16. Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019

KEY ISSUES RAISED THROUGH CO-PRODUCTION

13. Increased demand for specialist autism services

13.1 Current demand for an Autism diagnosis, as well as for pre and post diagnostic support, is far outstripping supply; resulting in long and growing waiting lists for children and adults.

13.2 New pilot projects are in place, and planned, to better support those on the waiting lists in school and at home, but they too are oversubscribed.


14. Reducing waiting times for autism diagnosis

14.1 Merely redesigning the existing neurodevelopmental service, or investing in the current as is pathway to try and clear the backlog will not be a sufficiently transformational approach to deliver the required change. National workforce shortages mean that even where additional funding has been identified we have not been able to purchase sufficient additional capacity to meet the growing demand. The focus of redesign therefore needs to be on building capability and capacity across wider services to diagnose and support people with autism.


14.2 People who have autism and their families report that while a diagnosis is an important step in understanding the challenges experienced by their young person, a diagnosis alone is not sufficient to meet their needs while there remain gaps in specialist support and in the capability of mainstream services to appropriately support people with autism. This is

particularly a priority within mental health services and schools. Any investment or redesign must prioritise support to meet the needs of people with autism, or characteristics that relate to autism.

14.3 System modelling undertaken in other parts of the country suggests waiting lists are most likely to be impacted through reducing demand for a diagnosis by improving access to support and services for people with needs related to autism without requiring a formal diagnosis. The most effective way to promote independence, reduce mental ill-health and maintain resilience is to give autistic people personalised, responsive information, advice and support to navigate the most significant challenges they have. These challenges include managing anxiety, coping with transitions, navigating services and support, improving relationships with others, understanding themselves and solving problems.



People understood, it gave us a vocabulary to access support... and we stopped being offered parenting courses.



A diagnosis of autism is important but tells you very little about an individual or their family needs.

KEY ISSUES RAISED THROUGH CO-PRODUCTION

15. Gaps in early help and preventative services

- 15.1 Families report gaps in adequate early help support for children and young people with autism, mental health needs and/or social communication needs. For example, there are limited resources in schools to enable identification and support for learners with social communication needs and social, emotional and mental health needs.
- 15.2 People with Autism and their families consistently stated that if there was more accessible support available early on, their needs would not have escalated to require specialist services. Parents understand that there are limited resources, but they want the system to balance investment of these resources along the whole pathway so that they don't have to wait until they are in crisis to get help.
- 15.3 There are protective factors which support autistic people and their mental health. These are similar to the support needed by all people in our community: family, friends, meaningful occupation and self-awareness. Autistic people and families want support to sleep and eat well, to access and sustain education and paid employment, to have secure housing, to have a social life and make friends, to have romantic relationships and maintain a family. Having interests and hobbies which give a person a sense of purpose and occupy them is key. Access to autism information relevant to their age is important.

16. Gaps in specialist services

- 16.1 Following a diagnosis, there is limited specialist support for autistic people. Where pilots of specialist services have been successful, autistic people valued having an autism profile, shared across services, detailing their particular strengths and difficulties. Currently autistic people often access support from people with generalised non-specialist autism knowledge, or by people without any autism awareness or knowledge.
- 16.2 Gaps have been identified in access to interventions such as occupational therapy, speech and language therapy or family therapy prior to crisis point and there is no access to ongoing mental health therapy or to psycho-education in relation to Autism needs. Autism friendly pathways in eating disorder services and services for people with gender identity issues are required.
- 16.3 Autistic people and families talked about wanting to access specialist support to help them understand the impact of their autism as they went through transitions, faced significant life events and as their needs changed. There are no opportunities to revisit the autism diagnosis as an older teen or adult, and update knowledge and self-awareness.
- 16.4 People working to support autistic people in services similarly identified a gap in specialist expertise that they could access to adjust care and support plans when people's needs change.

KEY ISSUES RAISED THROUGH CO-PRODUCTION

17. Support is not coordinated across services & services are difficult to access for autistic people

17.1 Autistic people and their families want support to be based on their needs where health, education and social care work together to make things better for them. The complexity and lack of coordination of pathways and support across the system mean families (and professionals) are unable to navigate them to access the support they need.

17.2 Autistic people have experienced difficulties accessing services, using them and getting their needs met by them. They were not offered suitable adjustments to the services they used, making it more difficult to use the services and to benefit from them, and they moved through services at a faster pace than suited their ability and needs. Mental health services have not been designed with people with autism in mind

and they may be excluded from support or provided with short-term help for problems which may be ongoing and long term.

17.3 There is a lack of autism-specific and autism-friendly support. This reduced opportunities for social connection and a place to seek advice about what support is available. The systems across health, social care and education/training/employment are disconnected and their functions and access routes may not be well understood by the individual and their family and by the practitioners within other agencies. There is a need for training in relation to supporting people across all agencies.

18. Transitions

18.1 Aligned strategies for young people and those with special educational needs and disabilities (SEND) highlight the importance of effective transition and preparation for adulthood. Moving between different stages of life, such as school, college and work, is

especially hard if you find change difficult, as many autistic people do¹⁷. Support for autistic people therefore needs to be prioritised around periods of transition.

19. Workforce gaps

19.1 Parents reported that services could be better at making adjustments to support their autistic children to engage and access support, and professionals reported that they wanted to feel more confident and understand how they could be better at working with this group.

19.2 National workforce shortages exist for specialist autism expertise, which impacts on the ability of neurodevelopmental services to maintain capacity in services.

20. Support for those in contact with criminal justice system

20.1 Multi-agency public protection arrangements (MAPPAs) are in place to ensure the successful management of violent and sexual offenders. Locally, a growing number of people with characteristics related to autism are referred to MAPPAs.

20.2 The Channel panel provides support to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is to facilitate multi agency early intervention and divert people away from the risk they may face. Channel uses existing collaboration

between partners to support individuals and protect them from being drawn into terrorism. Again, a growing trend has been identified of young autistic people who are referred to Channel panel for support.

20.3 There is an identified gap in specialist assessment and support for these individuals to inform multi-agency partners about the best way to support the individual and avoid re-offending. While this is a small number of people, the risks are high for the individuals concerned and in relation to public protection.

17. <https://www.autism.org.uk/about/transition.aspx>

KEY ISSUES RAISED THROUGH CO-PRODUCTION

21. Mental Health Crisis and Admissions to Mental Health Hospitals

21.1 Autistic young people 14-25 years old are being admitted to mental health hospital or diagnosed with autism in hospital. Deep dive reviews were undertaken to identify risk factors that contribute to hospital admissions for autistic people.

21.2 In the under 18 population, more people with autism and no learning disability are admitted to hospital. The following additional risk factors were also identified:

- Being out of school;
- Older teenage girls who weren't identified as having behavioural problems;
- Late (teenage) diagnosis of autism;
- A history of trauma (including bullying in school);
- Complex family dynamics including parental mental illness;
- Carer burnout;

21.3 For young autistic adults the following risk factors were identified:

- Adults with mental health diagnosis displaying risky behaviour;
- Autistic adults without a learning disability who do not meet Care Act eligibility and "fall between" services until they present to hospital or police services in mental health crisis;
- Inappropriate living environments, for example sharing with others who are not compatible;
- Significant and rapid changes and escalation in support needs that community living providers can't/won't support.

22. Good practice

22.1 People told us positive stories of what had helped, and they made suggestions about what we need to do more.

It helped when.....

The psychiatrist listening to him thinking he had autism and getting a diagnosis fast.

Professionals listening to us and treating us parents as experts on our child and asking us "What do you think should happen?"

Someone in the workplace who understands and can help make small changes. They made me realise I am human. They enhanced my good points and built on my skills.

KEY ISSUES RAISED THROUGH CO-PRODUCTION

22. Good practice

22.1 People told us positive stories of what had helped, and they made suggestions about what we need to do more.

We need more....

A compassionate online friendship and family support (sometimes from people I barely knew) was vital in maintaining my well-being.

Mentoring to help young adults and adults through transitions.

Online peer-support - particularly when people are housebound.

Ongoing support structure outside the NHS that adults with autism can access as needed.

Support for parents accepting diagnosis and understanding their own traits.

Giving parents the tools and understanding to help their child early; face-to-face groups as well as resources, to avoid crisis situation.

Inclusive practice and leadership in schools, community, youth settings.

Support and services working to the young person's timescales; not withdrawing because they haven't connected or responded in the given time, but allowing trust to build.

Autism-specific emergency phone line for Young People and families who are in an autism crisis, not a mental health crisis.

Peer support network from the earliest stages with trained experienced parent.

Someone who saw you and knows you are trying. Somewhere to signpost to when realise something wasn't working.

PRIORITIES AND OBJECTIVES

Based on the evidence base gained through the coproduction and research activity, as well as statutory responsibilities for partner organisations, five priority areas have been identified for the Coventry and Warwickshire Strategy. A number of objectives have been developed against each of the priority areas. These objectives will be underpinned with place-based delivery plans that will ensure this strategy is delivered within the local context of services and support and that it has an active life cycle.

Priority 1: Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis

Improve early identification of characteristics linked to autism through wide ranging education and training and reduce the need for a diagnosis to access appropriate support. Provide information and advice to people with social, communication, sensory and emotional health needs in order to promote self-management, family resilience, independence and wellbeing.

Enable and empower people to develop their own solutions and networks of support in their communities through developing a better understanding of the third sector services people are using; enhancing peer support networks and facilitating information sharing.

Priority 2: Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live

Improve the health and wellbeing of autistic people through developing autism friendly towns and cities in Coventry and Warwickshire, including taking action to ensure autistic people experience equality of access and inclusive services and support. We all want to live in communities that support each other, without prejudice, to get the most out of our lives. Respecting human rights, citizenship and offering inclusive approach to all citizens must extend to everyone, including in access to education and employment, and autistic people as well as their parents and carers should be no exception.

Commission and deliver mainstream and specialist services in a way which does not restrict access nor exclude people on the basis of an autism diagnosis. It is the responsibility of all services to ensure accessibility and appropriate support for autistic people within their service, acknowledging that this may require training and development for the workforce.

Priority 3: Develop a range of organisations locally with the skills to support autistic people

Ensure that a wide range of organisations that can provide skilled support and services are available and accessible in local areas to meet the health, care and education needs of autistic people. Enhance the skills of our existing workforce to achieve more personalised support from services through an increased understanding of autism across the workforce, from awareness raising through to specialist autism expertise.

Priority 4: Develop the all age autism specialist support offer

Commission and deliver a coordinated and personalised offer of support for autistic people across all levels of need, promoting early intervention and enabling people to navigate this offer as their needs change. This includes redesigning the autism diagnostic pathway and focussing on all age pathways to better support transition from children's to adult's services.

Priority 5: Co-produce, work together and learn about autism

Co-produce solutions and services with autistic people and their families and collect and share the information that will enable us to learn and improve our offer to autistic people.

Evaluate the impact of Covid-19 on the lives of people with autism and commission services in the way that responds effectively to people's needs during and following the COVID-19 pandemic.

PRIORITIES AND OBJECTIVES

PRIORITY 1

Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis

Improve early identification of characteristics linked to autism through wide ranging education and training and reduce the need for a diagnosis to access appropriate support. Provide information and advice to people with social, communication, sensory and emotional health needs in order to promote self-management, family resilience, independence and wellbeing.

Enable and empower people to develop their own solutions and networks of support in their communities through developing a better understanding of the third sector services people are using; enhancing peer support networks and facilitating information sharing.

This objective supports people with characteristics linked to autism to be able to find and use advice and information that helps them make the most of their strengths and pro-actively manage the challenges and barriers that they face. Information and advice needs to be available to everyone, regardless of their Autism diagnosis status. There is a lot of information and some useful tools and guides available, but people need to be supported to find this in one place with a way to filter the elements that will be most useful to them. The aim is to support all the services that are used by autistic people to better identify potential autism characteristics and provide useful and accessible advice and guidance. This is about supporting people with social, emotional and communication difficulties to get the information and support they need to continue to live a good life and achieve their goals without waiting until needs escalate or a person receives their diagnosis to offer support.

By enhancing support options available to parents and carers through the provision of appropriate and timely information and advice, commissioning of need based parenting training programmes, development of place based peer support groups as well as improving links with local carers support services, it is envisaged that people can access support which is tailored to their needs and enables parents and carers look after their autistic family members more effectively.

I statements

- I have the information and support I need in order to remain as independent as possible.
- I know where to get consistent, accurate and up to date information about what is going on in my community and where to access support for autistic people and their families.
- I can speak to people who know about care and support for autistic people and can make things happen for me or my family member.
- I have help to make informed choices if I need and want it.
- I don't have to wait until I have a diagnosis or am in crisis to get the help I need.
- The parenting support I receive is tailored to take account of my autism or my child's autism.
- I have a place I can call home, not just a 'bed' or somewhere that provides me with care.

PRIORITIES AND OBJECTIVES

PRIORITY 1

What We Will Do

- 1.1 Spark community action to tackle isolation and loneliness, help people to self-organise and develop their own solutions. Identify existing and potential autism champions in the community and facilitate their support of others.
- 1.2 Promote the importance of early identification of needs related to autism to system partners: Schools, health visitors, nurseries, GP's, mental health professionals, families and community centres; and provide information and advice about how to offer relevant support and adjustments for people with social, communication, sensory and emotional health needs.
- 1.3 Make useful information and tools readily available to people and families with needs related to autism, including self-management techniques relating to bullying, anxiety, sleep, social interaction, and sensory needs.
- 1.4 Improve the primary care support offer through working with new social prescribing and health and wellbeing roles in Primary Care Networks to develop autism awareness and networks of support, including identifying opportunities to support young adults transitioning from children's services.
- 1.5 Increase the support available to people with characteristics linked to autism through the early help and enablement offer. This will maintain people in their own homes, in education and/or employment, in relationships with the people who are important to them and through transitions by connecting people with their communities and supporting them to try new social interactions and achieve their aspirations.
- 1.6 Deliver a mixed model of family and carer support for families and carers of autistic people to include conferences, peer support, autism specific parent training and parent coaches to harness the capacity of families and ensure the needs of autistic parents and parents and carers of autistic children are reflected in local parenting and carer strategies and offers.
- 1.7 Identify financial incentives for having an autism diagnosis and where possible adjust eligibility criteria to focus on need, not diagnosis.
- 1.8 Work with housing leads to raise awareness of autism, implement the Autism and Homelessness Toolkit¹⁸, review prioritisation criteria for housing to reduce reliance on the need for an autism diagnosis to access housing and ensure autistic people have access to accommodation that meets their needs.

18. https://www.homeless.org.uk/sites/default/files/site-attachments/Autism_Homelessness_Toolkit.pdf

PRIORITIES AND OBJECTIVES

PRIORITY 2

Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live

Improve the health and wellbeing of autistic people through developing autism friendly towns and cities in Coventry and Warwickshire, including taking action to ensure autistic people experience equality of access and inclusive services and support. We all want to live in communities that support each other, without prejudice, to get the most out of our lives. Respecting human rights, citizenship and offering inclusive approach to all citizens must extend to everyone, including in access to education and employment, and autistic people as well as their parents and carers should be no exception.

We recognise that autistic people do not enjoy the same levels of physical or mental health as neurotypical people. This objective aims to ensure that autistic people in Coventry and Warwickshire live, work and go to school in autism friendly environments. We want to make sure that autistic people can access adjusted and accessible care and support. This objective is highlighting that it is the responsibility of everyone to ensure they design and deliver services that consider the needs of autistic people. Through development of Autism Friendly Communities, as well as autism related awareness raising resources and training options, it is intended that everyone will be able to access and benefit from being involved in cultural, sport and leisure opportunities in an equal measure. This objective includes working with the Criminal Justice service to reduce instances of 'hate crime', improve awareness and understanding of autism across the criminal justice system and support people with autism keep themselves safe and feel safe in their communities.

I statements

- I feel welcomed and included in my local community.
- I feel valued for the contribution that I can make to my school, workplace and community.
- I have the same opportunities as everyone else to train, study, work or engage in activities that match my interests, skills, abilities.
- I have access to a range of support that keeps me healthy, both mentally and physically, helps me to live the life I want and to remain a contributing member of my community.
- The people who support me understand my autism, accept me as I am and make efforts to communicate with me in ways that make it easier for me.
- The environments in which I work and access support are designed to make me feel safe and welcomed.
- I feel that my community is a safe place to live and local people look out for me and each other.

PRIORITIES AND OBJECTIVES

PRIORITY 2

What We Will Do

- 2.1 Review service specifications for commissioned services and collect evidence that services and environments are being adjusted for people with autism and/or a learning disability and that personalised support is offered based on need not diagnosis.
- 2.2 Through the SEND and Inclusion agenda, promote and champion strong leadership and drive continuous improvement in inclusive practice for autistic children and young people across mainstream and special education settings. Particular focus needs to be given to how autistic young people with autism experience bullying and social isolation.
- 2.3 Ensure the mental health workforce have the required training, skills and confidence to recognise co-occurring Autism and choose and tailor interventions appropriately. Review risk assessments and develop pathways to more effectively identify and support autistic young people and adults. Consider use of screening tools for autism within mental health assessments for adults and children and ensure that IAPT services, eating disorder services, self-harm pathways and services for people with gender identity concerns include an accessible offer for autistic people.
- 2.4 Expand the work on reducing health inequalities for people with learning disabilities to include autistic people, including piloting annual health checks in primary care and ensuring there is an appropriate offer of support delivered following these checks within community and acute health services. (linked to national pilot through Long Term Plan)
- 2.5 Promote the benefits of employing autistic people through engaging employing organisations, people with autism and workplace mentors. Support employers and workplaces to become more autism friendly.
- 2.6 Strategy partners commit to learning from good practice around inclusion and lead by example by becoming autism friendly organisations and employers.
- 2.7 Develop and disseminate autism awareness training that focuses on practical ways to be autism friendly across community organisations, businesses, services and environments, including
 - Education providers (schools, colleges and universities)
 - Health service providers (primary care, acute)
 - Social care support and housing providers, drugs and alcohol providers
 - Police, criminal justice and probation services
 - Community organisations, arts and leisure, businesses and public transport
- 2.8 Work with community and third sector organisations to maximise the potential for inclusive access to cultural, sports and leisure opportunities, including through the Coventry City of Culture activities in 2021.

PRIORITIES AND OBJECTIVES

PRIORITY 3

Develop a range of organisations locally with the skills to support autistic people

Ensure that a wide range of organisations that can provide skilled support and services are available and accessible in local areas to meet the health, care and education needs of autistic people. Enhance the skills of our existing workforce to achieve more personalised support from services through an increased understanding of autism across the workforce, from awareness raising through to specialist autism expertise.

This objective aims to ensure that where autistic people require support, that there is a choice of organisations and providers who can offer personalised, skilled and high quality support. Some services will be formally commissioned by statutory bodies and other support will be available through the voluntary sector and in local community networks. All of these services and support networks need to be connected to each other and the autistic community so they can meet the needs of autistic people. Where people are eligible for support through the local authority or the NHS we want to make sure there are providers available who specialise in supporting autistic people and who have an appropriately skilled workforce.

I statements

- I have a network of people who support me – carers, family, friends, community and if needed paid support staff.
- I have choice and access to a range of support that helps me to live the life I want and remain a contributing member of my community.
- I have care and support that is directed by me, responsive to my needs and helps me to live independently
- I am supported by people who help me to make links in my local community.
- I have considerate support delivered by skilled people who understand that I am autistic and how this affects me in different settings and in all aspects of my life.

PRIORITIES AND OBJECTIVES

PRIORITY 3

What We Will Do

- 3.1 Work with charities and other third sector organisations to map the support available for autistic people in local areas and strengthen the enablement offer by ensuring this community support is autism friendly.
- 3.2 Develop local specialist education provision to meet the needs of autistic young people with high support needs. This includes both school age and increasing local options for post 16 provision for autistic young people.
- 3.3 Develop the market for community and accommodation- based support for autistic people (including short breaks, respite, supported living and residential services) ensuring a personalised approach which promotes independence, autonomy and self-care
- 3.4 With housing leads and housing providers, develop suitable housing options to enable people with autism to live independently, supported by skilled staff where needed. This will include developing a joint approach to commissioning autism friendly physical environments, using tools such as NICE endorsed checklist, to respond to sensory needs of autistic people.
- 3.5 Connect organisations and people who provide support through regular conferences and training opportunities and develop pathways of support that are easy for people to navigate.
- 3.6 Develop a systemwide workforce development plan for autism, including identification of training needs within education, primary care, acute hospitals, mental health services, community services, and for unpaid carers and families and development of new roles.
- 3.7 Work with Universities and Colleges to include learning objectives relating to supporting autistic people in training programmes and professional qualifications for all health, social care and education staff groups.

PRIORITIES AND OBJECTIVES

PRIORITY 4

Develop the all age autism specialist support offer

Commission and deliver a coordinated and personalised offer of support for autistic people across all levels of need, promoting early intervention and enabling people to navigate this offer as their needs change. This includes redesigning the autism diagnostic pathway and focussing on all age pathways to better support transition from children's to adult's services.

This objective is about ensuring that autistic people (or people who think they have autism) are able to access the right level of support at the time they need it. It aims to ensure the offer of support is based on what they say they need to live a good life and not about 'fitting' them into services that aren't suitable or accessible to them. We want to support autistic people when they need it rather than leave them until their needs escalate. The offer will promote early intervention and prevention, with the ability to escalate where required to specialist assessment, treatment and crisis support services. Capacity and capability to diagnose autism and adjust support plans appropriately will be built across services. A key principle in delivering this objective is the ability of front line staff from health, social care and education to work together to solve problems and arrive at pragmatic solutions supported by integrated teams and budgets.

I statements

- I am in control of planning my care and support.
- I can access specialist support to help me to understand my autism and support me with my social, communication, sensory and emotional wellbeing.
- The support available to me to help with my autism is easy to understand and I have someone I can contact to help me get the right support when I need it.
- My support is coordinated, co-operative and works well together.
- I feel safe, I can live the life I want and I am supported to manage any risks.
- I can plan ahead and get extra help and support when my needs change and before I am in crisis.
- I am supported to manage my mental health so that I don't need to be admitted to hospital.

PRIORITIES AND OBJECTIVES

PRIORITY 4

What We Will Do

- 4.1 Redesign the neurodevelopmental diagnostic pathway to address length of wait for diagnosis and ensure the pathway is co-produced with people and families on the waiting list in order to deliver the support they require to meet social, communication, sensory and emotional needs while awaiting a diagnosis. Build capacity and capability across existing services that work with children and adults, to support and undertake diagnosis.
- 4.2 Clarify where responsibility sits within social care and health services for care coordination for autistic people with no learning disability so that people do not fall between services. This will include clarifying responsibilities for transition from children's to adults' services.
- 4.3 Develop a "Keyworker" role which will remain a contact point for autistic people and families to help them to navigate the system and access extra support when they need it, including at times of transition between children's and adults services.
- 4.4 Develop an offer of specialist assessment and treatment in the community for autistic people with more complex needs. This will include a holistic assessment of needs and functioning and the development of an individual autism profile which will inform care and support plans. The service will deliver appropriate therapeutic interventions as well as provide a source of specialist advice for parents and care workers when changes to care and support plans are required.
- 4.5 Provide specialist and ongoing outreach support to autistic people who are in the criminal justice system or at risk of developing criminal behaviours to avoid them entering the criminal justice system or becoming victims of exploitation.
- 4.6 Ensure that the needs of autistic people are appropriately met within the development of New Care Models for mental health, eating disorders and CAMHS
- 4.7 Clarify the pathway and offer of support for autistic people at risk of mental health crisis in order to prevent admission to hospital.
- 4.8 Coordinate transitions from inpatient and other settings and ensure that inpatient settings are sensory friendly and meet the needs of people with autism.

PRIORITIES AND OBJECTIVES

PRIORITY 5

Co-produce, work together and learn about autism

Co-produce solutions and services with autistic people and their families and collect and share the information that will enable us to learn and improve our offer to autistic people.

This objective makes a commitment to continue to improve the whole systems' care and support offer for autistic people by collecting the information that will make service planning and delivery the best it can be. Through cooperation and collaboration between partners we will align strategies that overlap and support the objectives in this strategy. This objective reflects our commitment to ongoing co-production with people with lived experience, including measuring the impact of the strategy on the lives of autistic people living in Coventry and Warwickshire.

I statements

- I am asked how services and support are working for me, my response is listened to and my communication needs are recognised.
- The organisations responsible for my support work together, learn from each other and coordinate their resources effectively.
- People supporting me collect and share information that helps them deliver the right services to me and plan for better services in the future.

PRIORITY 5

What We Will Do

- 5.1 Develop a system to enable a greater understanding of the numbers people in Coventry and Warwickshire who have an autism diagnosis, and where these people are in health and care services and their needs, to ensure future commissioning plans are informed by local demand and needs.
- 5.2 Continue to ensure that commissioning plans and the design and delivery of services are co-produced by people with lived experience of autism, including both specialist and mainstream services.
- 5.3 Identify links to the strategies in the following areas and ensure their outcomes will support people with autism:
 - Parenting
 - SEND and inclusion, including further education
 - Mental health/CAMHS
 - Employment
 - Housing
- 5.4 Work with commissioners and providers across the West Midlands and nationally to share best practice and learning about support and services for people with autism.
- 5.5 Collect and share learning across the system and enlist autism specialist organisations and universities to help us grow our evidence base of what good looks like for people with autism in line with national developments.
- 5.6 Work together to understand the true cost of supporting autistic people locally, and identify opportunities to pool budgets and invest in early intervention and prevention services to reduce spend on supporting autistic people in high cost specialist services.
- 5.7 Evaluate the impact of Covid-19 on the lives of people with autism and commission services in the way that responds effectively to people's needs during and following the COVID-19 pandemic.

APPENDIX 1

Autism Services and Pilots in Coventry and Warwickshire 2020			
Support	Description	Service / Provision	Detail of Service offer
Mainstream school support	Support School are able to access	Dimensions Tool	<ul style="list-style-type: none"> • Free online mental health self-assessment tool developed by CWPT for professionals/parents to complete with a child. • Involves a number of questions which are rated to indicate how the child or young person is feeling. • The tool analyses the responses, and provides a report of the submitted answers for a professional/parent to use in supporting a child's mental health where necessary. • Depending on the young person's score, the tool may signpost on to relevant services.
		Information and Advice (FAQs)	<ul style="list-style-type: none"> • Frequently Ask Questions (FAQs) have been developed in partnership with CWPT and the CCG to provide parents / carers / schools with information and advice
		Extended non-attendance at School (ENAS) - Pilot	<ul style="list-style-type: none"> • Pilot project with a small number of schools across Coventry and Warwickshire • Pilot is a 3 cycle process: <ul style="list-style-type: none"> ✓ Cycle one provides a quick response for young people who have been out of school ✓ Cycle two provides specialist support for children and young people, families and schools in understanding the needs of the autism through specialist occupational therapy support and interventions, educational psychology and complex communication specialist interventions. ✓ Cycle three includes support available through statutory processes including EHC plans
		Traded Service offer	<ul style="list-style-type: none"> • Offer to schools which consist of specialist teachers, educational psychologists and higher level teaching assistants (HLTAs) to address individual, group and whole-school needs. • Schools are required to buy in this offer (traded).
		Early intervention and assessment offer	<ul style="list-style-type: none"> • In Coventry <ul style="list-style-type: none"> • offer to families and school settings from Educational Psychologists and higher level teaching assistants (HLTAs) to address individual, group and whole-school needs. • In Warwickshire <ul style="list-style-type: none"> • Delivery of Autism Education Trust training to schools free of charge • Assessment of communication and interaction needs, recommended provision and proposed outcomes as part of the Education, Health and Care statutory assessment process

APPENDIX 1

Autism Services and Pilots in Coventry and Warwickshire 2020			
Support	Description	Service / Provision	Detail of Service offer
Special school support	Support for young people whose needs cannot be met in mainstream school	Specialist Education Provision	<ul style="list-style-type: none"> • In Coventry, service is available at 2 Enhance Resource Bases (attached to Aldermore Farm and Alderman's Green Primary Schools) a Special School for children with complex communication needs (The Corley Centre) and a range of broad-spectrum provision. • In Warwickshire, the satellite provision (Exhall Grange Learning Pod) is a therapeutic and nurturing environment which caters for the educational and psychological needs of its students. This six place learning environment caters for a group of vulnerable pupils who present with a combination of mental health difficulties and social communication needs (including those with Autism). The Exhall Grange Learning Pod allows the pupils to reengage with a mainstream curriculum in a sensitively adapted environment. Further to this, Warwickshire hosts ten special schools, supporting a range of needs including autism, and eight resourced provisions for communication and interaction needs.

APPENDIX 1

Autism Services and Pilots in Coventry and Warwickshire 2020			
Support	Description	Service / Provision	Detail of Service offer
Pre and post Diagnostic Support	Support available to children and adults and their families on the waiting list for a diagnosis and immediately post diagnosis	GPs	<ul style="list-style-type: none"> • Support children and young people and their families to complete the Dimensions tool. • Signpost children and young people onto appropriate services such as CAMHS to support their wellbeing.
		VIBES	<ul style="list-style-type: none"> • A service in Coventry provided by CW Mind that provides: <ul style="list-style-type: none"> ✓ Support for children and young people with autism ✓ Helps develop confidence, social skills, self-esteem and understanding of their own emotional health
		Community Outreach support for children, young people and adults	<p>Two services provided by CW Mind for children and adults that provides:</p> <ul style="list-style-type: none"> • Targeted outreach community support to children, young people, adults and families who are on the waiting list for an autism diagnosis, or who have had a diagnosis. • Focused and practical support to the child, young person or adult and their family around sensory integration and processing, behaviour, boundaries and routines, understanding and communicating feelings, managing relationships, eating and sleeping. This could be provided within the home, a community setting or school. • 1:1, paired or small group support to children and young people or adults with a diagnosis of autism. • Parent coaching with development of a network for peer to peer support
		Website	<ul style="list-style-type: none"> • Coventry and Warwickshire RISE website https://cwrise.com/parent-and-carer-resources provides a lot of useful information and resources available pre-assessment and post diagnostic
		Neurodevelopmental service	<p>A service provided by CWPT that provides</p> <ul style="list-style-type: none"> • Diagnostic assessments for autism, ADHD and other neurodevelopmental conditions across pre-school, school age and adult pathways • Online information sessions for individuals, parents and carers, whilst waiting or following a diagnosis • Post diagnostic education sessions for parents / carers and/or child groups to provide support around understanding neurodevelopmental disorders. • Ongoing support for people with ADHD to manage their medication

APPENDIX 2

Policy documents and reports used to develop the strategy

- National Strategy for children, young people and adults with autism
- Autism dividend; Reaping the rewards of better investment, National Autism project, 2018
- Improving lives: the future of work, health and disability, 2017
- Autism in adults Evidence Update May 2014. National Institute for Health and Care Excellence (NICE) guidelines, 2014
- Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. NICE, 2012
- Autism spectrum disorder in under 19s: recognition, referral and diagnosis NICE guidelines, 2011
- National Autistic Society Statistics: how many people have autistic spectrum disorders?, 2011
- Transforming Care: A national response to Winterbourne View Hospital, 2012
- Autism Spectrum Disorders in adults living in households throughout England: Report from the Adult Psychiatric Morbidity Survey ,2009.
- Green Light Toolkit, 2013



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 9 October 2024

Subject: Suicide Prevention Strategy

1 Purpose of the Note

- 1.1 To share an update on the Coventry and Warwickshire Suicide Prevention Strategy 2022-2030 (Appendix 4) and to highlight positive actions as a result of the Suicide Prevention workstream

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board is recommended to:
- a) Note the progress reported in this briefing note and Appendix 3 and share any comments with the relevant Cabinet Member regarding the delivery of the strategy.
 - b) Raise awareness of Suicide Prevention activity across Coventry and Warwickshire and understand the importance of signposting to support services and organisations
 - c) Encourage partners, residents, Members to undertake suicide prevention training and access information (See appendix 1).

3 Background and Information

- 3.1 Suicide Prevention is a collection of efforts to reduce the risk of suicide at individual, community and societal levels. When a sudden death occurs and there is reason to believe the individual died by suicide, it is referred to as a **suspected suicide** until an inquest is carried out and the coroner makes a ruling. It is important to know that every death has individual circumstances, and every suicide is often preventable.
- 3.2 The Coventry and Warwickshire Suicide Prevention Strategy was developed in collaboration with partners, key stakeholders and Coventry and Warwickshire residents

The strategy has 5 key priorities;

- Target our approach for those groups and communities at a higher risk of suicide
- Increase awareness to help change public attitudes about suicide
- Promote suicide prevention as a priority within the wider health and wellbeing activity of system partners (public, private, VCSE sectors)

- Sharing learning and data to ensure that prevention activity is targeted in response to locally identified priorities
 - Facilitate coproduction, collaboration and coordination to maximise the impact of suicide prevention activity across Coventry and Warwickshire
- 3.3 A high level delivery plan has been drafted aligned to the 5 strategic priorities, focussing on how we collaborate with partners, identify gaps and opportunities and how suicide prevention is embedded as a system priority. Please see Appendix 2. It is important to note that this is a system strategy and many partners work towards these key priorities. As a network, we come together quarterly to discuss progress and impact against the key priorities.
- 3.4 Real Time Surveillance of Suspected Suicides allows us to have real time data of anyone who dies by suspected suicide. This process is coroner led, and our Real Time Surveillance coordinator works with the data to identify clusters, trends and anything of concern. There are agreed processes in place to escalate any concerns, such as the Cluster Response Plan. The learning helps to inform action across the wider suicide prevention work.
- 3.5 We have held annual events to showcase the work of partners, locally, regionally and nationally, to enable collaboration and strengthen partnership working. The events raise awareness of work that supports the wider Suicide Prevention agenda.
- 3.6 Other Suicide Prevention activity includes 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.

4 Health Inequalities Impact

- 4.1 High risk groups have been identified through the strategy work. We know there are groups at higher risk of suicide than others. These include: Men, people who self-harm, people who misuse alcohol and drugs, people in the care of mental health services, people in contact with the criminal justice systems, specific occupational groups (eg. doctors, nurses, veterinary workers, farmers and agricultural workers) and people bereaved by suicide.
- 4.2 There are also other vulnerable groups which may be at more risk of suicide. These include people in financial difficulty or struggling with debt, autistic people, people addicted to gambling, women experiencing poor perinatal mental health and LGBTQ+ individuals.
- 4.3 Suicide disproportionately affects certain groups – this is where targeted interventions and focussed work is required to ensure all communities have access to support.

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Appendix 1:

SUICIDE PREVENTION INFORMATION:

- [Dear Life](#)
- [NHS Mental Health Access Hub](#) Freephone 08081 966798 - 24/7 service
- [Coventry and Warwickshire RISE](#) (Children and young people's mental health service) Freephone 08081 966798 (select Option 2) - 24/7 service
- [Mental Health Matters Coventry and Warwickshire](#) call 0800 616 171, free 24/7 and confidential helpline
- [The Samaritans](#) call 116 123
- [Amparo](#) provides free and confidential support for those bereaved by suicide
- [YoungMinds](#) Crisis Messenger: text YM to 85258
- [Papyrus Hopeline UK](#) suicide prevention helpline: call 0800 068 4141 or text 07860 039967
- [Kooth.com](#) is available to 11 to 25 year olds across Coventry and Warwickshire, providing an anonymous online counselling and support service. Throughout September they are holding a number of events and activities.
- [Stay Alive app](#) provides help for those at risk of suicide and people worried about someone
- [Dimensions](#) of Health and Wellbeing Tool offers immediate tailored self-help support and signposting to local services
- [Chat Health](#) is a free service that enables 11–18-year-olds across Coventry and Warwickshire to send confidential SMS text messages to School Nurses who will provide impartial advice and support.
 - For Warwickshire, text 07507 331 525
 - For Coventry, text 07507 331 949
- [Coventry, Warwickshire and Solihull Talking Therapies \(previously IAPT\)](#) for anyone with low mood, depression or anxiety. Call 024 7667 1090 or visit healthymindservice.com/self-referral
- [Warwickshire County Council](#)
- [Coventry City Council](#)
- [Wellbeing for Life](#) is a campaign to provide information on how people can improve and take care of their health and wellbeing, plus find out more about the [5 Ways to Wellbeing](#).

SUICIDE PREVENTION TRAINING OPPORTUNITIES

- Coventry City Council: <https://intranet.coventry.gov.uk/occupational-health-counselling/suicide-prevention-training>
- Papyrus: running 2 free ASIST courses in November:
 - 6th-7th November: <https://www.papyrus-uk.org/training/ec-asist-inclusive-communities-3-cov-warks-1/>
 - 20th-21st November: <https://www.papyrus-uk.org/training/ec-asist-inclusive-communities-4-cov-warks-2/>
- Violet Project: <https://violetproject.co.uk/training-offers>
- CW Mind: <https://cwmind.org.uk/training-2024/sfa/>
- Zero Suicide Alliance Training: <https://www.zerosuicidealliance.com/training>

C&W are commissioning a system wide training offer which should be available January 2025 onwards.

APPENDIX 2: Draft High Level Delivery Plan

PRIORITIES	SYSTEM COMMITMENTS	KEY DELIVERABLES
Target our approach for those groups and communities at a higher risk of suicide	<ul style="list-style-type: none"> • Interventions for people in MH crisis • Links to Domestic Abuse • Self-harm (CYP) • Bereavement by suicide 	<ul style="list-style-type: none"> • C&W Self Harm Working Group - work programme • DA/Health T&F Group • Re-procurement of Suicide Bereavement Support Service • Crisis alternatives/Safe Havens • Improving the Ambulance response to mental health • NHS 111 mental health crisis option • Increasing awareness of and access to services
Increase awareness to help change public attitudes about suicide	<ul style="list-style-type: none"> • Community awareness raising • Training • Communications • Wellbeing 4 Life (5 Ways to Wellbeing) 	<ul style="list-style-type: none"> • Online catalogue of SP training • Promotion of MHWB support and services • Inclusion of SP messaging in MECC
Promote suicide prevention as a priority within the wider health and wellbeing activity of system partners (public, private, VCSE sectors)	<ul style="list-style-type: none"> • Organisational commitment to SP • Workforce training • Workplace wellbeing 	<ul style="list-style-type: none"> • Deliver a training package for frontline staff • Development of settings based suicide prevention plans • Wellbeing 4 Life Workplace Wellbeing events (x4) • SP Community of Practice
Sharing learning and data to ensure that prevention activity is targeted in response to locally identified priorities	<ul style="list-style-type: none"> • Real Time Surveillance • Cluster response 	<ul style="list-style-type: none"> • Local Cluster Response plan • Annual report
Facilitate coproduction, collaboration and coordination to maximise the impact of suicide prevention activity across Coventry and Warwickshire	<ul style="list-style-type: none"> • Voice of lived experience • Collaborative funding bids 	<ul style="list-style-type: none"> • Provide mechanism for multi-agency networking • Co-design a local SP comms campaign with people with lived experience • Engagement of Warwickshire Place Partnerships in delivery of SP Strategy • Annual Suicide Prevention event aligned to World Suicide Prevention Day

Coventry and Warwickshire Suicide Prevention Strategy

Scrutiny Board 5



Content warning

Please be aware that this presentation contains discussion related to suicide.

Please look after yourself and seek help if you need support.

No one should ever feel as though suicide is their only option.

Free support is available 24/7

Immediate risk to life:
call 999 or go straight to A&E

Urgent crisis advice:
call 111 or the NHS Mental Health Access Hubs on 08081 966 798

Confidential emotional and local support:
call 0800 616171



Content

1. Introduction to Suicide Prevention
2. Suicide Prevention Strategy development
3. Priorities for Coventry and Warwickshire
4. Delivery Plan
5. Real Time Surveillance System
6. Things we are proud of
7. Training opportunities

Things to know

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Suicide is when an individual intentionally ends their own life

When a sudden death occurs and there is reason to believe the individual died by suicide, it is referred to as a **suspected suicide** until an inquest is carried out and the coroner makes a ruling

Suicide is often preventable

Suicide Prevention is a collection of efforts to reduce the risk of suicide at individual, community and societal levels

Language is important and subtly reflects our own attitudes and influences i.e. avoid “**commit suicide**” and instead say “**died by suicide**”

MYTH	FACT
If someone has a 'good' life, they can't feel suicidal	Anyone at any time in their life can experience thoughts of suicide, regardless of their situation
If you are having thoughts of suicide, you must be 'mentally ill'	Many people who experience thoughts of suicide do not have a diagnosed mental health condition
If I talk about suicide, it might put the idea in someone's head	Having safe conversations around suicide will not make someone suicidal, instead it lets them know you are a person they can reach out to for support
Men don't reach out for support with thoughts of suicide	Lots of men do reach out for support
People bereaved by suicide don't want to talk about their loved one	Most bereaved people still want to share their memories of the loved one they have lost, and celebrate their lives
It's obvious when someone is experiencing thoughts of suicide	There are lots of different signs that someone may be suicidal, some are less easy to spot so it is always best to ask directly
People who say they are suicidal are only 'attention seeking'	Telling someone you are experiencing suicidal thoughts takes a huge amount of courage and should always be taken seriously
There's a set time on grieving a loved one lost to suicide	Bereavement is very personal to the individual and their journey is unique to them. This journey should be respected
Suicide won't affect me	Suicide doesn't discriminate – it can affect anyone at any time
Only the family or friends of someone who's died by suicide can be impacted by their death	No matter how close you were to the person who died – if you need support with your feelings, they are valid and you are deserving of that care

Suicide Prevention across Coventry and Warwickshire

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Warwickshire Suicide
Prevention Strategy
2016-2020



National NHSE funded Suicide
Prevention Programme across
Coventry and Warwickshire
2018-2021



Amalgamation of the Coventry
and Warwickshire Suicide
Prevention Partnerships
2021/22



Delivery planning and partner
mobilisation
2023-2024
(first draft Delivery Plan
summer 2024)



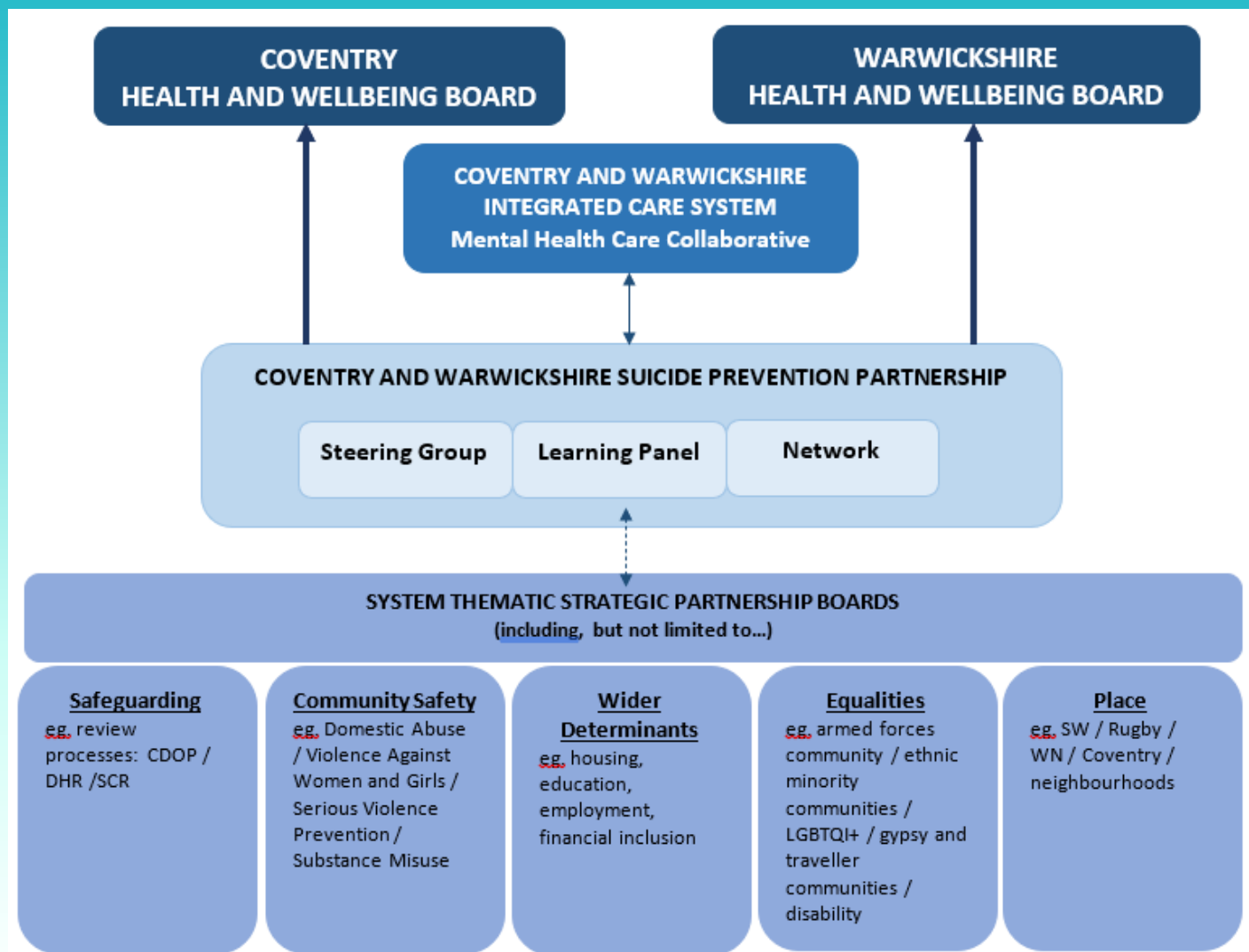
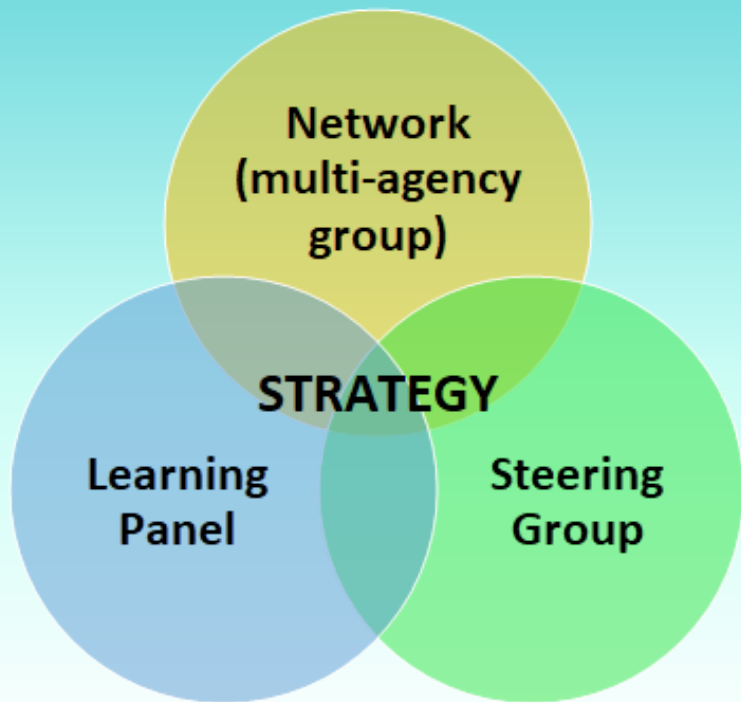
New C&W Suicide Prevention
Strategy 2023-2030 endorsed
by Coventry and Warwickshire's
Health and Wellbeing Boards
January 2023



Stakeholder and public
engagement on a new Coventry
and Warwickshire Suicide
Prevention Strategy throughout
2022

Governance

Coventry and Warwickshire Suicide Prevention Partnership



Coventry and Warwickshire Suicide Prevention Work Programme and delivery priorities

Vision: *what do we want to achieve?*

“To ensure that no one in Coventry and Warwickshire ever feels that suicide is their only option”

Ambitions: *what will this mean?*

- 1. People have access to the information, support and services they need***
- 2. People are confident to talk about suicide***

Priorities: *how will we do this?*

<i>Reducing inequality and addressing gaps</i>	<i>Working towards suicide safer communities</i>	<i>Influencing workplace practices</i>	<i>Sharing data and learning</i>	<i>Maintaining effective partnerships</i>
Target our approach for those groups and communities at a higher risk of suicide	Increase awareness to help change public attitudes about suicide	Promote suicide prevention as a priority within the wider health and wellbeing activity of system partners (public, private, VCSE sectors)	Provide real time data to ensure that prevention activity is targeted in response to locally identified priorities	Facilitate coproduction, collaboration and coordination to maximise the impact of suicide prevention activity across Coventry and Warwickshire

Developing the Delivery Plan...

Coventry and Warwickshire

Suicide Prevention Strategy 2022 – 2030

...the world
is better with
you in it.



No-one in Coventry and Warwickshire should ever feel like suicide is their only option.



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HOW: collaboration with...

- People with lived experience
- Partners within the C&W Suicide Prevention Partnership
- Members of the Health and Wellbeing Boards and Place Partnerships
- Members of the Mental Health Care Collaborative, HCP Delivery Board (and evolving ICS structure)
- VCSE MH Alliance
- Thematic local strategic partnerships within C&W

WHAT: identifying gaps and opportunities...

- operationally (where services or activities can address a gap)
- organisationally (where different organisations can embed suicide prevention activity with their business as usual)
- societally (where we can support and build community resilience around mental wellbeing more generally)

WHY: embedding suicide prevention as a system priority...

- Ensuring sustainability
- Raising awareness and challenging stigma
- Improving workforce and community wellbeing
- ...ultimately to reduce the number of people who die by suicide in Coventry and Warwickshire

www.dearlife.org.uk

Delivery Plan

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 5 of 5</p> PRIORITIES	SYSTEM COMMITMENTS	KEY DELIVERABLES
Target our approach for those groups and communities at a higher risk of suicide	<ul style="list-style-type: none"> • Interventions for people in MH crisis • Links to Domestic Abuse • Self-harm (CYP) • Bereavement by suicide 	<ul style="list-style-type: none"> • C&W Self Harm Working Group - work programme • DA/Health T&F Group • Re-procurement of Suicide Bereavement Support Service • Crisis alternatives/Safe Havens • Improving the Ambulance response to mental health • NHS 111 mental health crisis option • Increasing awareness of and access to services
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Funding

Activity / project	Amount secured	Status	Provider
Real Time Surveillance System	£120,000k (pa)	RTS Coordinator post permanent (from April 2024) Bereavement Service recommissioned October 2024	Currently CCC and Amparo
Suicide Prevention Community of Practice	£11,000 (one off)	CoP meeting on a monthly basis. Good feedback and expanding membership.	CW Mind
C&W SP codesigned comms campaign	£30,000 (one off)	Initial meeting with providers to establish timeline for delivery. Starting with insight gathering	Rethink
Warwickshire place- based SP delivery	£30,000 (one off)	Project proposals approved for NW / N&B / Warwick. Proposals currently being developed for Stratford and Rugby	SDC / WDC / RBC / NBBC / NWBC
Wellbeing 4 Life: events and promotional materials	£7,000 (one off)	Allocation approved and proposals being developed.	CCC/WCC
Targeted financial advice (high risk groups)	£10,000 (one off) Contribution to a wider project	Proposal submitted and project delivery underway	CAB
Suicide Prevention Training	£30,000 (one off)	Currently being commissioned	TBC

Real Time Surveillance System

A system which facilitates the collection, analysis, and response to deaths by suicide in real-time.

1

Gathering data around suspected suicides in advance of the inquest and act to counter emerging trends

2

Analysing relevant information and disseminating to partners to improve delivery of service

3

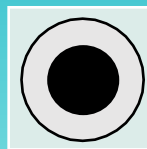
Timely bereavement referrals for next of kin

Suicide Prevention response planning



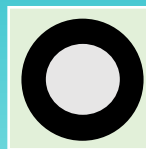
Identification

- Cluster identified through RTS (location, demographics, method, etc.)
- Notifications go out to Public Health Consultants and Suicide Prevention Leads for Coventry & Warwickshire



Core response

- Membership:
 - Local authority representatives, ICB, CWPT, local police force, community team representative
- Detailed information is shared about the cases and any possible links identified
- Preliminary actions are identified and wider membership agreed



Extended response

- Membership:
 - Core group, community resilience, district & borough councils, education, universities, primary care and other related organisations as appropriate
- Information about the cases is shared in less detail with a focus on potential areas of action
- Response plan developed and put into action



Monitoring

- RTS monitoring of the situation and notifications sent out as soon as new cases arise with the same characteristics
- Meetings reconvened to check in on the actions with gradually decreasing frequency for the duration of the cluster

Things we are proud of...

Development of a system wide strategy for Suicide Prevention

Real Time Surveillance of Suspected Suicides Programme

Securing funding for a Suicide Bereavement Service

System wide network with quarterly events/meetings

Supporting CCC employees through Suicide Prevention Training

Hosting a Coventry and Warwickshire Suicide Prevention Conference in September 2023 with over 150 delegates and national speakers

Delivering a Suicide Prevention themed workplace wellbeing event

Learning panel insight including discussion between link between suicide and domestic abuse

Link with Higher Education to look at a consistent offer for that demographic

Self Harm Event held in September 2024

Regional profile

Local approach to potential clusters signed off and has been used effectively

Suicide prevention training opportunities

- Coventry City Council: <https://intranet.coventry.gov.uk/occupational-health-counselling/suicide-prevention-training>
- Papyrus: running 2 free ASIST courses in November:
 - 6th-7th November: <https://www.papyrus-uk.org/training/ec-asist-inclusive-communities-3-cov-warks-1/>
 - 20th-21st November: <https://www.papyrus-uk.org/training/ec-asist-inclusive-communities-4-cov-warks-2/>
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- Zero Suicide Alliance Training: <https://www.zerosuicidealliance.com/training>

C&W are commissioning a system wide training offer which should be available January 2025 onwards.

Thank you – any questions?

Coventry and Warwickshire

Suicide Prevention Strategy

2023 – 2030

**...the world
is better with
you in it.**



*No-one in Coventry and
Warwickshire should
ever feel like suicide is
their only option.*

*Endorsed by Coventry and Warwickshire Health
and Wellbeing Boards, January 2023*

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Foreword

Coventry and Warwickshire Suicide Prevention Strategy 2023-2030

We are pleased to introduce the new Coventry and Warwickshire Suicide Prevention Strategy, which outlines our joint approach and local delivery priorities to help reduce deaths by suicide in our local communities.

This includes supporting people to have the confidence and knowledge to talk about suicide and to raise awareness of the help available, whether that's for themselves or someone they know.

Suicide prevention remains a public health priority both nationally and locally and this strategy represents a commitment across the board to work towards a reduction in suicide rates in Coventry and Warwickshire, in line with our collective work towards a 'zero-suicide approach' in the area. It reflects the ambitions of the national suicide prevention strategy and builds on

the national message by incorporating the expertise of Coventry and Warwickshire agencies and insight from those who have been impacted by suicide.

Our aim is that no-one in Coventry and Warwickshire ever feels like suicide is their only option. As a community we can create a positive environment that reduces the stigma around suicide and gives support to those who are struggling.

We endorse this strategy on behalf of both Coventry and Warwickshire Health and Wellbeing Boards and support work to build on progress of the previous separate strategies. We invite Coventry and Warwickshire organisations and communities to join us in supporting this approach as we aim to save lives and reduce the devastating impact that deaths by suicide have in our communities.



**Coventry Health and Wellbeing Board
Chair, Councillor Kamran Caan**
Coventry City Council



**Warwickshire Health and Wellbeing Board
Chair, Councillor Margaret Bell**
Warwickshire County Council

Introduction

“I lived with a fun guy at university, he was always laughing and messing about and was from a rich family. A year after we left university I found out he died by suicide.”

Why is a suicide prevention strategy important?

Every life lost to suicide is a life lost too soon.

Deaths by suicide have complex causes and are rarely due to a single event, but a culmination of factors that may lead to someone feeling hopeless and unable to change their circumstances, with death seen as the only way to end suffering. We are all potentially susceptible to suicidal thoughts, but in the past stigma around mental ill-health and suicide has contributed to a lack of discussion at a societal level and, importantly, preventing people from speaking up and seeking support when it is most needed. It is therefore imperative to normalise talking about mental health and to give individuals the knowledge, skills and confidence to talk about suicide and improve awareness of preventative approaches and support available.

A single death by suicide has a devastating impact on those closest to the individual, as well as wider reaching impacts on members of the community who are affected by the distressing news of such a death of someone they knew. It has been estimated that 15-30 people are directly and severely impacted by a single death by suicide, and around 135 people affected by each death¹. This broad impact on communities from a single death highlights the

need for a shared health approach to preventing and responding to deaths by suicide.

Finally, deaths by suicide contribute to population level life-expectancy figures, given deaths at younger age-groups have a greater impact on this population level indicator of health outcomes, a strategic driver to prioritising suicide prevention activity.

A new national plan for suicide prevention

As part of the development of a new national plan for suicide prevention, Coventry and Warwickshire submitted a joint response to the [Government's Call for Evidence](#) to inform longer-term priorities for mental health, wellbeing and suicide prevention. The Call for Evidence closed in July 2022 and a new long-term plan will set out priorities for suicide prevention at a national level. In addition, the current NHS Long Term Plan includes a commitment to suicide reduction and bereavement support which covers every local area in the country. Coventry and Warwickshire are committed to supporting with the delivery of both the new national strategy and the NHS Long Term Plan and will align to the national priorities within the local delivery plan, at the same time recognising that there are local needs across the area.

¹ Cerel et. al. 2019 How many people are exposed to suicide? Not Six. *Suicide and Life-threatening Behaviour*, 49(2), 529-534

A strategy for Coventry and Warwickshire

The Health and Wellbeing Strategies for both Coventry and Warwickshire identify priorities around improving mental health and wellbeing. The Coventry and Warwickshire Suicide Prevention Strategy 2023-2030 is part of the delivery of these priorities. Whilst Coventry and Warwickshire have previously had separate suicide prevention strategies to set out the vision and approach in both areas, the success of the NHSE funded programme and the outcomes of the [Mental Health JSNA](#) have demonstrated the need for partnership working when developing a local approach to suicide prevention. This new single Strategy will build on the previous work and ensure that suicide prevention activity is embedded and prioritised across the system. This approach requires ongoing collaboration through the Suicide Prevention Partnership with system wide commitment to the resources and implementation required for the ongoing delivery of a local suicide prevention work programme. There will be elements of the work programme that will be coproduced to utilise key experience, knowledge and skills from a range of stakeholders, including those with lived experience.

The Coventry and Warwickshire Suicide Prevention Strategy is an all-age strategy and is intended to be relevant across the whole life course of an individual or population. The Strategy also represents the principle that preventing suicide is everyone's business.

Long term strategy: (2023-2030)

Coventry and Warwickshire take a zero-suicide approach, with the aim to reduce the rate of suicide across the local area.

Vision: to ensure that no one in Coventry and Warwickshire ever feels that suicide is their only option.

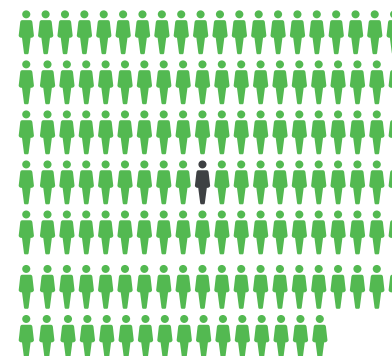
Strategic ambitions:

- 1) People have access to the information, support and services they need
- 2) People are confident to talk about suicide

Early phase delivery: (2023-2025)

Local priorities for 2023-2025:

- target our approach for those groups and communities at a higher risk of suicide
- increase awareness to help change public attitudes about suicide
- promote suicide prevention as a priority within the wider health and wellbeing activity of system partners (public, private, VCSE sectors)
- sharing learning and data to ensure that prevention activity is targeted in response to locally identified priorities
- facilitate coproduction, collaboration and coordination to maximise the impact of suicide prevention activity across Coventry and Warwickshire



A death by suicide impacts approximately 135 people

The national and local picture: what the data tells us

Suicide: what we know

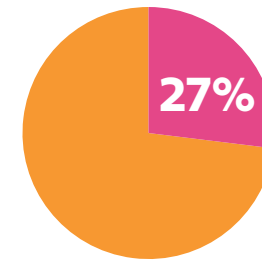
A death by suicide impacts approximately **135 people**¹

Suicide is the **biggest killer of under 35s in the UK**

with **200 schoolchildren** being lost to suicide annually.⁴

(Office for National Statistics, ONS 2018)

In the UK **115 people die by suicide every week**²



Only 27% of the general population

contacted mental health services in the 12 months prior to taking their life.⁵

In 2021 74% of deaths by suicide are male



with the highest rates amongst those aged 50 – 54 years³

(Office for National Statistics, ONS 2018)

46% of people who die by suicide

had a known mental health condition, with other risk factors including

substance misuse, intoxication and a history of trauma.⁶

National guidance identifies a number of factors that can influence the risk of suicide.⁷

Specific factors that increase the risk of suicide:

- Evidence suggests the risk of suicide is much greater amongst those who have self-harmed than the general population.⁸
- Mental ill health and substance misuse also contribute to many suicides.⁹
- Individuals bereaved by suicide are at increased risk of suicide. Also increased risk of suicidal ideation, mental and physical health problems developing, engaging in high-risk behaviours, as well as poor social functioning/adverse social outcomes.¹⁰

One of the priorities within the current [Suicide Prevention Strategy for England](#),¹¹ is for all local strategies to deliver work to reduce the risk of suicide among the following high-risk groups:

- Men, particularly working age (late 30s – late 40s specifically).¹¹
- People who self-harm
- People who misuse alcohol and drugs
- People in the care of mental health services
- People in contact with the criminal justice systems
- Specific occupational groups (eg. doctors, nurses, veterinary workers, farmers and agricultural workers)¹³

These groups are identified as those where the suicide rate is high and there is a known statistically significant increased risk of death by suicide.

Men remain the highest risk group with a range of factors associated with suicide that are particularly common in males, including: mental illness (especially untreated or undiagnosed), alcohol and drug misuse, unemployment, relationship breakdown and partner bereavement.¹⁴

Additional vulnerable groups include:

- People in financial difficulty or struggling with debt¹⁵
- Autistic people¹⁶
- People addicted to gambling¹⁷
- Women experiencing poor perinatal mental health¹⁸
- LGBTQ+ individuals¹⁹

People in the lowest socio-economic group and living in the most deprived geographical areas are at greater risk of suicide than those in the highest socio-economic group living in the most affluent areas, particularly those of working age¹²

Local data: trends in suicide rates

The following graphs illustrate the trends in suicide figures in Coventry and Warwickshire over the last 20 years.

Coventry and Warwickshire suicide rates compared to England, 2001-2021

Time period	Coventry	Warwickshire	England
2019-21	9.3	11.2	10.4
2018-20	10.0	9.2	10.4
2017-19	10.6	9.4	10.1
2016-18	8.6	10.1	9.6
2015-17	8.8	11.3	9.6
2014-16	8.4	12.2	9.9
2013-15	10.1	11.8	10.1
2012-14	10.1	11.6	10.0
2011-13	11.2	10.4	9.8
2010-12	11.4	10.8	9.5
2009-11	13.0	9.7	9.5
2008-10	12.3	10.0	9.4
2007-09	11.7	8.9	9.3
2006-08	10.2	8.7	9.2
2005-07	11.0	6.8	9.4
2004-06	11.9	7.7	9.8
2003-05	11.0	7.9	10.1
2002-04	9.0	9.2	10.2
2001-03	9.1	10.2	10.3

Source: Suicide prevention profiles, OHID, fingertips, 2022

Significantly worse than the England figure

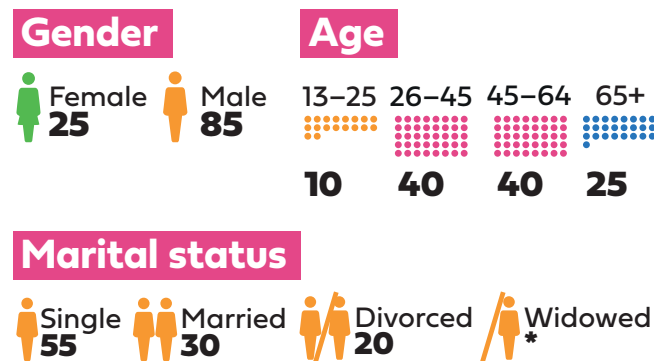
Significantly better than the England figure

Local data: the current picture

Between January 2021 and September 2022, 111 deaths were concluded as a death by suicide by the Coventry and Warwickshire Coroner. An analysis of these deaths in October 2022 provided the following findings*

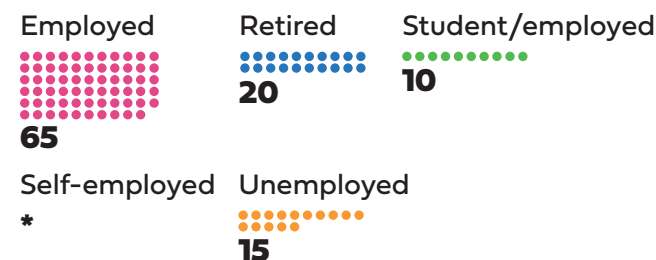
Demographics of the 111 Coventry and Warwickshire deaths by suicide 2021-2022

Figures contained in infographics relating to real time suicide data from the Coventry and Warwickshire coroner have been subject to disclosure control methodology to avoid the identification of individuals (see Appendix 1). Numbers are rounded to the nearest 5, those between 1 to 7 inclusive are marked *. Numbers may not, therefore, sum to total deaths.



*(these figures do not reflect total number of suspected suicides during this period as not all deaths have been heard at inquest).

Employment status

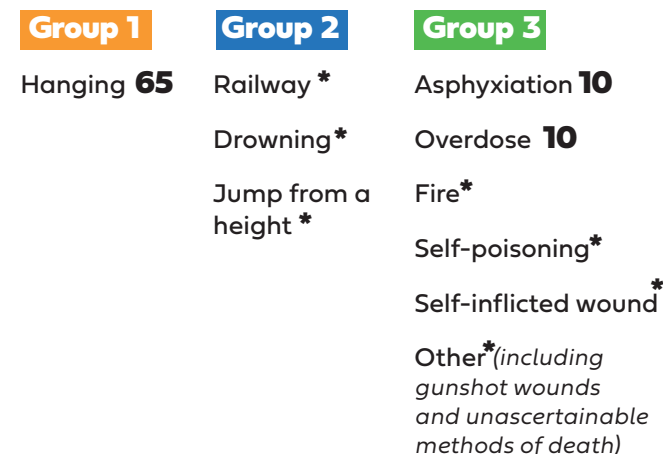


Incident location

*(may differ to where individual died)



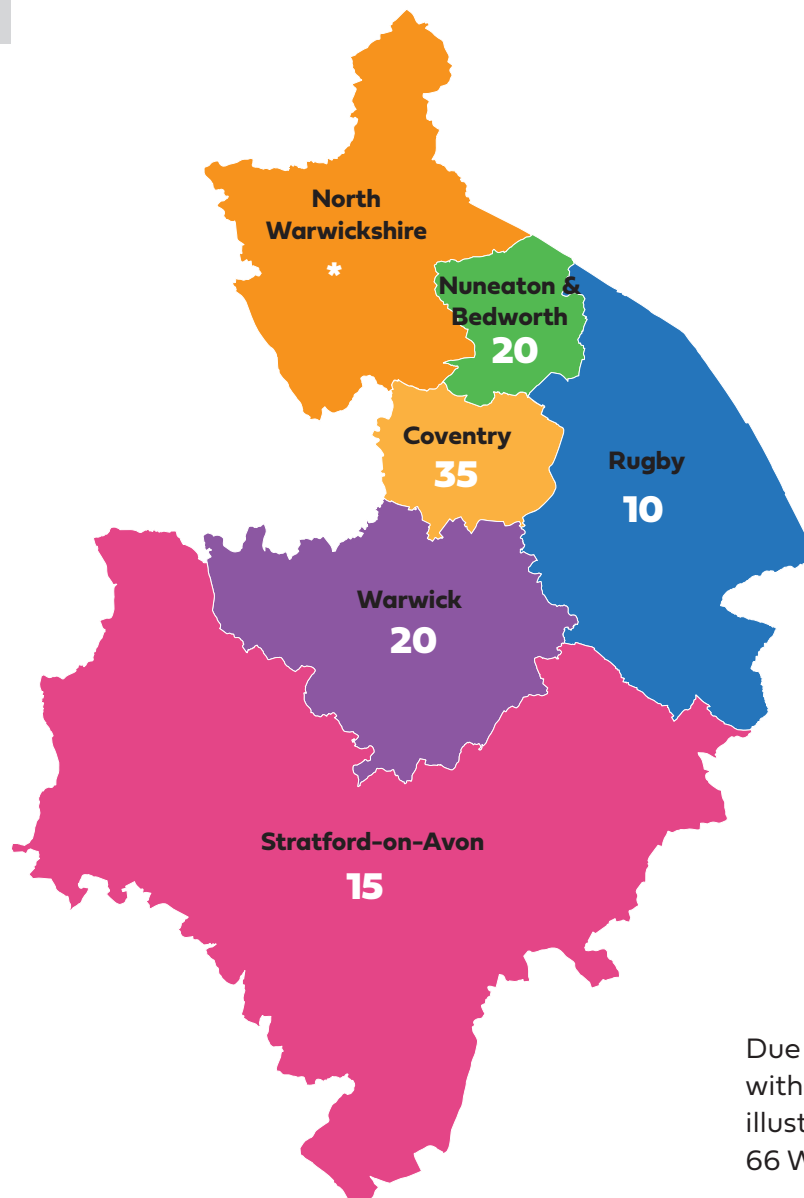
Method of death



**Local data: the current picture
(continued)**

Usual place of residence

	Number of suicides
Coventry	35
Warwickshire	65
North Warwickshire	*
Nuneaton and	20
Bedworth	
Rugby	10
Stratford	15
Warwick	20
Out of area	10



Due to the geography of Warwickshire, with five district/borough areas, the map illustrates the usual place of residence of the 66 Warwickshire residents.

Risk factors evident*

Known risk factors for death by suicide include

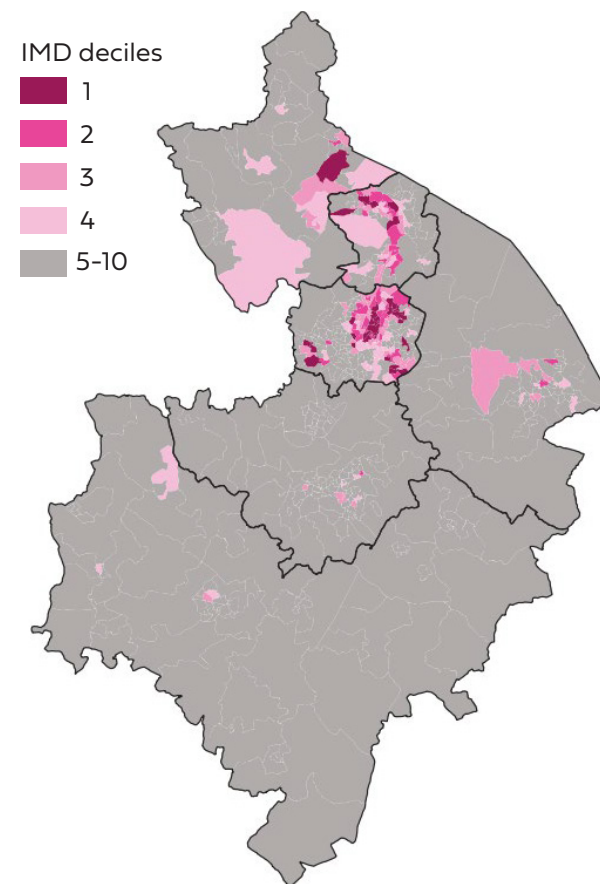
- A previous attempt/a history of self-harm, particularly if the method used was an overdose.
- A diagnosis of depression or anxiety with the strongest risk being attached to people with both depression and anxiety
- Individuals who use illicit substances (drug use is typically around 27% of the population according to real-time surveillance (RTS) data, compared to 8% of the general population according to OHID estimates).
- Chronic pain or long-term conditions
- Relationship breakdown: not just romantic relationships but any relationship breakdown
- Individuals with a history of domestic abuse, whether as a victim, perpetrator, or witness are at increased risk of death by suicide.
- Bereavement
- Financial hardship

**The data here is taken from coronial records so is limited to available data. It is unlikely that the risk factors outlined above are the true extent of risk factors experienced for individuals who die by suicide.*

Deprivation

Reflecting on the current national economic climate and the links identified between suicide and financial circumstances the following maps illustrate the relative levels of deprivation across Coventry and Warwickshire using the Index of Multiple Deprivation. This allows users to identify the most and least deprived areas in England and to compare whether one area is more deprived than another. An area has a higher deprivation score than another if there is a higher proportion of people living there who are classed as deprived. However, it is important to note that a geographical area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived, and that not all people experiencing deprivation live in deprived areas. The following maps show the areas in Coventry and Warwickshire (by Lower Super Output

Areas) ranked from the most to the least deprived. In Coventry, the data shows particular areas of deprivation from the city centre into the North East of the city, as well as in the South East and pockets in the South West. In Warwickshire, there are particular areas of deprivation around North Warwickshire, Nuneaton and Bedworth, and Rugby.



Source: Index of Multiple Deprivation (IMD) 2019
Ministry of Housing, Communities & Local Government

Our approach: starting with strengths

“My boyfriend’s dad died by suicide, we were 16 years old at the time. He didn’t know anything was wrong with his dad.”

Page 75

Where are we now (and how did we get here)

In 2018 the Coventry and Warwickshire system partnership received funding through the NHS England National Suicide Prevention Programme. As an area with higher than average suicide rates at the time, Coventry and Warwickshire was one of the first areas to receive this additional funding to develop suicide prevention and reduction schemes. The programme ran from 2018-2021 and resulted in a partnership action plan which was delivered across the duration of the programme and has provided much of the suicide prevention infrastructure still in place today.

In 2021, a Coventry and Warwickshire Joint Strategic Needs Assessment (JSNA) focussing on Adult Mental Health and Wellbeing was also undertaken. As a result of this, a series of recommendations were made in relation to suicide prevention activity across Coventry and Warwickshire and these have provided the basis for this new strategy.

In 2023, a Warwickshire Mental Health and Wellbeing of Infants, Children and Young People JSNA will be published. This will also help inform future actions relevant to suicide prevention specifically in relation to Coventry and Warwickshire’s younger population.

Continuing the legacy

In order to achieve the long-term ambitions for suicide prevention, this strategy aims to develop the infrastructure that has already been established.

Some of the key successes to date across Coventry and Warwickshire are outlined below. We will continue to develop and build on these as part of our ongoing work programme.

Dear Life website

Dear Life is the local online suicide prevention platform for Coventry and Warwickshire. Initially developed as part of the NHSE funded suicide prevention programme, it was co-produced by local stakeholders including both service providers and people with lived experience. The site offers advice, information and support to those individuals experiencing suicidal crisis or ideation as well as the people who are supporting them. The site is now hosted by Coventry and Warwickshire Partnership Trust and continues to be developed as a key part of the Coventry and Warwickshire suicide prevention work programme.

Training the frontline

Ensuring that people working on the frontline – whether in paid roles in the public sector, emergency services, voluntary and community sector, or as volunteers supporting groups or individuals – are equipped to support people at

Risk of suicide or expressing suicide ideation remains a key priority. Two separate Suicide Prevention Gatekeeper Training programmes have been delivered, offering free targeted training for frontline workers. As well as increasing general awareness and providing the necessary knowledge and tools, the aim of the training has been to create a network of suicide prevention gatekeepers who can share their learning and good practice within their workplaces (and beyond). This “community of practice” will help build resilience within the workforce and wider community. There has also been promotion of other suicide awareness and prevention training aimed at whole workforce groups as well as the general population. This includes national on-line training packages, funded suicide prevention sessions and local awareness campaigns.

Effective partnership working

The commitment to develop and deliver a suicide prevention work programme is demonstrated by the Coventry and Warwickshire Suicide Prevention Partnership. This provides the multi-agency mechanism for working together, contributing to the vision and ambitions of the Coventry and Warwickshire Suicide Prevention Strategy. The Multi Agency Network enables joint working, information sharing and networking. The Learning Panel ensures partners have access to real time information about emerging trends and can develop collective responses when needed. The

Steering Group provides leadership, expertise and accountability for the wider partnership. There are also a number of other related strategies, programmes of work and services that complement the suicide prevention agenda and it is recognised that this Strategy is not being delivered in isolation from the wider health, social care and community safety system.

Targeting high risk groups

Men, children and young people, people who self-harm and those bereaved by suicide remain a key focus for suicide prevention activity both nationally and locally. Evidence also shows that some population groups are at higher risk of dying by suicide, in particular those people who are from groups who may feel marginalised or struggle to access the support they need. This can include individuals, specific population groups or specific job roles and professions. Targeted interventions and addressing inequalities with these groups as early as possible are key to preventing escalation to crisis. Activity undertaken to date, includes: mobilisation of the local suicide bereavement support service, Amparo; and development of a new and targeted Self Harm Policy for educational settings across Coventry and Warwickshire. A proposal to ensure that the voice of people with lived experience is embedded in the development of the Coventry and Warwickshire Suicide Prevention Delivery Plan is also in progress.

Prevention and tackling risk factors

A recognition of the underlying causes that can lead to suicidal crisis is fundamental to preventing people finding themselves in a situation that they can see no way out of. Working together with partners and providers who tackle known suicide risk factors remains a priority. This includes identifying opportunities to align prevention activity across different workstreams, including: domestic abuse, serious violence, drugs and alcohol, armed forces community, and gambling and financial inclusion.

Service provision

There are a number of services that have been commissioned or that are being delivered that contribute to the overall aim and ambitions of this Strategy. In particular, those that focus on early help and prevention have a significant role to play in preventing the escalation of individuals to reaching crisis point. As part of the wider system these services will contribute to the overall aim of reducing the rate of suicide across Coventry and Warwickshire.

Response to external societal factors

The covid pandemic, health and social inequalities, deprivation, financial vulnerability and economic uncertainty can all impact on the mental health and wellbeing of communities. Although unpredictable and often difficult to quantify, anecdotally there is a suspected link between these factors

and increased suicide ideation, self-harm, poorer mental health, and negative lifestyle behaviours. In addition, such factors can also lead to isolation, bereavement, financial hardship and trauma – all of which are known suicide risk factors. In some instances, there may be a delay in realising the impact on suicide rates as a result of these circumstances, making access to real time suspected suicide data even more important. The ability to respond to these issues as they arise remains a key part of the local approach to suicide prevention.

Real Time Surveillance

Critical for the successful delivery of the Suicide Prevention Strategy is the continued development of the Coventry and Warwickshire Real Time Surveillance System. Initially developed as part of the NHSE funded programme, the current system continues to evolve with 3 distinct functions to ensure the availability, analysis and response to real time suspected suicide data.

1. Coordination

To provide oversight and analysis of local suspected suicide data, Coventry and Warwickshire have appointed a Real Time Surveillance Co-ordinator. This is a coroner-led function across both Coventry and Warwickshire and has been in place since

January 2021. This enables early identification of suspected suicides in advance of the Coroner's conclusion at inquest. The real time surveillance data ensures timely data collection and analysis which is shared initially with Public Health teams in Coventry and Warwickshire, and then more widely with relevant partners. This allows the system to identify any emerging trends or patterns in the data and respond accordingly, which is key to ensure the most effective intervention.

Learning Panels are held on a quarterly basis to share the data captured with colleagues working as part of the suicide prevention programme. The Panels provide the opportunity to share learning and facilitate discussion around prevention work in response to local trends. In addition, monthly insight meetings are scheduled to enable more focussed discussion around emerging trends or to consider the need for review and discussion of deaths which may require further action due to the increased risk of cluster or contagion.

The coordination role is key to the ongoing development of the response and review process for suspected suicides, providing the data and analysis required to ensure that the learning from both suspected and confirmed suicides is available to help prevent further deaths by suicide.

2. Data Management

To help manage the data collection and analysis process, a data management system is used by the Co-ordinator. This assists with the effective analysis of the data and facilitates the opportunity for multi-agency collaboration for the sharing of data, intelligence and learning.

The current system enables real time collection of suspected suicides. Future ambitions include aligning the real time collection of other related data, including drug related other preventable deaths. Longer term aspirations include capturing data on suicide ideation, suicide attempts and incidents of self-harm.

3. Suicide Bereavement Support

In September 2021 Listening Ear was jointly commissioned to deliver the Amparo postvention service across Coventry and Warwickshire. Postvention refers to specialist support for people bereaved by suicide (family, friends, professionals and peers) and reflects the NHS Long Term Plan commitment. This all-age service provides postvention bereavement support is currently funded until September 2024 and is available to those who have been impacted by suicide in the Coventry and Warwickshire, including proactively contacting the bereaved family within 72 hours, offering short and long term emotional and practical support, and referring to specialist services if needed. Individuals can be referred to Amparo at any point following bereavement and they will receive support to meet their needs.

Our approach: what matters to people

“For a time the only thoughts that gave me comfort were thoughts of ending my life. I was coming to terms with a diagnosis of bipolar disorder, no-one understood what it was like to go through this, everyone else was getting on with their lives.”

An individual response

The strategy aims to ensure that all individuals who are in crisis or at risk of ending their life, will experience a person-centred approach when accessing support across Coventry and Warwickshire.

Individuals accessing support and services should feel safe, experience a nonjudgemental interaction and receive an intervention that is based on trust and respect.

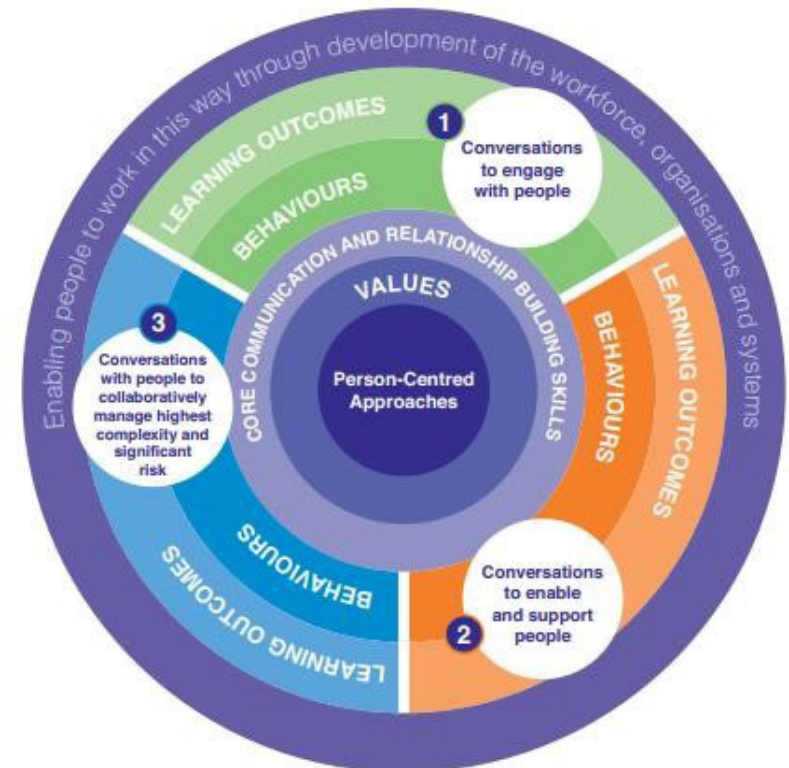
A person-centred approach focusses on the needs of an individual, ensuring that their preferences, needs and values guide clinical decisions. In turn, this ensures that the care and support provided is respectful of and responsive to their individual circumstances.

No two individuals are the same and every suicide is unique. Where someone is in crisis or is at risk of ending their own life, they should expect to be supported and treated as an individual.

Recognition of their specific needs and experiences should be taken

into account. The impact of past and present experiences, including trauma, bereavement or mental health is recognised and acknowledged in the support provided. Plans to manage the risks presented should be tailored to reflect these circumstances to ensure they are appropriate to the individual.

Coproduction is an essential part of developing this approach, ensuring that the voices of those individuals requiring support helps shape the type and delivery of support available.



Our approach: a public health response

“On Christmas Eve my brother-in-law told us he wanted to end his life, he said we would all be better off without him, nothing we said seemed to make a difference to his thoughts. None of us as his close family saw this coming, or knew what to do.”

What is the public health approach to suicide prevention?

- Suicide is preventable not inevitable
- Prevention is at the core with a focus on causal factors
- Public health is everyone’s business – suicide prevention is everyone’s business
- Focused on generating long term as well as short term solutions underpinned by public health and partner outcomes
- Informed by local needs assessment with a focus on inequalities
- Rooted in evidence of effectiveness to tackle problems
- Working in and with communities
- Not constrained by organisational and professional boundaries

A population response

Taking a population wide approach to suicide prevention means not only focusing on support for people at crisis point, but also earlier action to reduce the risk factors that contribute to poor mental health and risk of suicide, and even earlier to promote positive wellbeing and coping strategies among population groups at higher risk of poor mental health.

Important risk factors include financial or housing insecurity, relationship breakdown, loneliness and isolation, living with chronic pain, having previously lost a loved one by suicide, substance misuse, living with a mental health condition such as depression, or having recent contact with the criminal justice system. Evidence also shows that some population groups are at higher risk of dying by suicide. These include people from groups who may feel marginalised or struggle to access the support they need. People going through significant life transitions such as teens and young adults, young and new mothers and middle-aged men can also be at higher risk of suicide.

Action on the breadth of factors contributing to risk of suicide requires a “population health approach” to be taken and the consideration of the range of factors that contribute to overall health and wellbeing. This requires all parts of society taking steps to reduce deaths by suicide. Through this approach we aim to harness the power of the public sector, those working in the voluntary and community sector, and residents themselves in a collaborative approach to making our communities and services suicide safer.

Finally, taking a public health approach means ensuring actions are informed by data and evidence. The Real Time Surveillance

System for deaths by suspected suicide in Coventry and Warwickshire strengthens our ability to identify and react to changes in patterns of deaths or risk factors in a timely manner. This will inform the local suicide response plan enabling timely identification of possible clusters and preventing further contagion.

Embedding suicide prevention: promoting positive action

Tackling risk and building resilience: the Strategy recognises the impact that different circumstances can have on an individual. The table below outlines some of the circumstances that can increase suicide risk, as well as those that act as protective factors. These risk and protective factors will inform the ongoing suicide prevention work programme and be considered as part of the delivery planning process. These factors should be considered across the whole life course, with a recognition that the impact of these factors will differ between individuals and at different times.

RISK FACTORS

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance misuse
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimisation and/or perpetration

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

- Stigma associated with help-seeking, and mental illness
- Easy access to lethal means of suicide among people at risk
- Harmful media messaging around suicide



INDIVIDUAL *personal factors*



RELATIONSHIP *harmful and hurtful or healthy relationship experiences*



COMMUNITY *challenging issues or supportive experiences*



SOCIETY *harmful and hurtful or healthy relationship experiences*

PROTECTIVE FACTORS

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

- Support from partners, friends, and family
- Supportive environments
- Feeling connected to others

- Feeling connected to school, community, and other social institutions
- Supportive environment
- Availability of consistent and high quality physical and behavioural healthcare

- Reduced access to lethal means of suicide among people at risk
- Suicide and mental health awareness
- Cultural, religious, or moral objections to suicide

The three pillars of prevention: there are many factors that can influence mental health and whilst it isn't possible to stop all mental ill-health from developing, the right approach can help prevent many mental health problems. The Strategy recognises the need to address the causes of poor mental wellbeing and suicidal crisis as well as improving access to services and treatment for ongoing mental ill health. This can be summarised as follows:

<p>Primary Prevention: stopping mental health problems before they start (tackling the causes) – targeting whole population and benefitting everyone in a community</p>	<p>Secondary Prevention: supporting those at higher risk of experiencing suicide ideation or crisis (early intervention / immediate action) – aimed at groups and individuals at a higher risk due to circumstance and/or experience</p>	<p>Tertiary Prevention: helping people with severe mental illness or complex needs (services) – supporting vulnerable individuals requiring long term support and care</p>
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A holistic approach: the Strategy promotes a holistic approach to suicide prevention which supports a suicide aware society. This responsibility lies with individuals, family and friends, local communities and workplaces, and the wider society and services.

The table below illustrates some examples across Coventry and Warwickshire:

RESPONSIBILITY	GOAL	C&W ACTIVITY
INDIVIDUALS	<ul style="list-style-type: none"> Awareness of signs and risk of suicide Awareness of impact of changes through the life course 	<ul style="list-style-type: none"> Data from real time surveillance for risk factors C&W support services; perinatal mental health, CYP, adults, older adults
FAMILY AND FRIENDS	<ul style="list-style-type: none"> Information and support available to those impacted by suicide Encourage to talk and seek support Response to concerns Supportive networks 	<ul style="list-style-type: none"> C&W Postvention Bereavement Service – Listening Ear Local targeted campaigns e.g. world suicide prevention day, wellbeing for life Signposting for all ages to services Dear Life website and resources
COMMUNITY AND WORKPLACE	<ul style="list-style-type: none"> Resilient and supported workforce Boost positive mental health and emotional wellbeing Trained frontline services across all sectors Increased awareness Supportive environment 	<ul style="list-style-type: none"> Mental Health First Aid training Workplace wellbeing forums C&W Mental Health JSNA 2021 Wellbeing 4 Life programme Suicide awareness/prevention training Thrive at Work programme Community networks
SOCIETY AND SERVICES	<ul style="list-style-type: none"> Support relevant commissioning of support services Appropriate pathways to access support Reducing stigma of suicide Tackling health inequalities 	<ul style="list-style-type: none"> Mapping of existing services to ensure appropriate referral pathways Local awareness raising campaign Accessing relevant funding to support suicide prevention work

Children and Young People: specific consideration will be given to the needs of and support to children and young people.

This will include further work in relation to the:

- levels of self-harm (particularly among teenage girls),
- impact of the pandemic and how this has affected the social and emotional development of younger people, including the local student population.
- significant transition phases during the life course of children and young people, from the very early years (including the perinatal period) right through to early adulthood (including students, those that enter the workforce and those moving from children to adult mental health services)

The findings of the Mental Health and Wellbeing of Infants, Children and Young People Joint Strategic Needs Assessment for Warwickshire (due to be published 2023) will help inform a programme of work specifically targeted at Coventry and Warwickshire’s younger population.

“Nearly half of 17-19 year-olds with a diagnosable mental health disorder have self-harmed or attempted suicide at some point, rising to 52.7% for young women.”

Young Minds 2022

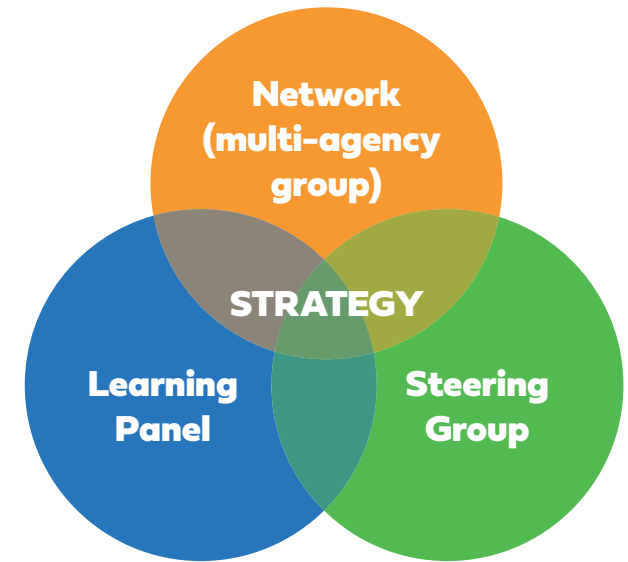
Our approach: partnership and engagement

Coventry and Warwickshire Suicide Prevention Partnership

The Coventry and Warwickshire Suicide Prevention Partnership is made up of organisations, groups, communities and individuals from across Coventry and Warwickshire, who collectively support the vision that no one in Coventry and Warwickshire will ever feel that suicide is their only option.

The Partnership is broadly made up of three distinct functions, which together form the basis for the delivery of the Coventry and Warwickshire Suicide Prevention Strategy. The Partnership sits within the wider context of the Coventry and Warwickshire Integrated Care System (ICS) and the desire for a comprehensive approach to suicide prevention across system partners is reflected in the Coventry and Warwickshire Integrated Care Strategy.

This Strategy will help the System and all partners across Coventry and Warwickshire to embed suicide prevention within their priorities and workstreams.



Stakeholder engagement... and what it has told us

Local strategic partnerships: a number of local partnership boards were engaged with developing the vision and approach for the Suicide Prevention strategy.

Key outcomes were:

- There is commitment across the system for embedding suicide prevention activity
- There is priority at place around the mental and emotional wellbeing of communities
- There are key themes which may require a priority focus for suicide prevention

Stakeholder workshops: Through a series of workshops, feedback from local organisations and services told us that our approach to suicide prevention across Coventry and Warwickshire needs to:

- have clear and consistent messaging
- raise awareness of suicide prevention within communities and organisations
- ensure that people know where to go for the right support at the right time
- understand and reflect the reasons that may lead to suicide or suicidal thought
- be relevant to all ages and different communities and population groups
- target people and groups at higher risk of suicide
- involve people with lived experience
- provide support to the people who are working with or caring for people who self harm or are at risk of suicide
- use the knowledge and experience of existing networks and groups to share best practice
- enable the sharing of information to support better joint working and coordination of service delivery
- focus on prevention and early intervention to support the emotional wellbeing of people

Public engagement survey: This engagement process concluded that the strategic vision and priorities were largely consistent with what respondents felt was needed. There

was an emphasis on societal risk factors and prevention at the earliest opportunity. Where there was disagreement or alternative suggestions put forward, this will be picked up through the delivery planning process. Where appropriate, the feedback from the public engagement survey will be reflected in the suicide prevention work programme, with specific actions developed in response to this.

Specific themes were identified in relation to:

- The need for early intervention and support before crisis is reached
- Ensuring that individual needs are at the centre of any intervention, particularly at crisis point
- Tackling risk factors that might be a causal factor for suicide
- Taking a holistic approach that takes account of the individual and complex nature of suicidal crisis and ideation
- Coproduction and ensuring that lived experience forms the basis of suicide prevention activity
- Funding, service capacity and joined up working locally
- Increasing awareness of suicide so that people are better equipped to identify and support individuals in suicidal crisis
- Improving the general wellbeing and resilience of individuals and communities

Of those that responded, approximately 70% had been impacted by suicide.

Delivering the Strategy: what are we going to do

“Doing suicide prevention training helped me understand how to spot and manage the risks of suicide in individuals. Whilst this helped me in my work, it is at home where I have applied it most. I live with someone who experiences suicidal thoughts at times. After the training I feel more confident discussing these feelings with my loved one and better able to judge when these thoughts are expressed”.

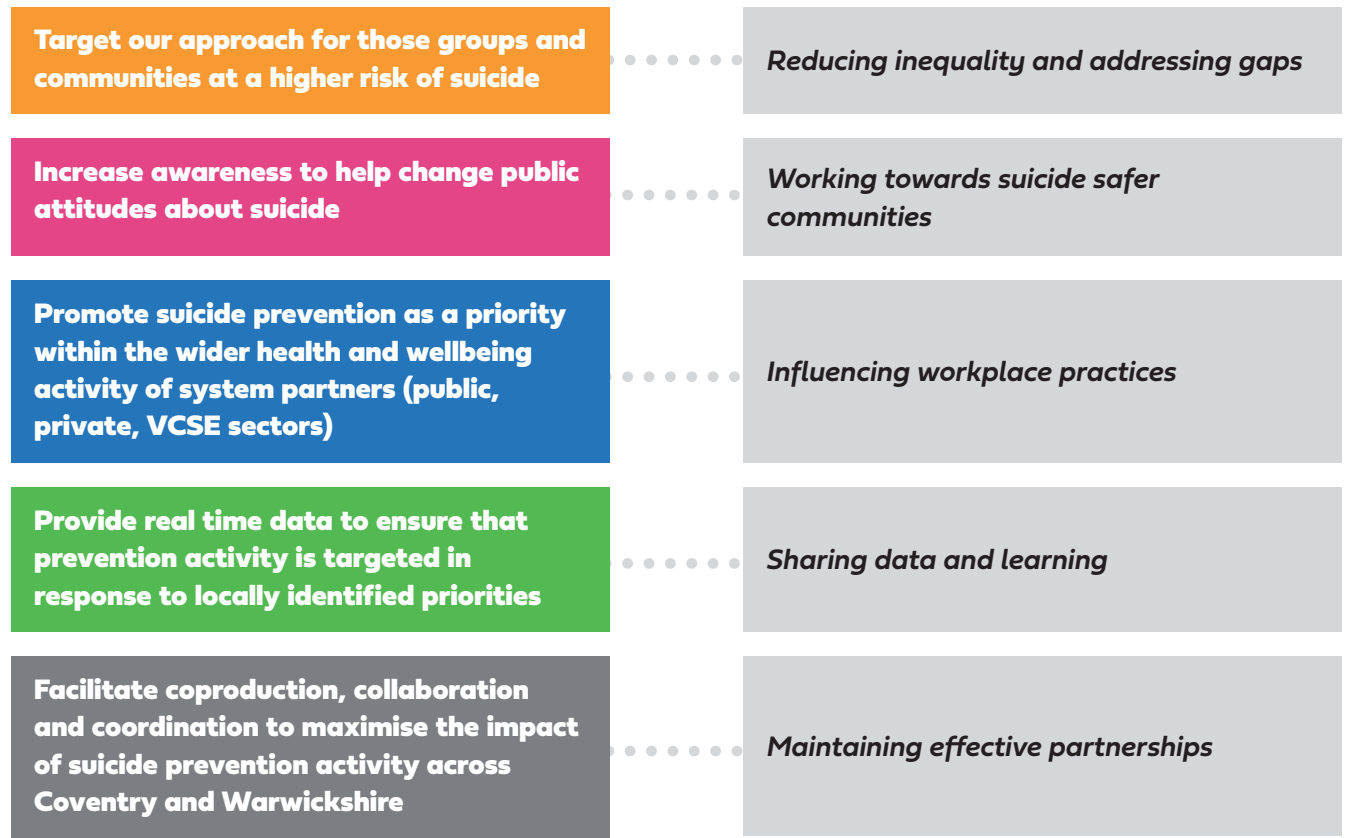
Local priorities for Coventry and Warwickshire

To bring about the partnerships and transformation required to realise our vision for this strategy five key local priorities have been identified to focus on in the first instance.

To have the greatest impact these priorities must be pursued together and build upon the wealth of the good practice already in place. Together these priorities will support the delivery of our long-term strategic am

LOCAL PRIORITIES (WHAT)

AIM (WHY)



A two-year delivery plan will be developed by the Suicide Prevention Partnership to deliver on these local priorities. This will include a series of measures to determine the impact of what is being delivered through Task and Finish Groups and wider organisational contributions.

Accountability

The Coventry and Warwickshire Suicide Prevention Strategy is accountable to the two local Health and Wellbeing Boards in Coventry and Warwickshire. The Strategy forms part of the delivery of the wider Health and Wellbeing Strategies for both areas.

The Health and Wellbeing Boards will monitor the Suicide Prevention Delivery Plan, with progress and impact reported on an annual basis to Coventry and Warwickshire Integrated Health and Wellbeing Forum.

Highlight reports will also be presented to other appropriate local strategic boards to ensure the suicide prevention programme is reflected in and aligned to other work stream areas and themes, including:

- Safeguarding
- Community safety
- Mental health and wellbeing

- Social Inequalities
- Children and young people
- Loneliness and social isolation
- Health and social care

Ownership and delivery partners

The Strategy and ongoing delivery of the work programme is led and overseen by the Coventry City Council and Warwickshire County Council Public Health Teams on behalf of the Coventry and Warwickshire Suicide Prevention Partnership.

The Strategy itself has been created in collaboration with: partners of the Integrated Care System, members of the Suicide Prevention Partnership, Voluntary and Community Sector stakeholders, residents and elected representatives from across Coventry and Warwickshire.

With special thanks to:

Colleagues in Coventry City and Warwickshire County Council Public Health Teams, Coventry and Warwickshire Coroners Teams, Warwickshire County Council Business Intelligence Team, Coventry and Warwickshire Integrated Care Board, Coventry and Warwickshire Partnership NHS Trust and all members of the Coventry and Warwickshire Suicide Prevention Partnership

References

- ¹ Cerel, J., Brown, M. M., Maple, M., Singleton, M., Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Not six. PubMed 49(2). <https://pubmed.ncbi.nlm.nih.gov/29512876/>
- ² Pindar, J. (2023). Suicidal thoughts statistic: 2023. Champion Health. <https://championhealth.co.uk/insights/suicidal-thoughts-statistics/>
- ³ ONS. (2022, September 6). Suicides in England and Wales: 2021 registrations. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations>
- ⁴ Papyrus. (2018). Latest Statistics. <https://www.papyrus-uk.org/latest-statistics/>
- ⁵ OfS. (2022, June 15). Suicide prevention. [https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/effective-practice/suicide-prevention/#:~:text=While%20it%20is%20possible%20to,a%20new%20tab%20or%20window\).](https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/effective-practice/suicide-prevention/#:~:text=While%20it%20is%20possible%20to,a%20new%20tab%20or%20window).)
- ⁶ NAMI - National Alliance on Mental Illness. (2022, August). Risk of Suicide. <https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Risk-of-Suicide>
- ⁷ Office for Health Improvement & Disparities. (2022). Suicide Prevention Profile. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
- ⁸ Chan, M, K, Y., Bhatti, H., Meader, N., Stockton, S., Evans, J., O'Connor, R, C., Kapur, N., & Kendall, T. (2016) Predicting suicide following self-harm: systematic review of risk factors and risk scales. PubMed 209(4). <https://doi.org/10.1192/bjp.bp.115.170050>
- ⁹ CDC. (2022, Nov 2). [Risk and Protective Factors. Risk and Protective Factors | Suicide | CDC](https://www.cdc.gov/mentalhealth/protectivefactors/)
- ¹⁰ Department of Health. (2012). Preventing suicide in England. HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
- ¹¹ Department of Health. (2012). Preventing suicide in England. HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
- ¹² GOV.UK. (2019, October 25). 3. Mental health: population factors. <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/3-understanding-people#suicide-and-self-harm>
- ¹³ Samaritans. (n.d.). Research briefing: Gender and suicide. https://media.samaritans.org/documents/ResearchBriefingGenderSuicide_2021_v7.pdf
- ¹⁴ Bond, N., & D'Arcy, C. (2021). The state we're in. Money and mental health in a time of crisis. Money and Mental Health. <https://www.moneyandmentalhealth.org/wp-content/uploads/2021/11/The-State-Were-In-Report-Nov21.pdf>

National Autistic Society. (2023). Suicide. <https://www.autism.org.uk/advice-and-guidance/topics/mental-health/suicide>

¹⁶Samaritans. (n.d.). Gambling-related harms and suicide. <https://www.samaritans.org/scotland/about-samaritans/research-policy/gambling-related-harms-and-suicide/#:~:text=They%20can%20be%20experienced%20for,attempts%20and%20death%20by%20suicide.>

¹⁷Howard, L, M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. PubMed Central 19(3). <https://doi.org/10.1002%2Fwps.20769>

¹⁸Mental Health Foundation. (2021, February). LGBTIQ+ people: statistics. <https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/lgbtiq-people-statistics>

Sources

Department of Health & Social Care. (2023, January 26). Mental health and wellbeing plan: discussion paper. GOV.UK. <https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence/mental-health-and-wellbeing-plan-discussion-paper>

Vernon, D., & Venter, E, d, v. (2021). Adult Mental health and wellbeing. Warwickshire County Council & Coventry City Council. <https://api.warwickshire.gov.uk/documents/WCCC-1350011118-3025>

Appendix

Number Suppression Approach Used (if required)

While disclosure control is not required as mortality data used is classified as 'discoverable' by ONS, ie they can be obtained from individual death certificates, some data is derived from the real time surveillance service and so not all data will be available on the death certificates at time of publication therefore the following steps are applied to reduce the risk of identifying individuals from small numbers based on NHS Digital Guidance -

<https://digital.nhs.uk/data-and-information/datatools-and-services/data-services/hospital-episode-statistics/change-to-disclosure-control-methodology-for-hes-and-ecdsfrom-september-2018>

- a. Counts between 1 and 7 (inclusive) will be displayed as '*'
- b. Zeroes will be unchanged.
- c. All other counts will be rounded to the nearest 5.

Numbers 1 to 13 will therefore appear as follows, all other numbers will be rounded to the nearest 5.

Before disclosure control

0 1 2 3 4 5 6 7 8 9 10 11 12 13

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Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2024/25

Last updated 24th September 2024

17th July 24
Community Mental Health Transformation Adult Social Care Market Position Statement Refresh
4th September 24
Adult Social Care Performance – ASC Self-Assessment Adult Social Care Performance - ASC Local Account (Cabinet)
9th October 24
All Age Autism Strategy 2021-2026 Implementation Update Suicide Prevention Strategy
13th November 24
Health Sector Skills Development Carers Support Services – Recommissioning
11th December 24 – at UHCW
UHCW – A&E waiting times Rugby St Cross
22nd January 25
Changes to the POD Service Health and Wellbeing in Schools – joint with SB2
26th February 25
Virtual Beds
2nd April 25 TBC
ICB efficiency savings GP/Primary Care Access Access to Dentistry Digital Access to Health Integrated Health and Care Delivery Plan Improving Lives (July 2025) Healthwatch Annual Report Safeguarding Adults Annual Report Sport and Physical Activity Strategy Womens Health Strategy Ambulance Service / Fire Service PALS Increasing life expectancy in Coventry

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
17 th July 24	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. To bring in the summer.	Coventry and Warwickshire Partnership Trust – (Beth Osbourne), Eleanor Cappell Cllr Bigham Pete Fahy/ Sally Caren/Aideen Staunton/
	Adult Social Care Market Position Statement Refresh	Production of a Market Position Statement (MPS) for Adult Social Care is a legal requirement under the Care act (2014). The document signals to the market, the type and volume of services that the Council wishes to see in the market with associated quality standards. Secure comment from SB5 prior to going forward to Cabinet Member for approval later in July	Jon Reading Cllr Bigham
4 th September 24	Adult Social Care Performance – ASC Self-Assessment	As part of CQC Local Authority Assurance Arrangements Local Authorities are completing a ‘Self Assessment’. This is detailed report identifying how we are delivering Adult Social Care services in Coventry. Our Annual Report mirrors the content of this assessment highlighting some of the work we are doing through examples and spotlights on the support we provide.	Pete Fahy / Cllr Bigham

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Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Adult Social Care Performance - ASC Local Account (Cabinet)	Report due with Cabinet on the 1 st October and Council on 15 th October. Every year Coventry City Council produces a report which describes what Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing along with areas where we are seeking to develop further.	Pete Fahy / Cllr Bigham
9 th October 24	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 its delivery. Led by the Integrated Commissioning Team	Pete Fahy Jeanette Essex Jon Reading Michelle Creswell
	Suicide Prevention Strategy	A progress on implementation	Jane Fowles Catherine Aldridge Allison Duggal
13 th November 24	Health Sector Skills Development	Identified by Members to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry. People Board. To invite members of SB2.	Integrated Care System – Rose Uwins / Felicity Davies ICB / Wiebke White
	Carers Support Services – Recommissioning	The agenda item would cover the intentions to recommission all Carers Support Services in 2025, which covers: <ul style="list-style-type: none"> • Carers Wellbeing Services • Delegated Carers Assessments 	Cllr Bigham, Pete Fahy Gabrielle Borro, Jon Reading

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		<ul style="list-style-type: none"> • Carers Regulated Services (including Contingency planning services, short breaks and preventative support for carers) • Carers Group Based Support <p>The report would summarise Adult Social Care’s commissioning intentions for Carers Services moving forward.</p>	
11th December 24 – at UHCW	UHCW – A&E waiting times	<p>Discuss what progress has been made to reduce A&E waiting times. To include Clinical Assessment Units / Minor Injuries Unit, and data on emergency readmissions. (Before winter – statistics of what went wrong etc)</p> <p>Include report on Healthwatch ‘Visits to hospital urgent and emergency care’</p> <p>To include an update on Community recruitment.</p>	UHCW – Andy Hardy Allison Duggal Ruth Light – HealthWatch Cllr Caan
	Rugby St Cross		Justine Richards – Jamie Deas Cllr Caan
22nd January 25	Changes to the POD Service	<p>A progress on implementation following the item on 17th January 2024</p> <p>Clarity and patient safety issues regarding 6 monthly repeat prescriptions.</p> <p>Pack of Assets to be sent to be circulated (including how to use the NHS App and if ID is required to register)</p>	ICB - Rose Uwins Angela Brady

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Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Health and Wellbeing in Schools – joint with SB2	To look at what is being done to promote health and well-being in schools and universities	Angela Baker, Rachel Sugars, Lily Makurah
26th February 25			
	Virtual Beds	Identified at the meeting on 15.02.23 – to consider how Virtual Beds work and the technology required for them to be successful.	UHCW CWPT ICB Pete Fahy
2nd April 25			
TBC			
	ICB efficiency savings	An item requested at the meeting on 17 th January to look in more detail at the proposed actions to make significant efficiency savings at the ICB	Rose Uwins
	GP/Primary Care Access	To cover access to GP's and other primary care, particularly in relation to reducing pressure on A&E / Include Pharmacy First	Rose Uwins - ICB
	Access to Dentistry	To consider access to dentistry services. (Tie in with GP/Primary care)	Rose Uwins
	Digital Access to Health	Partners supporting switch to digital	Rose Uwins
	Integrated Health and Care Delivery Plan	To identify which of the 3 areas of focus the board would like to look at. Including work with newly arrived communities.	ICB Rose Uwins
	Improving Lives (July 2025)	A follow up item from the meeting on 10 th April 2024, to review following 12 months of implementation of a whole city approach	Pete Fahy UHCW

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Healthwatch Annual Report	To consider the work of Healthwatch and how scrutiny can use their findings	Ruth Light
	Safeguarding Adults Annual Report	Update	R Eaves Cllr Bigham
	Sport and Physical Activity Strategy	Refreshing the Sports Strategy 2014-24 – Members participation during consultation	Catherine Aldridge / Amy Parker
	Womens Health Strategy	In development/partnership with ICB (Women Health Hubs)	Allison Duggal / ICB
	Ambulance Service / Fire Service	Partnership working	WMAS – Vivek Khashu
	PALS		UHCW
	Increasing life expectancy in Coventry	Identified at the SCRUCO meeting on the 25 September 2024 Monitoring to be carried out on why life expectancy in males has decreased, which correlates as a national trend. Future plans to investigate how Marmot City status can improve outcomes in life expectancy in the City and explore its effectiveness to date.	Allison Duggal/ Cllr Caan

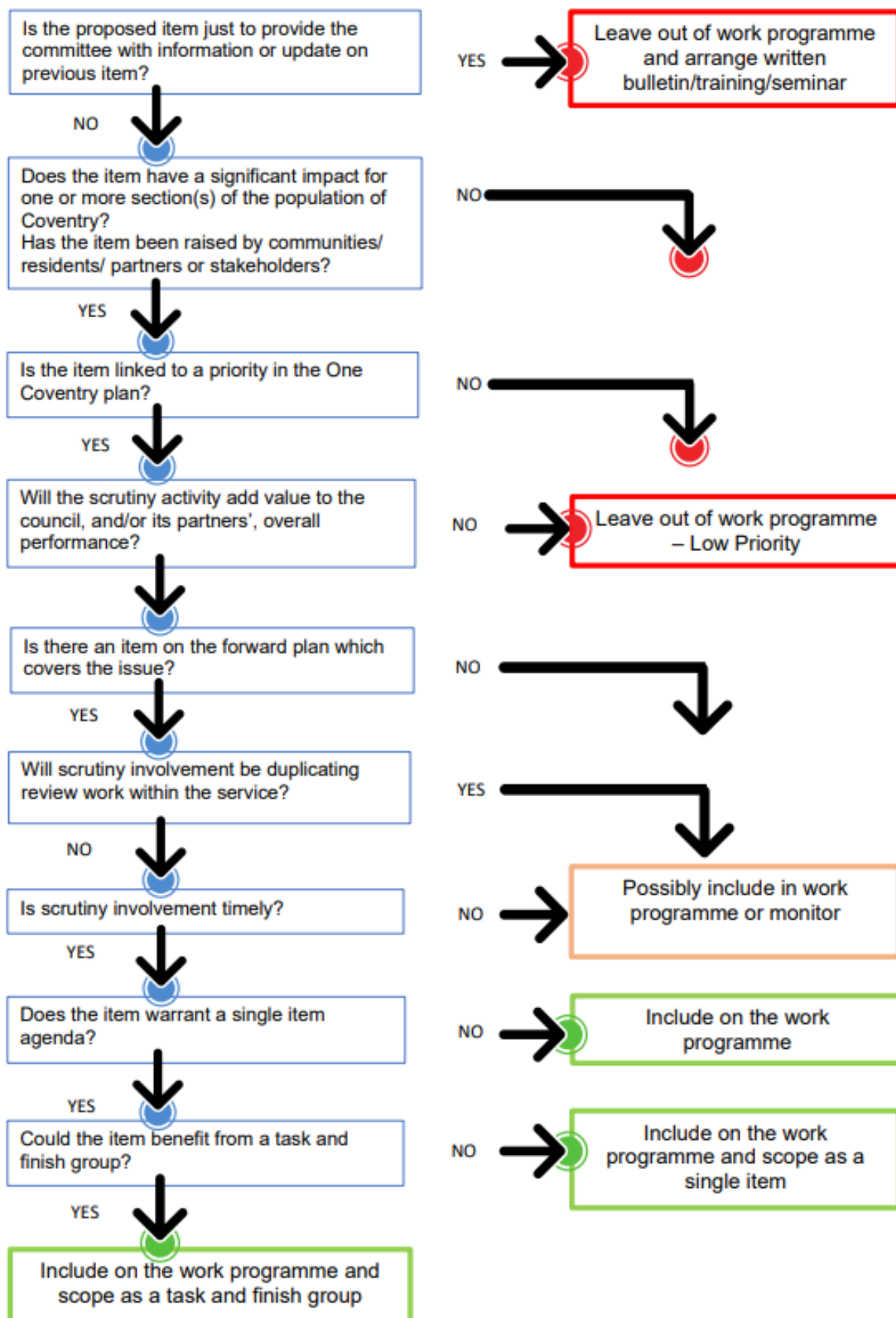
Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilities Grant

Health and Social Care Scrutiny Board Work Programme 2024/25

- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- EOL – End of Life
- 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
- WMFS – West Midlands Fire Service

Work Programme Decision Flow Chart



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