



Coventry and Warwickshire
Integrated Care System

Enc G
Pack 2

People Board Workforce Dashboard

Issued July 2022



Highlights	Key Issues data	Key issues narrative	
NHS Trusts			
Medical & Dental UHCW had the only increase in Medical & Dental staff in largely stable workforce.	Continued In- year decrease in Medical & Dental staff (1%). CWPT has the highest decrease @ 8%		
Nursing & Midwifery – In-month growth in Registered Nursing staff of 0.38% (21.29 FTE) Growth in Adult nursing staff-by 0.58%.	Nursing vacancies recorded @ 745 FTE this month of which; Nursing vacancies are showing an in-year increase of 5% due to establishment updates. Adult Nursing = 445 Mental Health nursing = 122 Midwifery = 48	Nursing vacancies remain a key issue. Project 1000 plan in place to support growth. Monthly staff movement reporting is now in place. International Recruitment remains important feature to increases	
AHP Overall in month increase in AHP staff by 2.79FTE CWPT showing the highest in- year increase @ 2%	Vacancies increased to 97 from previous 73FTE with most vacancies in; Diagnostic Radiography= 29 Operating Department Practitioners=19 Occupational Therapy= 17 Physiotherapists= 16	AHP vacancies in Diagnostic Radiography remains an issue. CDC plans for increased radiography capacity will raise risk levels even further. Funding bid for international Diagnostic Radiography (20WTE) and Occupational Therapy(15 WTE) bids approved.	
Healthcare Assistants- Overall 3% (74 WTE) growth in substantive HCA staff	Vacancies currently @ 305FTE GEH continues to show an in-month decrease in HCA staff @20 WTE in year.	HCA staffing flexes according to demand. Reductions can be attributed partially to stepping down of Covid activity. Turnover is high but current workforce supply remains strong.	
Absence & Turnover Current daily rate has reduced to 5.6% from a high of 6.6% recorded on the 22 th of July.	There is an indicative rising trend for Rolling 12 month Turnover & Sickness rates.	Increase in turnover & Sickness Absence poses a challenge in capacity and service delivery.	
NHS Temporary Staff Usage (Agency & Bank)	Temporary staff usage continues to rise, currently showing an in-year increase of 15%. Agency use shows an in-year increase of 10%		
Adult Social Care Workforce	Social Care vacancy rate in West Midlands continue to rise currently recorded @ 10.5%. Overall vacancies across Adult Social Care; Care workers - 12.5% Nurses – 14.6%. Registered Managers -13.0%	Vacancy rates in social care remain high adversely impacting NHS discharge pathways	
Primary Care			
Overall workforce recorded @ 2109FTE In-year increase in; Direct Patient Care by 2.2%	In-year reduction noted for; GPs (excl Registrars) by 1.5%, Nursing staff decreased by 0.7% Registrars by 2.4% 29.4% of the workforce are within the 55 & over age group.	GP and GP Nurse staffing remains a key issue notably most of the staff are within the 55 & over age group.	

NHS Trust Turnover and Sickness Absence

KPI Measure		Month 1	Month 2	Month 3
All Sickness Absence Rate - 12 month rolling %	CWPT	6.85%	6.92%	6.99%
	GEH	5.60%	5.70%	5.70%
	SWFT	5.58%	5.65%	
	UHCW	6.31%	5.31%	5.50%
All Staff Turnover - 12 month rolling rate %	CWPT	13.71%	13.89%	14.23%
	GEH	14.24%	15.48%	15.40%
	SWFT* data being updated	5.38%		
	UHCW	10.42%	10.51%	10.85%

Above data is 12 month rolling turnover and rolling absence data including the covid impact of suppressed turnover and increased absence.

***NB** As of the 7th of Aug daily sickness absence across the NHS system providers was recorded at 5.6% from a high of 6.6% recorded on 22 July, of which covid related absence was recorded @ 1.2% on the 7th of Aug compared to an earlier high of 1.9% on the 13th of July.

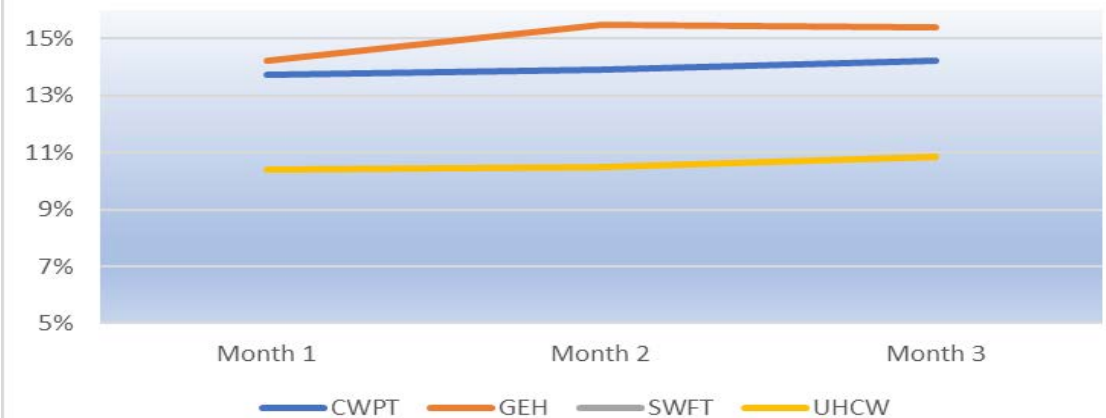
Note these are daily reported rates so cannot be mapped to the absence % information.

This data is sensitive and unvalidated. Please do not share further.

12 month rolling %Sickness Absence



All Staff Turnover- 12 month rolling %rate



NHS Trust Substantive staff WTE and growth

Substantive Staff Summary WTE		Month 1	Month 2	Month 3	In Yr Change	% Change
Total medical and dental substantive staff	CWPT	192.67	178.59	177.52	-15.15	-7.86%
	GEH	300.29	291.29	296.29	-4.00	-1.33%
	SWFT	421.65	420.26	417.83	-3.82	-0.91%
	UHCW	1178.58	1185.55	1180.92	2.34	0.20%
Totals		2093.19	2075.69	2072.56	-20.63	-0.99%
Total non medical - clinical substantive staff	CWPT	2492.63	2515.77	2519.43	26.80	1.08%
	GEH	1621.38	1613.12	1615.21	-6.17	-0.38%
	SWFT	2843.46	2851.50	2868.72	25.26	0.89%
	UHCW	6512.98	6564.06	6581.07	68.09	1.05%
Totals		13470.45	13544.45	13584.43	113.98	0.85%
Total non medical - non-clinical substantive staff	CWPT	1005.10	1005.49	1019.39	14.29	1.42%
	GEH	444.09	443.11	447.17	3.08	0.69%
	SWFT	966.85	976.35	981.03	14.18	1.47%
	UHCW	766.39	776.21	776.72	10.33	1.35%
Totals		3182.43	3201.16	3224.31	41.88	1.32%
Total WTE substantive staff	CWPT	3691.40	3700.85	3717.34	25.94	0.70%
	GEH	2365.90	2347.66	2358.75	-7.15	-0.30%
	SWFT	4231.96	4248.11	4267.58	35.62	0.84%
	UHCW	8479.50	8547.37	8557.26	77.76	0.92%
Substantive Totals		18768.76	18843.99	18900.93	132.17	0.70%

- An in year overall increase in Substantive staff by 0.70%. All other Trusts show an increase in substantive staff with the exception of GEH recording a decrease in substantive staff by 0.30%
- CWPT continues to show a monthly decrease in Medical & Dental staff.
- SWFT had the overall increase in non medical - non-clinical substantive staff by 1.47%

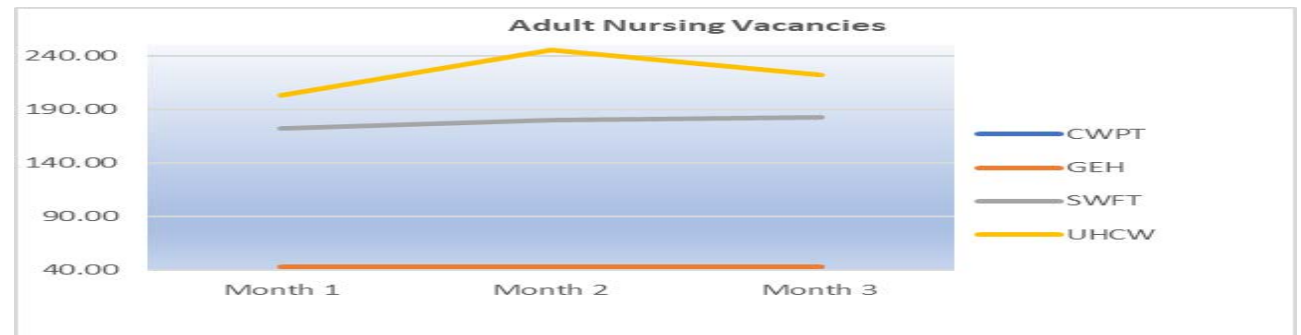
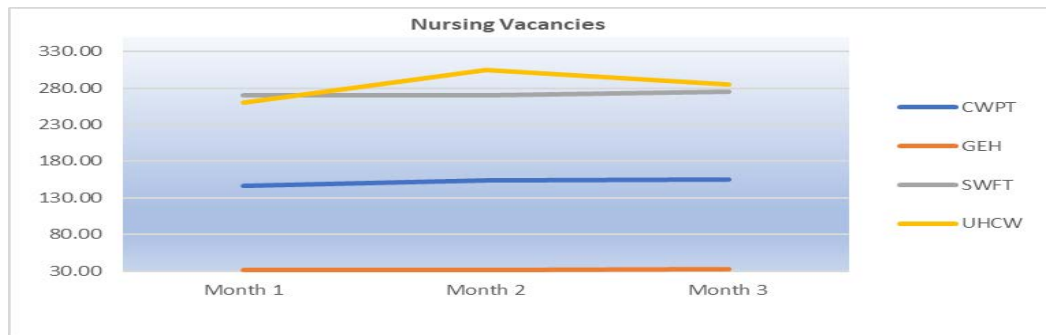
NHS Trust Nursing Substantive Staff & Vacancies by role

In year growth (0.38%) for Registered Nursing staff of which Adult Nursing staff increased by 0.58%.

Vacancies remain high @ 749FTE with Adult nursing vacancies recorded @ 450FTE.

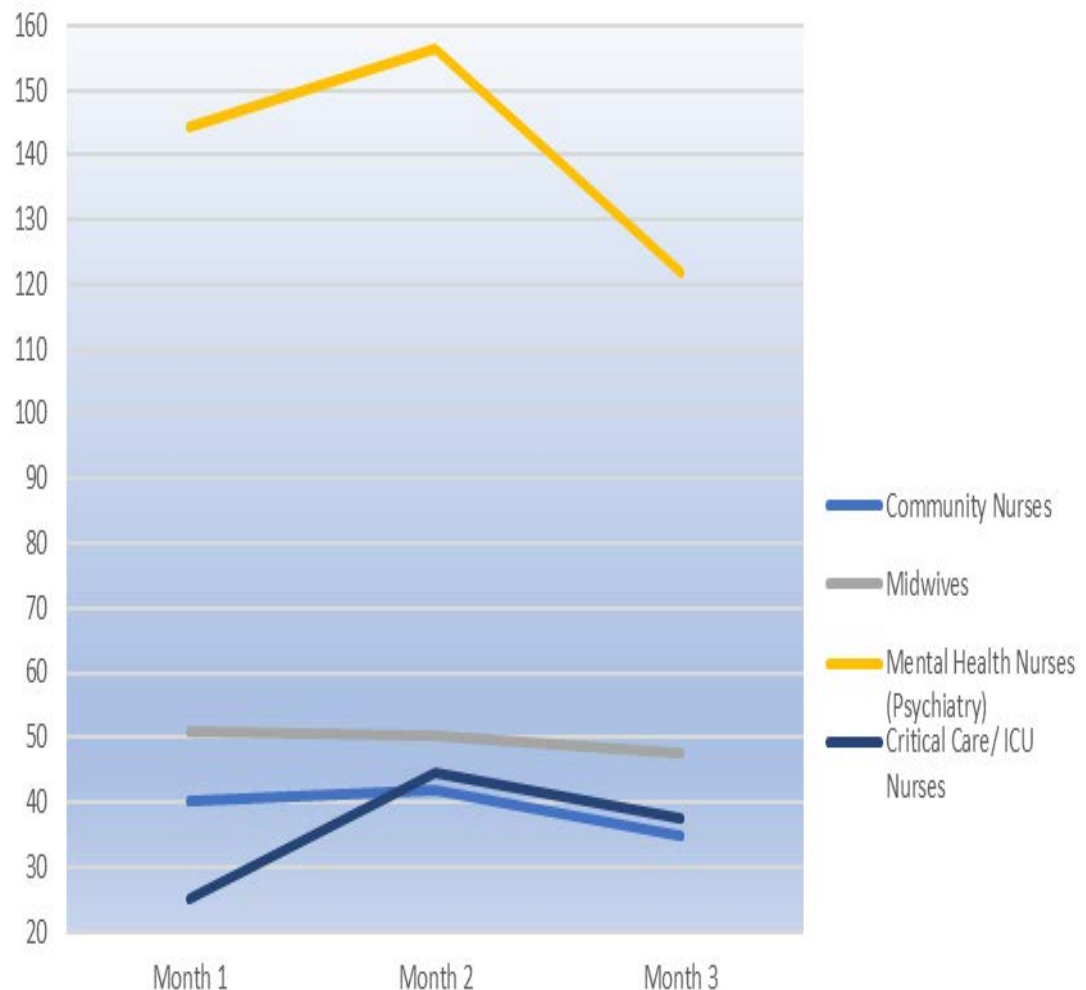
Substantive Staff Summary WTE		Month 1	Month 2	Month 3	Change in Year	% Change
Registered nursing, midwifery and health visiting staff	CWPT	900.79	906.82	901.83	1.04	0.12%
	GEH	685.96	683.26	686.60	0.64	0.09%
	SWFT	1377.71	1376.98	1374.07	-3.64	-0.26%
	UHCW	2686.14	2697.74	2709.39	23.25	0.87%
Substantive Nursing Totals		5650.60	5664.80	5671.89	21.29	0.38%
of which Adult Nurses	CWPT	161.36	167.06	170.22	8.86	5.49%
	GEH	550.70	547.54	550.83	0.13	0.02%
	SWFT	631.92	623.89	624.68	-7.24	-1.15%
	UHCW	2269.47	2274.12	2288.69	19.22	0.85%
Substantive Adult Nurses Totals		3613.45	3612.61	3634.42	20.97	0.58%

Vacancies		Month 1	Month 2	Month 3	Change in Year	% Change
Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	CWPT	147.05	154.20	154.68	7.63	5.19%
	GEH	32.86	32.86	32.90	0.04	0.13%
	SWFT	270.73	270.95	275.60	4.87	1.80%
	UHCW	260.14	304.89	285.80	25.66	9.86%
Totals		710.78	762.90	748.98	38.20	5.37%
Of which Adult Nurses	CWPT	-21.09	-22.09	1.66	22.75	-107.87%
	GEH	43.02	43.02	43.02	0.00	0.00%
	SWFT	172.76	180.05	182.84	10.08	5.83%
	UHCW	203.02	245.96	222.31	19.29	9.50%
Totals		397.71	446.94	449.83	52.12	13.10%



NHS Trust other Qualified Nursing Vacancies by role

Vacancies- Other Nursing roles



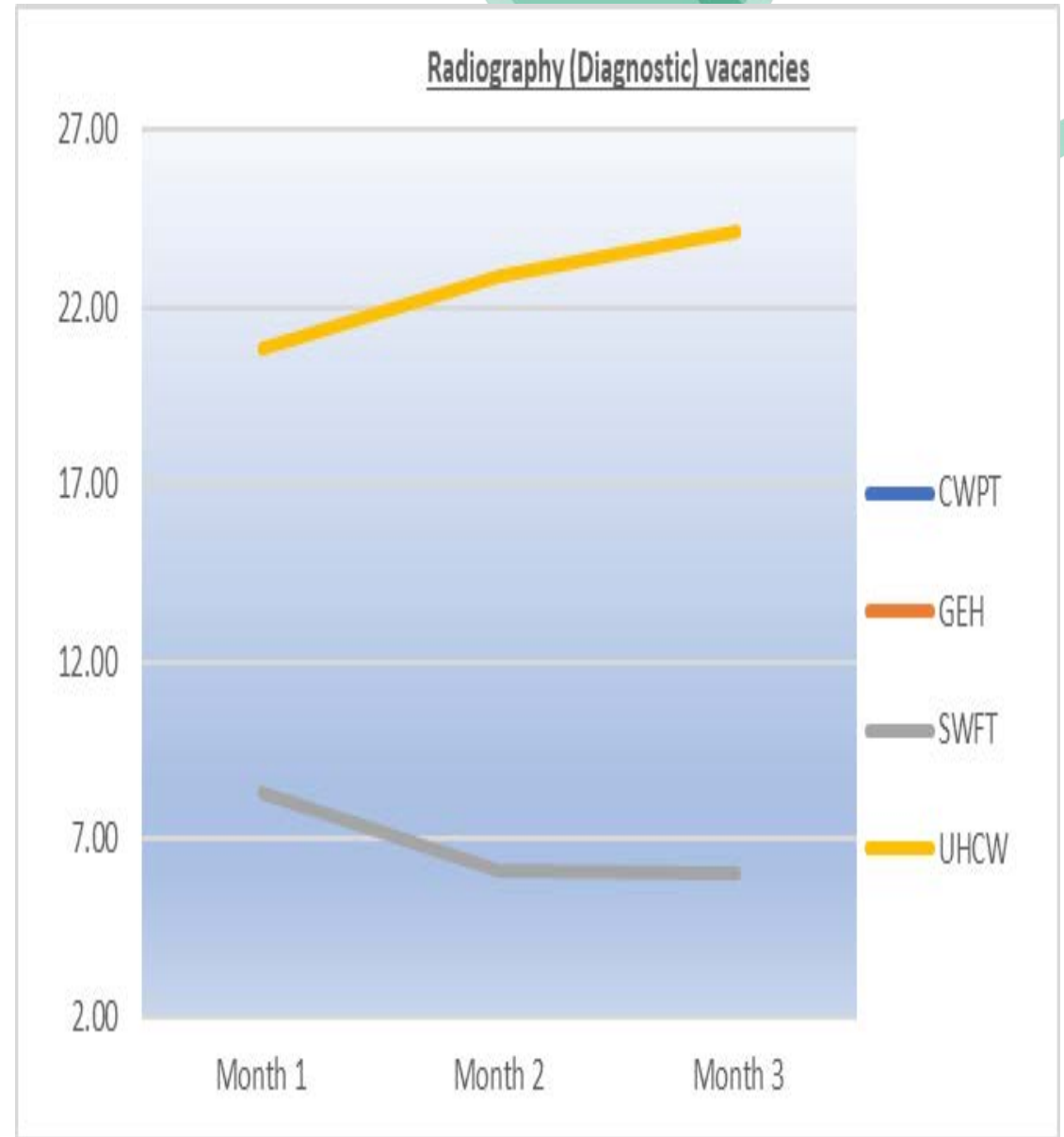
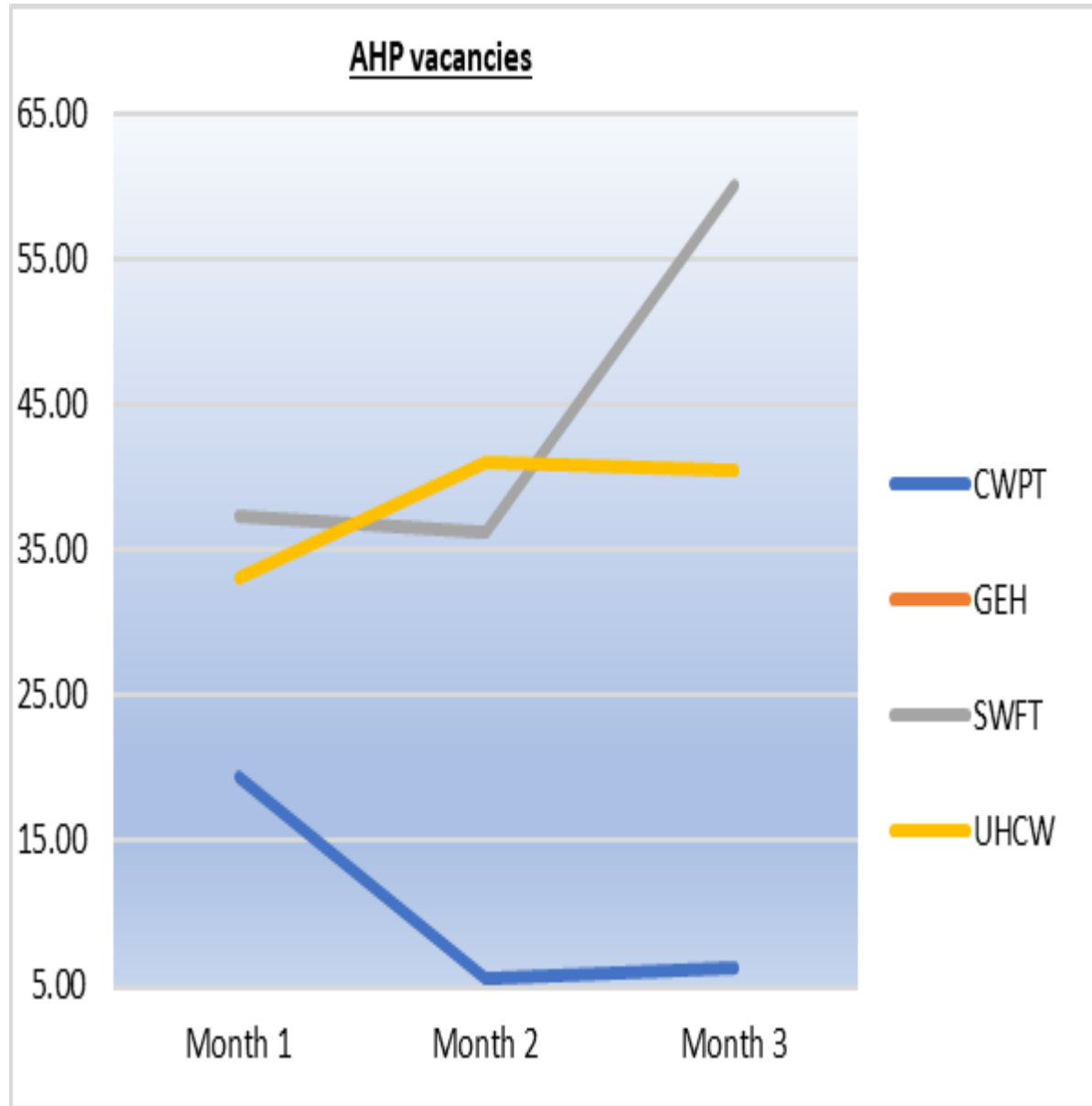
Vacancies		Month 1	Month 2	Month 3	Change in Year
Community Nurses	CWPT	3.42	11.08	3.42	0.00
	GEH	0.20	0.20	0.20	0.00
	SWFT	42.06	36.02	36.66	-5.40
	UHCW	-5.34	-5.34	-5.34	0.00
Totals: Community Nurses		40.34	41.96	34.94	-5.40
Midwives	CWPT	0.00	0.00	0.00	0.00
	GEH	-11.92	-11.92	-11.92	0.00
	SWFT	15.31	18.72	14.02	-1.29
	UHCW	47.58	43.44	45.47	-2.11
Totals: Midwives		50.97	50.24	47.57	-3.40
Mental Health Nurses (Psychiatry)	CWPT	144.96	157.07	121.85	-23.11
	GEH	0.00	0.00	0.00	0.00
	SWFT	0.00	0.00	0.00	0.00
	UHCW	-0.64	-0.64	0.00	0.64
Totals: Mental Health Nurses		144.32	156.43	121.85	-22.47
Critical Care/ICU Nurses	CWPT	0.00	0.00	0.00	0.00
	GEH	11.83	11.83	11.83	0.00
	SWFT	14.92	12.95	13.49	-1.43
	UHCW	-1.79	19.70	12.10	13.89
Totals: Critical Care/ICU Nurses		24.96	44.48	37.42	12.46

NHS AHP Staff & Vacancies (Inc Radiography Diagnostics)

Substantive Staff WTE		Month 1	Month 2	Month 3	Change in Year	% Change
Registered allied health professionals	CWPT	248.20	251.05	254.06	5.86	2.36%
	GEH	152.64	147.89	148.30	-4.34	-2.84%
	SWFT	436.81	438.20	437.47	0.66	0.15%
	UHCW	634.52	628.32	628.42	-6.10	-0.96%
	Totals: AHPs	1472.17	1465.46	1468.25	-3.92	-0.27%
of which Radiography (Diagnostic)	CWPT	0.00	0.00	0.00	0.00	#DIV/0!
	GEH	48.03	48.03	48.05	0.02	0.05%
	SWFT	59.04	61.31	61.34	2.30	3.90%
	UHCW	167.21	165.21	163.93	-3.28	-1.96%
	Totals: Radiology (Diagnostic)	274.28	274.55	273.32	-0.96	-0.35%

Vacancies		Month 1	Month 2	Month 3	Change in Year	% Change
Registered AHP	CWPT	19.35	5.63	6.23	-13.12	-67.80%
	GEH	-9.47	-9.47	-9.47	0.00	0.00%
	SWFT	37.37	36.19	60.01	22.64	60.58%
	UHCW	33.13	41.13	40.53	7.40	22.34%
	Totals: AHPs	80.38	73.48	97.30	16.92	21.05%
of which Radiography (Diagnostic)	CWPT	0.00	0.00	0.00	0.00	0.00%
	GEH	-0.95	-0.95	-0.95	0.00	0.00%
	SWFT	8.35	6.08	6.05	-2.30	-27.54%
	UHCW	20.86	22.86	24.14	3.28	15.72%
Totals: Radiography (Diagnostic)	28.26	27.99	29.24	0.98	3.5%	

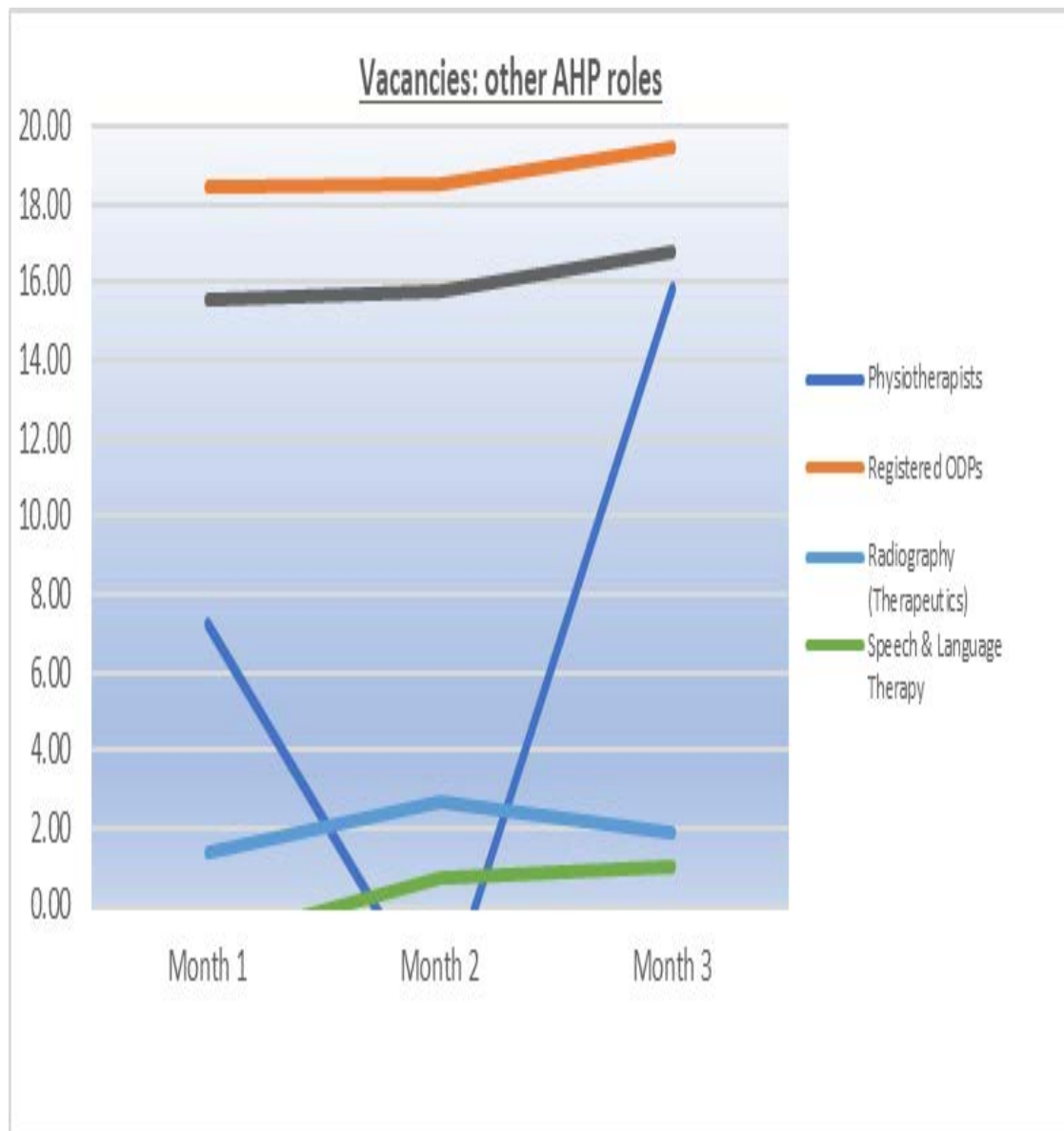
NHS AHP Staff & Vacancies (Inc Radiography Diagnostics)



Other NHS AHP roles: Substantive Staff in Post

Substantive Staff WTE		Month 1	Month 2	Month 3	Change in Year	% Change
Registered Art / Music/ Dramatherapy	CWPT	9.04	10.04	10.73	1.69	18.69%
Totals: Art/Musc/Dramatherapy		9.04	10.04	10.73	1.69	18.69%
Registered Chiropody/Podiatry	CWPT	10.27	10.27	9.71	-0.56	-5.45%
	SWFT	28.34	28.55	28.55	0.21	0.74%
	UHCW	1.00	1.00	1.00	0.00	0.00%
Totals: Chiopody/Podiatry		39.61	39.82	39.26	-0.35	-0.88%
Registered Dietetics	CWPT	3.85	3.85	3.85	0.00	0.00%
	SWFT	31.39	30.97	30.40	-0.99	-3.15%
	UHCW	49.81	49.09	50.53	0.72	1.45%
Totals: Dietetics		85.05	83.91	84.78	-0.27	-0.32%
Registered Occupational Therapist	CWPT	115.24	117.29	118.27	3.03	2.63%
	GEH	20.15	20.15	20.07	-0.08	-0.38%
	SWFT	87.96	89.39	93.02	5.06	5.75%
	UHCW	58.73	56.85	56.79	-1.94	-3.30%
Totals: Occupational Therapists		282.08	283.68	288.15	6.07	2.15%
Registered Operational Department Practitioners	GEH	38.55	35.55	35.55	-3.00	-7.77%
	UHCW	100.95	100.85	99.96	-0.99	-0.98%
Totals: ODPs		139.50	136.40	135.51	-3.99	-2.86%
Registered Orthoptics/Optics	SWFT	6.14	6.76	5.74	-0.40	-6.51%
	UHCW	40.20	38.20	37.53	-2.67	-6.64%
Totals: Orthoptics/Optics		46.34	44.96	43.27	-3.07	-6.62%
Registered Physiotherapy	CWPT	53.37	53.37	54.27	0.90	1.69%
	GEH	45.92	44.17	44.63	-1.29	-2.81%
	SWFT	147.43	145.57	142.80	-4.63	-3.14%
	UHCW	162.27	161.29	162.85	0.58	0.36%
Totals: Physiotherapists		408.99	404.40	404.55	-4.44	-1.09%
Registered Radiography (Therapeutic)	UHCW	43.60	44.08	44.08	0.48	1.10%
Totals: Radiography (Therapeutic)		43.60	44.08	44.08	0.48	1.10%
Registered Speech & Language Therapy	CWPT	56.43	56.23	57.23	0.80	1.42%
	SWFT	76.51	75.65	75.62	-0.89	-1.16%
	UHCW	10.75	11.75	11.75	1.00	9.30%
Totals: Speech & Language Therapists		143.69	143.63	144.60	0.91	0.63%

NHS Trust other AHP Vacancies by role



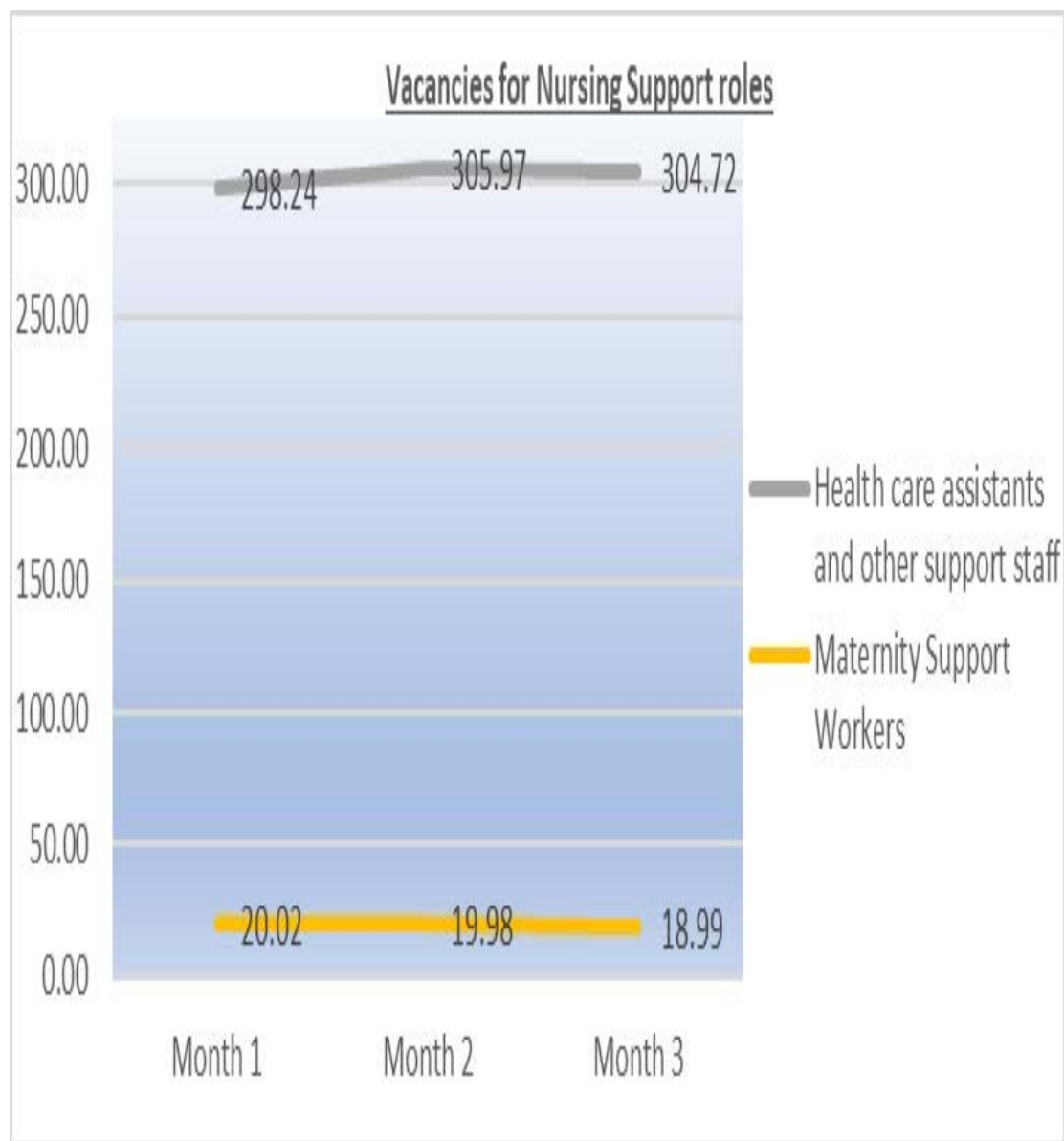
Vacancies		Month 1	Month 2	Month 3	Change in Year
Physiotherapists	CWPT	13.47	0.60	-2.98	-16.45
	GEH	-4.77	-4.77	-4.77	0.00
	SWFT	11.88	13.74	36.75	24.87
	UHCW	-13.34	-12.36	-13.12	0.22
Totals: Physiotherapists		7.24	-2.79	15.88	8.64
Occupational Therapists	CWPT	8.91	8.66	10.93	2.02
	GEH	-3.28	-3.28	-3.28	0.00
	SWFT	8.30	6.87	6.09	-2.21
	UHCW	1.64	3.52	3.08	1.44
Totals: Occ Therapists		15.57	15.77	16.82	1.25
Registered ODPs	CWPT	0.00	0.00	0.00	0.00
	GEH	-0.48	-0.48	-0.48	0.00
	SWFT	0.00	0.00	0.00	0.00
	UHCW	18.93	19.03	19.92	0.99
Totals: ODPs		18.45	18.55	19.44	0.99
Radiography (Therapeutics)	CWPT	0.00	0.00	0.00	0.00
	GEH	0.00	0.00	0.00	0.00
	SWFT	0.00	0.00	0.00	0.00
	UHCW	1.38	2.70	1.90	0.52
Totals: Radiography (Therapeutics)		1.38	2.70	1.90	0.52
Speech & Language Therapy	CWPT	-3.67	-1.87	-1.59	2.08
	GEH	0.00	0.00	0.00	0.00
	SWFT	2.37	3.23	3.26	0.89
	UHCW	0.33	-0.67	-0.67	-1.00
Totals: S&LT		-0.97	0.69	1.00	1.97

NHS Trust Support to Nursing Staff & Vacancies by role

Substantive Staff		Month 1	Month 2	Month 3	Change in Year	% Change
Nursing Associates	CWPT	23.60	23.20	23.00	-0.60	-2.54%
	GEH	14.60	14.60	14.52	-0.08	-0.55%
	SWFT	35.00	35.00	35.00	0.00	0.00%
	UHCW	20.70	20.78	19.78	-0.92	-4.44%
Totals		93.90	93.58	92.30	-1.60	-1.70%
Trainee Nursing Associates	CWPT	59.88	58.88	58.00	-1.88	-3.14%
	GEH	15.00	15.00	15.00	0.00	0.00%
	SWFT	34.00	34.00	34.00	0.00	0.00%
	UHCW	10.00	12.00	12.00	2.00	20.00%
Totals		118.88	119.88	119.00	0.12	0.10%
Health care assistants and other support staff (Nursing)	CWPT	682.86	685.88	690.25	7.39	1.08%
	GEH	302.73	283.49	281.50	-21.23	-7.01%
	SWFT	540.65	544.33	562.24	21.59	3.99%
	UHCW	901.49	953.46	967.74	66.25	7.35%
Totals		2427.73	2467.16	2501.73	74.00	3.05%
Maternity Support Workers	CWPT	0.00	0.00	0.00	0.00	0.00%
	GEH	30.44	29.84	30.53	0.09	0.30%
	SWFT	18.16	16.60	17.09	-1.07	-5.89%
	UHCW	21.08	73.43	73.93	52.85	250.71%
Totals		69.68	119.87	121.55	51.87	74.44%

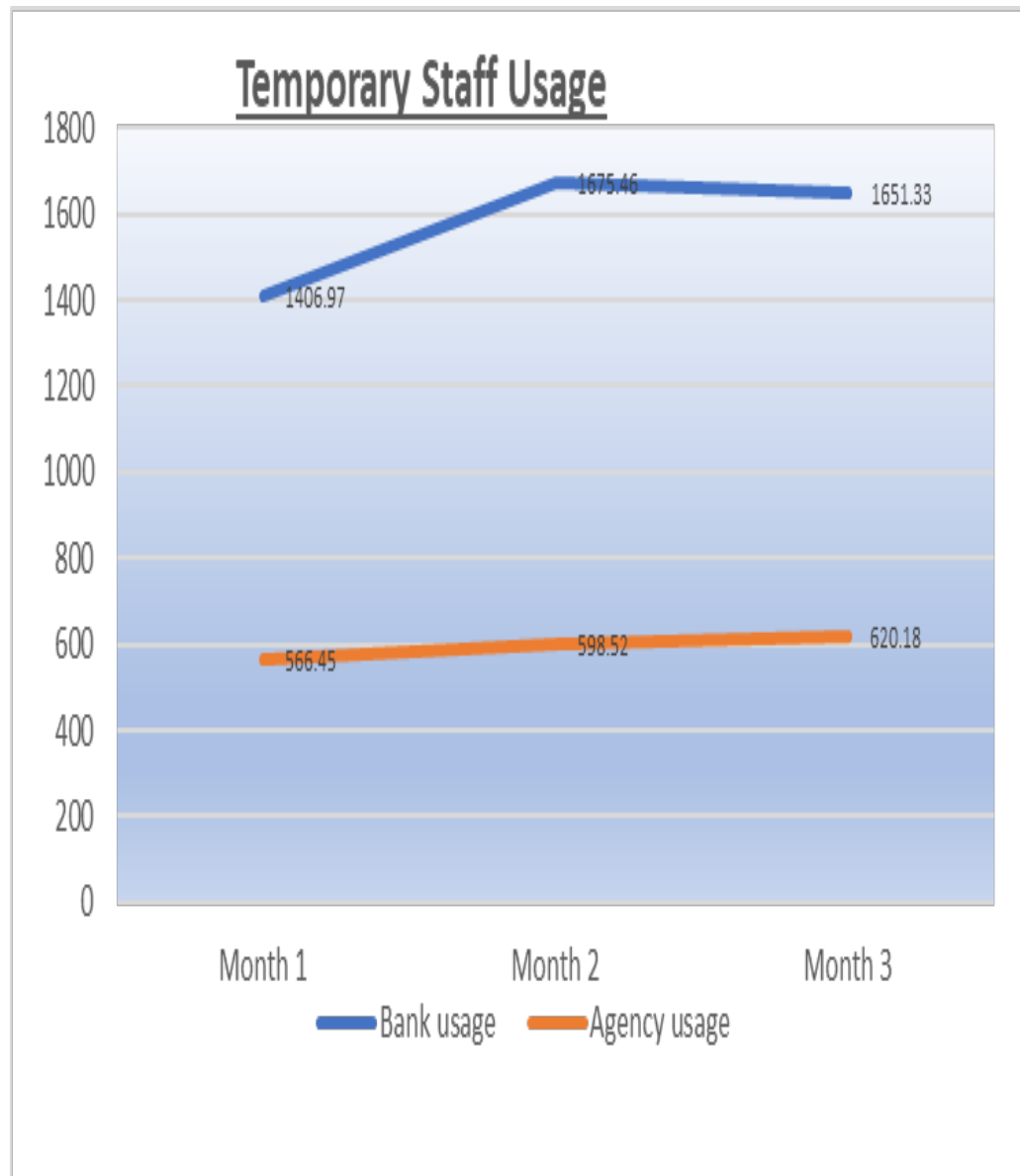
Vacancies		Month 1	Month 2	Month 3	Change in Year
Nursing Associate	CWPT	0.00	0.00	0.00	0.00
	GEH	-8.60	-8.60	-8.60	0.00
	SWFT	0.00	0.00	0.00	0.00
	UHCW	-16.31	-16.39	-15.39	0.92
Totals		-24.91	-24.99	-23.99	0.92
Trainee Nursing Associate	CWPT	0.00	0.00	0.00	0.00
	GEH	-12.00	-12.00	-12.00	0.00
	SWFT	0.00	0.00	0.00	0.00
	UHCW	6.13	-8.09	-2.77	-8.90
Totals		-5.87	-20.09	-14.77	-8.90
Health care assistants and other support staff	CWPT	33.39	53.23	59.68	26.29
	GEH	49.40	49.40	49.40	0.00
	SWFT	134.67	131.59	120.89	-13.78
	UHCW	80.78	71.75	74.75	-6.03
Totals		298.24	305.97	304.72	6.48
Maternity Support Workers	CWPT	0.00	0.00	0.00	0.00
	GEH	2.52	2.52	2.52	0.00
	SWFT	6.92	8.48	7.99	1.07
	UHCW	10.58	8.98	8.48	-2.10
Totals		20.02	19.98	18.99	-1.03

NHS Trust Support to Nursing Staff & Vacancies by role



Substantive Staff		Month 1	Month 2	Month 3	Change in Year	% Change
Nursing Associates	CWPT	23.60	23.20	23.00	-0.60	-2.54%
	GEH	14.60	14.60	14.52	-0.08	-0.55%
	SWFT	35.00	35.00	35.00	0.00	0.00%
	UHCW	20.70	20.78	19.78	-0.92	-4.44%
Totals		93.90	93.58	92.30	-1.60	-1.70%
Trainee Nursing Associates	CWPT	59.88	58.88	58.00	-1.88	-3.14%
	GEH	15.00	15.00	15.00	0.00	0.00%
	SWFT	34.00	34.00	34.00	0.00	0.00%
	UHCW	10.00	12.00	12.00	2.00	20.00%
Totals		118.88	119.88	119.00	0.12	0.10%
Health care assistants and other support staff (Nursing)	CWPT	682.86	685.88	690.25	7.39	1.08%
	GEH	302.73	283.49	281.50	-21.23	-7.01%
	SWFT	540.65	544.33	562.24	21.59	3.99%
	UHCW	901.49	953.46	967.74	66.25	7.35%
Totals		2427.73	2467.16	2501.73	74.00	3.05%
Maternity Support Workers	CWPT	0.00	0.00	0.00	0.00	0.00%
	GEH	30.44	29.84	30.53	0.09	0.30%
	SWFT	18.16	16.60	17.09	-1.07	-5.89%
	UHCW	21.08	73.43	73.93	52.85	250.71%
Totals		69.68	119.87	121.55	51.87	74.44%

NHS Trust Temporary Staff Usage



		Month 1	Month 2	Month 3	In Yr Change	% Change
Bank	CWPT	425.37	449.62	450.73	25.36	5.96%
	GEH	95.67	240.84	235.28	139.61	145.93%
	SWFT	424.27	395.84	375.37	-48.9	-11.53%
	UHCW	461.66	589.16	589.95	128.29	27.79%
	Total Bank usage	1406.97	1675.46	1651.33	244.36	17.37%
Agency	CWPT	120.21	124.41	114.02	-6.19	-5.15%
	GEH	68.76	95.24	139.36	70.6	102.68%
	SWFT	193.25	178.9	149.07	-44.18	-22.86%
	UHCW	184.23	199.97	217.73	33.5	18.18%
	Total Agency usage	566.45	598.52	620.18	53.73	9.49%

Adult Social Care Workforce across Coventry & Warwickshire

Source: Skills for care Annual data collection

- Back to map
- Key findings
- Employment overview
- Recruitment and retention
- Demographics
- Pay
- Qualifications and training
- Workforce projections

You are viewing data for **Coventry and Warwickshire**

Demographics i

[Download PowerPoint](#)

Use the drop down menus to filter the information shown on this dashboard

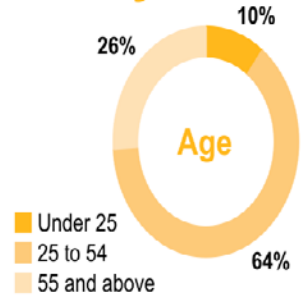
Select a sector: All sectors | Select a service: All services | Select a job role: All job roles | **Filled posts:** 23,500

Gender

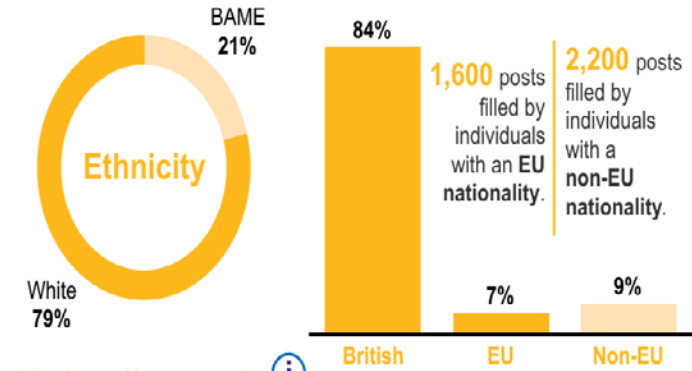


Age

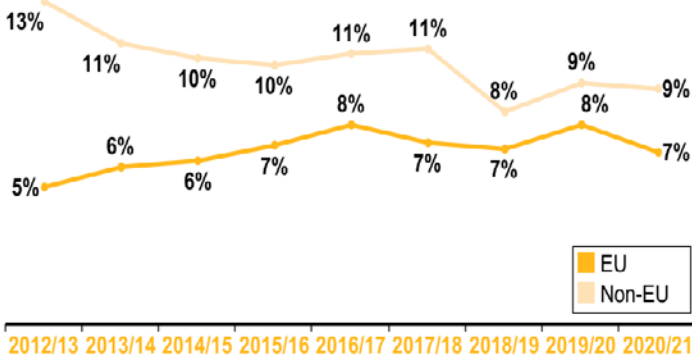
The average age was **44 years old**



Ethnicity and nationality



Nationality trends i



- Back to map
- Key findings
- Employment overview
- Recruitment and retention
- Demographics
- Pay
- Qualifications and training
- Workforce projections

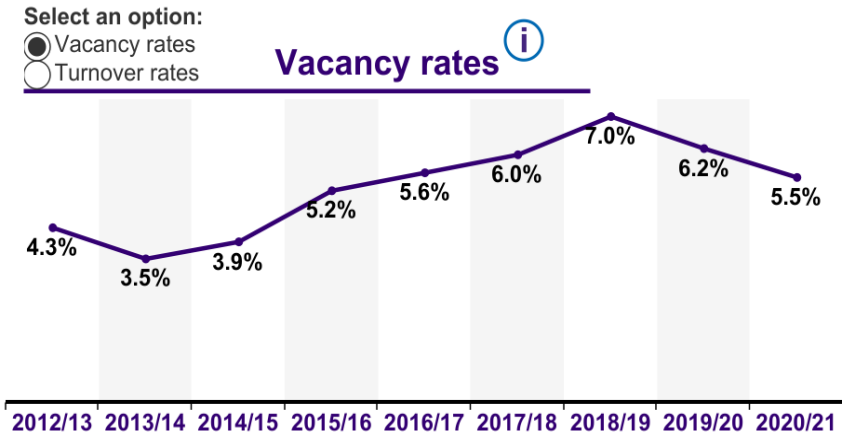
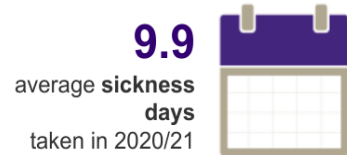
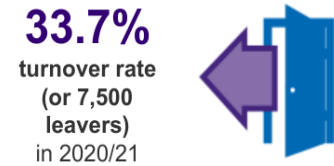
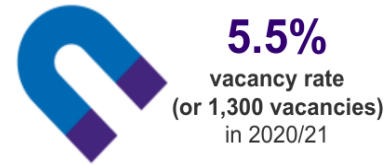
You are viewing data for **Coventry and Warwickshire**

Recruitment and retention i

[Download PowerPoint](#)

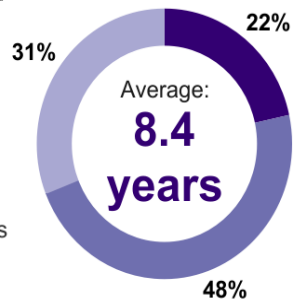
Use the drop down menus to filter the information shown on this dashboard

Select a sector: All sectors | Select a service: All services | Select a job role: All job roles | **Filled posts:** 23,500



Experience in sector

Select a view:
 Experience in sector
 Experience in role



Key:
 ■ Less than 3 years
 ■ 3 to 9 years
 ■ 10 years or more

Adult social care vacancies

Source: Independent sector workforce estimates



Vacancy rate



Select a view:

- 2021/22
- Percentage point change since 2020/21

Current vacancy rate

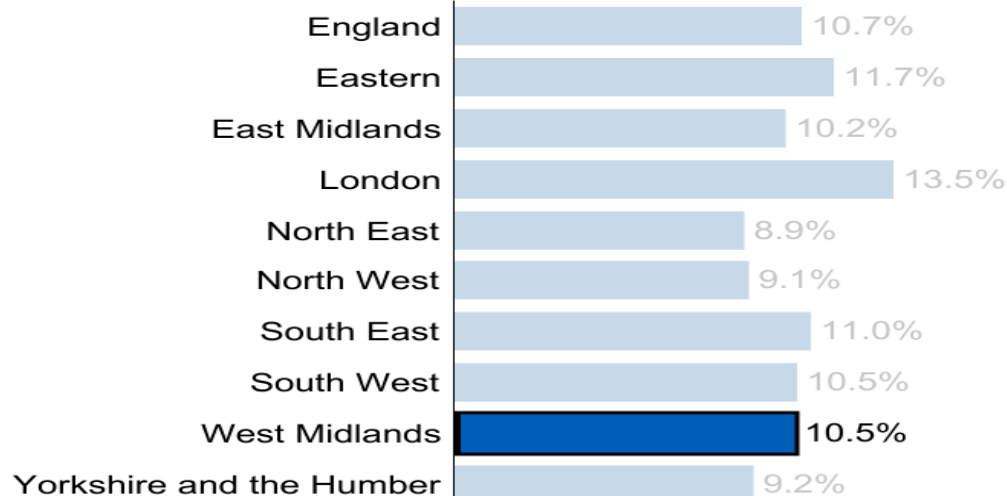


Select a view:

- Region
- Service type

[Download PowerPoint](#)

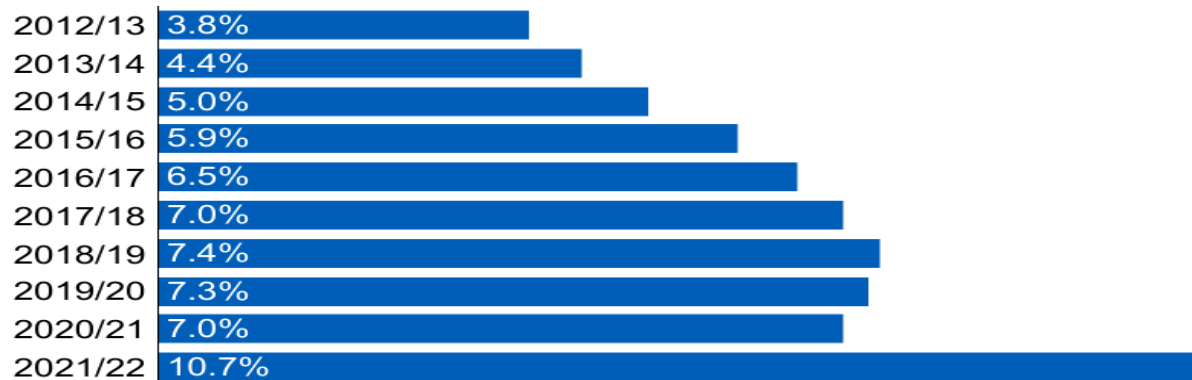
Current vacancy rate



Vacancy rate trend

Select a service:

All services



As at 2021/22 there were around 139,000 vacancies in the independent sector, up from around 91,000 in 2020/21.

Across the whole adult social care sector there were around 165,000 vacancies in 2021/22 and around 1.62 million filled posts.

Skills for Care will resume tracking monthly vacancy changes once sufficient employers have updated their data since March 2022.

GP Workforce Dashboard

Age Profiling



Region Name
All

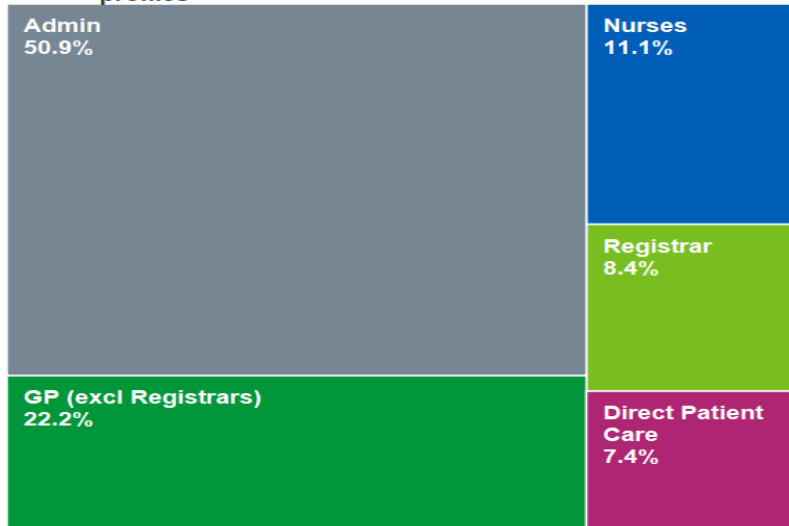
ICS Name
Coventry and Warwickshire

CCG Name
All

Census Date
31/05/2022

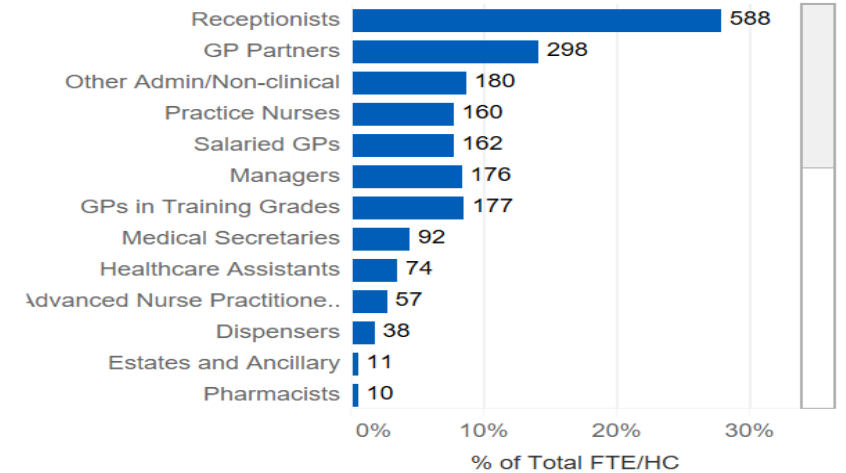
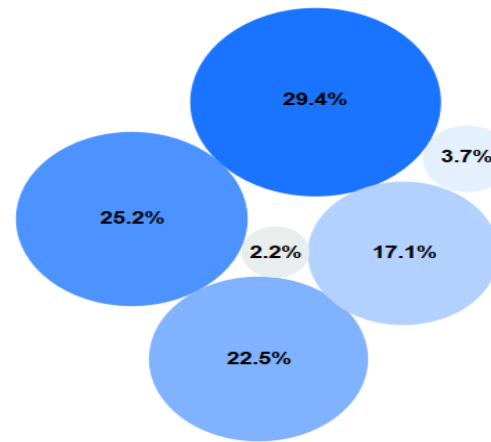
Select FTE or Head Count
FTE

This analysis does not include FTE nor headcount estimates
Click on a chart segment to drill down to age profiles



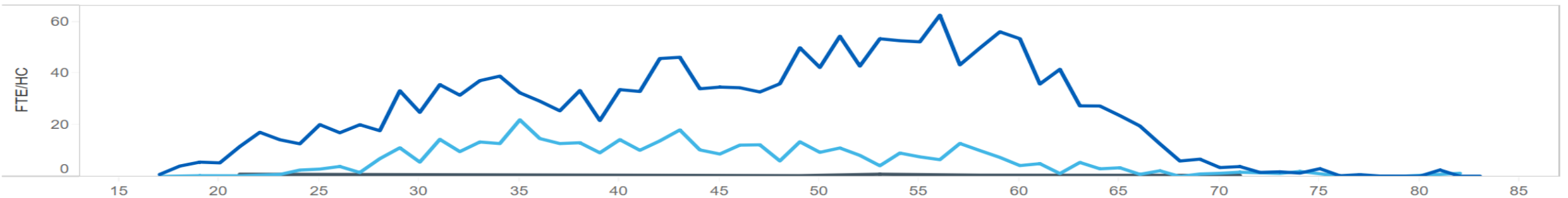
Click on a bubble to drill down to job role

Unknown Age 35-44 Age 55+
 Age 25-34 Age 45-54 Age Under 25



FTE by Age and Gender

Female Male Other/Unknown Total



Show Total
No

GP Workforce Dashboard

Percentage of staff type



Region Name
Midlands

ICS Name
Coventry and Warwickshire

CCG Name
All

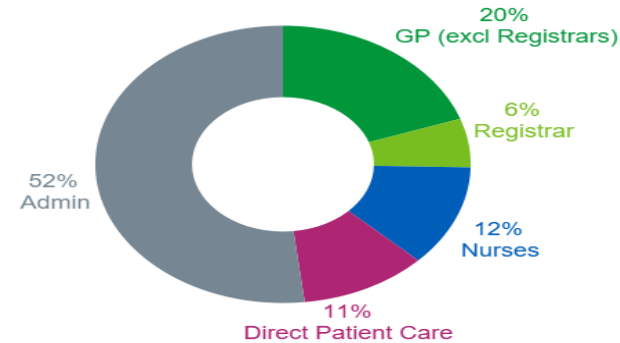
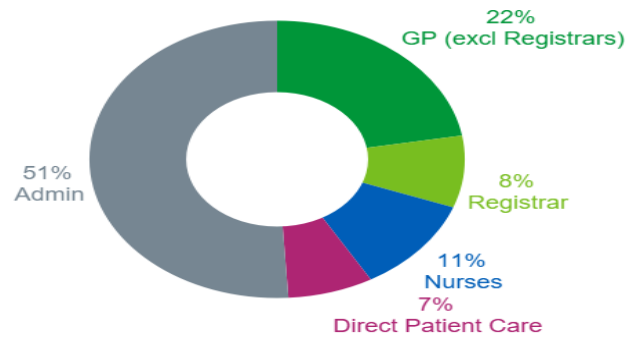
Census Date
31/05/2022



GP (excl Registrars)	Registrar	Nurses	Direct Patient Care	Admin	Grand Total
469	177	233	155	1,075	2,109

% of staff type in 31/05/2022

% of staff type in NHS England



Variance between April 2022 and May 2022

Compare from
April 2022



Compare to
May 2022

Dashboard Data sources

NHSEI Monthly
Provider Workforce
Return (PWR)s as @
30th of June
2022 (Month 3)

Primary care data is
sourced from HEE,
Midlands Workforce
Observatory as @ 31st
of May 2022

Social Care data is sourced from Skills for Care.

1. Annual Data Collection ([My ICS area \(skillsforcare.org.uk\)](https://skillsforcare.org.uk/my-ics-area))
2. Monthly vacancy tracking ([vacancy information - monthly tracking \(skillsforcare.org.uk\)](https://skillsforcare.org.uk/vacancy-information-monthly-tracking))



Coventry and Warwickshire's All-Age Autism Strategy

Highlight Report

Report To:	Coventry and Warwickshire's All-Age Autism Strategy Partnership Board
Report From:	Amy Danahay, Interim Programme Manager
Title:	Coventry and Warwickshire's All-Age Autism Strategy Highlight Report
Date:	24 August 2022
Appendices:	<p>Appendix 1: Review of the governance arrangements including all task and finish related activities and EbE Membership</p> <p>Appendix 2: Review of Year 1 Delivery Plan</p> <p>Appendix 3: Risk Register</p>
Guidance for completion	<p>When completing the report, the author is asked to consider:</p> <p>Language and Styling</p> <ul style="list-style-type: none"> • Use straightforward language that will be easily understandable and inclusive to everyone • Avoid jargon • Use agreed language and preferred terminology e.g. autistic people • Use clear/ concise sentences and bullet points, ensuring layout/ formatting remains consistent. • If there are any specific terms within a report that need defining, add them to the jargon box at the top of the document. It would be useful if any words included in this are put in bold the first time they're used in the document. <p><i>Headings</i></p> <ul style="list-style-type: none"> • Ensure headings are clear and interactive to assist with navigation, enabling the user to jump to the appropriate section by clicking on it. • Make headings slightly bigger, with some extra spacing before the textboxes still making sure related content is grouped together. <p><i>Line spacing</i></p> <ul style="list-style-type: none"> • At least 1.15
Jargon	
Learning Disabilities and Autism Executive Board	The name of the current strategic Board that the Autism Partnership Board are accountable to.
Learning Disabilities and Autism Collaborative Board	The proposed name to replace the Learning Disabilities and Autism Executive Board. Decision to be made in September 2022 with an update paper being submitted to the Integrated Care Board (ICB) in September for assurance.



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Risks8

Communication9

Next Steps.....9





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Appendix 2: Review of Year 1 Delivery Plan

Appendix 3: Risk Register

RAG Status for reporting

The RAG status used for reporting purposes is below:

-  Not on target, significant concerns
-  Progress made, minor concerns
-  On target, no concerns
-  Completed

This RAG rating is also used to update against progress on the Delivery Plan.

Each section will rate progress against the above and clearly state why it has been rated as such and any concerns if noted.

Purpose of the highlight report

This highlight report provides the Coventry and Warwickshire's All-Age Autism Strategy Partnership Board members with an update on progress to date on the Autism Strategy Delivery Plan.


The highlight report contains an update and assurance against the following:

- Overall programme status
- Overview of recommended actions from the review of Year 1 Delivery Plan (Appendix 1)
- Risks
- Communication
- Next Steps

Members of Coventry and Warwickshire's All-Age Autism Strategy Partnership Board are asked to:

- **NOTE** progress to date and programme status RAG rated as amber.
- **APPROVE** the Autism Programme Governance for delivery of the 2022-2024 plans, noting the changes for the Market Development Plan (MDP).
- **ACKNOWLEDGE** that the financial situation to support the strategy will be presented in September's meeting.
- **APPROVE** the recommendations from the Year 1 review that will inform 2022-2024 planning and next steps.
- **APPROVE** the closure of risk 6 due to securing funds for the programme management resource.
- **NOTE** the planned communication activity for August and September 2022
- **NOTE** recommended next steps.

Overall Autism Programme Status

 Progress made, minor concerns

- The autism programme status is rated as amber. Significant progress has been made against the work in the delivery plan and there is much work happening across Coventry and Warwickshire to achieve the shared vision of the Coventry & Warwickshire Joint Strategy for Autistic people 2021-2026.
- The concerns relate to:
 - Funding for the Autism Strategy
 - Clarity relating to activity across Coventry and Warwickshire due to limited updates.

Progress:

- The Autism Partnership Board is fully established.

- A review of meetings, programmes and membership has taken place and requires further development to ensure EbE representation is proportionate and maximises coproduction opportunities, reducing duplication (appendix 1). Within the review consideration was given to the Coventry and Warwickshire TCP Market Position Statement and Market Development Plan (MDP), which have been developed that outline the system's ambitions to grow the existing specialist support market in line with local need and national and local requirements and priorities. Both were signed off by the LDA Executive Board in June 2022. Although it was recommended that a Steering Group was established, in light of the overall LDA programme governance being reviewed it is being proposed that oversight of the MDP delivery is realigned to that review to reduce duplication and maximise new governance arrangements being established. The MDP delivery would be monitored under Autism Strategy Priority 3 delivery led by Matt Gilks.
- System priority leads have been identified and meetings have taken place to review roles and responsibilities.
- Non-recurrent funding has been agreed to support:
 - 1 x FTE Programme Manager 8b.
 - 1 x FTE Autism Programme Management Administration Support to include Dimensions administration support Band 4 (development of the online portal and ongoing support)
- The funding for this is to be partially offset by £43k received from NHSE allocations (System Development Fund) and a request to cover the remaining £14k in 22/23 and subsequent £114k for 23/24 from the ICB budget allocated to the MH s75 agreement with CWPT and Coventry City Council. This was approved on the 12 August 2022 by the NHS Coventry and Warwickshire ICB Investment Panel.
- Non-recurrent carry-forward from the System Development Funds (SDF) has also enabled a 12-month System Clinical Lead for Neurodiversity (Consultant Practitioner) for 2 days per week to provide high quality clinical advisory input to support strategic development for Autism and other neurodevelopmental services across Coventry and Warwickshire.
- The newly developed Information and Advice for Neurodivergent People and their Families e-booklet which is now live and available on the Dimensions News page. This can be accessed through the following link [Dimensions - News \(covwarkpt.nhs.uk\)](https://www.covwarkpt.nhs.uk/news)

Concerns:

- Previously there has not been a specific budget for coordinated autism services and support. Much of the strategy has therefore been 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.
- Funding for the strategy is still being reviewed and an overview will be shared in September's meeting.
- Current funding comes from three sources:
 - Community Discharge Fund (CDF)
 - System Development Fund (SDF)
 - System Investment
- All funding is currently non-recurrent. There is an immediate risk to services currently funded through the system investments using non-recurrent funding during 22/23.

Overview of recommended actions from the review of Year 1 Delivery Plan

- A RAG status has not been applied to this section as this is for information only and will contribute to discussions and planning for years 2 and 3.
- A Coventry and Warwickshire Autism Strategy Delivery Plan was produced and described the actions that partners committed to deliver in the first year of the Coventry and Warwickshire Autism Strategy (2021-2022).
- Partner organisations identified the resource to deliver this year 1 plan through a combination of local funds and accessing national funding streams made available through the new National Autism Strategy and NHS Long Term Plan.
- The joint Ofsted and Care Quality Commission (CQC) inspection carried out in Warwickshire between 12 July and 16 July 2021, identified a number of areas for improvement in the way children and young people with a disability and special educational needs and/or disabilities (SEND) are supported. These key areas were captured in a plan - Warwickshire's written statement of action (WSOA). The WSoA is closely monitored. The original year 1 delivery plan has not had the same level of oversight and performance monitoring.
- The Year 1 Delivery Plan review has taken WSoA into account but as such some of the updates are heavily weighted to Warwickshire and there is a gap in the knowledge of access to service provision and offers of support in across some of the priorities within Coventry.
- All leads were approached for updates to the year 1 delivery plan including a review of whether the service/area of work would need to continue beyond year 1 and therefore be required to be included within 2022-2024 delivery plan.
- The review highlights the following against each priority:
 1. Overall Progress
 2. Achievements
 3. Gaps
 4. Recommendations/Next Steps
- The full review is attached as Appendix 2. For the purpose of the highlight report the recommendations/next steps have been lifted and will inform the next steps outlined within this report.
- The ongoing autism waits work will continue for the duration of the strategy with close monitoring and regular updates.

Recommendation	Priority	Progress to date
Review of priority objectives based on available non-recurrent funding and local need to inform 2022-24 Delivery Plan	Overall strategic approach	System priority leads will conduct initial meetings to review objectives for years 2 and 3 based on a funding and the delivery plan review in September 2022.
System governance review to ensure that the Learning Disabilities and Autism programme is set within the NHS Coventry and Warwickshire Integrated Care Board (ICB) governance	Overall strategic approach	Paper to be presented to the LDA Executive Board (September 2022).

Secure Programme Management resource to ensure ongoing progress, reporting, monitoring, tracking and escalation, understanding strategic resource, and the autism waits challenge.	Overall strategic approach	18-month funding approved 12/08/22. Recruitment to commence.
Secure a System Clinical Lead for Neurodiversity to provide high quality clinical advisory input to support strategic development for Autism and other neurodevelopmental services across Coventry and Warwickshire.	Overall strategic approach	Funding secured for 12 months. Recruitment to the post to commence. HEE funding also applied for to support. Awaiting outcome.
Review Building the Right Support Action Plan 2022 in line with Year 2 and 3 deliver	Overall strategic approach	Shared as 'info only' with members. System Priority Leads to factor into objective setting.
Develop key communication messages that support the 5 priorities and enhance the Communication Strategy.	1, 2, 3, 4 and 5	Communication Strategy developed.
Continue to develop the online portal and secure recurrent funding	1	Project scope and plan secured with Information and Advice Task and Finish Group leading developments.
Review conferences and secure recurrent funding if required for future events	1	Evaluation planned for all 2022 conferences.
Continue to develop the communication plan to reflect progress and updates	1	Comms plan shared 27/07/22 – ongoing agenda item.
Understand progress with the Primary Care Clinical Lead role to accelerate progress re the primary care support offer	1	Job description developed and awaiting an update from ICB.
Review financial incentives that require people to seek an autism diagnosis and where possible adjust eligibility criteria to focus on need, not diagnosis	1	None
Produce 'what does good look like' for every priority to enable monitoring evaluation for 2022 and 2023	1, 2, 3, 4 and 5	None
Further review of service specifications for commissioned services and collection of evidence that services and environments are being adjusted for people with autism and/or a learning disability	2	None
Link all workforce development into priority 3 to reflect the extent of education and training in progress and gaps	2	None
A local evaluation of need to look at health inequalities. The impact of belonging to a	2	None

minority ethnic/cultural group on a diagnosis of autism is something that is being looked at regionally along with ADASS, with support from Birmingham university		
Review of the recruitment of Learning Disability and Autism champions, people with lived experience, to work across the system developing access and service provision	2	None
Link in with Primary Care Clinical Lead once appointed to explore primary care pilots	2	None
Further roll out of 'digital flag' system	2	29 records have the reasonable adjustments UDF recorded on care notes.
Link in with the Health Inequalities national funding.	2	Agenda item 24/08/22 Autism Partnership Board
Reflect interdependencies with priority 2	3	None
Develop a Coventry and Warwickshire LDA Housing and Accommodation needs assessment and action plan for 5-10 years	3	None
Work with education leads to progress developments capturing workforce development opportunities and a system-wide approach	3	Training review conducted by Warwickshire Education.
Link in with the Positive Directions Vanguard	3	<p>In August 2021, Coventry and Warwickshire CCG were awarded Vanguard status for the West Midlands via the NSHEI Framework for Integrated Care September 2021- March 2024. The Framework that was co-designed by young people and is called Positive Directions. It was developed as a local response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment to provide additional support for the most vulnerable children and young people with complex needs.</p> <p>The £2.8 million funding enables the ICS and its system partners and young people and their carers to co-produce an 18 month pilot project to develop innovative working practices including embedding Trauma</p>

		Informed practitioners and therapists (Speech and Language and Occupational therapists) into Edge of Care, Youth Justice Teams, Education and Custody, underpinned by the development of a tiered social prescribing offer. The project is now in the mobilisation phase and is being implemented at speed.
Research to understand current surge in referrals and longer-term impact on waiting lists	4	To be conducted in August 2022
System Clinical Lead to progress the trusted assessor framework building on the learning from the contracting with the neuro partners	4	Recruitment to the post to commence – August 2022.
Evaluation of the differentiated model of assessment via a simple and complex pathway and share learning between various projects	4	Commissioned and to commence December 2022.
Consider findings from the National Autistic Society report 'Left stranded: our new report into the impact of coronavirus' and embed into delivery plan for year 2 and beyond	5	None
Review the governance arrangements including all task and finish related activities and EbE membership to ensure wide representation and support needs	5	Scoping of all meetings and membership in progress. See Appendix 2.
Review the current approach to coproduction and funding allocation within system partner organisations – Warwickshire County Council (WCC), Coventry City Council (CCC), Coventry and Warwickshire Integrated Care Board (CWICB) and Coventry and Warwickshire Partnership Trust (CWPT)	5	Coproduction Framework developed and expression of interest circulated for ongoing support. Grapevine contract to cease 31/08/22.

Risks

- The risk register is attached as appendix 3. The majority of risks remain the same and all risk owners have been notified.
- It is recommended that risk 6, failure to secure programme management support to enable the coordination, tracking and performance monitoring of the strategy, is closed due to securing 18-months of funding at the ICB Investment Panel on 12 August 2022.

Communication

On target, no concerns

- The Communications Plan was presented to members on the 27 July 2022. August and September will focus on:
 - Together with Autism conference promotion
 - Autism Newsletter (initial publication mid-September)
 - Self help e-booklet promotion
- The approach and plan are currently being managed through fortnightly system communication meetings. Next steps include:
 - Review 'Informing Autism Service Improvement Through Lived Experience Insight' (NHSEI Midlands 2022) to review and develop language and behaviour elements of the system's approach to communication and engagement.
 - Further development of the key messages within each priority.
- This work will align with the 2022-2024 delivery plan developments, will be led by the system priority leads with support from the system communication leads and will be co-produced.

Next Steps

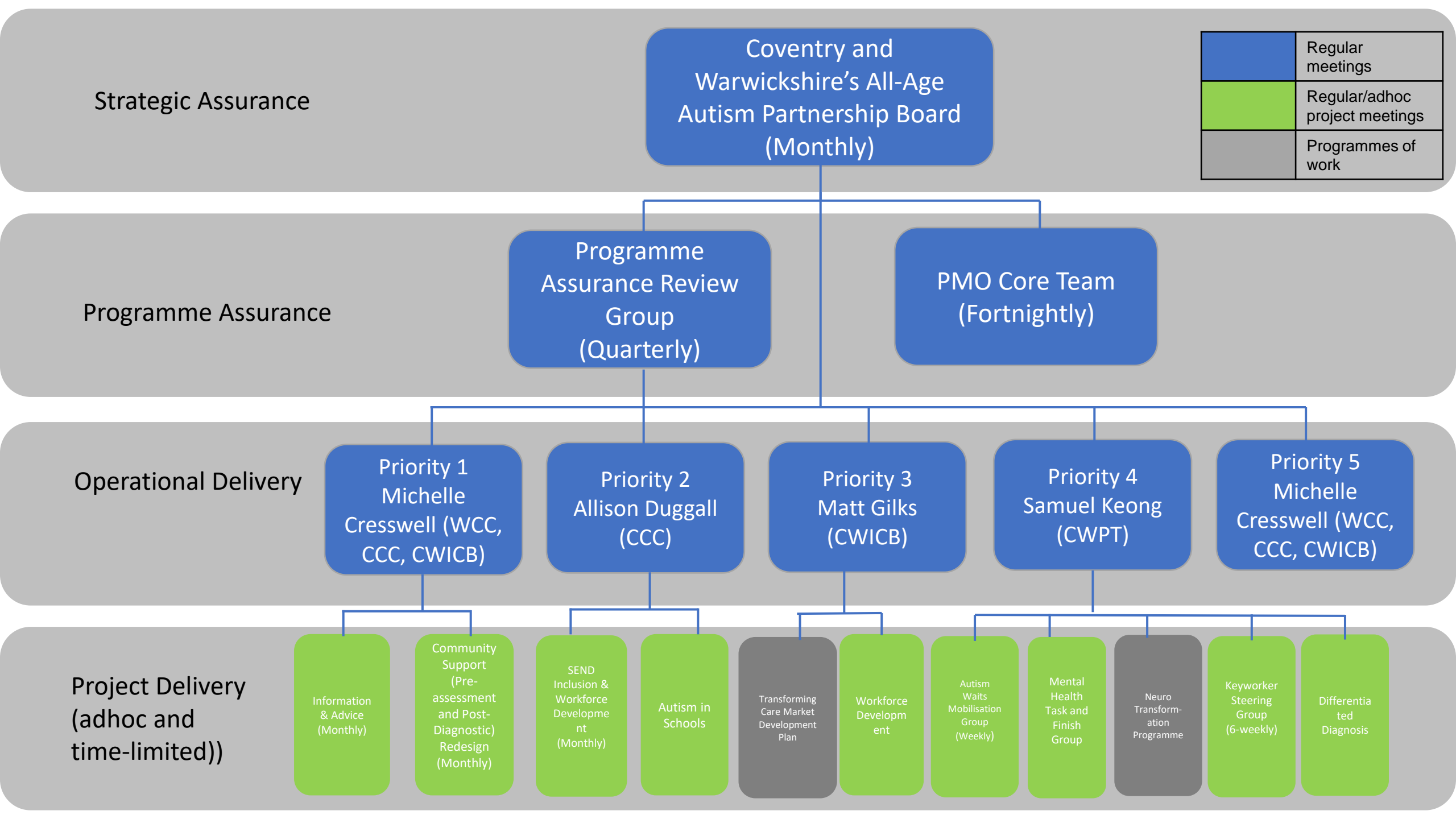
- Work will continue to understand and scope recurrent and non-recurrent funding to support delivery of the strategy, in partnership with finance and system priority leads.
- Once funding has been confirmed we will then be able to approve Delivery Plans for Years 2-3 and set up performance management through the Autism Partnership Board, providing ongoing assurance to the LDA Executive and ICB.
- Further planning continues for the following events to shape and develop the implementation of the Autism Strategy:
 - Shaping the Future for Autism and ADHD for Coventry and Warwickshire – 22 September 2022 and 12 October 2022
 - Together with Autism – 10 September 2022 and 19 November 2022
- System Priority Leads will facilitate their inaugural meetings to review progress, resource, national guidance, key messages, and identify a clear delivery plan and supporting 'what does good look like' enabling performance monitoring.

Approved by:

Committee / Meeting	Date
---------------------	------



Appendix 1: Review of the governance arrangements including all task and finish related activities and EbE Membership



Strategic Assurance

Coventry and Warwickshire's All-Age Autism Partnership Board (Monthly)

Regular meetings
Regular/adhoc project meetings
Programmes of work

Programme Assurance

Programme Assurance Review Group (Quarterly)

PMO Core Team (Fortnightly)

Operational Delivery

Priority 1
Michelle Cresswell (WCC, CCC, CWICB)

Priority 2
Allison Duggall (CCC)

Priority 3
Matt Gilks (CWICB)

Priority 4
Samuel Keong (CWPT)

Priority 5
Michelle Cresswell (WCC, CCC, CWICB)

Project Delivery (adhoc and time-limited))

Information & Advice (Monthly)

Community Support (Pre-assessment and Post-Diagnostic) Redesign (Monthly)

SEND Inclusion & Workforce Development (Monthly)

Autism in Schools

Transforming Care Market Development Plan

Workforce Development

Autism Waits Mobilisation Group (Weekly)

Mental Health Task and Finish Group

Neuro Transformation Programme

Keyworker Steering Group (6-weekly)

Differentiated Diagnosis

Purpose of the Project Delivery Groups

Name	Purpose	Frequency	EbE Members
Information & Advice T&F Group	Redesign and streamlining existing information and advice offer (online and printable) about the diagnostic process and support available	Monthly	Fay McSorley Steve Shoker Sarah Jane McGarry
Community Support (Pre-assessment and Post-Diagnostic) Redesign	Redesign existing model of community support services to enhance existing offer and capacity, undertake market testing with prospective providers, develop a sustainable offer of support that offer choice and is preventative in nature, and that can be accessed by one front door, and associated activity	Monthly	Fay McSorley Sarah Jane McGarry Avril Glenn
SEND Inclusion & Workforce Development	The purpose of the group is to ensure coproduction of delivery of the Written Statement of Action on Inclusion in Schools and Workforce Development (Areas 3 and 4) following the local area SEND inspection in July 2021	Monthly	WPCV
Autism in Schools	A project group focused on developing a sustainable package of support and guidance to all schools across Coventry, Warwickshire, as well as Birmingham and Solihull, that will enable schools to create an autism-inclusive environment; intended outcomes to include workforce development, change of culture within educational settings, enhancing the wrap around support for a child/young person, identification of CYP who might be autistic, development of a one page child profile, provision of reasonable adjustments and inclusive environments; the approach developed will be consistent with goals and objectives of the SEND and Inclusion Change Programme	TBC	Cathy Wassall (WPCV)
Transforming Care Market Development Plan	<p>Outlines Coventry and Warwickshire's health and social care system's approach to developing a stronger and more effective partnership between commissioners and providers of specialist services, to deliver a person centred, sustainable care and support market that ensures vulnerable individuals remain safe, receive person centred support that meets their needs and are supported by skilled, experienced and resilient workforce.</p> <p>The aim of the MDP is to support delivery of Coventry and Warwickshire's LDA Programme around provision of support to people with learning disabilities and autism that will prevent avoidable admissions to mental health hospitals and facilitate successful discharges from such institutions back to the community, thus addressing the national Building the Right Support action plan focus areas.</p> <p>The Market Development Plan compliments the Transforming Care Market Position Statement but with a particular focus on 4 priority areas in increasing the diversity of the market and how providers will be supported to grow, thereby expanding real choice for people using services.</p>	7 time limited T&F groups to deliver the overarching plan (adhoc)	Julie Hayward Sarah Jane McGarry Cassandra Ryner
Workforce Development	Improving wider workforce awareness of autism, upskilling workforce to be able to identify individuals who may be autistic, assess their needs and advise on / provide reasonable adjustments in education, employment, youth justice and wider services, explore different levels of workforce development for professionals working with individuals with neurodevelopmental conditions, development of new training approaches such as recorded webinars and e-modules		
Autism Waits Mobilisation Group	Overseeing the operational delivery of the autism waits trajectory	Weekly	None
Mental Health Task and Finish Group	Improving offer of mental health support for people awaiting a neurodevelopmental assessment and those diagnosed with autism; promote the importance of early identification of needs related to autism and provision of reasonable adjustments within existing services		
Neuro Transformation Programme	Redesign of existing diagnostic provision with a view of improving triage, enhancing clinical capacity to diagnose, reducing waiting times for diagnosis and introducing new approaches to diagnosis that will bring sustainable and long term change	Programme of work	
Keyworker Steering Group	Provides support, advice and assurance that facilitates the development and ongoing delivery of the Keyworker Service		Ellie Costello Cathy Wassall (WPCV)



Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire's All- Age Autism Strategy

Year One Delivery Plan Review 2022



Coventry and Warwickshire
Integrated Care System

Content

- Coventry and Warwickshire's All-Age Strategy for Autistic people 2021-2026 Overview
- Background
- Purpose of the Review
- Priorities and Objectives
- Priorities: Progress, Achievements, Gaps and Recommendations
- Funding
- Delivery plan 2022-2024
- Next Steps

Coventry and Warwickshire's All-Age Strategy for Autistic people 2021-2026

- 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.

- The joint five-year strategy is owned by Warwickshire County Council, Coventry City Council, NHS Coventry and Warwickshire ICB and Coventry and Warwickshire Partnership Trust and has been 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.
- 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.
- Based on the evidence base gained through the coproduction and research activity, as well as statutory responsibilities for partner organisations, five priority areas were identified, and a number of objectives developed against each priority underpinned by a delivery plan that requires further development to focus on place and delivered within the local context of services and support.
- 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

Background

- The All-Age Coventry and Warwickshire Autism Strategy has been co-produced, agreed, signed and published.
- All partners are equally responsible and accountable for improving lives of Coventry and Warwickshire citizens living with autism, and their parents and carers.
- A Coventry and Warwickshire Autism Strategy Delivery Plan was produced and described the actions that partners committed to deliver in the first year of the Coventry and Warwickshire Autism Strategy (2021-2022).
- Partner organisations identified the resource to deliver this year 1 plan through a combination of local funds and accessing national funding streams made available through the new National Autism Strategy and NHS Long Term Plan.
- Reducing waiting times for a diagnostic assessment and improving the offer of pre and post diagnostic support as well as improving the health, care and education offer for autistic people were identified as the main focus of the year 1 delivery plan, reflecting the areas that were identified as the top priority during co-production of the Strategy.
- A joint Ofsted and Care Quality Commission (CQC) inspection was carried out in Warwickshire between 12 July and 16 July 2021. The inspection identified a number of areas for improvement in the way children and young people with a disability and special educational needs and/or disabilities (SEND) are supported. Some of the 5 key areas of weakness identified are the long waiting times for ASD assessments, lack of appropriate support for children and young people awaiting assessment and following diagnosis of ASD, lack of uptake of staff training for mainstream primary and secondary school around SEND as well as the quality of the online local offer. The Strategy Delivery Plan for 2021/22 prioritised addressing these areas.
- Much of the delivery plan is being delivered across Coventry and Warwickshire, but in some areas of the plan it is appropriate to have a place based approach, to reflect local infrastructure and priorities, for example in the development of specialist education provision.

Purpose of this Review

The purpose of the Year 1 review is to:

- Share progress with all key stakeholders
- Highlight successes and achievements to date
- Identify gaps in progress and provision
- Inform planning for Years 2 and 3
- Make recommendations for strategic developments in the future
- Identify next steps

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.

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: Progress, Achievements, Gaps and Recommendations

Overall Progress	Achievements
<ul style="list-style-type: none">• The overall Autism programme status is rated as amber with progress made but some minor concerns.• Significant progress has been made against the work in the delivery plan and there is much work happening across Coventry and Warwickshire to achieve the shared vision of the Coventry & Warwickshire Joint Strategy for Autistic people 2021-2026.• Co-production remains central to all developments.• The Learning Disabilities and Autism (LDA) programme continues to be a priority for the new Coventry & Warwickshire Integrated Care Board	<ul style="list-style-type: none">• System Priority Leads secured• Autism Partnership Board established• Autism funding identified (non-recurrent)• Investment into Autism Waits• Communication Strategy in place supported by a communications plan.• Neurodevelopmental Model of Care approved: An all-age model provides a framework to bring together all the different projects and services that are being developed into one model.
Gaps	Recommendations/Next Steps
<ul style="list-style-type: none">• Concerns relating to the programme status are linked closely to the risks:<ul style="list-style-type: none">• Programme management resource• Recurrent funding• Autism Waits• The RAG status reflects a recent review of the Year 1 Delivery Plan and updates on progress from system leads.• Strong and consistent key messages aligned to each of the priorities to support the approach to communication and engagement.	<ul style="list-style-type: none">• Review of priority objectives based on available non-recurrent funding and local need to inform 2022-24 Delivery Plan.• System governance review to ensure that the Learning Disabilities and Autism programme is set within the NHS Coventry and Warwickshire Integrated Care Board (ICB) governance.• Secure Programme Management resource to ensure ongoing progress, reporting, monitoring, tracking and escalation, understanding strategic resource, and the autism waits challenge.• Secure a System Clinical Lead for Neurodiversity to provide high quality clinical advisory input to support strategic development for Autism and other neurodevelopmental services across Coventry and Warwickshire.• Review Building the Right Support Action Plan 2022 in line with Year 2 and 3 delivery.• Develop key communication messages that support the 5 priorities and enhance the Communication Strategy.

Priority 1: Progress, Achievements, Gaps and Recommendations

System Priority Lead	Michelle Cresswell	Senior Commissioner for Disabilities and Autism, working across Coventry and Warwickshire	WCC, CCC, NHS CW ICB
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Overall Progress	Achievements
<ul style="list-style-type: none"> The overall Autism priority status is rated as amber with progress made but some minor concerns. Information and Advice Task and Finish Group established and meeting monthly. Development of the online portal in progress: scoping complete, project brief and project plan developed and approved. Two further 'Together with Autism' Conferences planned (10/09/22 and 19/11/22). Re-procurement of the All-Age Autism Pre and Post Diagnosis Support Service is in progress with the new service go-live date scheduled for mid-January 2023. The Speech, Language and Communication Needs (SLCN) Steering Group have completed a gap analysis of services within Warwickshire and results are being analysed. Development of future offer for awareness sessions for parent carers in progress. Strategic Housing Action Plan Delivery group established to review access and improvements to housing and accommodation with care for people with LDA 	<ul style="list-style-type: none"> Information and Advice for Neurodivergent People and their Families e-booklet is live and can be accessed through the following link Dimensions - News (covwarkpt.nhs.uk) Together with Autism Conference well attended (2 April 2022) Communication through wider networks to all on the autism wait list notifying them of the current offer of support and progress re waits investment. New guidance for Warwickshire schools on autism was launched in October 2021 (under heading of communication and interaction needs): https://www.warwickshire.gov.uk/send-inclusion-guidance. Communication Strategy and Plan in place and regular fortnightly meetings inform communication activity. Web-based apps piloted and evaluated.

Gaps	Recommendations/Next Steps
<ul style="list-style-type: none"> No updates re: <ul style="list-style-type: none"> Develop proposals to improve early identification of autism by health visitors, in communities and during health screening for school entrants. Scope the potential for an offer of 121 virtual advice and support. Understanding of the quality of autism related information provided within Coventry's SEND local offer. Recurrent Coventry funding for the All-Age Autism Pre and Post Diagnosis Support Service (2024-26). Recurrent funding to support the Dimensions Platform used for all information resources. 	<ul style="list-style-type: none"> Continue to develop the online portal and secure recurrent funding. Review conferences and secure recurrent funding if required for future events. Continue to develop the communication plan to reflect progress and updates. Understand progress with the Primary Care Clinical Lead role to accelerate progress re the primary care support offer. Review financial incentives that require people to seek an autism diagnosis and where possible adjust eligibility criteria to focus on need, not diagnosis. Produce 'what does good look like' for priority 1 to enable monitoring evaluation for 2022 and 2023.

Priority 2: Progress, Achievements, Gaps and Recommendations

System Priority Lead	Allison Duggal	Director of Public Health	CCC
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Overall Progress	Achievements
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- The overall Autism priority status is rated as amber with progress made but some minor concerns.
- Gap analysis and evaluation of services for admissions avoidance almost complete but a wider review of service specifications for commissioned services and collection of 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 is required.
- Pilot of the new SEND local area inspection framework in June 2022 and Inclusion Charter developments ongoing.
- Regional Autism in Schools pilot in progress with evidence of early impact.
- 48% of schools have taken up Autism Education Trust (AET) training Tier 1 and only 12 % Tier 2.
- NHSE projects 'Neuro liaison' and 'differentiated Diagnosis' are working with selected services (inpatient and community adult mental health) to ensure the mental health workforce have the required training, skills and confidence to recognise co-occurring Autism and choose and tailor interventions appropriately.
- Expansion of the STOMP / STAMP medication reduction programme to include autistic - completion in 3 out of 7 areas.

- Change Agents are assigned in all Warwickshire school consortia groups and Terms of Reference agreed.
- Extended Non-School Attendance (ENAS pilot) complete and evaluated and learning shared with the wider non-attendance work in the system.
- Three Neuro-liaison roles in place. One of these is an EBE who is working with us as a peer support worker. They are working with 3 inpatient units and are providing consultations to community mental health and well being regarding reasonable adjustments, sign posting and thinking about diagnosis. Other services such as early intervention and Psychosis and Crisis team are also accessing this support.
- 'Digital flag' pilot exceeded target of 20 people with autism to ensure that health and social staff know a patient has a learning disability or autism.
- Mental health and autism training review took place in July with outcomes identified to agree a comprehensive training package for SEND for promotion to Warwickshire schools for the academic year from September 2022-23.
- Online modules developed for professionals working with autistic children and young people.

Gaps	Recommendations/Next Steps
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- Concerns relate to gaps in knowledge and updates, recurrent funding availability, and lack of population health data relating to autism.
- Funding for the Autism in Schools has been reduced (£32,500 to WCC for direct delivery with further contribution to People Too Project Management) but the expectation to deliver continues.
- Neurodevelopmental liaison input into Mental Health in schools programmes – progress unknown.
- Engagement with other key strategies e.g. anti-bullying.
- Neuro-liaison roles within acute settings and children's neurodevelopmental team.
- Data relating to health inequalities and autism.
- 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.
- Understanding of the impact of autism in the workplace, employment support for autistic people or numbers of autistic people employed across the system.

- Further review of service specifications for commissioned services and collection of evidence that services and environments are being adjusted for people with autism and/or a learning disability.
- Link all workforce development in to priority 3 to reflect the extent of education and training in progress and gaps.
- A local evaluation of need to look at health inequalities. The impact of belonging to a minority ethnic/cultural group on a diagnosis of autism is something that is being looked at regionally along with ADASS, with support from Birmingham university.
- Review of the recruitment of Learning Disability and Autism champions, people with lived experience, to work across the system developing access and service provision.
- Link in with Primary Care Clinical Lead once appointed to explore primary care pilots.
- Further roll out of 'digital flag' system.
- Produce 'what does good look like' for priority 2 to enable monitoring evaluation for 2022 and 2023.
- Link in with the Health Inequalities national funding

Priority 3: Progress, Achievements, Gaps and Recommendations

System Priority Lead	Matt Gilks	Director of Commissioning	NHS CW ICB
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Overall Progress
<ul style="list-style-type: none"> The overall Autism priority status is rated as amber with progress made but some minor concerns. A place based approach in the development of specialist education provision reflects the local infrastructure and priorities. A new communication and interaction secondary resourced provision (10 places) is proposed in Rugby for September 2022 (awaiting DfE approval). Transforming Care Market Position Statement and Market Development Plan being implemented which will address gaps in service provision 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. A single neurodevelopmental pre and post diagnostic pathway is in development to simplify the offer available for people at different stages of their journey. As part of the WSoA Area 4, a multi-agency workforce development task group is co-producing a workforce development action plan in schools. A learning needs analysis for SEND teams in Warwickshire County Council has been agreed and CPD days put in place to strengthen knowledge, skills and experience in key areas. As part of WSoA Area 1, CWPT are carrying out a skills audit to inform a competency framework and training plan for staff in emotional wellbeing and specialist MH services.

Achievements
<ul style="list-style-type: none"> WCC agreed a Capital Strategy Priorities document which involves expansion of two special schools (which will include meeting autism needs) and establishing further resourced provision for communication and interaction needs in secondary settings. In September 2021 WCC opened <ul style="list-style-type: none"> a new primary resourced base for communication and interaction needs in Rugby (7 places) a new secondary resourced base for communication and interaction in Coleshill (6 places) and a post 16 resourced base as a partnership between Brooke School and Warwickshire College (7 places) The Warwickshire Academy opened in March 2022 (ultimately 80 places); the school meets SEMH which includes those with autism as a secondary need. 2 new care homes currently under construction with 2 more in the pipeline contributing to enhancing the local offer of residential services for autistic people. Three Together with Autism conferences commissioned for 2022, plans to evaluate conferences following final date in November 2022.

Gaps
<ul style="list-style-type: none"> Concerns relate to gaps in knowledge, updates from leads and capacity to deliver. Specialist short breaks being recommissioned for South Warwickshire but not autism specific. Capacity issues have restricted progressing work with the National Development Team for Inclusion to commission Small Supports to provide intensive and person centred support to autistic adults with complex needs. 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.

Recommendations/Next Steps
<ul style="list-style-type: none"> Produce 'what does good look like' for priority 3 to enable monitoring evaluation for 2022 and 2023. Reflect interdependencies with priority 2. Develop a Coventry and Warwickshire LDA Housing and Accommodation needs assessment and action plan for 5-10 years. Work with education leads to progress developments capturing workforce development opportunities and a system-wide approach Link in with the Positive Directions Vanguard

Priority 4: Progress, Achievements, Gaps and Recommendations

System Priority Lead	Samuel Keong	General Manager – Community Learning Disabilities and Neurodevelopment	CWPT
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Overall Progress	Achievements
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- The redesign the neurodevelopmental diagnostic pathway is in progress. CWPT led a system workshop with Coventry and Warwickshire stakeholders (17-06.22) to present the draft CWPT offer for Neurodiversity (ASD and ADHD), in conjunction with outlining what specialist services are available across Coventry and Warwickshire from Local Authorities and 3rd sector partners. Two half day workshops have been planned for Sept and Oct 2022 to reflect themes gathered from the 1st workshop, triangulate cross-system current and future workstreams and design services that overcome the gaps. Within CWPT, there is work undergoing to co-design and implement the Clinical Model for Neurodiversity and the specification for the Specialist Community Neurodevelopment Team, underpinned by the differentiated diagnosis model. The design of this needs to be considered in the eco-system of how system partners currently deliver their services for Neurodiverse service users.
- Additional Neuro Partners (7) have been commissioned to deliver additional assessment capacity for Children and young people. One remaining which can only mobilise from September 2022 onwards.
- We expect to fall short of the autism waits trajectory from June to July 2022, but additional capacity plus 78% recruited to within CWPT, we anticipate to break even on the trajectory by the end of August.
- Concerns regarding a surge in referrals for assessments significantly more than anticipated.
- Work continues to test differentiated models of assessment via a simple and complex pathway.
- All Age IST development - still under discussion regarding CWPT corporate resource available to progress.
- Sensory friendly project (NHSE), and CWPT Autism & Improving Sensory Environment pilot project in progress with environmental audits developed with EBEs. Impact currently being evaluated.

- Investment secured for additional capacity (08/12/21).
- Keyworker role and service supporting 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.
- IST extension of the existing children's intensive support service to autistic young people up to 25 and a review of the offer of intensive support. Evaluation completed Mid March 2022.
- Forensic community service - mid term evaluation completed May 2022.
- Specialist Positive Behaviour Support packages for young people in hospital or at risk of admission commissioned.

Gaps	Recommendations/Next Steps
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- Trusted Assessor framework required providing confidence to all awaiting assessment and diagnosis who choose the private assessment option, and organisations working with them.
- Understanding of 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 includes clarifying responsibilities for transition from childrens' to adults' services.

- Produce 'what does good look like' for priority 4 to enable monitoring evaluation for 2022 and 2023.
- Research to understand current surge in referrals and longer term impact on waiting lists.
- System Clinical Lead to progress the trusted assessor framework building on the learning from the contracting with the neuro partners.
- Evaluation of the differentiated model of assessment via a simple and complex pathway and share learning between various projects.

Priority 5: Progress, Achievements, Gaps and Recommendations

System Priority Lead	Michelle Cresswell	Senior Commissioner for Disabilities and Autism, working across Coventry and Warwickshire	WCC, CCC, NHS CW ICB
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Overall Progress	Achievements
<ul style="list-style-type: none"> Ongoing consideration of WPCV strategic involvement, Parent Carers & Young People's involvement in commissioning & recruitment, coherence/consistency of approach, triggers for coproduction/involvement of parent carers/young people, including consideration of the EbE model and Representational Model, and parity too. Support from 'Contact – for families with disabled children' offering workshops and training. Refresh of governance arrangements to drive delivery of the strategy and ensure appropriate representation from experts by experience and the parent carer forums on strategic boards and forums. EOI submitted to providers on the framework to commission a co-production service to support delivery of the Autism and LD strategies and delivery plans. Draft Inclusion Charter in progress. Vision, values and principles work with the LDA Board facilitated by Grapevine. 	<ul style="list-style-type: none"> MoU with Warwickshire Parent Carer Voice (WPCV) re their strategic involvement in LDA Autism Partnership Board established with good representation from WPCV and EbEs supported by Grapevine. EbEs involved throughout all sub group activity. Coproduction Provider Framework developed to support system coproduction needs in the future. Values, Principles and Behaviours workshop conducted by Grapevine informing future coproduction approaches across the system. Best Practice - How to include autistic people in co-production produced by NHSEI in partnership with all areas.
Gaps	Recommendations/Next Steps
<ul style="list-style-type: none"> A system-wide action plan to improve data collection and reporting on where autistic people access health, care and education services to facilitate better understanding of access and experiences to inform future service developments. Coventry Parent Carer Voice representation. System funding for coproduction including remuneration for all strategy work. The current specification is limited and has prioritised specific activity. Need a consistent approach that internal approaches can feed into. 	<ul style="list-style-type: none"> Produce 'what does good look like' for priority 5 to enable monitoring evaluation for 2022 and 2023. Consider findings from the National Autistic Society report 'Left stranded: our new report into the impact of coronavirus' and embed into delivery plan for year 2 and beyond. Review the governance arrangements including all task and finish related activities and EbE membership to ensure wide representation and support needs. Review the current approach to coproduction and funding allocation within system partner organisations – Warwickshire County Council (WCC), Coventry City Council (CCC), Coventry and Warwickshire Integrated Care Board (CWICB) and Coventry and Warwickshire Partnership Trust (CWPT).

Funding

- Current funding comes from 3 sources:
 1. Community Discharge Fund (CDF)
 2. System Development Fund (SDF)
 3. System Investment
- All funding is currently non-recurrent.
- The immediate risk is to services currently funded through system investments using Non- Recurrent funding during 22/23.
- Any planning will need to be informed by an evidence base, evaluation of impact and consideration of whether funding needs to be:
 1. System funded
 2. Place funded
 3. Organisation funded
- This will identify the correct governance procedures to be followed.

Delivery Plan 2022-2024

- The plan must take into consideration the areas that were identified as the top priority during co-production of the Strategy and the joint Ofsted and Care Quality Commission (CQC) inspection outcomes conducted in Warwickshire between 12 July and 16 July 2021. Additional work must be evidence-based, agreed collectively via the LDA Governance, resource identified, and co-produced.
- Key priorities:
 - Reducing waiting times for a diagnostic assessment
 - Improving the offer of pre and post diagnostic support as well as improving the health, care and education offer for autistic people
- Inspection 5 key areas for improvement to ensure that children and young people with a disability and special educational needs and/or disabilities (SEND) receive the support they need.
 1. The waiting times for autism assessments, and weaknesses in the support for CYP awaiting assessment and following diagnosis of ASD
 2. The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level
 3. The incorrect placement of some CYP with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed.
 4. The lack of uptake of staff training for mainstream primary and secondary school staff to help them understand and meet the needs of CYP with SEND
 5. Long waiting times for ASD assessments
 6. The quality of the online local offer.

Next Steps

- Priority Sub Group meetings (Sept 2022) to take place with a clear purpose that includes:
 - A review progress and gaps
 - Acknowledgement of work that is ongoing and should be reflected in future plans
 - Identification of areas for development including potential funding requirements
 - Production of 'what does good look like' for the priority at the end of March 2024 to enable monitoring and evaluation
 - Agreement of future meeting arrangements, terms of reference, performance and support requirements.
- LDA governance arrangements secured within the wider ICB system governance arrangements (Sept 2022)
- Programme Management Support to pull together Year 2 and 3 (2022-24) delivery plans as per the outcomes of the Priority Sub Group Meetings (Oct 2022)
- Funding review and investment case development where appropriate (Oct – Dec 2022)

Risk No.	Date Added	Area of Risk	Governance	Risk Owner	Description	Initial (unmitigated Risk Score)			Preventative Actions / Mitigations	Residual risk (Risk rating after mitigating measures being implemented)			Status	Notes
						Likelihood	Impact	Risk Rating		Likelihood	Impact	Risk Rating		
1	14/07/2022	Information and Advice	Autism Partnership Board	Sonya Gardiner	Failure to provide on-going support to the Dimensions of Health and Wellbeing platform will impact on the information and advice work currently in progress supporting priority one of the Autism Strategy: Support autistic people and people with social, communication and emotional health needs to help with pre and post diagnostic support	4	4	16	<ul style="list-style-type: none"> Raised at LDA Provider Collaborative Board and awaiting update 	5	4	20	Open	Presented at Autism Partnership Board 27-07-22 and awaiting risk owner
2	14/07/2022	Autism Waits	Autism Partnership Board LDA Provider Collaborative Board WSPA Area 1	Sonya Gardiner	Failure to meet the March 2024 autism waits target of 13-weeks with additional investment approved 8 December 2021.	5	5	25	<ul style="list-style-type: none"> A revised trajectory to bring the programme back on track will be shared at the next meeting and will reflect the increasing number of referrals currently being received, and address all-age referrals as well as the focus on children and young people Autism Mobilisation meetings held every Tuesday to review progress Monthly reporting outlines progress Autism Partnership Board will track and monitor progress 	4	4	16	Open	
3	28/07/2022	Programme Delivery	Autism Partnership Board	Michelle Cresswell	Failure to ensure that developments are reflected across both Coventry and Warwickshire. Health operates across Coventry and Warwickshire, but education and social care do not. Due to the focus on Warwickshire's Written Statement of Action (WSOA) the delivery plan was Warwickshire focused, evidenced by responses for updates from Coventry education and social care partners. The result of this risk is that there is a lack of understanding of good practice, local need and demand, impacting on commissioning activity and parity of access and	5	4	20	Year 2 and 3 Delivery Plan must be coproduced with Coventry and a system executive risk owner from Coventry agreed. The programme management team need to identify which actions are Coventry, Warwickshire or both and ensure learning is shared across the system	3	4	12	Open	Presented at Autism Partnership Board 27-07-22 and awaiting risk owner
4	28/07/2022	Evaluation	Autism Partnership Board	Michelle Cresswell	Failure to evidence the benefits of all activity, the return on investment, and achievement of the jointly approved shared vision, identified within the strategy. The result of this risk is damage to the system reputation based on significant investment	4	5	20	System funding request submitted to LDA Provider Collaborative Board. Funding will enable programme management support to oversee, coordinate and ensure monitoring, tracking and performance management facilitates the strategic developments required. Secure system priority leads responsible for oversight, progress and risk escalation	2	5	10	Open	Presented at Autism Partnership Board 27-07-22 and awaiting risk owner
5	28/07/2022	Programme Delivery	Autism Partnership Board	Adam Phillips	Failure to identify recurrent resource to enable implementation of Coventry and Warwickshire's All-Age Autism Strategy 2021-2026	4	5	20	Funding has been identified to support the initial three years (2021-2024). Any new work will have to seek non-recurrent funding and planned future work will have to feed into the systems commissioning intentions beyond 2023/24 Secure a finance lead on the Board. Clarify current resource and potential flexibility within the system to aid year 2 and 3 planning	2	5	10	Open	Presented at Autism Partnership Board 27-07-22 and awaiting risk owner
6	28/07/2022	Programme Delivery	Autism Partnership Board	Michelle Cresswell	Failure to secure programme management support to enable the coordination, tracking and performance monitoring of the strategy	4	5	20	Programme management secondment to be advertised across the system, supported by the LDA Provider Collaborative Board.	2	5	10	Open	Recommending risk closed due to securing funding 12/08/22 at Investment Panel



Meeting Title	Coventry and Warwickshire's All-Age Autism Partnership Board	Date	24/08/22
Meeting no.	3	Time	13:30-15:00
Chair:	Rachel Jackson	Venue	MS Teams

Attendees: 22

Name	Initials	Role	Organisation
1. Rachel Jackson	RJ	Chair/ Lead Commissioner - Vulnerable People	Warwickshire County Council
2. Fay McSorley	FM	Deputy Chair	Deputy Chair/ Chairperson - Rugby Autism Network Charity, Expert by Experience for VoiceAbility and Grapevine
3. Gorgeous Thompson	GT	Administrator /Commissioning Support Officer	Warwickshire County Council
4. Cathy Wassall	CW	Parent Carer Voice	Warwickshire Parent Carer Voice
5. Kirsten Turner	KT	EbE	Grapevine
6. Remie Colledge	RC	EbE	Grapevine
7. Sophie Stone	SS	EbE support	Grapevine
8. Amy Danahay (temporary until August)	AD	Programme Manager	Warwickshire County Council
9. Michelle Cresswell	MC	Senior Integrated Commissioning Manager	Warwickshire County Council, Coventry City Council, Coventry & Warwickshire Integrated Care System
10. Gemma Cartwright	GC	Manager of Neurodevelopmental Services	Coventry & Warwickshire Partnership Trust
11. Adrian Hutchins	AH	Transformation Programme Manager	Coventry & Warwickshire Partnership Trust
12. Dr Elizabeth Shea	ES	Consultant Clinical Psychologist, Neurodevelopmental Services	Coventry & Warwickshire Partnership Trust
13. Samuel Keong	SK	General Manager – Community Learning Disabilities and Neurodevelopment	Coventry & Warwickshire Partnership Trust

14. Helen Stephenson	HS	Programme Lead / On behalf of Karen James	ReachOut
15. Pawlina Clemons	PC	Service Manager - Disabilities	Warwickshire County Council
16. Matt Gilks	MG	Director of Joint Commissioning	Coventry & Warwickshire Integrated Care System
17. Allison Duggal	ADu	Director of Public Health	Coventry City Council
18. Paula Jackson	PJ	On behalf of the Director of Public Health	Warwickshire County Council
19. Helen Harban	HH	Children's Speech and Language Therapist	South Warwickshire NHS Foundation Trust
20. Ian Nicklin	IN	Adult Social Care and Support (also representing children's)/ On behalf	Coventry City Council
21. Lexi Ireland	LI	Strategic lead for health inequalities/	Health Inequalities Funding Opportunity
22. Charlotte Courtney	CC	Commissioner / Spotlight presented	Warwickshire County Council

Apologies 11:

Name	Initials	Role	Organisation
1. Jeanette Essex	JE	Head of SEND and Specialist Services	CCC
2. Jane Grant	JG	Housing	NBBC
3. Dr Shade Agboola	SA	Director of Public Health	WCC
4. Marie Rooney	MR	Head of SEND and inclusion and education entitlement	WCC
5. Doug Hogg	DH	EbE	Grapevine
6. Izzy	I	EbE	Grapevine
7. Karen McKay	KM	Parent/carer	Grapevine
8. Maisie Kavanagh	MK	EbE	Grapevine
9. Ashok Roy	AR	Consultant Psychiatrist and Associate Medical Director	Coventry & Warwickshire Partnership Trust
10. Karen James	KJ	Provider Collaboratives	CWPT
11. Sarah Reilly	SR	Service Manager - All age disabilities team	Coventry City Council

Meeting notes

Discussion	Action lead
<p>Welcome and Introductions</p> <p>RJ welcomed attendees and facilitated introductions</p>	
<p>Apologies for Absence</p> <p>GT noted apologies, see above</p>	
<p>Declarations of Interest on Agenda Topics:</p> <p>None</p>	
<p>Notification of Any Other Business</p> <p>The following AOB was requested:</p> <ul style="list-style-type: none"> - NHSE feedback request on the development of a National Health Improvement Framework - Autism Partnership Board Programme Assurance meetings 	
<p>Minutes and Actions of previous meetings</p> <ul style="list-style-type: none"> - Meeting minutes were reviewed for accuracy and approved. - All actions complete and updated in tracker. Outstanding action progress noted: <ul style="list-style-type: none"> o ACTION 9: Ensure a shared platform is identified for all papers to enable access and transparency with the board. <p>Update: Trialling the Microsoft teams group, attendees have been added to the group and asked to share their experience with GT – Open</p> <p>CW shared that they were not able to access this – GT to review and support.</p> 	
<p>Health Inequalities Funding Opportunity</p> <p>LI presented to the group and shared information about Health Inequalities funding that is currently available in Coventry and Warwickshire specifically to address health inequalities in the system.</p> <p>The funding and the bids have got to be evidence based and can be pilots. The funding can't be used to fund anything that should already be in place or has already started.</p> <p>Consideration for supporting the autism strategy. Members were asked to consider and contribute to further developments.</p> <p>Initial bid ideas include using funding for hospital passports and an autism liaison role in hospitals.</p> <p>The bids are being reviewed every three months on a rolling process removing the need for immediacy. The first review is in October 2022.</p>	

Comments

- CW recommended Autistic doctor international: <https://linktr.ee/autisticdoctor> as they have a lot of useful evidence based studies and information.
- FM raised the need for hospital passports, especially linking with maternity services and how we support autistic people pre and post-natal. **ACTION 16:** CW to send evidence-based information and links relating to FM's suggestion of hospital passports to LI lexi.ireland1@covwarkpt.nhs.uk.
- GC suggested to link and extend the two NHSE projects that are running at the moment. They are looking at neuro liaison roles supporting adults and work with community and impatient adult mental health services. They are also looking at reasonable adjustments and have got peer support records and working with experts by experience to progress this project. For example, some work to help GPs understand reasonable adjustment, because a lot of the referrals and processes are referrals from GPs.
- GC raised the reasonable adjustment training they are doing and suggested the opportunity to extend of this project.
- PJ highlighted they will be sitting on the investment panel and overseeing this financial recurrent pot. It looks like a great opportunity for the system to think about some key proposals. Welcomes the maternity services suggestion as this funding is around the core NHS 20 + 5 approach and maternity care is one of the qualities.
- MC highlighted that they are reviewing the Autism Strategy's Year 1 Delivery Plan and priority leads will be gathering key contacts to look at the years two and three delivery. ADu is the lead in terms of priority two, which encompasses health inequalities. This opportunity is timely, as they are considering those priorities moving forward as to how they then link in with this opportunity.
- ADu– Encouraged the group to think big, to think about what research questions we should be considering, what is it that we want to know? What do we think that we can do to address health inequalities? Shares that this is a small pot compared to the number projects they will be applying for. But they can look at bringing together all of the projects raised, as they have links with the universities, medical schools and lots of other research collaborations and so they can look at finding other ways of trying to fund some of the money.
- HH informed LI that they have been approached within speech and language at SWFT by a member of the McGregor ward at (children's ward at Warwick Hospital) who are looking at this area of work and trying to promote effective support for autistic people coming into the ward and their families.
ACTION 17: HH to pass on the contacts of the person who is

CW

HH

<p>looking at McGregor ward to link in around the health inequality funding opportunity.</p> <ul style="list-style-type: none"> - CW requested that reasonable adjustments should be considered for all on the ward not just those with a diagnosis. - Li responded to assure all they will be looking widely, as their role covers mental health, LDA and CYP. <p>Next steps</p> <ul style="list-style-type: none"> - ACTION 18: Members to send ideas, on how the health inequalities funding opportunity can best support the autism strategy, and/or express interest in supporting this with this work to LI via email lexi.ireland1@covwarkpt.nhs.uk. - LI to collate the ideas mentioned points - Bring back plans at the September meeting <p>ACTION 19: GT to add health inequalities funding opportunity update to the September Board meeting, as an agenda item.</p>	<p>ALL</p> <p>GT</p>
<p>Autism Strategy Highlight Report</p> <p>AD highlighted that the significant amount of papers included with the meeting invite was due to the ‘information only’ section being included on the agenda and in future these documents will be placed on the teams platform and notification sent out.</p> <p>AD gave an overview of progress and recommendations/approvals required from members. All members were in agreement with the following:</p> <ul style="list-style-type: none"> • Progress to date noted and programme status RAG rated as amber. • The Autism Programme Governance for delivery of the 2022-2024 plans, approved noting the changes for the Market Development Plan (MDP). • The financial situation to support the strategy will be presented in September’s meeting. • Recommendations from the Year 1 review that will inform 2022-2024 planning and next steps approved. • The closure of risk 6 due to securing funds for the programme management resource. • The planned communication activity for August and September 2022 • Recommended next steps 	

Finance will be reported on a quarterly basis and noted on the forward planner. It was identified that the ICB would provide the updates and reports in relation to this item.

RJ wanted confirmation whether Delivery Plan areas without an update would be picked up in the review. AD assured members that gaps would be picked up in September's Priority Lead meetings and recommendations shared in October's Partnership Board.

Spotlight session

Charlotte Courtney presented an overview of the Community Autism Support Service.

The presentation will be shared on the Teams Platform.

The following comments were addressed:

- CW was pleased that mental health was no longer an exclusion factor.
- CW raised capacity concerns with the new service seeking assurance on the mitigation plans.
CC stated further engagement was required to determine mental health pathways and the service would be closely monitored. AD responded that the work is looking to address a need and a gap that was identified as part of the previous evaluation. Accepts that the demand of service is unknown. CC and team plan to closely monitor this work.
- AD highlighted the importance of linking in with the wider Integrated Care System (ICS) that would enable us to maximise and enhance our offer.
- GC highlighted that the clinical model that they are trying to roll out in Coventry and Warwickshire, is looking to make sure that services and mental health are accessible, adapted and appropriate.
- GC welcomed the broader range of referral sources into the service as many had come from education and it is important that education understand their roles and responsibilities rather than an immediate referral into the service.
- SS enquired about peer support groups, how are they determined and facilitated.
CC shared that coproduction is in the service specification and will be applied throughout the work.
- RC suggested the service facilitated preferred topics and more directed sessions during peer support when the new services in place. Also suggested, developing specific peer groups, for instance, a women's group, was noted as being helpful as a late diagnosed autistic woman.
CC assured all that plans were in place to feed this into further developments and discussions and consider this part of the service specification moving forward.

<ul style="list-style-type: none"> - CW stated that their experience of the CASS group for teens was that autism was not mentioned and there certainly wasn't any attempt to define autistic identities. That may have changed now. CC response: this is included in the new service specification. 	
<p>AOB</p> <ul style="list-style-type: none"> • NHSE feedback request on the development of a National Health Improvement Framework. FM shared the NHSE request and in partnership with Members all agreed the preferred approach was to respond collectively as the Autism Partnership Board. ACTION 20: GT and AD to facilitate a temporary working group looking to pull together a response on behalf of the Autism Partnership Board. Members to highlight their interest in being involved. • Programme Assurance meeting FM shared requirements for a programme assurance meeting to include experts by experience, WPCV and Grapevine. The purpose is to review meetings to date, including paperwork, administration, spotlight sessions, meeting conduct, progress to date and address the key question 'is the voice of autistic people remaining central to the strategy developments'. Proposed that this meeting takes places quarterly. ACTION 21: GT to schedule a programmed assurance meeting in October 2022. 	<p>GT and AD</p> <p>GT</p>
<p>Future spotlight sessions – our forward planner</p> <p>Next spotlight session is Autism in Schools Project which will be presented by People Too .</p>	
<p>Next meeting 21st September 2022</p>	

Warwickshire County Council Equality Impact Assessment (EIA) Form

The purpose of an EIA is to ensure WCC is as inclusive as possible, both as a service deliverer and as an employer. It also demonstrates our compliance with Public Sector Equality Duty (PSED).

This document is a planning tool, designed to help you improve programmes of work by considering the implications for different groups of people. A guidance document is available [here](#).

Please note that, once approved, this document will be made public, unless you have indicated that it contains sensitive information. Please ensure that the form is clear and easy to understand. If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team on 01926 412370 or equalities@warwickshire.gov.uk

Service / policy / strategy / practice / plan being assessed	Coventry and Warwickshire's Autism Strategy 2021-26
Business Unit / Service Area	Targeted Support & Integration People Strategy and Commissioning
Is this a new or existing service / policy / strategy / practice / plan? If an existing service / policy / strategy / practice / plan please state date of last assessment	Existing service, refreshed strategy; Previous Strategy was 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
EIA Review team – list of members	Ewa Niepsuj – Joint Commissioner (interim) Ali Cole – Senior Integrated Commissioner Zoe Mayhew - Strategy & Commissioning Manager
Do any other Business Units / Service Areas need to be included?	Coventry City Council Commissioning Coventry and Warwickshire Clinical Commissioning Group
Does this EIA contain personal and / or sensitive information?	No
Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and / or employees?	No <i>If yes please let your Assistant Director and the Customer Relations Team know as soon as possible</i>

1. Please explain the background to your proposed activity and the reasons for it.

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Neurodevelopmental disorders are disabilities associated with the functioning of the neurological system and brain. Examples include ADHD, ASD, learning disabilities, intellectual disability, conduct disorders, cerebral palsy, and impairments in vision and hearing. Children with neurodevelopmental disorders can experience difficulties with language and speech, motor skills, behaviour, memory, learning, or other neurological functions. Symptoms and behaviours of neurodevelopmental disabilities often change as a child grows older, but some disabilities are permanent.

There is no register of people with ASD recorded nationally or locally and so the true prevalence of ASD in Coventry and Warwickshire is not known. Children and young people with neurodevelopmental impairments and conditions are the largest group of disabled children and young people in the UK affecting 3-4% of all children in England¹. ADHD is the most common neurodevelopmental condition in the UK affecting around 1-2% of children and young people, although some estimates suggest this is much higher. ASD is thought to affect around 1% of children and young people in the UK.

Based on the assumption that the national prevalence is broadly reflective of Coventry and Warwickshire, it is estimated that there are around 4,770 people living with ASD in Warwickshire and 3,197 in Coventry in 2019.²

A joint Coventry and Warwickshire All Age Autism Strategy was developed in 2020 and identifies key aims, focus areas and for how people with autism and their families should be supported in order to live fulfilling and rewarding lives. All partners to the 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. 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.”

This Equality Impact Assessment has been conducted to analyse how the new Coventry and Warwickshire's Autism Strategy 2020-2025 implementation might / will impact on groups with protected characteristics.

¹ Emerson, E. (2012) Deprivation, ethnicity and the prevalence of intellectual and developmental disabilities. *Journal of Epidemiology and Community Health*; 66: 218–244

² Adult Psychiatric morbidity Survey (APMS) 2014

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2. Please outline your proposed activity including a summary of the main actions.

The vision for the Strategy is that people living in Coventry and Warwickshire will have their individual needs met in an outcomes focused and integrated way, and that the quality and cost effectiveness of care provision will be continuously improving. Individuals should be supported to exercise choice and control in all aspects of their lives, and their safety should be maintained at all times.

Implementation of this new strategy will include a range of activities aimed at improving the experience of care and support of people living with autism as well as their parents and carers across Coventry and Warwickshire. By making this strategy a joint one between Warwickshire County Council, Coventry City Council and the three Clinical Commissioning Groups it is envisaged that any duplication in commissioning will be avoided, budgets will be realigned and shared where possible, and pathways of support will be streamlined to reduce confusion and optimise navigation routes for individuals concerned.

The Strategy will be aimed at delivering the following 5 Objectives:

- O1: Improving pre and post diagnosis offer
- O2: Developing Autism Friendly Communities
- O3: Improving Workforce Skills
- O4: Improving All Age Specialist Support Offer
- O5: Enhancing Co-production and Engagement

The Strategy identified the following key priorities for how we, on a system-wide basis, intend to improve the outcomes of people with autism and their parents and carers living in Coventry and Warwickshire:

- [services] Continue to be **led by autistic people and their families** to ensure we prioritise and develop solutions that are accessible and meet needs.
- **Improve accessibility** to mainstream services and support, in particular education and mental health services, including ensuring a diagnosis of autism is not an eligibility or exclusion criteria for additional support or funding.
- **Improve access to information and early support for autistic people** and people with social, communication and emotional health needs without waiting until needs escalate or a person receives their diagnosis to offer support.
- Develop our understanding of the third sector services people are using to effectively **develop their own support networks** and facilitate information sharing, enabling people to develop their own solutions and networks of support.

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- **Develop autism friendly communities and services**, recognising that the wellbeing of autistic people depends on feeling accepted and understood in all aspects of their lives.
- **Reduce the current gaps in specialist autism commissioned services** and effectively resource services and interventions.
- **Create the right job roles to** deliver the interventions and support required.
- **Enhance the skills of our existing workforce** to achieve more personalised support from services through an increased understanding of autism across the workforce, from an awareness of autism through to specialist autism expertise.
- **Improve our data collection and understanding of need** and reduce gaps in knowledge about local prevalence and need to help us to plan and ensure that the support available to autistic people is accessible and effective.

3. Who is this going to impact and how? (customers, service users, public and staff)

It is good practice to seek the views of your stakeholders and for these to influence your proposed activity. Please list anything you have already found out. If you still need to talk to stakeholders, include this as an 'action' at the end of your EIA. **Note that in some cases, there is a duty to consult, see [more](#).**

Change delivered through implementation of this new Strategy will mainly impact on individuals with traits associated with autism, diagnosis of autism, their parents/carers/support networks. It will also impact on services in that a culture change will be required in how support is facilitated in the future, as well as resource requirements to deliver that change.

As part of the Strategy development, a stakeholder engagement activity was held to understand the views of customers, their support networks, professionals involved in the delivery of support as well as how the proposed Strategy might impact on groups with protected characteristics.

A number of key stakeholders, including people on the autism spectrum, their parents, health and social care professionals, teachers, Warwickshire Police, Grapevine, CWPT, NSPCC and youth offending teams. The engagement activity did not identify any issues in relation to impact on the 9 characteristics, however, it did raise the need to address numerous inclusion related barriers to people with and without a diagnosis of autism being able to access mainstream services, as well as benefit from targeted and specialist support, such as:

- Could existing groups be supported to be made inclusive?
- Marriage and relationship support – increased understanding for couples that may need to deal with violent meltdowns;
- Hospitals and housing providers to make reasonable adjustments to accommodate needs of people with autism;

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- Need for inclusive practice and leadership in schools , community , youth setting , support etc. training and support to embed [inclusive practice] rather than it being an add on;
- Everyone should campaign for better support around [implementation of] equality act and [making] reasonable adjustments;
- Understanding from employers – better knowledge and use of reasonable adjustments and the law. Equality act [is] not fit for purpose;
- Understanding what a reasonable adjustment looks like for an individual [in employment]; [employer] needs training and a willingness to sit down with the employee to discuss what is needed.
- Kindness and patience to give a person time to adjust to a new situation.

To avoid discrimination, every non-specialist service should be able to make reasonable adjustments for those with autism if required, but may need support to do this. Promoting awareness of the types of adjustment that can improve accessibility for people with autism will be crucial to effective implementation of the Strategy and bringing positive change to the experiences of Coventry and Warwickshire citizens living with autism.

4. Please analyse the potential impact of your proposed activity against the protected characteristics.

N.B Think about what actions you might take to mitigate / remove the negative impacts and maximize on the positive ones. This will form part of your action plan at question 7.

	What information do you have? What information do you still need to get?	Positive impacts	Negative impacts
Age	In Warwickshire around 20.8% of people with ASD are expected to be aged 0-17 and 79.2% aged 18 or over. The proportions are similar in Coventry; with 21.8%	Support provided will need to be tailored towards the age of a customer as children and young people will have different needs than adults. Transitions between services will be better coordinated improving customer	Parents not being aware of the signs of autism can delay them identifying a child as being on the spectrum, and receiving timely support. If service offer is not redesigned to consider all age and age specific needs (communication,

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	<p>expected to be aged 0-17 and 78.2% aged 18 or over. ³</p> <p>Information is available on how many people from different age groups are on the waiting list / receive diagnosis of autism.</p> <p>A more robust service performance recording system is required to capture this data in more detail, e.g. on a place level.</p>	satisfaction and experience of care and support.	accessibility of the service and provision of the service), we will continue to hear about negative experiences of people whose needs are not being met affectively.
<p>Disability Consider</p> <ul style="list-style-type: none"> • Physical disabilities • Sensory impairments • Neurodiverse conditions (e.g. dyslexia) • Mental health conditions (e.g. depression) • Medical conditions (e.g. diabetes) 	<p>ADULTS AND CHILDREN WITH NEURODEVELOPMENTAL CONDITIONS Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019 established the following key trends (national data):</p> <ul style="list-style-type: none"> • 63% of children on the autism spectrum are not in the kind of school their parents believe would best support them. 43% adults had left or lost a job because of their ASD • Many adults with ASD continue to remain highly dependent on their families or other support services. Some studies 	Services delivered under the Strategy will have a person-centred approach towards individuals with autism or displaying autism related behaviours taking into consideration their individual needs and circumstances. This includes autistic people with comorbidities and physical disabilities. This would include but not be restricted to being provided with reasonable adjustments to access and engage in support, access to appropriate information, improved early help and preventative support offer or quicker diagnosis timescales.	Need to consider whether reasonable adjustments are made to cater for communication, sensory, physical and mental health needs of autistic individuals and their parents/carers. Need to consider whether information about services and the support process itself is appropriately adjusted to meet the needs of this group of people. Need to consider whether current accommodation is accessible and 'autism friendly' for autistic people with disabilities.

³ APMS 2014 ASD prevalence estimates applied to 2017 ONS-mid-year population estimates

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	<p>estimate between 50-60% of individuals with ASD live with their parents or in sheltered residential accommodation</p> <ul style="list-style-type: none"> • People with ASD generally experience poorer health outcomes than the general population and are more likely to develop a wide range of conditions including heart disease, diabetes, stroke, Parkinson's disease, allergies, gastro-intestinal disorders and autoimmune conditions • At least 1 in 3 adults with ASD are experiencing severe mental health difficulties due to a lack of support. • While autism is not a mental health condition, mental health conditions are the norm rather than the exception for people with ASD, and suicidality and suicide rates are exceptionally high within the autistic community 	<p>Strategy development engagement work also identified the need to adjust the mental health offer to meet the needs of people with autism and prevent their needs escalating.</p>	
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	<ul style="list-style-type: none"> The National Autistic Society estimate that between 44% and 52% of people with ASD may have a learning disability, similar to the Autistica estimate of around 40% <p>A more robust service performance recording system is required to capture this data in more detail, e.g. on a local place level basis, as well as better data exchange between services involved in the care of that person, to ensure more holistic support offer.</p>		
Gender Reassignment	<p>There is some evidence to show a link between gender dysphoria and autism, and that autistic people may be more likely than other people to have gender dysphoria. However there is little evidence about the reason(s) why, and some recent research suggests the link between autism and gender dysphoria is not so clear. ⁴</p> <p>More research is also required to develop and test assessment</p>	<p>Increased awareness and understanding of autism and how gender reassignment can impact on the person and how it can present through behaviour.</p> <p>The strategy will aim at supporting transgender children, young people and their families as well as the professionals who support them in understanding how to respond to specific needs.</p>	<p>Need to understand whether the current support offer for autistic individuals who are transgender or are questioning their gender is appropriate to meet their needs. This includes workforce skills to be able to support individuals who are gender dysphoric.</p>

⁴ National Autistic Society

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	<p>tools, support and treatment for autistic people experiencing gender dysphoria.</p> <p>A more robust approach to understanding / capturing this data in more detail is needed to ensure appropriate support is commissioned / provided.</p>		
Marriage and Civil Partnership	<p>For autistic people, navigating intimate relationships and dating can be challenging, this can be because of the way autistic people communicate and express themselves through verbal and non verbal clues. Families may have additional responsibilities of helping adult partners to manage their money, employment or supporting them to advocate.</p>	<p>Increased awareness and understanding of autism will help families to understand each other better and support according to specific needs.</p>	<p>Lack of understanding of how autism presents, as well as lack of skills to respond to the person's needs, can lead to conflicts within families, and needs escalating.</p>
Pregnancy and Maternity (<u>and Paternity?</u>)	<p>A more robust approach to understanding where parents need support to understand their child's need, or to manager their needs as an autistic parent, as well as what support is needed, should be established on a system wide basis.</p>	<p>Parents with autism may need help with understanding what being a parent means, how to look after their child(ren), what they are expected to do as parents, how to cope with the unpredictability of parenthood, or how to deal with noise and unexpected changes, increase understanding of how autism can present during pregnancy. Provision of reasonable</p>	<p>Lack of understanding of how autism presents, as well as lack of skills to respond to the person's needs, can lead to conflicts within families, and needs escalating.</p>

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		<p>adjustments to enable pregnant autistic women attend community based neonatal care.</p> <p>Parents of children with autism will need to be supported to understand the condition, how to support their child and respond to their needs, as well as where to seek for any additional support.</p> <p>Improved understanding of autism by mothers and provision of appropriate parenting support via training programmes and through health visiting service, GP Practice etc.</p>	
Race (incl. nationality)	<p>An Autism Spectrum Disorders and Race, Ethnicity, and Nativity: A Population-Based Study conducted in California in 2014 suggests that maternal race/ethnicity and nativity are associated with a child's autism diagnosis and severity, however, there seems to be lack of similar research on UK populations.⁵</p> <p>An action plan was created at the First Autism Voice UK Symposium which highlighted</p>	<p>The Strategy will aim to address any barriers around BAME communities being able to access support available through e.g.</p> <ul style="list-style-type: none"> • Increasing awareness and understanding of autism and support available, incl development of accessible resources aimed at BAME communities • Upskilling workforce • Reducing stigma 	<p>Without understanding the needs of individuals according to their race or nationality, we may limit accessibility to the service and design a service which does not meet those needs.</p> <p>This includes lack of provision of language and culture specific information and workforce skills in supporting autistic people and their parents, who come from different cultures.</p>

⁵ Pediatrics, Autism Spectrum Disorders and Race, Ethnicity, and Nativity: A Population-Based Study, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4067639/>

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	<p>raising public awareness through community engagement, improving access to information for parents, and culturally aware autism education for professionals and BAME communities.⁶</p> <p>A more robust approach to understanding / capturing how many people from local BAME communities access diagnostic services as well as pre and post diagnostic support is needed to ensure that any barriers to access are reduced / removed, and appropriate support is commissioned / provided.</p> <p>Some barriers faced by BAME communities in relation to accessing appropriate support can be around:</p> <ul style="list-style-type: none"> • Challenges getting a diagnosis • Barriers to accessing support services • Communication problems with professionals 	<ul style="list-style-type: none"> • Commissioning an all inclusive support offer • Working with BAME community leaders to increase awareness of local support offer 	
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⁶ Advances in Autism, Autism in Black, Asian and Minority Ethnic Communities: A Report on The First Autism Voice UK Symposium, <https://openresearch.lsbu.ac.uk/item/88z14>

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	<ul style="list-style-type: none"> • Awareness and understanding of autism within communities • Denial and isolation <p>There is a lack of research about the experience of people from Black, Asian and minority ethnic (BAME) groups. This means it can be even harder for autistic people in the BAME community to get the support they need.</p> <p>We need to understand the experiences of autistic people and families from different backgrounds and cultures and help create a society that supports all its citizens.</p>		
Religion or Belief	<p>Religion is an important part of many people's lives and people with autism as well as their parents and carers should be supported and enabled to participate in worship.</p>	<p>Development of Autism friendly communities aimed at improving community awareness of autism, and working with faith leaders to improve collective understanding of autism and how autistic children and adults could be supported to participate in prayer / worship.</p>	<p>Without understanding the needs of individuals according to the religion they practice, we may limit accessibility to the service and design a service which does not meet those needs. This includes lack of provision of language and culture specific information and workforce skills in supporting autistic people and their parents, who may practice different religions and beliefs.</p>

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<p>Sex (i.e. gender)</p>	<p>The National Autistic Society state five times as many males as females are diagnosed with autism (5:1), while Autistica state the most-up-to-date estimate is 3:1.</p> <p>The proportion of males compared to females diagnosed with autism varies across studies, but always shows a greater proportion of males. This may be linked to how autism presents in girls / women.</p> <p>Because someone has autism does not mean that person is less capable of determining their own sexual orientation or gender identity, however, it is more likely that family members or professionals will question an individual's identification.</p> <p>Individuals with Asperger/Autism may more readily identify as Transgender than non-autistic people who may be more susceptible to strong societal messages about remaining their gender assigned at birth.</p> <p>For many on the Asperger/Autism spectrum</p>	<p>Increased awareness and understanding of autism will help families to understand each other better and support according to specific needs.</p> <p>Families of autistic individuals will be supported to understand the condition, how to support their child and respond to their needs, as well as where to seek for any additional support.</p> <p>Improved community understanding of autism and provision of appropriate support via training programmes, support groups and specific pre and post diagnostic support offer.</p> <p>An inclusive pre and post diagnostic support offer will be aimed at reducing any presumptions and barriers, and improving support to people questioning their gender or going through the gender reassignment process, if and when they need it.</p>	<p>Lack of understanding how autism presents in males vs females may lead to underdiagnosis of autistic females.</p> <p>Lack of gender appropriate support may lead to needs escalating and increased negative experiences of care and support delivered.</p>
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	<p>outward presentation of gender may have more to do with sensory issues than identification with accepted expressions of masculinity or femininity.</p> <p>Dressing for comfort rather than style or fashion, having hygiene practices that don't match the prevailing societal expectations may lead to erroneous assumptions about one's gender and/or sexual orientation.</p> <p>Questioning one's gender or becoming pressured into behaving in the way that the society expects to behave based on gender assigned at birth may lead to depression, anxiety and self-harm.</p>		
Sexual Orientation	<p>While many with Asperger/Autism firmly identify as heterosexual others firmly identify as gay, lesbian or bisexual. Still others may be more flexible regarding whom they are attracted to; being sexually attracted to an individual for who they are as a person regardless of the other person's biological gender, gender identity or gender expression.</p>	<p>Increased awareness and understanding of autism will help families to understand each other better and support according to specific needs.</p> <p>Families of autistic individuals will be supported to understand the condition, how to support their child and respond to their needs, as well as where to seek for any additional support.</p>	<p>Need to understand whether the current support offer for autistic individuals who are gay, lesbian or bisexual, asexual/aromantic and pansexual, or are questioning their sexuality, is appropriate to meet their needs. This includes workforce skills to be able to support individuals within this category.</p> <p>Coproduce support with individuals who are LGBT+.</p>

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	<p>Other Asperger/Autistics may identify as Asexual or Aromantic in higher numbers than in the general population.⁷</p>	<p>Improved community understanding of autism and provision of appropriate support via training programmes, support groups and specific pre and post diagnostic support offer.</p> <p>An inclusive pre and post diagnostic support offer will be aimed at reducing any presumptions and barriers, and improving support to people questioning their sexual orientation, if and when they need it.</p>	
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5. What could the impact of your proposed activity be on other vulnerable groups e.g. deprivation, looked after children, carers?

It is vital to recognise that lack of appropriate access to specifically tailored and accessible information and advice will have a massive negative impact on various vulnerable groups and communities often described as ‘hard to reach’ or ‘seldom heard’ in their ability to access and benefit from care and support. These groups could include:

- autistic adults without a learning disability who do not meet Care Act eligibility and ‘fall between’ services;
- individuals living in deprived or remote areas of Coventry and Warwickshire,
- children and young people in care,
- individuals from non-English speaking cultures,
- asylum seekers, refugees
- individuals who are homeless
- individuals in contact with criminal justice system, etc.

⁷ <https://www.aane.org/sexual-orientation-gender-identity-aspergerautism/>

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The added complication may be in the number of partners involved with the Strategy and that each is likely to have their own access requirements, governance arrangements or funding availability. Through ongoing cooperation and collaboration between all partners it is expected that the different priorities that overlap and support the objectives in this Strategy will be better aligned allowing for an improved experience of support by people with autism and their support networks.

The aim of the Strategy is to minimise any adverse impact on the above groups by ensuring that the local support offer is equal for all but tailored individually on a place based basis, where possible.

Furthermore, the financial position of the authority and potential impact of Covid-19 may impact on the way services are delivered in future. The aim is that customers' needs will always be met, but an alternative way to support them may be implemented, e.g. through digital solutions.

6. How does / could your proposed activity fulfil the three aims of PSED, giving due regard to:

- the elimination of discrimination, harassment and victimisation
- creating equality of opportunity between those who share a protected characteristic and those who do not
- fostering good relationships between those who share a protected characteristic and those who do not

The service is open to all Warwickshire residents irrespective of their protected characteristic, however, access to the service may be restricted due to the lack of awareness of support available, or limited resources available to support people with autism and their support networks.

One of the Strategy's objectives is to **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.**

Through the development of Autism Friendly Communities general public will have a much better understanding of living with autism and how individuals living with autism, and their support networks, experience participating in their local communities and their ability to access mainstream and specialist support services. The aim of AFC is to remove the stigma associated with autism and raise awareness of how people with autism could be supported to live as independently as possible and to prevent their needs escalating.

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It is imperative that an improved offer of autism workforce training incl. at schools is developed to raise awareness of the symptoms of autism and improve the skillset of our workforce in supporting autistic children in accessing support and developing /maintaining social and independent living skills.

An improved information and awareness offer, including through digital means and information provided in easy read format and other languages, as well as development of an increased number of autism friendly environments, will help address some of the current gaps in access to services.

The Strategy aims at commissioning and delivering a coordinated and personalised offer of support for autistic people across all levels of need reducing any current gaps in equality of opportunity or access to support services. By working in partnership across the 5 organisations, we will be able to collectively address inequality in access to support and share learning across the system to grow our evidence base of what good looks like.

7. Actions – what do you need to do next? Consider:

- Who else do you need to talk to? Do you need to engage or consult?
- How you will ensure your activity is clearly communicated
- Whether you could mitigate any negative impacts for protected groups
- Whether you could do more to fulfil the aims of PSED
- Anything else you can think of!

Action	Timescale	Name of person responsible
Engage with Key stakeholders to finalise this EQIA to ensure that all partners have input and agree with this action plan.	By end of w.c. 15 th October 2020	Ewa Niepsuj, Commissioner
Develop a robust Strategy Delivery Plan outlining key milestones and dates for delivery – this is to ensure accountability for delivering all actions agreed to be undertaken to implement the Strategy.	By end of November 2020	Ewa Niepsuj, Commissioner

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Develop a Strategy launch comms plan and awareness raising resources to ensure that key stakeholders and general public are clear on its key objectives and how they will be delivered.	By end of November 2020	Ewa Niepsuj, Commissioner
Develop an easy read version of the Strategy to ensure that content of the strategic document is available in an accessible format to all concerned.	By end of November 2020	Ewa Niepsuj, Commissioner

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Coventry and Warwickshire LMNS Board
31st August 2022

Danielle Oum
Chair of ICB Board
Coventry and Warwickshire

Dear Danielle,

National Ockenden Funding

The investment in Maternity Workforce in 21/22 supported a transitional year with the aim of the reducing variation across England with funding focused on where it would have the biggest impact on delivering the seven immediate and essential actions and therefore on the safety of women, babies and their families.

The funding awarded to Coventry & Warwickshire LMNS providers in 21/22 was £1,109,000, supporting an increase in midwife and consultant establishments of 25.44wte. The 21/22 award was based on seven months funding for midwives and nine months funding for Consultant's which resulted in providers expecting a full-year allocation of £1,732,000.

The recurrent funding distributed to CCGs / ICS on a fair shares basis for 22/23 resulted in Coventry & Warwickshire receiving an allocation of £1,532,000 which was £200,000 lower than the amount expected based on the non-recurrent bids awarded in 21/22, as demonstrated in the table below.

	GEORGE ELIOT HOSPITAL NHS TRUST			SOUTH WARWICKSHIRE FOUNDATION TRUST			UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST			COVENTRY & WARWICKSHIRE LMNS TOTAL	
	21/22	Full-Year		21/22	Full-Year		21/22	Full-Year		21/22	Full-Year
Funding awarded by NHSE 21/22 & full year impact	WTE	£	£	WTE	£	£	WTE	£	£	£	£
Midwives (7 months funding in 21/22)	3.90	126,957	217,640	1.80	60,371	103,493	17.40	568,730	974,966	756,058	1,296,099
Consultants (9 Months funding in 21/22)	0.70	77,467	103,289	0.80	81,875	109,167	0.84	91,322	121,763	250,664	334,218
MDT	-	21,135	21,135	-	35,082	35,082	-	45,663	45,663	101,880	101,880
Total C&W LMNS funding award in 21/22	4.60	225,558	342,063	2.60	177,328	247,742	18.24	705,715	1,142,391	1,108,601	1,732,197
Recurrent fair shares 22/23 allocation											1,532,222
Recurrent 22/23 funding shortfall											199,975

The effective disinvestment in maternity workforce has made the delivery of the seven immediate and essential actions even more challenging and puts at risk the work already in place

The CCG's / ICS were provided with no formula on how the recurrent Ockenden funding should be disbursed to Trusts which was left to local decision. The Coventry & Warwickshire LMNS initially modelled the allocation on last years' split but as there was a £200,000 shortfall in recurrent funding and the 21/22 bids only partially addressed the maternity workforce issues this was an unacceptable approach to providers.

The LMNS completed a financial gap analysis to understand the expected financial requirement to meet the seven immediate and essential actions (IEAs) of the initial Ockenden report. This has highlighted that the total Maternity Workforce funding shortfall across the Coventry & Warwickshire LMNS is £5.8m with only £1.5m being available, leaving the system with a funding shortfall of £4.3m. This does not include the additional funding each individual provider organisations have committed to Ockenden and their maternity and neonatal workforce.



At the time of the 21/22 Maternity Workforce Investment, NHSE promised that from 22/23, as a minimum, systems can plan on the basis on the additional funding supplied in 21/22 will be put into CCG baselines for a fair shares distribution in the longer term.

This year the 22/23 £1.5m investment in Maternity Workforce will only just support the additional workforce put in place in 21/22. Any additional work and resources needed to ensure the building blocks for safe and sustainable transformation are in place represents a significant risk to implementation of transformation with particular reference to Continuity of Carer.

The financial risk has been added to the LMNS and the ICS risk register and will be reviewed once NHSE sends the expectations for implementing the further 15 Ockenden immediate and essential actions. It should be noted that without further significant funding the final additional 15 IEA are unlikely to be implemented at pace.

Coventry and Warwickshire LMNS and ICS are now seeking assurance from NHSE on the support including financial we can expect to receive to fully implement Ockenden.

Yours sincerely

A handwritten signature in black ink that reads "N. Green".

Natalie Green
Chief Nursing Officer
George Eliot Hospital NHS Trust

A handwritten signature in black ink that reads "Sarah Moppett".

Sarah Moppett
Chief Nursing Officer
South Warwickshire University NHS Foundation Trust

A handwritten signature in black ink that reads "T. Brigstock".

Tracey Brigstock
Chief Nursing Officer
University Hospital Coventry & Warwickshire NHS Trust

A handwritten signature in black ink that reads "Tracy Pilcher".

Tracy Pilcher
Chief Nursing Officer
Coventry and Warwickshire ICB



Enc L
Pack 2

Financial Wellbeing Offers for staff

Summer 2022



Introduction



Money worries can affect anyone, and the stress of financial worries can have a big impact on your health.

Our aim is to support all our workforce across the Integrated Care System (ICS) with their financial wellbeing. This document contains a list of financial wellbeing offers (valid as of August 2022) that you can make use of personally and/or use to signpost colleagues.

Please note the lists and/or links should not be taken as an endorsement of any particular provider or product.

- [National financial wellbeing support](#)
- [EAP support](#)
- [Independent money management & debt advice](#)
- [Discounts](#)
- [Food banks, vouchers & funding](#)
- [Professional associations & charities](#)
- [Credit unions](#)
- [Banks](#)
- [Other useful websites](#)

National financial wellbeing support

[Money Helper Service](#) – Provides free independent support. They provide free and impartial money advice and can be contacted via:

- NHS telephone support line – 0800 448 0826 (Monday to Friday from 8 AM to 6 PM)
- Why not send them a text via their WhatsApp number (+44 7701342744) for help with sorting out your debts credit questions and pensions guidance.
- You can also chat with a member of the Money Helper Service team via their [online portal](#).
- The website also give you access to a [budget planner tool](#) , [debt advice](#), [budgeting](#), [managing your money](#) and you can also find out [what benefits you are entitled to](#).

Employee Assistance Program (EAP support)

Did you know that you have access to free, confidential and impartial financial advice and support from your EAP provider. There are also significant discounts on offer, including supermarket, as well as a food and drinks vouchers.

- If you are employed by NHS Trusts or Primary Care, log on to [VIVUP](#) to access this service.
- ICB EAP Provider – [Validium](#) Additional information on how to log on to the site can be found at the bottom of the ICB newsletter.



**We're here
to help!**

Independent money management & debt advice

- [North Warwickshire Borough Council](#) – Help with Money and Debt
- [Coventry Independent Advice](#) Service offers free and confidential advice to identify entitlements, helping you sort out your debt or other money problems.
- [North Warwickshire Citizens Advice](#) offers advice on benefits, debt, housing or tax.
- [Step Change](#) provides the UK's most comprehensive debt advice service and help you take back control of your finances.
- [Debt Advice Foundation](#) is a specialist debt charity offering free confidential advice on any aspect of debt.

- Are you struggling to pay bills or manage energy debt? Call the [Act on Energy helpline](#) on 0800 988 2881
- [Citizens Advice](#) provides information to help get your finances back into shape. Information is also available if you are unable to pay your council tax or energy bills because of COVID-19. For further information visit their site [here](#).

Professional associations & charities

Trade Unions: Nearly all trade unions and professional associations provide their members free debt advice and charitable financial assistance. Contact your local representative or national team for more information.

If you a member of the nursing or midwifery professions, you may be eligible for a hardship grant though the [RCN Foundation](#) (0345 772 6100) .

You may also be able to receive financial help through [Cavell Nurses Trust](#) (01527 595 999). The Trust helps nurses, midwives and healthcare assistants (working or retired) if you are going through financial hardship.

[Charity Hardship Fund](#) for George Eliot Hospital Staff only

[The Care Workers Charity](#) (CWC) - the objective of the CWC is to support current and former care workers with one off crisis grants.

[Salary Finance](#) (SWFT staff only) offers affordable loans that can be repaid through your salary. They also have financial tips, a budget planner and a savings calculator.



[Money guide for student nurses](#) is available through the Royal College of Nursing.

Information on RCN bursaries, RCN Foundation bursaries and Mary Seacole awards can be found [here](#).

[The British Legion](#) , [The Armed Forces Charity](#) and [The Royal Air Forces Association](#) provide support to serving and ex-service staff.

Discounts

Health Service Discounts - Health Service Discounts is the number one independent discount retailer resource for NHS employees and their families. Users must register with the site to obtain access to the benefits. Registration is free. Go to www.healthservicediscounts.com

Red Guava - UHCW uses the services of Red Guava Benefits. The scheme is entirely voluntary. There are no hidden membership fees and as an employee you can take advantage of any of the offers available. For more information go to: www.redguava.co.uk

Staff Benefits offer free exclusive discounts to all NHS and government employees. Simply visit the link ([Staff Benefits](#)) click 'Sign Up Now For Discounts' which should appear to the right of the page and follow the instructions to start saving money now!

Blue Light Card - Blue Light Card provides NHS staff with discounts both on-line and in-store. The card costs £4.99 for 5 years. For further information, visit www.bluelightcard.co.uk

MyTrust Benefits - There are hundreds of savings options for well-known brands and companies with new offers being added each week through [My Trust Benefits](#).

[Discounts for carers](#) – exclusive discounts, cash bank and vouchers for carers and cared workers.

Food Banks, Vouchers & Funding

- [Warwickshire Local Welfare Scheme](#) - Do you need help to access food and manage your money? 0800 408 1448
- [Coventry Community Support Grant Scheme](#) – the scheme provides food, cards for fuel bills, food parcels and vouchers and funds for housing payments.
- [Household support fund](#) (Coventry City Council) – This fund can be used to support households in the most need with energy bills, food and water bills.
- [South Warwickshire Welfare Trust](#) – Provides local charitable support for people most in need in South Warwickshire.



- [WPH Charitable Trust](#) provides medical funding for a range of purposes and offers financial help, donations or sponsorship.
- [Food banks in Warwickshire](#) and [Food Banks in Coventry](#)

Credit Unions

Credit Unions are for people, not for profit and are committed to helping their members improve their financial situation. Find your nearest credit union [here](#).

NHS credit Union: NHS Credit Union is a financial co-operative, owned and controlled by its members. More information on NHS credit union can be found [here](#).

Some Unions (e.g UNISON) have partnerships with Credit unions. Link [here](#) to Unison credit union information

Banks



- Barclays – [Money Management](#)
- Halifax – [Money Worries](#)
- HSBC – [Financial fitness](#)
- Lloyds – [Money Management](#)
- Royal Bank of Scotland - [Financial Health Check](#)
- Santander – [Financial support](#)
- Standard Chartered – [Improve your finances through simple financial fitness](#)

If you are worried about your finances, there are several resources and support measures in place through your bank

Other useful websites

[Money Savings Expert](#) is focused on finding deals, cutting your bills and saving money.

[The money charity](#) empowers people to develop the skills, knowledge, attitudes and behaviours to make the most of their money.

[Which?](#) Learn how to cut the cost of eating out and household bills.

Need help paying for Childcare, visit the [childcare choices](#) for information on the right offer for you.

Did you know you can get tax relief for your job expenses? Go to [GOV.UK](#) for more info.

[Petrol prices](#): use this site to find the cheapest fuel near you.



END

This document will be updated on a regular basis as and when information changes, please ensure you visit the [With Staff In Mind](#) website on a regular basis for mental and physical wellbeing advice and support.

Please note the lists and/or links in this document should not be taken as an endorsement of any particular provider or product.

Chairs Update

The Integrated Care Board has now been in place for nearly three months and I am pleased to reflect on how much has happened in a short period of time.

The structures which underpin our Integrated Care System continue to develop as we start to establish the various committees and meetings through which we will deliver partnership working. The most significant of these is our Integrated Care Partnership (ICP), which met for the first time in July. Drawing representation from across the system, the ICP will be vital in addressing the wider determinants of health which affect local people and in ensuring that our whole population are able to start well, live well and age well. In addition to those health and care organisations which are part of our ICB Board, we also have representation from local universities, housing organisations, the local voluntary and community sector, primary care, Healthwatch and more. At the first meeting we discussed the development of the Integrated Care Strategy for Coventry and Warwickshire, which will be led by the ICP. This vital piece of work will be undertaken between August and December and set the direction for the whole system, informing our Joint Forward Plan which describes how the ICB will deliver on our four transformational aims.

Those transformational aims remain my key focus and, as we continue to settle in to our new ways of working, we cannot take our eyes off the most pressing issues facing the local population. Many of my meetings over the last two months have been focusing on mental health, both locally with the voluntary sector, meeting with South Warwickshire and Worcestershire MIND and regionally, chairing the West Midlands Mental Health Commission. As we approach winter and economic pressures worsen for many of the populations we serve, we cannot underestimate the wider social implications of this and the impact on physical and mental health for residents across the area. We must work closely as a system to mitigate what impacts we can and support people's health and care needs. With this in mind I welcome the Cost of Living paper which we will be considering at this Board meeting. It is vital that we consider the value the ICB can bring to this agenda, as service providers, employers and procurers of services.

Our discussion topic at ICB Board this month is Autism. Our local waiting lists for autism assessment, in line with the rest of the country, are not where we need them to be and we continue to work to reduce them. I visited the Brian Oliver Centre at Brooklands Hospital where CWPT deliver their learning disabilities and autism services, to meet patients and hear about the services and their priorities.

Much work has been done to improve our local position and Coventry and Warwickshire have worked with autistic people and families, as well as people working in services, to develop a Joint All Age Autism Strategy for 2021-2026 which includes a commitment to reduce waiting times for a diagnostic assessment as well as improving support for people pre and post diagnosis, improving the knowledge of the workforce to support autistic people, improving access to education, employment and leisure opportunities and making Coventry and Warwickshire autism friendly communities to live in. This has been a great example of system working, with the Strategy being developed and agreed collaboratively by the local authorities and NHS organisations and I am keen to foster more joint working in this model.

I also continue to get to know our wider local services, visiting both George Eliot to speak at a workshop on ICB and ICP development, and having the opportunity to visit Stratford Hospital and understand more about the services delivered from the site, including inpatient and outpatient facilities and community wellbeing services. These services are a vital resource for the local area and I enjoyed meeting the staff and having a chance to tour the building.

Finally, although there are significant pressures in the system, ensuring value for money and enhancing productivity is still important and as we approach winter we must make sure that our services and processes run as efficiently as possible in order to do our best for patients and the local population. This month we have explored solutions to improve our quality processes and this is something I intend to continue to pursue over the coming months.

Summary of key meetings

Improve outcomes in population health and healthcare	26 July – Chaired Integrated Coventry and Warwickshire Care Partnership Meeting (ICP)
	6 September – Spoke at George Eliot Hospital Board Workshop
Tackle inequalities in outcomes, experience and access	18 July - Chaired West Midlands Mental Health Commission
	25 July – Spoke at Commonwealth Games Regional Mental Health Symposium
	Service visit, Stratford Hospital
	28 July – Visit to South Warwickshire and Worcestershire MIND
	Service visit, Stratford Hospital

	2 Aug – Presentation to Sports and Health Breakfast Meeting
	13 September – Meeting with VCSE to discuss relationship and next steps
Enhance productivity and value for money	9 August – ICP Chairs Group Meeting
	1 st September – Meeting with Sue Holden from Advancing Quality Alliance (AQUA)
Help the NHS support broader social and economic development.	4 th August 2022 – Visit to Brian Oliver Centre, Brooklands Hospital (CWPT Service) – Learning Disabilities and Autism Services
	5 th September – Regional launch of Our Future Health research programme

Chief Executive Officer Report

1. Emergency Pressures

Whilst the numbers of Covid positive patients in hospitals has reduced over the last 6 weeks all sites continue to experience high levels of emergency pressure with all running at high levels of occupancy to meet the demands we face as a system. At the time of writing there were 110 positive patients across our hospitals with a very small number in intensive care and we are continuing to see the number of patients with Covid who go onto having severe illness or death decreasing.

As a consequence of this demand ambulance handovers in July saw an increase in both 30–60 minute delays and over 60 minute delays across all providers, with system performance at 10.9% against the total number of ambulance conveyances. George Eliot Hospital (GEH) has seen the largest percentage increase and despite this still remain the best performing Trust on hand over delays at 5.4% of over 60 minutes.


The Covid booster and flu vaccination campaign will commence in early September with visits to care homes beginning from 5 September with a formal launch of the winter/autumn campaign on 12 September 2022 and the national booking service opening from 5th September 2022. Initially national invites via SMS, email and letter are scheduled, supported by local invitation from GP Practices to those aged 75 years and above and health and social care workers. This will then be extended to people aged 65, those at increased risk of COVID-19, carers, household contacts of immunosuppressed people and pregnant women. There will be 39 vaccinations sites across Coventry and Warwickshire (details can be found on our [website](#)) including:

- 3 x Hospital Hubs
- 17 x PCN local vaccination sites
- 19 x Community pharmacy local vaccination sites

The provided vaccine will be Bivalent vaccine which will be more effective at targeting two variants of the coronavirus strain including Omicron, with the COVID and flu vaccinations being a key mitigation in managing emergency pressures over the forthcoming winter.

2. Progress against July Board paper on Hospital Flow and Discharge

In response to the high level of emergency pressure, and as agreed at the Board meeting in July, the system committed to a number of actions, to be monitored through the Urgent and



Emergency Care Delivery Board (UECDB) . As the Board had not met at time of writing a brief update on progress is provided against some of the key actions

Recommendation 1 - Undertake work to implement a GP lead Urgent Treatment Centre (UTC) model at South Warwickshire Foundation Trust (SWFT) and University Hospital Coventry and Warwickshire (UHCW). Work is progressing with UHCW in relation to scoping the UTC gap analysis in line with national standards. Progress is being made with the standards at the hospital of St Cross, Rugby. The Stratford minor injuries unit has opened and has seen good attendance levels of appropriate cases so far. Discussions are ongoing with SWFT regarding the scope of this work.

Recommendation 5 – Ensuring the System adopts 10 best practice initiatives and data is collected. The Discharge 100-day challenge is well underway within each acute hospital and an event to share best practice is being planned. However, at this point little impact has been seen on reducing medically fit for discharge numbers.

Recommendation 6 - Production of a system dashboard to detail discharge delays. This is now making progress with each provider organisation supplying the data.

Recommendation 7 and 8 - Review of financial support to services. A first meeting to discuss the Better Care Funding (BCF) and arrangements has taken place with both local authorities. Further work is being planned against the new BCF guidance and current schemes.

The remaining recommendations are being brought into the winter planning discussions that are ongoing across the system.

3. Winter Capacity Assurance

As part of the letter dated 12th August : **Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter** a self-assessment and assurance framework for individual Trusts and collated at system is in progress which will inform the winter plan. A system wide UEC plan is being developed through the UECDB to include primary care and local authorities which met on 16th September. A winter planning and discharge event has been arranged for early October to include voluntary, 3rd sector and residential and care providers to maximise capacity. Covid exposed and positive care home beds have been commissioned for winter flexibility. Demand and capacity is being reviewed across the system to ensure winter funding can be targeted against the capacity challenges and support the aims of the letter dated 12th August.

4. NHS Cyber Attack

A confirmed cyber-attack began on the 4th August on a third party software supplier called Advanced. Due to the number of systems that have been affected by this attack it has been confirmed as a National Cyber related incident and the National Cyber Security Centre are supporting Advanced with NHS England and NHS Digital supporting affected Health organisations. As a result of the attack, the NHS immediately put in robust defences to protect its networks and Advanced took all services offline to mitigate any risk of further impact. Within Coventry and Warwickshire Integrated Care System, Coventry and Warwickshire Partnership NHS Trust (CWPT), UHCW and NHS 111 services have been impacted. The priority has been to mitigate the impact of the outage and business continuity plans are in place and under regular review. All services are up and running and are reporting minimal service disruption. There is currently no evidence to suggest that patient data has been compromised in relation to the incident, and respective IT teams have put robust defences in place to protect networks.

5. Coventry and Warwickshire Response to the Cost of Living Crisis

The escalating cost of living driven by significant inflation is and will, as we head into winter, continue to have a significant impact upon the health and wellbeing of the population of Coventry and Warwickshire, the staff working within our health and care system and the cost and sustainability of public service provision.

The negative physical and mental impact on population health of the increase in cost of living cannot be underestimated and comes at a time when the NHS is rightly shining a spotlight on inequalities. Our duty as an ICB to 'support broader social and economic development' emphasises the importance of this matter.

Over the medium-term increased wages, infrastructure and product costs and supply chain logistics are likely to leave some providers fragile and poses significant risk upon the sustainability of some health and care services at a time of increased demand. A paper on the cost of living crisis is on the agenda for further discussion.

6. Delegation of NHSE Commissioning of Services

At the Board meeting held on 20 July 2022 the Board noted information and approved the approach with regard to the delegation process for Pharmacy, Optometry and Dental services to the ICB from April 2023.

The report detailed that in order to achieve April 2023 delegation an application is required to be submitted to NHS England (NHSE) The ICB has submitted this on the 15 September. Following an assessment by NHSE there will be a transition plan to manage the transfer of commissioning responsibility from NHSE to the ICB in readiness for 1 April 2023.

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Integrated Care Partnership Report for the meeting held on 26 July 2022		
Key Information		
Committee Chair: Ms Danielle Oum	Committee Leads: Phil Johns Cllr M. Bell Cllr K. Caan	Date of Next Meeting 31 October 2022
Quoracy met? (delete as appropriate)	Yes	
Purpose of the report	To provide a summary of key discussion, decisions and issues raised at the 26 July 2022 Integrated Care Partnership Joint Committee meeting	
Recommendation	Cascaded for information	

Key highlights of discussions and decisions held during the meeting:	
<ul style="list-style-type: none"> • Establishment of the Integrated Care Partnership • Appointments • Terms of Reference • Integrated Care Strategy Development • Engagement Plan for Strategy Development • Coventry and Warwickshire Integrated Health and Wellbeing Forum • Forward Plan 	
Agenda item description	Details
ICP Establishment of the Integrated Care Partnership Phil Johns	The paper outlines the approach to meeting the statutory requirements for Integrated Care Partnerships. Ensuring the Coventry and Warwickshire Integrated Care Partnership (ICP) is established in accordance with the Health and Care Act 2022 will ensure that the ICP is able to establish a vision of integration and collaboration for the system and set the strategic direction and priorities for the provision of health and care services to achieve the ICS aims. The paper describes the background and work to date on establishing the ICP to provide assurance to members that has been done in line with guidance.

	Members RECEIVED and were ASSURED of the Establishment of the Integrated Care Partnership and confirmed the appointments of the Chair and Deputy Chair.
Terms of Reference Cllr Kamran Caan Cllr Margaret Bell	The role of the Integrated Care Partnership is to bring partners together across the ICS area in order to agree collective objectives, enable place-based partnerships and opportunities for activity to address population health challenges. ICP Members APPROVED the ICP Terms of Reference
Integrated Care Strategy Development Liz Gaulton	The approach to developing the Integrated Care Strategy was presented. The Strategy will set the strategic direction and priorities for the provision of health and care services across the ICS. ICP Members: Noted for INFORMATION the purpose, contents, structure, responsibilities and requirements of the Integrated Care Strategy. DISCUSSED the proposed approach, working group structure and timeline. APPROVED the proposed working, reference and drafting group structure and membership. APPROVED the proposed outline development plan and timeline.
Engagement Plan for Strategy Development Liz Gaulton Anita Wilson	By December 2022, Coventry and Warwickshire ICS must have developed an Integrated Care Strategy and by March 2023 the ICB must have developed a five-year joint forward plan. Involvement of communities and stakeholders is vital to ensuring people are at the heart of the strategy and planning. The ICP principle of engaging, listening and learning: <ul style="list-style-type: none"> ○ We will actively engage the people and communities of Coventry and Warwickshire on the strategic work of the ICP. ○ We will foster a culture of engagement, learning and sharing across the ICS. We will engage with, listen to and learn from the expertise of professional, clinical, political and community leaders at the forefront of the ICP's strategic thinking and help promote strong clinical and professional system leadership ICP members: APPROVED the proposed Engagement approach in developing the Integrated Care Strategy

<p>Coventry and Warwickshire Integrated Health and Wellbeing Forum</p> <p>Nigel Minns</p>	<p>The Coventry and Warwickshire Integrated Health and Wellbeing Forum will be a key mechanism to facilitate system leaders working together to identify and address health inequalities and variations in health and care provision.</p> <p>The predecessor Coventry and Warwickshire Joint Place Forum led the Coventry and Warwickshire Year of Wellbeing in 2019, and the refreshed Forum will continue to play a key role in accelerating preventative programmes and activities that target those at greatest risk.</p> <p>The Coventry and Warwickshire Integrated Health and Wellbeing Forum will provide system leadership around the wider health and wellbeing agenda and will be a key mechanism to facilitate system leaders working together to identify and address health inequalities and variations in health and care provision.</p> <p>ICP Members:</p> <p>NOTED the establishment of Coventry and Warwickshire Integrated Health and Wellbeing Forum with the ICP as core members.</p>
<p>Forward Plan</p> <p>Phil Johns</p>	<p>Further engagement work is required – particularly on strategy development, aligning the engagement work and engaging with our people.</p> <p>The strength of ICP members is very important as this will enable the system to engage, involve and empower the communities in the production of the strategy and the joint forward plan.</p>

<p>Items for escalation:</p> <p>None</p>

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Report To and Date:	ICB Board
Report Title:	Communications and Engagement Assurance Report
Report From:	Anita Wilson Director of Corporate Affairs, NHS Coventry Warwickshire Integrated Care Board
Author:	Rose Uwins Senior Lead for Communications and Engagement Raman Johal Senior Communications and Engagement Manager
Previous Considerations and Engagement:	N/A
Purpose:	For information and assurance

Contribution to meeting the aims of the ICS:

The communications and engagement activities are targeted at delivering and supporting the four aims of the ICS.

- Improving outcomes in population health and healthcare:
- Tackling unequal outcomes, experience and access:
- Enhancing Productivity and value for money:
- Supporting the broader social and economic development of C&W

This month's report outlines a range of activities particularly against the first two aims, with outreach and communications campaigns detailed which will improve outcomes in population health and healthcare across the diverse communities in Coventry and Warwickshire and tackle health inequalities and unequal outcomes.

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Key Points:
<p>The report summarises some of the key pieces of work currently being undertaken by the communications and engagement function from 4th July until 4th September.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • Patient Engagement and Communications about our Integrated Care Strategy, wellbeing and vaccination with community groups • Patient information – Stroke services, GP access, Vaccination, Pharmacy support and NHS 111 access • Stakeholder engagement – Public Affairs & MPs • Media enquires – Proactive and reactive • Internal Communications and Engagement
Recommendation:
<p>Members are requested to NOTE the report, which is provided for assurance and information.</p>

Implications						
Conflicts of Interest:	N/A					
Financial and Workforce:	Internal communications activities support and engage our workforce					
Performance:	Promotes improvement in ICB performance of services through understanding patient experience of services					
Quality and Safety:	Promotes the ICB Quality and Safety objectives through understanding patient experience of services					
Inclusion: The EQIA tool can be found in the EQIA policy here.]	Has an equality impact assessment been undertaken? <i>(Delete as appropriate)</i>	Yes (attached or hyperlinked)	No	N/A	<input checked="" type="checkbox"/>	
Patient and Public Engagement:	Report details engagement activities across a range of projects					
Clinical and Professional Engagement:	Communications targeted at informing clinicians, particularly GPs are detailed in the report					
Risk and Assurance:	Insufficient engagement and communications with our communities will have an impact on the ICB ability to reduce health inequalities and					



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	improve outcomes. This document offers assurance as to the range of activities happening.
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Executive Summary

The NHS Coventry and Warwickshire ICB Communications and Engagement team continue to support the organisation and local population. The team have continued to meet the statutory obligations for communications, engagement, and involvement in this reporting period, as set out by NHS England's patient and public participation in commissioning health and care guidance.

Below is a brief outline of some of the key current communications and engagement activity in train, in addition to an update on engagement for transition.

1. Patient Engagement

Our focus on supporting diverse communities and seldom heard groups continues across Coventry and Warwickshire. Engagement with local communities is being used to share information about health and wellbeing and remind people about the local health and community care support services available. Established relationships and connections are consistently used for two-way conversations and to support in shaping various strategies, currently that of the Integrated Care Partnership.

To keep our local population informed and engaged about access to local support services and the up-coming autumn booster, we continue to reach out to our community leaders, faith leaders and community influencers to share key information. Our community engagement activity is delivered both virtually and face to face, dependent on the needs of the audience. Below is a round-up of the activity that has taken place over the last 8 weeks.

1.1. Supporting the development of the Integrated Care Strategy for the ICP

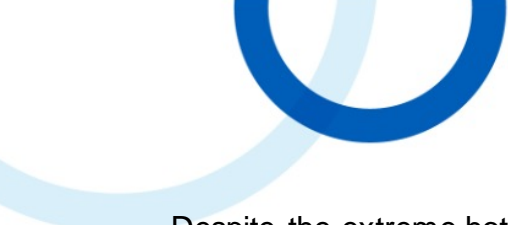
Considerable work has been undertaken to support the development of the Integrated Care Strategy and ensure that the voice of local individuals and communities are an integral part at all stages of development. This engagement will be undertaken in a phased approach, with phase one currently in train, starting to let local groups know about the upcoming work taking place. Phase two will start to cover the agreed priorities in more depth as we explore how they may impact on the local population and how we can ensure they are developed in a culturally competent way.

To take this work forward an Engagement Task and Finish Group has been established. This group includes representatives from NHS, local authorities, the voluntary and community sector, housing and our local Healthwatch organisations and will focus on ensuring the reach of the engagement is as broad as possible and builds on what local communities have already told us.

1.2. Supporting and Engaging with communities

African and Caribbean community in Coventry & Warwickshire – Monday 18 July

This local event was organised by the ICB engagement team in partnership with a community group called 'Roots Connecting Communities' and University Hospitals Coventry and Warwickshire NHS Trust.



Despite the extreme hot weather conditions on the day 25 people ventured out to take the opportunity and learn about managing Type 2 diabetes and how it can be prevented.

The aim of the event was to raise awareness about Type 2 diabetes and to share a reminder about the 15 healthcare essentials for managing pre-diabetic conditions. There was a strong emphasis and focus on approaching diabetes management through cultural and traditional foods and the importance of keeping mobile and active. It was an ideal opportunity to raise awareness about what Type 2 diabetes is, who is at risk, the signs and symptoms, myths and misconceptions, complications, and the local NHS services that are available.

The event also encouraged people to take part in an interactive taster session about exercising in a chair which was led by a local physical instructor, learning new ways to manage their healthcare.

Warwickshire Pride – Saturday 20 August

An event organised by Warwickshire Pride gave the ICB an opportunity to take a range of key health information out to people. Alongside another 65 organisations we managed to engage with over 45 people about diabetes awareness and prevention, mental health services, the development of the Integrated Care Strategy and maternity and neonatal services across Coventry and Warwickshire.

Attending this event has led us to engage with the LGBTQI+ community as we develop the Integrated Care Strategy. An additional engagement session has been organised with the Coventry and Warwickshire LGBTQI+ support group on Thursday 8th September to discuss our plans about the Integrated Care Strategy and how their feedback/experiences will help to shape the healthcare priorities and plans going forward for Coventry and Warwickshire.


Inini Group, Integrated Care Strategy engagement session - Tuesday 23 August

Our first engagement session about the Integrated Care Strategy started off with a local mental health support group for Black and African refugee and asylum seekers, called Inini group. The session was held at the Quakers meeting house in Coventry, 12 people attended and took part by sharing their experiences, challenges and some positive insight when accessing local healthcare services.

The key highlights that were captured from the feedback related to primary care services, and the variable levels of care that is delivered by different care agencies in the community. The group were also concerned about communication and how this can sometimes get lost through digital appointments in comparison to a conversation with a healthcare practitioner face to face.

Community and Voluntary groups, Integrated Care Strategy virtual session - Tuesday 23 August

Our first online engagement session with a group of community and voluntary representatives from The Carers Trust, Good Neighbours Coventry and Bedworth, Hope Coventry Church Network, Social Prescribing – CRGPA, Stour Health and Wellbeing Partnership, Coventry Muslim Forum and Cultural Inclusion network, and community champions.



The session was lively and informative, with everyone sharing their thoughts about the development of the strategy. All feedback has been recorded to help shape the priorities of the strategy.

1.3. Upcoming engagement sessions and events:

Engagement events have temporarily been paused in order to observe the national mourning period following the death of Queen Elizabeth II. A new calendar will be put in place following the end of the mourning period.

2. Patient Information

2.1. Publications

Our current focus has been on bank holidays, national campaigns and reminders about vaccinations/doses. Alongside sharing national materials, we continue to create and share assets and messaging developed locally, as necessary and will follow this format for upcoming autumn booster campaign.

2.2. Web & social

Updates and materials alongside messaging have been created for Coventry and Warwickshire ICB website and social media channels. Information as detailed below have also been shared with our partners.

- Bank Holiday and travelling abroad social media packs
- Accessing services including GP, Pharmacy and dental
- On-going focus on NHS111 and 111 Online
- National Sickle Cell campaign, Heart attack campaign and cancer (lung and cervical)
- Nursing careers open day in partnership with Coventry University coinciding with Clearing
- Ongoing social media to promote “evergreen” offer, reminding people that is not too late for first and second doses

2.3. Stakeholder communications

- Fortnightly vaccination communications update meeting with Healthwatch and local authority comms colleagues
- Monthly vaccination Stakeholder briefing emails are issued to partners and shared onwards through stakeholder networks and channels. This will be increased back to fortnightly as the autumn booster campaign picks up speed and spreads across cohorts.
- Vaccination messages included in ICB staff newsletters and Primary care newsletters

3. Media

3.1. Proactive Media Releases

- A media release promoting services over the August Bank Holiday. The release also promoted the pharmacy opening times, NHS 111 online and ordering prescriptions ahead of the long weekend.
- A joint proactive press release on a nursing careers open day in partnership with Coventry University, coinciding with A-level results/clearing.
- Hot weather alert and how to stay safe during the extreme warm weather – versions of this release were issued twice during the July and August to coincide with hot weather.

- A release promoting the Awards won by the ICB at the regional Covid Vaccination awards
- A release about the final stages of the stroke centralisation transformation project.

3.2. Media enquiries

There were 7 media enquiries between 5th July and 5th September, relating to ICB structure, commissioned services and other areas.

Campaigns – Patient information

3.3. Stroke services centralisation

There was a coordinated communications strategy delivered ahead of the centralisation of stroke services across Coventry and Warwickshire. The ICB comms team worked alongside both the comms and clinical teams at the four Trusts involved in the delivery of stroke services in our area to ensure both staff and the public were informed about the changes to the stroke pathway.

Common messaging was developed in relation to staff, with each of the Trusts adapting their internal communications to make it relevant to their teams. An update was also included in the ICB staff newsletter. A press release was signed off by all Trusts, sent to regional media and uploaded to ICB and Trust websites alongside the production of social media content.

Going forward, patient information leaflets are being developed to help explain each step of the new pathway with patients created in partnership with Trust comms leads and clinical teams.

3.4. NHS Green Champions


The team have been supporting with the Sustainability Programme and Coventry and Warwickshire ICB's Green Plan. The sustainability leads have commissioned the production of a video explaining the Green Plan to staff and we have been providing ongoing advice on the structure, messaging, and final script for the video.

We are also developing a sustainability section on the website, starting with a page dedicated to providing information on the Green Champions scheme, as well as a feedback form to allow staff to submit their ideas and feedback on both the Green Plan and how we as an ICB can further improve our Sustainability Programme and deliver on our Net Zero targets.

3.5. Positive Pathways

The Safeguarding and Trauma-Informed Recovery Support (TIRS) are working with the communications team to develop a children and young peoples social prescribing platform called Positive Pathways.

A vast library of resources and support available across Coventry and Warwickshire have been collated to be made available on the ICS website.



The platform is in development stage and the format of the platform has been done in partnership with young people who have given their valued opinion on access and wording. The next steps are to formulate a communications plan on how to promote this platform amongst the relevant audience.

3.6. Digital health

Remote health monitoring services provided by Docobo continue to progress from strength to strength with recent communications activity focused on on-going information to existing care homes and practices, PR in specialised press to promote digital health and the ICS experience and recent focus on the project team reaching the service into the 100th care home.

4. Stakeholder engagement – Public Affairs

4.1. MP and local stakeholder engagement

Representatives from the ICB continue to meet with MPs, Local Authority Leaders, Councillors and other stakeholders to ensure that they receive the information they need about the activities of the ICB. Between 5th July and 5th September, we received three MP enquiries and four Party Hub requests.

4.2. National promotion of Coventry and Warwickshire

During the summer, we were fortunate to have two opportunities to welcome key leaders in Health and Social care to Coventry and Warwickshire.

- Secretary State for Health and Social Care Steve Barclay visited NHS George Eliot Hospital Trust and Manor Court Surgery in Nuneaton on 19 August. Mr Barclay opened the new Diagnostic hub at the hospital and made his first formal visit to primary care to see Manor Court Surgery alongside Alison Cartwright, Chief Delivery and Performance Officer of the ICB.
- Amanda Pritchard, Chief Executive of NHS England visited the area for the second time on 24 August visiting South Warwickshire Foundation Trust (SWFT) and meet with Phil Johns, Chief Executive of the ICB to discuss the innovative approach to discharge being taken by the Trust. The comms team supported with the planning of this visit in conjunction with SWFT.


5. Internal Communications & Engagement

5.1. Internal communications channels and campaigns

Internal communication channels continue with the below alongside the bi-weekly staff newsletter and staff briefing as the core internal channels. Due to the summer holidays, there has been a reduction in internal messaging due to staff annual leave and the lack of requirement for catered messages to staff. Internal communications have been supporting:

- Continual transition to ICB/ ICS which was included additions to branded templates
- File migration for final team - finance
- Clever Together – system wide workforce engagement sessions

Naming of the Westgate House meeting rooms were chosen and voted for by staff with the support of the comms team. The new names are listed below. Signage for these names is



currently being developed and next steps will be to name meeting and project rooms for Parkside House and Hunter House.

- Nightingale – Committee/ board Room
- Seacole – Large meeting room 2nd floor
- Eliot – Smaller meeting room 3rd floor

Project rooms: Heron, Godiva, Shakespeare & Castle

5.2. Staff Briefings – virtual

These sessions are led by the Executive team and now take place monthly.

Following transition into ICB internal communication channels are being aligned to business as usual ensuring they are sustainable and relevant for staff. Staff briefings will now take place on the Thursday of each month. Briefing calendar invites have been amended as of August.

Attendance during these meetings remains high as listed below and the briefings are recorded and shared in the staff newsletter for those not able to attend or wish to watch it back. Numbers have been lower than usual due to annual leave.

- 4 July - 219 in attendance
- 21 July – 184 in attendance
- 18 August – 105 in attendance
- 15 Sept – yet to take place

5.3. Staff network events

The Wellbeing Warriors, Staff Forum and EDI Network continue to host events to support and cater to workforce wellbeing and inclusion

5.4. Next steps for internal communications

- To continue to work with the estates team in incorporating the ICB branding across the offices as per estates project plan.
- Focus on developing intranet solution for all staff
- Archiving of the CWCCG website to support closure for December (previously 3rd October). This date has moved due to no timeline set by NHS Digital on closure which allows for movement of dates to support team capacity.

Recommendation

Members are recommended to NOTE the contents of the paper

End of Report