

Joint Children & Young People and Adult Social Care & Health Overview and Scrutiny Committee

Wednesday 8 December 2021

Minutes

Attendance

Committee Members

Councillor Jo Barker
Councillor Richard Baxter-Payne
Councillor Brett Beetham
Councillor Barbara Brown
Councillor John Cooke
Councillor Brian Hammersley
Councillor John Holland
Councillor Marian Humphreys
Councillor Justin Kerridge
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell
Councillor Jerry Roodhouse
Councillor Jill Simpson-Vince
Councillor Mandy Tromans

Officers

Rachel Barnes, Duane Chappell, Alison Cole, Becky Hale, Zoe Mayhew, Nigel Minns, Isabelle Moorhouse, Mark Ryder and Paul Spencer.

Others in attendance

Councillor Margaret Bell (Portfolio Holder for Adult Social Care and Health) Chris Bain (Healthwatch Warwickshire (HWW)) David Lawrence (Press) and Councillor Jeff Morgan (Portfolio Holder for Children, Families and Education).

Others in attendance via hybrid meeting link

Sharon Binyon, Mel Coombes, Chris Evans, Ashock Roy, Michelle Rudd and Helen Stephenson (Coventry and Warwickshire Partnership Trust (CWPT))

1. General

(1) Appointment of Chair for the Meeting

Resolved

That Councillor Jerry Roodhouse be appointed Chair for the meeting.

(2) Apologies

Apologies for absence had been received from Councillors Yousef Dahmash, Tracey Drew, Clare Golby, Pam Redford (Co-opted member of ASC&H OSC for Warwick DC) and Kate Rolfe.

(3) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(4) Chair's Announcements

None.

(5) Minutes of previous meetings

The Minutes of the meeting held on 26 October 2020 were approved and signed by the Chair.

2. Public Speaking

None.

3. Update from Coventry and Warwickshire Partnership Trust (CWPT)

CWPT had provided two reports to the joint overview and scrutiny committee. These updated on the RISE children and young people emotional wellbeing and specialist mental health service and Autism waiting times.

Chris Evans presented the first report, which gave an overview of the strategic response to the independent review of the crisis offer in Coventry and Warwickshire. The report included the four system recommendations coming from the review and stated the need for a system response. Sections of the report focussed on the following areas:

- Whole system transformation and leadership
- Building the preventative offer and development of a trauma informed system
- Enhancing the current crisis service
- Continued development of the offer to support the restoration and strategic aims
- Further service transformation to support the strategic aims.

Questions and comments were submitted with responses provided as indicated:

- Councillor Marian Humphreys asked a series of questions about:
 - The process to identify children with behavioural problems and those who were disruptive at times impacting on other children.
 - Where there had not been a formal diagnosis the referral to services for advice and length of time before referral to a consultant.
 - The timeframe for parents to receive advice and support, independent of the school.
 - When an Integrated Personal Commissioning (IPC) arrangement should be put in place. From recent case work, there was a need for more training and capacity within schools.
- Michelle Rudd responded with an outline of the collaborative service offer through RISE, working with families and teachers. A key aspect was the cause of disruptive behaviour, with anxiety sometimes being a cause. There was collaboration with headteachers, the County Council's teams, family support and families. The impact of Covid was stated and examples given of the workshops which had continued. Councillor Humphreys spoke of the timescales before services were commenced and the lost education. A need to look at how schools responded. Michelle Rudd gave context on the number of schools across Warwickshire, and an outline of the mental health in schools programme, which was being rolled out. There had been considerable success from the earlier phases of this initiative, with the north of Warwickshire, Nuneaton and Bedworth being the next area.
- Councillor Brett Beetham referred to the appointment of the data quality officer and asked about their initial findings and impact on waiting lists. On the CWPT website, there was not a clear list of the Autism Spectrum Disorder (ASD) services provided and it would be helpful to have a list of the services.
- Helen Stephenson responded to the question on data quality. Patient records were being migrated to a new clinical system, which could identify errors or duplication of cases. The data quality officer's role included ensuring the patient lists were as accurate as possible to avoid duplication. The provision of a comprehensive ASD list was being developed and would be published via the CWPT website in due course.
- Councillor Penny-Anne O'Donnell sought further information about patients with anxiety linked to additional undiagnosed learning needs and the links to the SEND inclusion change programme.

Helen Stephenson then presented the second of the CWPT reports to give an update on Autism waiting times. This comprised background on the identified system challenges for Autism waiting times which predated Covid and had been exacerbated due to the pandemic. It referenced the SEND inspection in July 2021, the key areas of improvement required and resultant written statement of action (WSOA). Additional non-recurrent funding of £1.5 million was being allocated to provide further capacity to tackle some of the assessment backlog. Key points were drawn out, including the level of referrals to the service, which was approximately double that commissioned. The pathways had been redesigned and to meet service needs, a business case for additional capacity had been submitted to the Clinical Commissioning Group (CCG). The report concluded with details of the actions taken to review the assessment and triage processes. Additional diagnostic assessment capacity had been sourced including through external providers. In terms of current commissioning, this was based on a prevalence rate of 1% of the population, but the estimated prevalence rate was 3% locally and up to 4% nationally.

- Councillor O'Donnell reiterated her questions above, also asking about the financial implications of the short-term measures reported to address the backlog and arrangements

for the longer-term. It was questioned how the revised service arrangements would improve the experience for families needing to access the service.

- Helen Stephenson provided further information on the triage arrangements from the diagnostic clinicians and referral to external providers. The appointment of an assistant psychologist post meant that appointee could undertake this triage role, providing additional diagnostic capacity. In response to the questions on patients with anxiety linked to additional undiagnosed learning needs, within Warwickshire there were 311 children aged 0-5 years waiting for a diagnosis. Context was provided on the numbers of referrals being received each month, which was significantly higher than the service commissioned. All endeavours were being made to provide efficient assessment given the known impacts on a child's education.
- Councillor O'Donnell's main concern was about funding for the service. There was an absence of figures and detail was needed on timelines too. The aim was to support children, not necessarily to get a full diagnosis. A point on ensuring school staff were upskilled to identify signals at an early stage and provide support. She questioned if this would reduce the ringfenced Education and Healthcare Plan (EHCP) support but see more funding for general support.
- Helen Stephenson reiterated that a joint business case for significant additional resource would be considered by the CCG later in the day, to tackle the current backlog and provide recurrent funding for the future. Chris Evans spoke about anxiety issues which were experienced by all young people, but when they reached a threshold this did cause difficulties. The online Dimensions Tool enabled young people to access support at an early stage. Some people may need a formal diagnosis, whilst for others, a range of issues could contribute to their anxieties. CWPT continued to support schools on addressing anxiety in young people. Empowering and enabling the young person and their family was also raised.
- Councillor Kerridge asked about the reporting arrangements and how members could access this information. He used examples of lost days at school, and through disruption. It was suggested that this question be taken under an item later on the agenda.
- Councillor Kerridge asked about having 'one point of contact' to make it easier for people to access services.
- Chris Evans responded explaining the ways people could access services via the navigation hub, or through a freephone crisis line, which was provided at all times. Moving forwards there was an overarching strategy to signpost people to other appropriate services including those provided by the community and voluntary sector. The key aim was to provide a package of support for each child.
- Michelle Rudd expanded on the Rise service. An assurance was provided of the support in place to 'hold' families and the young person, with access to clinicians and specialist staff throughout their journey. Given the complexity of the services provided, it was not possible for a single person to undertake this role, but CWPT ensured that people were kept informed where they were on their journey and linked to the appropriate professionals.
- Councillor Kerridge wanted to ensure that people could easily make contact with the correct service. It was acknowledged that there were a range of support structures. Reference to the communications structures in place, through schools, organisations like Dear Life and corresponding links from the CWPT and county council websites. Including councillors in the communications would be helpful. Other points around the social media presence, the system-wide digital offer, which was anonymous, provided support and the young person could escalate themselves. During the discussion, a Google search had identified all the relevant contact details.

- Councillor Jo Barker responded to the last point that during a time of crisis, people may not necessarily know the right words to use for such an internet search. She asked about the number of extra ASD assessments that would be provided from the additional resource allocation. The non-recurrent funding had been split across several areas. It should result in 60 extra diagnostic appointments per month, at a cost of £1800 per assessment. There would be an extra 30 psychology / psychiatry assessments per month, subject to external provider capacity.
- Councillor Barker questioned if more children could be seen and more could be achieved through use of lower-level interventions. Helen Stephenson advised that there were only a few specialists able to undertake the diagnostic assessments. Ashock Roy agreed it was logical to meet needs earlier on the pathway. He spoke of the number of referrals as people sought a diagnosis to enable access to help. A need to break this cycle and some assessments may be overly long or complex. Anxious children should not need to wait for a diagnosis to get support.
- Councillor Barbara Brown sought more information about school or multi-disciplinary staff development and training as this was critical to achieving the strategies. She asked whether such training would be optional for schools. Intervention at an earlier stage in the classroom may avoid the need for escalation. Chris Evans responded on the various agencies which interacted with children and the need for a partnership approach between education and health. There needed to be a specialist mental health lead within schools and not to add this to someone's existing duties. He spoke of the comprehensive twelve-month training programme which had been planned, but delayed due to the pandemic and commissioning difficulties. This was still the aspiration and would link to the mental health in schools teams of CWPT. He outlined the current service offer and the work to join up the various teams to share intelligence. It was recognised that early detection and intervention were really important. He also touched on the system-led dashboard where CWPT was ahead of many other partnership trusts. Further intelligence from this dashboard would be provided going forwards. There was recognition of the challenges being faced by schools.
- In response to a question from Councillor Marian Humphreys, it was confirmed that no resources had been vired from treatment to provide additional diagnosis. However, these services were underfunded, which contributed to the current delays in treatment. The additional funding identified was for both the Coventry and Warwickshire areas.
- Councillor Humphreys spoke of the need to have more than one trained special educational needs coordinator (SENCO) to provide adequate cover. This point was acknowledged, and work took place with schools to look at providing bespoke and appropriate cover.
- Councillor Barker commented on the range of people in schools with experience of the issues being discussed. Specialist health resources needed to be targeted on those with significant need. A need to determine the respective roles of professionals in dealing with each case. Dr Sharon Binyon provided clarity on the multi-agency approach to many of the areas discussed, using the appropriate people. Sometimes diagnosis was not the correct outcome and identifying support needs was more important. For Autism cases sometimes a diagnosis was required by parts of the system, to enable support to be provided. The strategy for Autism would be discussed under a later agenda item.
- Councillor Barker considered that as with other mental health issues, the Autism pathway could similarly be undertaken by a range of professionals.

The Chair thanked the CWPT representatives for their attendance. He provided a summation of the key points discussed, including the service need being double that commissioned presently, asking how this framework was established, and aspects for the county council. There was a need

to review the various pathways including diagnostics. He referred to the inspection review and new SEND member panel, suggesting a further recommendation for a dialogue with that panel on the WSOA amongst other areas. The points on early intervention and assessments needed to be explored further with CWPT. It was suggested that a report back be provided within six months.

Resolved

1. That the Joint Overview and Scrutiny Committee receives the updates from the Coventry and Warwickshire Partnership Trust (CWPT).
2. That CWPT is asked to contribute to the work of the SEND member panel.

That a report back on progress with the areas outlined above be provided to both the Children and Young People and Adult Social Care and Health Overview and Scrutiny Committees.

4. SEND Inspection and Written Statement of Action

Duane Chappell, Strategy and Commissioning Manager for SEND and Inclusion introduced this item, along with Rachel Barnes from the Change Hub. In July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection in Warwickshire to judge the effectiveness of the local area in implementing the SEND reforms. The report set out the organisations included within this inspection and other groups from whom views were sought. A copy of the inspection report was provided with the covering report outlining both the positive findings, together with five areas of weakness to be addressed:

- The waiting times for Autism Spectrum Disorder (ASD) assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis of ASD
- The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level
- The incorrect placement of some children and young people with an education and health care plan (EHCP) in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed
- The lack of uptake of staff training for mainstream primary and secondary school staff to help them understand and meet the needs of children and young people with SEND; and
- The quality of the online local offer.

There was a requirement to produce a Written Statement of Action (WSOA) by 24th December 2021, that outlined how improvements would be made. Progress would then be monitored over the next 18 months by the Department for Education (DfE) and NHS England (NHSE). For each area of weakness, the WSOA detailed how the concerns would be addressed. The draft plans had been circulated. A steering group had been established to oversee development and delivery of the WSOA and the future actions needed. Progress would be reported to the SEND and Inclusion Change Programme Board. The strengthened governance arrangements and communications plan were outlined. Several areas identified in the inspection were being responded to as part of the SEND and Inclusion Change Programme. Some areas addressed in the WSOA were outside the SEND and Inclusion Change Programme. The financial implications were reported including the one-off funding to support delivery of the WSOA in the sum of £98,750.

Questions and comments were invited:

- Councillor John Cooke referred to the area of weakness on waiting times for ASD assessments. He sought context on the comparative performance data for Warwickshire to that of other areas. This information was available from a performance dashboard. The aim was to improve Warwickshire's performance to be in line with statistical neighbours. Currently, there was a lot of data which could be refined into a format useful for members, including comparators to statistical neighbours.
- It was confirmed that the information was available for each district and borough area.
- The Chair noted that the preceding item from CWPT did not include a lot of data. This would be a useful area for follow up by the overview and scrutiny committees. Similarly, the new SEND group could look at the assessment process and how early intervention work was included.
- Councillor O'Donnell pursued points from the previous item about upskilling school staff to meet the targets for improvement and monitoring the implementation of actions. She was concerned that whilst looking to support children who may have Autism, they could be moved away from the programme of support associated with an EHCP. Ensuring a consistent level of good support across all Warwickshire schools and take up of the training offer were further points.
- Duane Chappell responded on the Ofsted inspection findings that some children were placed in specialist schools when their needs could have been met adequately in a mainstream school. Some schools had not accessed the skills training available to equip their staff. There were 247 schools in the County. Prior to the inspection workforce development plans were being progressed. She spoke about the education challenge board as a tool to both support and challenge schools, to ensure that children with SEND were a priority. Duane explained the change processes being used to assist schools, with an example involving 21 schools in Rugby. This wraparound support provided expertise from educational psychologists and the specialist teaching service on a needs' led basis. Reference also to the schools' improvement service and other services to establish a skills audit, to understand the additional support required. Funding of £250k had been secured from the Schools Forum to provide for staff training. There were a lot of services available, but a key aspect was coordination of the service offers. Information gleaned from the Rugby pilot would provide a good baseline to roll this out across the county. It was about moving to a needs' led system with a multi-disciplinary approach.
- Duane Chappell then spoke on establishing a baseline, the importance of ensuring that children's needs were met, and the better outcomes achieved with early intervention. Information sharing and empowering families were further areas raised. There were good working arrangements across different services within the County Council. It was important to measure the impact for children from the activity undertaken. Data was provided on growing service demands and pressures using the example of medical needs. Capturing this data to show how a difference was being made and feedback through surveys and other mechanisms would also give evidence to inform Ofsted and DfE. There was currently a lack of confidence in the system. All of these areas were included in the WSoA to show how the impact would be measured.
- A request for members to have access to the data dashboard. This was agreed and there were two dashboards which could be shared.
- Sometimes young people had multiple challenges. If they were disruptive Councillor Matecki questioned whether they should be excluded from school and what alternate provision was made for them. Duane Chappell confirmed that the number of exclusions

had reduced significantly over the last five years and there were a range of options considered before resorting to exclusion. Endeavours were made to provide alternate education as soon as possible. An outline was given of the range of services available. Reference to the fair access protocol, a joint WCC and school led approach to place some children and consideration of an exceptional circumstance approach based on a needs' assessment. For children with a fractured education, it was often difficult to assess their needs. The main aim was to get the child back into school as quickly as possible, with the right level of support. The Councillor responded that excluding a child where additional needs had been identified seemed contradictory and a backward step. Officers confirmed the processes which would be followed in such circumstances including a review by a multi-disciplinary team and dialogue with the child's significant adult to identify potential underlying issues.

- The Chair commented on the complex issues within the modern day education system, with different school structures and decision making powers. There was a realisation that education could not work in isolation. The quality of schools varied too.
- Councillor Humphreys considered that schools needed to bring in resources rather than exclude children who had additional needs. She asked when information from the Rugby pilot would be available. Duane Chappell confirmed there was a baseline for the project, that it would run from January to June 2022 with the aspiration being to roll out by September, for the start of the new academic year. During the same period, an Education service review would take place with the aim of integrating services.
- Councillor Baxter Payne sought information on the provision made at nursery level. With the current delays, a formal diagnosis could take many years and so it was better to start the process as early as possible. Duane Chappell confirmed that a needs-led pathway was required, and a diagnosis did not change a child's needs. There was an early identification pathway and an outline was given of the range of checks which could be undertaken even before birth and during the child's early years. The services covered were for the age range 0-25 with a dedicated team for 0-5 years. Reference also to the partnership working, information sharing, aligned provision and support. Warwickshire had a good early help offer. Further issues touched on were signposting people, building capacity within the workforce and ensuring robust transitions between different settings. From personal experience, the councillor agreed that early help had been the key to helping a family member. As context, officers advised that approximately 10,000 Warwickshire children received SEND support and 4,500 had EHCPs. The benefits from this service for children could be immeasurable.
- Councillor Beetham spoke about care led pathways and schools accessing funding, asking if a diagnosis was needed for the school to access the funds. Duane Chappell gave an outline of the three elements of funding for schools, including that for specialist funding, which was often linked to an EHCP. Schools made a return detailing the number of SEN children taught but that funding was not ringfenced. The high-level funding for element three was for a specific child. Other funding streams were available such as children's continuing healthcare funding. To provide further clarity, examples were given of the types of support the general SEN funding could be used for. This was a notional amount within the dedicated schools' grant. The Chair added that sometimes schools needed to be reminded of this funding provision when parents sought additional help for their child.
- Discussion about the shortage of health visitors for the 0-5 service presently and the impact this would have for early identification. There had been a downturn in the number of visits, which could in part be attributed to staff shortage and the different working methods during the pandemic. This information was important to enable children requiring support to be

identified. Pathways were being established to ensure effective information sharing across agencies. Consent was obtained so that clinicians were able to share the information required to map the education support services needed. An EHCP referral could also be made by the clinician. Points about the wider service offer that could be provided for children with profound additional needs including up to 15 hours of childcare each week. The conversations with the family could be initiated by health or council professionals.

- Councillor Simpson-Vince noted the improvement area around children who were not in an early years' setting and the challenges found around observations to accept referrals. Duane Chappell responded that these findings were not quite correct. An outline was provided of the early years' pathway, ensuring support was in place, links through the early help offer to provide portage into other services for education or developmental support. There was good liaison and coordination between the key county council services.
- Councillor O'Donnell asked if the needs-led approach could mean that some children did not receive a diagnosis and EHCP. From experience it could be difficult to access assessments, with there being reluctance from schools to release information. It had been stated that evidence could be sufficient for an EHCP without a formal diagnosis. However, the process involved was considerable and members needed clarity on this point in order to be able to respond to residents. The new SEND member panel would similarly need guidance on terminology and funding eligibility. Duane Chappell responded that some schools were doing well and there was a need for context, that the county council couldn't control the schools, only give advice and training. It was an aspiration that parents would not feel the need to go for an EHCP in order to get support. Quality teaching and good strategies would benefit all children. Officers were trying to put the best service in place for schools free of charge. SENCO was an advisory role in schools, but they could upskill the school staff and make the best use of teaching assistants.
- Councillor Barker had found the discussion useful as a chair of an academy trust. In terms of neurodevelopment, she asked a question around children that were born prematurely and the potential for those children to have additional needs that could go unnoticed. Duane Chappell responded that this was an area where the exceptional pathway may be appropriate. The data could be examined to research this question. A point that in early years the difference between youngest and eldest in a year group was more significant.
- In response to a question from Councillor Hammersley, an outline was provided of the specialist service provision for the travelling community and for people whose first language was not English.
- Councillor Kerridge summarised the new approach where assessment was seen as a method of last resort. For councillors and the public, diagnosis had been seen as the key to getting support. There was a need to educate the public on the revised approach and he asked how that would happen. If people called the county council how were they assisted, and their details 'held' for future reference and support.
- As context, there were 80k children in Warwickshire. This change would take time and require a partnership approach to embed. Some duplication had been identified with an example given of training for SENCOs. Some children would continue to need an assessment. This approach required ensuring staff had the correct skills and felt capable of supporting those with additional needs. A lot of work was required with families, to give them support and hear their voice. The Warwickshire parent and carer voice had been recommissioned and would have an extensive role in a number of strategic partnerships. Communications aspects were also raised, with reference to social media, that provided through schools and thanks were recorded to the inhouse communications team for their support.

In closing the item, the Chair referred members to the report recommendations. He proposed additional recommendations on providing members with access to the performance dashboard, having a guide for elected members on the terminology used, an outline of the system and quick reference guide on who to refer enquiries to. At a future date, it would be useful for the SEND member panel to report its progress back into the scrutiny committees.

Resolved

That the Joint Overview and Scrutiny Committee:

1. Notes and comments on the outcomes from the Ofsted and CQC local area SEND inspection, as set out above.
2. Endorses the progress made to date to deliver the Written Statement of Action ahead of the submission to Ofsted and CQC by 24th December 2021.
3. Requests that members are provided access to the data dashboard and that a guide is produced for elected members on the terminology used, an outline of the system and quick reference guide on who to refer enquiries to.
4. Requests the SEND member panel report its progress back into the overview and scrutiny committees after six months.

5. Joint Coventry and Warwickshire All Age Autism Strategy 2021-26

The joint overview and scrutiny committee received a copy of the report considered and approved at Cabinet on 7 December. The report was introduced by Ali Cole, Joint Commissioner for Learning and Autism. She outlined the various bodies which had considered and approved or were due to consider this strategy.

She reminded of the helpful feedback received from this joint committee in October 2020, which had assisted in formulating the strategy, also speaking about the new national Autism strategy, which this strategy aligned with. She picked up the points from earlier debate around a focus on support and the strategy made a commitment that people could access support with or without a diagnosis. There had been a clear message from autistic people and their families that diagnosis was important to helping people understand themselves and their identity. Many autistic people lived independently without support. Further points raised that this was an all-age strategy, touching on the issues for adults with Autism, about how society could become more Autism friendly and inclusive. This strategy took a broad approach to creating inclusive communities, beyond health education and social services; the national strategy did likewise. There was no additional recurrent funding, but reference was made to the business case raised under the CWPT item.

Questions and comments were submitted with responses provided as indicated:

- Councillor Beetham spoke about working with employers and the need for reasonable adjustments to be made for autistic people. He asked how this was achieved if there wasn't a diagnosis. He referred to a section of the report on prevalence of Autism. The data for the

Warwick and Nuneaton areas were similar despite Nuneaton having a much larger population and he sought an explanation of the reasons for this. The report stated there would be reduced demand if access to support was available. Ali Cole responded that a diagnosis would make employers aware that they might need to make adjustments. Feedback from autistic people consulted as part of the strategy showed that a diagnosis did not make enough of a difference. Autism was a spectrum condition with individual needs. The need for a public awareness raising campaign was stated, drawing comparison to that undertaken for dementia. A particular area referenced was the County Council and NHS organisations setting a good example as employers. On the point about prevalence, this was a topic both nationally and locally with the rates being higher than the 1.1% identified via a commissioning tool. There were a number of contributors why an Autism diagnosis was not captured reliably. Capturing data and building an evidence base were a priority within the strategy. A key priority was looking at the diagnostic pathway having regard to recent referral data.

- Councillor Humphreys spoke of the mislabelling of undiagnosed children as naughty. This could lead to a social stigma and additional problems, both for the child and their family. A recent case was used to highlight this. Ali Cole agreed that this demonstrated the need for awareness raising and the case outlined was not unique. When people received a diagnosis, it gave a deep understanding of how their child was thinking and sometimes making small adjustments helped significantly. The education role was a significant piece of work. Ali Cole spoke of the additional difficulties for autistic people in crisis due to a lack of social interaction, friendships or activities. It was important though that diagnostic waiting times were reduced.
- Councillor O'Donnell spoke about the transition from primary to secondary school, the potential for children to be cruel, the data on prevalence and the proportion of girls with Autism who masked it and were not detected for some time. Quicker diagnosis was needed, and she spoke of parents reaching crisis points whilst waiting for a diagnosis. Earlier diagnosis would enable adjustments in turn addressing disruptive behaviours. The sensory assessment work was welcomed.
- Councillor O'Donnell referred to the gaps in specialist services, asking how these were going to be addressed, given the lack of additional funding. She asked about the financial incentive for having an autism diagnosis. Finally, she asked about the priority four actions, specifically in regard to responsibility for care coordination between health and social care, to ensure that some people did not fall between services.
- Ali Cole responded to the points raised. On children's cruel behaviour this showed the need to educate early and for a public awareness raising campaign to be more accepting of difference. There were initiatives focussed on girls masking their Autism and how to improve identification, including a pilot across Warwickshire, Solihull and Birmingham. Locally the diagnostic rates for males and females were broadly even which differed from the position in other areas. Reference to the business case looking at diagnosis and post diagnostic support, which included funding for speech and language therapy. There were some sources of non-recurrent funding, but no extra long-term funding from central government. Many autistic people may require high-cost services. A need to make a case, having signed up to the national strategy to move funding into earlier interventions. However, such funding was competing with many other health and care priorities. In terms of the financial incentives, a need to address myths and reliance on getting a diagnosis as part of the eligibility criteria. On the point about health and care responsibility, it was not just about funding, but also who had the relevant expertise. Amongst professionals, a concern

about lack of skills, but between services agreeing who would support and ensuring they were equipped.

- Councillor Baxter-Payne asked if the new strategy would address the questions raised by residents previously at a meeting in Nuneaton and Bedworth, on their journey through the diagnostic pathway. Ali Cole considered that this strategy, coupled with the planned changes to the SEND programme would make a difference. Another area outside the scope of this strategy which needed addressing was the Tourette's diagnostic pathway.
- Chris Bain of Healthwatch provided an overview of the feedback they had received and the challenges autistic people were facing. These concerned pressured care environments, with examples of several NHS services where autistic people found themselves in difficulty. People with multiple conditions had additional challenges and did not feel they were dealt with as a whole person, but with clinicians responding to individual conditions. The final area raised was autistic people with protected characteristics and/or with a physical disability, who had found it difficult to be understood and properly responded to.
- Councillor Beetham asked how the awareness raising would be undertaken, given that every person's autism was different. The suggestion about training in schools was a good long-term strategy. Some people might not realise they were autistic. He also spoke about the employment aspects and support for those who were not in employment. Ali Cole responded about awareness raising, echoing the message about individualism. Some people thought differently, and society needed to be more accepting of difference. She thought that national awareness was starting to be seen, with an example being supermarkets offering a quiet time shopping experience.
- Reference to employment opportunities for people with Autism and/or learning disabilities. Many people on the Autism spectrum did not have a learning disability. They could undertake very responsible and high skill level professions with engineering roles referenced as an example and they had a lot to offer to employers. Where people also had a learning disability this could be more difficult. Reference to the employment support offer and helping employers to think of the small adjustments needed. There was not a need to create specific employment opportunities for people with Autism.
- Councillor Mills commented on the value of this session.

The Chair brought the item to a close speaking about the creation of an Autism friendly community, but it did not need a 'badge' to do this.

Resolved

That the Joint Overview and Scrutiny Committee endorses the joint All Age Autism Strategy for Coventry and Warwickshire 2021-26.