

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

Date: Wednesday 8 December 2021  
Time: 10.00 am  
Venue: Committee Room 2, Shire Hall

## **Membership**

Councillor Jo Barker  
Councillor Richard Baxter-Payne  
Councillor Brett Beetham  
Councillor Barbara Brown  
Councillor John Cooke  
Councillor Yousef Dahmash  
Councillor Tracey Drew  
Councillor Peter Eccleson  
Councillor Peter Gilbert  
Councillor Clare Golby  
Councillor Brian Hammersley  
Councillor John Holland  
Councillor Marian Humphreys  
Councillor Andy Jenns  
Councillor Justin Kerridge  
Councillor Judy MacDonald  
Councillor Jan Matecki  
Councillor Chris Mills  
Councillor Penny-Anne O'Donnell  
Councillor Pamela Redford  
Councillor Kate Rolfe  
Councillor Jerry Roodhouse  
Councillor Jill Simpson-Vince  
Councillor Mandy Tromans  
Joseph Cannon  
John McRoberts  
Rev. Elaine Scrivens  
Councillor Margaret Bell  
Councillor Jeff Morgan

Items on the agenda: -

**1. General**

**(1) Appointment of Chair for the Meeting**

**(2) Apologies**

**(3) Disclosures of Pecuniary and Non-Pecuniary Interests**

**(4) Chair's Announcements**

**(5) Minutes of previous meetings**

5 - 12

To receive the Minutes of the meeting held on 26 October 2020.

**2. Public Speaking**

**3. Update from CWPT**

13 - 24

The Joint Overview and Scrutiny Committee will receive an update from the Coventry and Warwickshire Partnership Trust.

**4. SEND Inspection and written statement of action**

25 - 74

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 as set out in the Children and Families Act 2014. This item looks at the effectiveness of the local area holistically in delivering the desired outcomes.

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

75 - 154

The Joint Overview and Scrutiny Committee is asked to consider and endorse the joint All Age Autism Strategy for Coventry and Warwickshire 2021-26.

**Monica Fogarty**  
Chief Executive  
Warwickshire County Council  
Shire Hall, Warwick

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- Leave the meeting room until the matter has been dealt with
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The public reports referred to are available on the Warwickshire Web  
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# Joint Children & Young People and Adult Social Care & Health Overview and Scrutiny Committee

Monday 26 October 2020

## Minutes

### Attendance

#### Committee Members

Councillor Wallace Redford (Chair)  
Councillor Helen Adkins  
Councillor Margaret Bell  
Councillor Sally Bragg (Rugby Borough Council)  
Councillor Mike Brain  
Councillor Mark Cargill  
Councillor Corinne Davies  
Councillor Daniel Gissane  
Councillor John Holland  
Councillor Marian Humphreys (North Warwickshire Borough Council)  
Councillor Andy Jenns  
Councillor Keith Kondakor  
Councillor Caroline Phillips  
Councillor Howard Roberts  
Councillor Kate Rolfe  
Councillor Jerry Roodhouse  
Councillor Pamela Redford (Warwick District Council)  
Councillor Pam Williams

Portfolio Holders, Councillors Les Caborn, Colin Hayfield and Jeff Morgan

Warwickshire County Council (WCC) Officers: Shade Agboola, Ross Caws, Alison Cole, John Coleman, Kim Garcia, Becky Hale, Carl Hipkiss, Isabelle Moorhouse, Rob Sabin, Pete Sidgwick and Paul Spencer.

Partner Organisations: Samantha Davies, Chris Evans and Jed Francique (Coventry and Warwickshire NHS Partnership Trust (CWPT)) Zoe Hutchinson (Coventry and Warwickshire Mind) and Jamie Soden (Coventry and Rugby Clinical Commissioning Group(CRCCG))

## **1. General**

### **(1) Apologies**

Apologies for absence from the meeting had been received from Councillors Jo Barker, Jonathan Chilvers, John Cooke (replaced by Councillor Mark Cargill), Yousef Dahmash, Judy Macdonald (North Warwickshire Borough Council, replaced by Councillor Marian Humphreys), Tracy Sheppard (Nuneaton and Bedworth Borough Council) and Chris Williams.

### **(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests**

None.

## **2. Public Speaking**

None.

## **3. RISE Service Update**

The Joint Committee received a presentation on the Rise service from Becky Hale, WCC Assistant Director, People Strategy and Commissioning and Chris Evans, General Manager, Mental Health Services for Children & Young People Coventry & Warwickshire Partnership NHS Trust. The presentation covered the following areas:

- An opening slide outlining the services delivered in conjunction with CWPT and CW Mind.
- Service Delivery during the Covid-19 incident, requiring rapid and immediate changes.
- Activity during the Covid-19 incident, showing waiting times for assessment, acute liaison performance and the percentage of assessments completed within 48 hours.
- An activity comparison for the periods of June and July of 2019 and 2020, showing the increased number of new and follow up appointments.
- An activity profile for the same periods showing a comparison of contact types.
- Local Transformation Plan (LTP) and the priorities for 2019/20.
- Transformation workstream updates
- Challenges
- Achievements

The report focussed on the progress on the Local Transformation Plan (LTP) and the response to the Covid-19 pandemic, containing a number of key updates:

- Warwickshire Children and Young People's Emotional Well-being and Mental Health Contract was now in year four of the seven year contract.
- The breadth of services in the Rise offer continued to be delivered.
- The 'front door' to the Rise Service had remained open for children and young people throughout the Covid-19 pandemic.
- Rise had implemented and developed new ways of working to support children and young people during the pandemic.
- No staff were moved away from working to support the mental health and well-being of children and young people during the Covid-19 pandemic.

- In two consecutive months during the pandemic there had been an increase in the clinical activity of services linked to CWPT in Coventry and Warwickshire which included Warwickshire Rise.
- The delivery and refresh of the LTP and responding to Covid would continue to be the focus over the next six months.
- There would be an increased emphasis on co-production and engaging with children, young people, parent/carers and professionals.

The detail of the report focussed on the LTP and the priorities it included for 2019/20. Key updates from workstreams were reported under the areas of:

- Mental health in schools teams (MHST) (South Warwickshire)
- Community partnerships
- Vulnerable children's offer
- 18 – 25 offer
- Crisis offer
- Pears site
- Digital offer
- National four week wait pilot (trailblazer)
- Eating disorder services
- Co-production/engagement strategy

The report then focussed on the RISE service offer during Covid-19, key messages provided, challenges faced and the achievements during this period. The next steps for 2020/21 were listed.

Questions and comments were invited, with responses provided as indicated:

- On the key updates from work streams and mental health in schools' teams, more information was sought about the unsuccessful bid for additional funding in the north Warwickshire area. Context was provided on the eligible areas within both Warwickshire and Coventry, the successful bids in the south of the county and in Coventry. Not all 'STP' areas had been as successful, which was one of the reasons provided why the north Warwickshire bid had not been approved, to enable pilots in other areas. Levels of demand in the north were not as high as those in the south of Warwickshire. Future bidding opportunities would be explored.
- The children and young people mental health partnership activity was discussed. Some services had moved to a digital platform and there was continued work via Barnardos family centres. Strengthening links with the community and voluntary sector was being explored, involving some 11 different organisations.
- Implementing the Rise offer for those aged 18-25 had been delayed. There was a commitment to pursue this and an update on current activity was provided on the development of the project plan, service and stakeholder mapping and the business case. Implementation was sought for September 2021. This delay was a concern, especially if there were no other services available. It was confirmed that a clinical decision was taken on the correct support route, with reference to the adult mental health service, integration of services to become more holistic and streamlined and what additional services might need to be resourced. Some elements were already in place. Jed Francique spoke about the low numbers of 18 - 25 year olds that met the threshold for specialist services with many being

supported in primary care settings or through the voluntary sector. There was a need to look at the whole system offer.

- It was questioned how many and which schools had taken advantage of the digital training platform so far. Whilst a detailed breakdown was not available, since September, 44 professionals from different schools had engaged with the programme, with a further 123 from other organisations. The e-learning programme would give a better indication of take up and details could be shared. Comparatively, use of the digital platform in Coventry and Warwickshire was nearly double the national average. Where there was a clinical imperative to see people face to face, this would take place in a covid secure way, and be blended with digital appointments too.
- Discussion about the telephone service provided by CWPT and whether this could provide a triage service. This service provided emergency access to a mental health professional for parents or children/young people in crisis. It was not for triage, with the navigation hub being the correct route. However, where emergency issues were identified, it did provide access at all times. The information available via websites did not make it clear that this service was available at all times. This would be taken on board.
- A correlation between the increase in use of video and telephone services, a reduction in waiting lists and whether this provided an option for the future. Chris Evans spoke of the need to balance digital and face to face services, to make them as effective as possible in the current pandemic.
- Further information was provided about the mental health in schools teams working in the south of Warwickshire, together with other whole school programmes of support.
- Information was sought on the services provided for children in care, care leavers and unaccompanied asylum-seeking children. It was confirmed that services were provided in conjunction with CW Mind for children looked after, with reference to the current digital services and signposting. Unaccompanied asylum seekers were also supported as children looked after, with reference made to the additional challenges for this cohort, and the regional approach taken to delivering support.
- Previously, waiting list data reports had been provided, showing unmet demand in the north of Warwickshire. This was linked to the earlier points on the unsuccessful funding bid. Chris Evans confirmed that bids were submitted for all areas. These were assessed against national criteria and the bid for north Warwickshire was unsuccessful.
- Opportunities were presented by the digital offer for staff training and support for parents/carers. This could also provide a mechanism for delivering therapy, but it may not be suitable for all, especially those with an anxiety linked to working digitally. This point was acknowledged, with an outline given of the balanced and responsive approaches taken.
- Reference to eating disorders and self-harm. It was questioned whether a lack of early help services may be a contributing factor and how members could be assured that effective services were being delivered. Further points about the threshold before people received support, the waiting times and the need for clear and granular data to provide this assurance.
- It was confirmed that the covid lockdown had exposed cases of eating disorders which may previously have been hidden. Reference to the pathways for early help, the complex nature of eating disorders and ongoing work with commissioners. Regarding data, many of the reporting requirements had been suspended to enable staff to be redeployed to the Covid pandemic response. Reporting arrangements were recommencing and would be provided for future updates. The focus of this update was on the service transformation. Overview and scrutiny committees would also receive performance monitoring reports.



- Previously, data was provided on waiting times and this was useful. Comments about the number of young people in the north of the county with mental health issues that had not been picked up by the system. An example was used where a young person experienced a lengthy delay which was then followed by receipt of a template letter and the offer of a webinar.
- Recognition of the progress made.
- Reiteration of the points made on the need for baseline data to give context and a broader picture / assurance. Alongside this reference to the financial aspects and the value for money being secured from this contract.
- A point about increasing referrals and complexity of cases. This may require an associated increase in funding for services. Jed Francique responded that the pandemic had impacted on the ability to respond in a timely way. Staff were working hard to be responsive and some staff had been redeployed. Cases were being prioritised to provide an immediate response where this was needed. Becky Hale added that the data would be useful in understanding the impact of the pandemic and the required future service specification. The data provided at this meeting sought to give an outline, with the key focus being on the LTP. Subsequent reports could focus more on the data and links to the joint strategic needs' assessment, Covid surveys and future mental health service needs.
- Concerns were raised about the mental health challenges caused by the pandemic in relation to school leavers and the impact on employment opportunities. A view that the north of the county did not receive the same level of support. It was assured that services were provided on a county-wide basis. Examples were given of some of the initiatives being progressed to demonstrate this.
- Reference to the reduction in people contacting the service early in the pandemic. It was questioned how support could be sought by those without access to a computer, smart phone or the internet. The reduction in take up of services was seen nationally. There had been communications messaging that services remained open. Where there was a clinical imperative to see people face to face this took place with contact also being offered by telephone. Whilst more people did have access to on-line services now, it was acknowledged that not all people did. Further detail was given about the tailored support being provided.
- A member had received a complaint about support for a young person in transition from child to adult services. It was acknowledged that transition points could be complex. An individual case by case approach was taken, but further research could take place into the case raised. It was confirmed that care leavers were a key priority group whose needs CWPT aimed to address under the 18-25 transformation work.
- Discussion took place about a digital forum for head teachers coordinated by WCC Early Help which involved CWPT. It was hoped this forum would enable a useful dialogue of findings from schools moving forwards.
- Early help work included ongoing and developing joint work with schools, social care, primary care and on-line self-management opportunities, to meet need early and in the right place.
- Direct contact had been made with each current service user to assess their needs.
- Further points included the availability of mental health professionals to respond to questions from schools and targeting activity to schools that hadn't participated to date. Head teachers from all schools had been sent a copy of the forum video.
- Reference to the CW Mind website which included a range of further information.

- Contributions were also made via the meeting chat about the rising and suppressed mental health needs amongst children and young people and the 52% national drop in those accessing services during the early part of the pandemic.

The Chair suggested a further update to this joint committee in July 2021.

## **Resolved**

That the Joint Committee notes the presentation, the update on the Local Transformation Plan and the response to the Covid-19 pandemic, including the achievements and challenges during this period.

### **4. The All Age Autism Strategy**

A circulated report was supplemented by a presentation from Alison Cole, WCC Senior Joint Commissioner for Disabilities and Autism. The report provided an update on the development of the joint Warwickshire and Coventry All Age Autism Strategy and an outline of activities being progressed to support delivery of the strategy.

Background and context were provided about autism, the statutory responsibilities of local authorities and clinical commissioning groups and the collaborative approach to developing a joint all age strategy for autistic people.

Subsequent sections focussed on the prevalence of autism and strategy development. The strategy was informed by a range of co-production and mapping activity. The report highlighted findings from the co-production and based on this evidence, five priority areas had been identified:

- Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis
- Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live
- Develop a range of organisations locally with the skills to support autistic people
- Develop the all age autism specialist support offer
- Co-produce, work together and learn about autism

The report included sections on delivery of the strategy objectives and priority actions for delivery in 2020/21. A copy of the draft autism strategy had been appended to the report.

The presentation covered the following areas:

- A video clip from the National Autistic Society  
<https://www.youtube.com/watch?v=Lk4qs8jGN4U>
- Why do we need a five-year strategy?
- Key messages from co-production and research
- The five key priority areas (detailed above)
- 2020/21 Activity

Questions and comments were invited, with responses provided as indicated:

- A question concerning the aim to reduce the number of education and healthcare plans required. This would require autism training and it was asked how many schools had trained all staff to level one and/or level two of the Autism Education Trust programme. Ross Caws responded that 125 schools had undertaken level 1 training, with 24 doing the level 2 training. This comprised some 3572 people. There were a total of 247 schools in Warwickshire. Discussion about the endeavours being made with the remaining schools, whilst noting that this training was not mandatory, but there were continued efforts to offer it.
- There was an under-representation of the prevalence of autism in females and diagnosis tools were more effective at diagnosing autism in males. Questions and points about how to ensure effective diagnosis for females, the relative responsiveness of Warwickshire compared to other areas, the plethora of evidence on national autism forums and the long waiting lists for diagnosis. There was a need for more resources and questions were submitted on planned measures to address current delays. A written response would be provided after the meeting about gender and diagnosis.
- People were reluctant to disclose autism. It was not a learning disability, and people feared prejudice and ignorance. There needed to be more emphasis on educating and training wider society. Officers agreed that not all autistic people wanted to be considered as people with a learning disability. This needed to be part of a campaign to raise awareness of autism.
- It was further confirmed there was a drive to bring down waiting times given the benefit from receiving a diagnosis, especially in terms of accessing support peer groups. Promoting an autism friendly society was welcomed.
- A concern about delays in diagnosis, which was seen as key to receiving support. In schools, indicators of autism may be considered as poor behaviour. Ali Cole acknowledged the importance of diagnosis. She spoke about lower diagnosis rates in females who were less likely to have challenging behaviours in class. The difficulty was the demand for referrals exceeded by four times the commissioned services and there was a national specialist workforce shortage.
- For some people with less complex conditions, support was being provided without a formal diagnosis. This service was provided by CW Mind for both children and adults. It focussed on the tools and techniques to assist people, their families and schools. Another aspect was looking at the wider workforce, to see how with training they could undertake the diagnosis, without reference to a specialist service.
- A member suggested writing to the CCG regarding the commissioning of this area. Jamie Soden of C&RCCG responded, emphasising the points regarding the national workforce shortage and even if commissioning was increased, there were not the staff to undertake the diagnosis work.
- Reference to peer networks and the types of activity which could help people to help each other. Zoe Hutchinson provided further information. It comprised games, skills and crafts. Social activities comprised a mix of males and females of varying ages with specific interests. They worked collectively, but also with some having support with social skills to be able to join these groups and they could attend without a formal diagnosis.
- A concern for young adults who couldn't maintain employment. An example was given of a person who had not received support from previous employers but following diagnosis they

had developed their own strategies. Ahead of a formal diagnosis, self-recognition and developing strategies could help. This example was reinforced from evidence during the co-production research for the strategy and this was why it included an aspect on autism friendly communities. A commitment could be made by the county council and health partners across the area to be more autism friendly employers. Ross Caws spoke about supported internships, as part of SEND, to help young people into employment. This included events hosted by the County Council and the establishment of an employers' forum.

- Establishing information networks. This had worked effectively for people with dementia and may also be of assistance for people with autism.
- A question of whether autism training for teachers would become mandatory. Where young people were not diagnosed and were treated incorrectly in school, this had a negative impact and could create further mental health difficulties. Ali Cole clarified this concerned NHS or social care areas, rather than schools. Ross Caws spoke about a project through the SEND programme and whilst training could not be made mandatory, an expectation could be set and guidance be provided on the support required.

The Chair suggested a further update to this joint committee in July 2021.

## **Resolved**

That the Joint Committee notes the progress to date on developing the joint all age Autism Strategy for Warwickshire and Coventry.

.....  
Councillor Wallace Redford, Chair

The meeting rose at 4.30pm

<b>Report to</b>	Health Outcome Scrutiny Committee
<b>Date of Meeting</b>	8 December 2021
<b>Report Title</b>	Autism Waiting Times Update
<b>Prepared By</b>	Sharon Binyon, Medical Director, CWPT Helen Stephenson, Associate Director for Learning Disabilities and Autism Services, CWPT

### Purpose of the Report

- To provide an update to the Board on current capacity and waiting times for an autism diagnostic assessment
- To share commenced and emerging plans to mobilise additional diagnostic capacity and transform neurodevelopmental diagnostic pathways.

### Introduction / Background

- Autism Waiting times have been identified as a system challenge which predated COVID but have exacerbated due to assessments having to be paused during the pandemic as part of the pandemic emergency response requirements
- The recent CQC and OFSTED SEND inspection in Warwickshire (12 July-16 July 2021) highlighted several areas of improvement. One of the 5 key areas of improvement was Autism Spectrum Disorder (ASD) waiting times and pre and post diagnostic support which resulted in a Written Statement of Action (WSOA)
- In September 2021 it was agreed that Health Overview and Scrutiny Board would monitor waiting times for an assessment as part of the regular performance reporting to the Board
- Additional non recurrent funding of £1M (CWCCG) and £500K (CWPT) has been committed in Summer of 2021 to provide additional capacity to tackle some of the backlog for assessments.

### Key Points

- Coventry and Warwickshire Partnership Trust (CWPT) have completed work to model the current capacity of diagnostic services and the current financial resource allocated to the neurodevelopmental service
- The level of referrals to the service is approximately double the commissioned capacity. Following review and redesign of pathways, CWPT have modelled both the current financial resource in the service as well as the recurrent capacity required to meet the level of referrals to the service
- This will be incorporated into a business case for the additional capacity required in the neurodevelopmental diagnostic pathway which will go to NHS Coventry and Warwickshire CCG for approval.

## Actions Taken

1. A thorough review of the assessment process has recently been carried out to streamline the assessment and subsequent report writing component.

2. Triage Processes have been revisited and refreshed to streamlining:

Actions taken:

- Several Assistant Psychology posts have already been recruited and started in July 2021. They have so completed additional triages for school age children
- As a result of the further recruitment outlined above, Diagnostic Clinicians have been able to be released from triaging functions and can fully support the increase in clinical diagnostic capacity required
- All embedded administrative processes have been reviewed where possible and paper-light and/or agile working systems are being adopted
- A newly appointed Data Quality officer has started to support the teams with waiting list management data
- Telephone clinics for all clinicians including diagnostic staff have been reviewed and a service formula has been developed to map capacity and increase productivity.

3. External Providers have been sourced to offer further additional diagnostic assessment capacity alongside the CWPT service:

- The external providers will be working under CWPT protocols, be overseen by, and supporting the CWPT clinical teams where clinically appropriate
- The providers are currently setting up assessment capacity and capability from November 2021 to fully support the CWPT teams from Early in the New Year.

## Summary

The Written Statement of Action report will identify further detail in relation to the diagnostic and intervention capacity provided by CWPT and other partner agencies across the system.

The All-Age Autism business case developed by Commissioning colleagues, in partnership with CWPT will provide the assumed trajectory and financial modelling to support sustainable clinical capacity following the non-recurrent investment this year.

The business case is due to be agreed by Coventry and Warwickshire CCG committees in due course.

<b>Report to</b>	Health Outcome Scrutiny Committee
<b>Date of Meeting</b>	8 December 2021
<b>Report Title</b>	Rise Children and Young Peoples (CYP) Emotional Wellbeing and Specialist Mental Health Service
<b>Prepared By</b>	Sharon Binyon, Medical Director, CWPT Chris Evans, General Manager CYP MH Services Michelle Rudd CYP Transformation Lead, Coventry & Warwickshire Partnership Trust with additional contributions from Leeya Balbuena CW Mind

### Purpose of the Report

The purpose of our paper is to provide an overview of Coventry & Warwickshire Partnership Trusts response to the Strategic recommendations of the independent review of the Crisis Offer in Coventry and Warwickshire.

### Introduction / Background

The impact of the covid pandemic on the lives of our CYP and their families has been significant and enduring. These impacts continue to be felt both locally and nationally. With the drive to return to a more normalised way of life and schooling in the latter parts of 2021, CYP and their families are experiencing the emotional and mental health wellbeing challenges brought about from 18 months of disrupted education and socialisation.

During the pandemic the Coventry and Warwickshire Emotional Wellbeing Board for Children and Young People commissioned an independent review of the Crisis Offer. The aim of which was to draw engagement from children and young people, families and other agencies, to inform the future crisis offer given the unique experience of the pandemic.

The report provided the following system recommendations:

- **Whole system transformation and leadership**
- **Development of a whole system trauma informed approach to CYP mental health and wellbeing**
- **Enhancing the current crisis service**
- **Building the preventative offer.**

The recommendations from the independent review are recognised by the Coventry and Warwickshire Emotional Wellbeing Board for Children and Young People and the Silver Command Group for Children in Crisis as being beyond the remit of any single agency to implement. As such these will be taken forward by the newly formed Children's Integrated Health and Care Programme Board, under the chair of Nigel Mimms from Warwickshire County Council.

Coventry & Warwickshire Partnership Trust have continued to deliver a comprehensive service offer, leadership and service transformation. These developments are described in

this report for their contributions to the system recommendations and the health and wellbeing of children, young people and their families.

### Whole System Transformation & Leadership

The local and national picture would suggest there is an ongoing impact from the pandemic being felt by our CYP in our communities. We have seen significant pressure on our CYP, and the consequence has been the increase in both numbers of CYP presenting in crisis under the Emergency and Urgent pathway as well as an increase in the complexity of the presenting needs. This requires a joined-up system approach.

CWPT have been at the forefront of the actions taken to unite the system in the face of these current pressures. A role has been recruited to that provides CYP transformational leadership which has enabled CWPT to lead in the development of key structures essential to unite all agencies in this area of work.

Within the West Midlands Region, we are the only system to have developed and agreed set of Guiding principles across all agencies (Acute Hospitals, Mental Health, Local Authority, Clinical Commissioned Group and NHS England). The NHSE clinical network have recognised our system working as an outstanding example.

This system working has supported a joined-up approach to enable safe and effective care under the Emergency and Urgent pathway. CWPT lead the daily multi-agency system call to support the flow of children who are in our paediatric beds with emotional and mental wellbeing difficulties.

CWPT are hosting an agreed Multi Agency Dashboard which is contributed to by Acute Hospitals, Children's Services, and Mental Health. This type of data dashboard is not typically seen in systems nationally but, will help us develop rich intelligence to support our system understanding of the needs of CYP presenting in crisis under the Emergency and Urgent pathway.

The first phase of this work went live in July 2021, with a more detailed development due to progress in January 2022. All agencies agree the data that will follow from this will support the development of care across all parts of the system.

Intelligence from established data shows the number of CYP presenting under the Emergency and Urgent pathway of care for Crisis intervention is increasing. In 20/21 data shows the number of referrals to the crisis team being 1432 which is 43% greater than the anticipated demand agreed with commissioners in Nov 2020 and is more than 100% more than the original commissioned intentions of 2019 when the service was established. The multiagency dashboard is however able to lead into a greater understanding of the increasing complexity.

The detail provided on length of stay is an example where the multi-agency dashboard and system working allows agencies to drill further into this cohort and inform on how to respond.

Total number of Rise Crisis assessments across the community and hospital between 1st July 2021 to 19th November 2021 equals **475**.

**313** have been assessed on an Acute Hospital Paediatric Ward, of which 86% of all were assessed by the crisis team and discharged from the acute hospitals care within 48 hours.



Only 3.1% of the CYP admitted during this period had a length of stay (LoS) exceeding the mean of 7 days. It needs to be noted that LoS does not equate to not having a crisis assessment.

During this period there was a total of 27 CYP whose LoS exceeded 7 days the reasons for this were:

- 7 YP awaiting a Tier 4 admission
- 7 YP awaiting a Children's Services placement
- 13 YP required enhanced multiagency working and/or progressive reviews due to complex needs needed for effective support and risk management.

As a result of being able to isolate this information we have sort to bring the transformation care representatives of the CCG into the multi-agency group, as well as building further direct links with NHSE and the new tier 4 bed collaborative to ensure we expiate admissions and discharges.

### Building the Preventative Offer & Development of a Trauma Informed System

In the following sections key developments and contributions to the preventative offer and supporting a trauma informed approach are detailed. These initiatives are across the whole spectrum of CWPT services.

#### Access, Engagement and Digitisation

Continued access and support is key to the strategic aim of developing a preventive offer, seeking to address CYP difficulties at the earliest opportunity.

CWPT Rise Mental Health service for Children and Young People have continued to accept all referrals for our CYP across Coventry and Warwickshire during the pandemic.

Working with NHSE/I, commissioners and system partners, CWPT have supported the growth in the system wide access rate. The required target set nationally is 35% however the current system performance is recorded at **37%**.

Access and engagement within the Rise mental health service is a priority. A pilot at the start of the pandemic of a dedicated team who undertake all the assessments and necessary liaison work to support the CYP and their family at that first contact was so successful this has now become a permanent team. This has made the process leaner to benefit the CYP and their care.

The covid pandemic has enabled a technological change in all systems not previously envisaged. The use of video calls on an appropriate system has been used both in terms of care delivery to the CYP and their family as well as for the system around the child e.g., Child Protection Strategy Mtgs, Care Education and Treatment Reviews, Clinical Care Reviews, Multi agency planning meetings.

Digital transformation is key as we reimagine our services, restoration in care delivery will see us take the benefits of the digital world, reaching CYP in extended hours and weekends, offering 24/7 interactions and providing instant support in a range of ways informed by the view of the CYP and their families.

CWPT are proud to be part of the NHS Global Digital Exemplar programme. This has expanded the range of the digital offer, currently in trial is a platform called Panacea, built from a clinical perspective rather than a video conferencing platform, it enables the work that would have been completed in a physical room with a CYP, to be completed digitally.

CWPT and Rise see the digital services as an enhancement of the offer and does not replace face-to-face support.

The Rise website is used to ensure there is up to date information for CYP, parents and professionals to access. Included in this is the relaunched Dimensions tool which continues to offer self-care, guidance, and advice for CYP, their families and professionals.

### **Early Help, Schools and Prevention**

The Primary Mental Health Team (PMHT) embedded into our Early Help offer within Rise has adapted their training and workshops to meet the needs of the professionals they serve. Prior to the pandemic schools attended face to face training – this valuable approach was adapted to be offered online both in range of webinars and e-learning. The ability for teachers and educational staff to access the valuable training and workshops in a more flexible way has enabled the offer to still be delivered. The importance of adults working around the child having skills awareness of mental health conditions such as anxiety cannot be understated.

Parent and teacher consultations continue to be part of the Primary mental health team offer which supports the adults around the child to recognise early signs of emotional need and make recommendations to support.

1. Number of Parent and Professional Consultations over September past year 2020 to date 2021		
Area	Number of Parent Consultations	Number of schools visited for Professional Consultations
North Warwickshire	78	15
Nuneaton & Bedworth	89	23
Rugby	93	32
South Warwickshire	141	41
Total	401	111

Partnerships with Local Authority Early Help have used during the pandemic with an acknowledgement of supporting the family no matter which door they arrive at for early help care. There is currently a pilot of joint consultations with Primary Mental Health and Early Help support workers which are already seeing positive results. Amongst the partnerships with PMHT, the team have a joint working agreement with COMPASS

substance misuse where there is shared approach for CYP who present with both substance misuse needs and mental health.

The Recovery academy and PMHT have joined resources to be able to offer additional sessions for those that enrol for Emotional wellbeing sessions, to get access to support topics for CYP such as Anxiety in younger children, Anxiety in older children, Emotional Regulation, School Refusal, Self Esteem and Self-Harm.

Within Warwickshire we were fortunate to be part of the first pilot of Mental Health Support Teams in Schools (MHST) in south Warwickshire in 2018/19. We have continued to work with NHSE and support the roll out of the National programme to increase the mental health support in schools. Currently we are in the process of developing further two MHST being rolled out in the Nuneaton, Bedworth, and North Warwickshire area.

The Mental Health in Teams schools are reaching out to CYP in dedicated schools to offer low intensity mental health, whole school approach and upskilling of the dedicated mental health leads nominated by each school. This programme is collaboratively delivered with schools and offers an Evidence based early intervention programme with the aim of reducing the longer-term mental health difficulties that have been seen in our CYP.

NHSE clinical network have recognised our MHST approach as a trailblazer service for the diversity of roles in workforce, the achievement of positive outcomes for CYP and engagement with schools. It has been recognised and supported in a national celebration event with NHSE.

Audit analysis that each MHST undertaken with each school allowed the teams to identify the need for early trauma interventions. Working with NHSE to gain agreement to diversify, the MHST are now developing an Early Trauma pathway including Eye Movement Desensitisation and Reprocessing (EMDR) approach.

Rise are continuing to work with Commissioners and Place Teams and have recently engaged with Rugby Place at Westside GP and South Warwickshire Place at Lapworth as they develop their response to supporting CYP and their emotional and mental health care.

CWPT continue to work with CW MIND as part of the Rise Contract, this is ongoing example of unification of the voluntary Sector and the NHS to enhance the system wide offer.

As part of the Rise contract, CW Mind has continued to provide a range of group and 1:1 interventions to children and young people with low to moderate level of emotional wellbeing needs. The service mobilised over to a digital platform during lockdown and this offer is continuing alongside face-to-face support.

Children and young people can access a 6-session webinar programme, designed to build resilience and help them identify and regulate emotions. This is a rolling programme for ages 7-11, 11-14, and 15-18. The Big Umbrella programme has also been delivered digitally and has now returned to face to face to encompass assemblies, class workshops and 1:1s.

Face-to-face groups have recently returned, and these are being offered across venues in Warwickshire in Atherstone, Rugby, Lillington and Stratford-upon-Avon. Nuneaton will also have face to face groups returning in January 2022.

1:1 face to face sessions have been made available for children and young people to support those who struggle with access to digital platforms to cater for all needs. Counselling support has also continued during Covid via an online virtual platform and has now transitioned back to face to face.

CYP specific social media channels have also been created to offer signposting information, promoting wellbeing, as well as creating social media campaigns in line with national initiatives including children's mental health week; time to talk day; self-injury awareness day; red nose day; autism awareness day & week, mental health awareness week, with further campaigns being planned for the rest of the year.

CW Mind have provided a various online CYP engagement events to ensure the voice of the child is gathered and used to inform service delivery.

CW Mind have also developed a resource pack, self-help booklets and themed newsletters which have been circulated to all schools, parents and carers, children and young people and professionals. These documents provide information, advice, and guidance on how to manage emotional wellbeing at home, during the Covid crisis and beyond and are still accessible via our website.

Pre-recorded webinars were also produced and are accessible to children and young people on the waiting list for our service. This has been in place since August 2020.

Back to School Resource Booklets for primary and secondary schools were created and sent to schools in August 2020, to support all children and young people in preparation for returning to school in September 2020. These resources were adapted and re-sent to schools in February 2021 and were updated again in preparation for children and young people returning to school in September 2021 and disseminated to all schools in August 2021, as well as being available directly via CW MIND website.

There is continued support Children Looked After (CLA) most Counselling and Primary Mental Health sessions have now returned to face to face within Schools and CWMind venues. Some young people prefer online so this has remained in place as an option of support.

Parent and Child Attachment through Play (PCAP) Groups and Attachment Groups are running for Parents and Carer's throughout the year. Creative expressions Groups are running for children aged between 5 and 10, and various group interventions have been trialed for 11-14yr olds. Training for Social Workers and Foster Carers has also been developed and will be available in the new year.

CW Mind provide Consultations for Carers, Parents and Social Workers. We also have information packs that we personalise for families on Attachment Theory, Anxiety, and useful numbers and websites that can be accessed for young people, Carers, Schools, Adoptive Parents for those on our waiting lists and during direct access to the service.

### Enhancing the current crisis service

The original Rise CYP Crisis and Home Treatment Service that was modelled during 2019 was based upon capacity modelling of 600 referrals for a crisis assessment over a 12 month.

The additional growth in demand and the additional of a 24/7 Crisis line saw additional investment to support up to 1000 episodes however demand as detailed in point 3.7 shows the demand was beyond the commissioned capacity of this team. This has resulted in further investment to develop this service in 21/22.

The resources to increase the Rise CR/HT staffing has been welcomed by CWPT however the ability to recruit and retain is a challenging situation both locally and nationally.

To ensure responsiveness for CYP in crisis it continuous to be necessary to utilise clinical staff from the Core Specialist MH Teams in Rise. Currently staffing gaps include Consultant Psychiatry, Specialist Mental Health Practitioners, Professional Registered Nurse or Allied Health professional and Community Support workers.

Positive workforce strategies have been implemented with 2 Local Authority Social workers seconded into the Rise CYP Crisis team to enable a multi-agency approach. This has been recognised as an innovative approach in CYP MH. The Rise CYP Crisis team also has an Advanced Non-medical Prescriber which supports the need of diagnosis and requirement for medication support.

Additional support to the crisis offer has been maintained with the development of the Think Family Outreach Team (TFOT) that enhance the current teams under the Crisis umbrella and Eating Disorders.

The TFOT support the young person at their point of crisis and support them and their family in their journey:

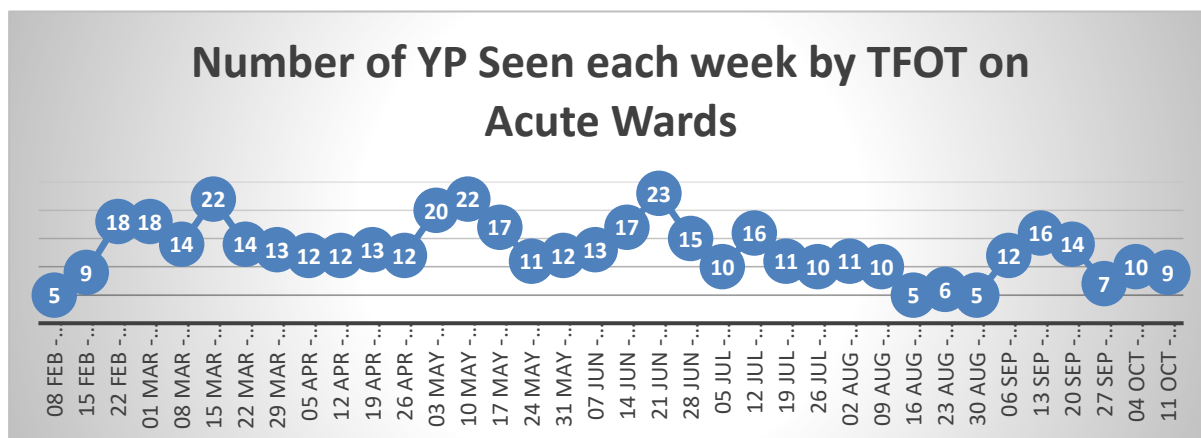
- Provide support on Paediatric wards at UHCW and Warwick Hospital – both individual and group work
- Work in conjunction with Rise CR/HT to develop the ongoing package of care
- Specific work within the Rise Eating Disorders Team
- Deliver Emotional Regulation Packs to young people (for clients at risk of going into crisis) 4-week workshop
- Deliver Emotional Regulation packs to parents (for clients at risk of going into crisis) 4-week workshop
- Workshops on Mindfulness, Anxiety, Depression, Healthy relationships, and self-harm for young people
- Workshops on Mindfulness, Anxiety, Depression, Healthy relationships, and self-harm for parents / carers
- Check in calls with family for those YP who are hard to reach (holding them in mind)
- Development of psycho education packs for y people
- Goal Based intervention / 1:1 Cognitive Behavioural Therapy (CBT)
- Signposting
- Supportive phone calls to young people and parents
- Link in with other areas of support that is personalized to the family's needs (whilst open to TFOT)
- Liaise with other agencies (whilst open to TFOT).

Since the conception of the TFOT in late Feb 2021 to then October 2021, the TFOT have had contact with **411** young people and their families to offer our interventions.

The TFOT have offered out support to **236** young people and parents at both UHCW and Warwick hospital.

The TFOT have offered **175** young people and parents support in the community.

We have on average between 30-50 open cases at one given time and tend to have people open for around 4-6 weeks.



#### Continued development of the offer to support the restoration and strategic aims

We acknowledge the Covid pandemic has impacted our responsiveness in some of our core functions. We have though during the pandemic continued to maintain contact with all our CYP who are waiting for interventions.

To support our CYP while they wait within Rise, we have developed a Waiting List Team which consists of a skilled waiting list manager, administrative team and clinician oversight. This team meet weekly to review the waits and link with the Core services to ensure where capacity exists patient flow continues. There is a duty line where the CYP and their family can call if their circumstances have changed so we can consider offering reviews and support. It is important to us that the CYP and their family feel helped and have a connection with the service. This team can do this in a responsive way.

We have reviewed our clinical evidence-based pathways in line with the covid restrictions and the blended digital offer. There are several clinical interventions that have been easier to translate into a digital face to face offer. CBT (Cognitive Behavioural Therapy) is a good example of this. CBT is the largest intervention we deliver within specialist mental health as it supports the majority of our CYP Mental Health presenting needs of mainly anxiety and low mood. CBT can be delivered as a sole intervention or in collaboration with other approaches and support. Healios is one of our partner agencies that have also been able to offer this additional intervention to release capacity in the Rise clinical team allowing us to focus on more complex cases and priority.

Clinical intentions that have been less able to be transferred to a blended model are those with a psychotherapy need. Often these interventions depend on understanding more of the child's behaviour in the room and reactions. As a result, this intervention has resulted in longer waits and we are working hard to increase capacity to manage this.

The clinical leadership team are currently reviewing evidence-based practice of using an Emotional Regulation approach. The approach suggests that implementation of such an intervention is designed to assist children and young people to adopt skills that they can apply flexibly and appropriately in contexts that present challenges to them. We know that CYP who present with a “mood” difficulty are vulnerable to ‘downward emotional spirals’. Integration of cognitive controls and healthy emotional systems such as Emotional Regulation approach can positively affect how children experience, express and regulate emotional responses.

Workforce recruitment has been a challenge and we are constantly working with the system to look at ways to recruit to specific posts. The local picture very much mirrors the national one, with a shortage of qualified clinicians such as nurses, psychologists, and psychiatry.

We have been able to utilise Health Education England programmes to train new clinical staff and have also worked alongside our colleagues in Coventry University to review the post graduate CAMHS module offered to mental health staff that need to expand their Child and Adolescent knowledge. We are hoping this investment will lead to more successful recruitment.

#### **Further service transformation to support the strategic aims**

There is ongoing national commitment of transformation of services and the following developments are all part of local developments taking place to develop the offer to children, young people and their families.

Development of a Crisis line evolving from the covid 24/7 crisis line currently in place. We are currently scoping the sustainability of a crisis line offer for our CYP across Coventry and Warwickshire alongside the direction from NHSE of being connected to 111.

Expansion of Cognitive Behavioural Therapy (CBT) workforce and offer. This will include expansion of the Rise CR/HT workforce and capacity for coordination, liaison, and brief intervention. To deliver a Cognitive Behavioural Therapy (CBT) team for rapid access to CBT interventions.

Implementation of the remaining Mental Health Support Teams in Schools for Nuneaton and Bedworth this year, with further expression to grow services in in other areas.

Expand Think Family Outreach Team with ongoing funding to enhance the Crisis offer and support CYP during a vulnerable period.

Development of a pathway of support for Avoidant Restrictive Food Intake Disorders (ARFID). The project outcomes are to scope the range and prevalence of ARFID disorder on the Coventry and Warwickshire population, design a clinically appropriate multi-professional model for the assessment and formulation of ARFID cases, agree the scope of interventions for the delivery of ARFID and finally engage, recruit, contract a workforce to deliver the defined assessment and intervention support.

Development of an Intensive home treatment support for Eating Disorders service.

Expansion of the Rise CYP Eating Disorders service including an offer for 18-19 years.

### Summary

CWPT have, through the Trust leadership and the Rise CYP Mental Health and Emotional Wellbeing services, continued to develop and lead in line with national developments and in support of the strategic recommendations of the independent review of the crisis offer in Coventry and Warwickshire.

Warwickshire Health Overview and Scrutiny Committee are asked to acknowledge the content of the report and the considerable work frontline staff, clinicians and leaders have given to provide and develop these services during a time of such national demand on the NHS.



**Joint Children & Young People and Adult Social Care & Health  
Overview and Scrutiny Committee  
8<sup>th</sup> December 2021**

**Local Area SEND Inspection**

**Recommendations**

That Joint C&YP and ASC&H OSC

1. Notes and comments on the outcomes from the Ofsted and CQC local area SEND inspection.
2. Endorses the progress made to date to deliver the Written Statement of Action (WSoA) ahead of the submission to Ofsted and CQC by 24<sup>th</sup> December 2021.

**1. Executive Summary**

- 1.1 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 as set out in the Children and Families Act 2014. The local area covered by the inspection includes not just Warwickshire County Council as the local authority, but also the clinical commissioning group (CCG), public health, NHS providers, early years' settings, schools and further education providers. The inspectors also gather the views of parents, carers, children and young people. The report looks at the effectiveness of the local area holistically in delivering the desired outcomes.
- 1.2 The [inspection report](#) (Appendix 1) noted some positive action and acknowledged the commitment of leadership across the local area to improving outcomes for children and young people, including the adoption of the ambitious SEND and Inclusion Change Programme approved in July 2020. It also noted that area leaders understand the strengths and weaknesses of the local area and found that the self-evaluation undertaken was accurate, well-informed and detailed. The report also recognises that:
  - children and young people with SEND generally achieve positive educational outcomes;
  - a high proportion of young people remain in education, training and employment;
  - attendance rates for children and young people with SEND are very positive; and
  - fixed term exclusions are now well below national averages.
- 1.3 However, the report identified five significant areas of weakness which the local area needs to address. These are:
  - 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 EHC plans 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.
- 1.4 The local area is required to co-produce with partners, parents and carers a WSoA within 70 working days of receiving the inspection report (by 24<sup>th</sup> December 2021) that outlines how improvements will be made. Progress will then be monitored over the next 18 months by the Department of Education (DfE) and NHS England (NHSE). Each of the areas of weakness is dealt with in the WSoA with an action plan detailing how the concerns will be addressed, by when and which organisation will lead on each action. These plans can be seen in draft at Section 4 in Appendix 2.
- 1.5 A Steering Group comprising partners from across Education, Health, Social Care and Warwickshire Parent Carer Voice (WPCV) has been established to oversee development and delivery of the WSoA and the future actions needed to bring about the change in practice. Progress will also be reported to the SEND and Inclusion Change Programme Board. The governance of the SEND and Inclusion Board has also been strengthened with CCG and WPCV representation in response to the findings of the report. The detailed governance and engagement arrangements are set out in Section 3 of the WSoA in Appendix 2.
- 1.6 A communications plan is in place to ensure that we engage appropriately in developing the WSoA with stakeholders across the local area, including schools, parent carers and children and young people. This includes the introduction of a monthly newsletter and the development of a further programme of events to inform stakeholders of progress.
- 1.7 Several areas identified in the inspection are addressed and in progress as part of the SEND and Inclusion Change Programme. These include the following areas:
- establishing the new Parent Carer Forum, Warwickshire Parent Carer Voice, which commenced in April 2021;
  - a refresh of the local offer webpages which brings together information about local services and support for families with children and young people ages 0 to 25 (launched on 13<sup>th</sup> October 2021);
  - introducing an inclusive framework in schools, with a trial of a different model of support to schools to enable early intervention and peer support to improve outcomes (commenced in October 2021); and
  - workforce development to improve the knowledge, skills and understanding of staff in mainstream schools in meeting the needs of children and young people with SEND (commenced in October 2021).

- 1.8 Some areas addressed in the WSoA sit outside the SEND and Inclusion Change Programme such as ASD pathways and strengthening communication and coproduction approaches. Progress of these areas will be overseen by the SEND and Inclusion Steering Group.
- 1.9 Section 6 of the WSoA sets out the monitoring arrangements for the planned activity:

<b>Monthly</b>	
<b>KPI's</b>	Discussions and challenge held at Education & SEND Senior Management Team and CCG SMT meetings
<b>6-weekly</b>	
<b>Interim reports on Progress</b>	Targeted updates to SEND and Inclusion Steering Group (exception reporting of issues)
<b>Quarterly</b>	
<b>Formal reports on progress of actions within plan</b>	Full update to SEND and Inclusion Change Programme Board, SEND Member Panel, and NHSE and DfE
<b>6-monthly</b>	
<b>Political oversight</b>	Full update to Children and Young People's Overview and Scrutiny Committee

- 1.10 As seen above, quarterly reports will be sent to DfE and NHSE to enable monitoring of progress against the WSoA. Reports will also be brought to Overview and Scrutiny on a six-monthly basis. In addition, the Self Evaluation Framework document will be updated on a six-monthly basis. The local area will be reinspected from June 2023 (date to be confirmed) to assess if sufficient progress has been made. This will be under a new Ofsted/CQC inspection framework.

## 2. Financial Implications

- 2.1 Funding for Phase 1 projects in the SEND and Inclusion Change Programme (including the local offer, launch of Warwickshire Parent Carer Voice and Inclusive Framework for Schools) is in place. Phase 2 costs form part of the '2022/23 Budget and 2022-27 Medium Term Financial Strategy' report on the agenda for Cabinet on 7<sup>th</sup> December. This will bring the total funding for the SEND and Inclusion Change Programme to £4.798m over four years (from 2020 to 2024).
- 2.2 An additional £1.5m has recently been committed to address the autism waiting list (with £1m from CCG and £500,000 from NHS Coventry and Warwickshire Partnership Trust) on top of £1.6m from partners to support the transformation of pre-assessment and post diagnostic support.

- 2.3 One-off funding of £98,750 is required to support delivery of the WSoA (as outlined in Table 1). It is proposed that the cost is met from the underspend in the 2021/22 Corporate Services budget. A virement of the £57,750 resources from Corporate Services to Education Services needed in 2021/22 will be done to action this, subject to Cabinet's approval of the recommendations. The £41,000 to be spent in 2022/23 will be reflected in the use of reserves supporting the 2022/23 budget. However, in doing so Cabinet should note that this will reduce the funding available to support the Medium Term Financial Strategy and/or the Council's Investment Funds.

Area	2021/22	2022/23
Communications and engagement	£27,750	£26,000
Co-production strategy and training	£10,000	£10,000
Consultation support	£10,000	
Workforce development	£5000	£5000
Engagement with schools	£3000	
ICT costs	£2000	
<b>TOTAL</b>	<b>£57,750</b>	<b>£41,000</b>

Table 1: Funding required for Delivery of the WSoA

- 2.4 In addition, £250,000 has been approved from the headroom within the Schools Block of the Dedicated Schools Grant to support delivery of the outcomes in the WSoA. In particular, this will support workforce development in all mainstream schools by financing the backfilling of staff to attend training.

### 3. Environmental Implications

- 3.1 There are no direct environmental implications arising from this report.

### 4. Timescales associated with the decision and next steps

- 4.1 Work will continue with partners to develop the WSoA for submitting to Ofsted and CQC by 24<sup>th</sup> December 2021. The SEND and Inclusion Steering Group will receive a final draft report for consideration on 13<sup>th</sup> December, with final sign off, delegated to the Strategic Director for People in consultation with the Portfolio Holder for Children, Families and Education, by 24<sup>th</sup> December.
- 4.2 Equality Impact Assessments will be undertaken for specific projects and workstreams contributing to the WSoA in due course.

### Appendices

- Appendix 1: Ofsted and CQC local area SEND inspection outcomes
- Appendix 2: Draft Written Statement of Action

### Background Papers

- None

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The report was circulated to the following other members prior to publication:

Children and Young People Overview and Scrutiny Committee:  
Councillors Dahmash, Roodhouse and Brown

Adult Social Care and Health Overview and Scrutiny Committee:  
Councillors Golby, Holland, Rolfe and Drew

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**14 September 2021**

## Appendix 1

Nigel Minns  
Director of Children's Services  
Warwickshire County Council  
Market Square  
Warwick  
CV34 4RR

Philip Johns, CCG Chief Executive Officer  
Duane Chappell, SEND 0 to 25 Strategy and Commissioning Manager and Local Area  
Nominated Officer

Dear Mr Minns and Mr Johns

### **Joint local area SEND inspection in Warwickshire**

Between 12 July and 16 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Warwickshire to judge the effectiveness of the area in implementing the disability and special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including one of Her Majesty's Inspectors and a children's services inspector from the Care Quality Commission.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning. Due to the COVID-19 (coronavirus) pandemic, some of the meetings were held remotely.

In reaching judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions have been adapted as a result.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector of Schools has determined that a Written Statement of Action is required because of significant areas of weakness in the area's practice. Her Majesty's Chief Inspector has also determined that the local authority and the area's clinical commissioning group are responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strengths and areas for further improvement.

## **Main Findings**

- Area leaders acknowledge that the Neurodevelopmental Pathway (a specialist service responsible for the assessment of neurodevelopmental conditions such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder) has not worked well enough across agencies. Children and young people wait too long for an assessment. The plans to address the key issues, including waiting times for assessments, have been developed too slowly, are not specific enough and do not have clear targets.
- Current area leaders know that the area was slow to implement the 2014 reforms in full. Previous leadership groups had not worked closely enough together. Weaknesses in the past have led to poor outcomes for some children and young people, particularly those with ASD. Leaders are determined to address the weaknesses across the area and have started to do so.
- Area leaders are committed to improving children and young people's outcomes. Leaders' action plans are firmly focused on the needs and ambitions of children and young people. The current area leaders have the expertise, drive, determination, and commitment to improving health, education and care outcomes for all children and young people with SEND.
- Area leaders understand the strengths and weaknesses of the area because of their accurate, well-informed and detailed self-evaluation. They commissioned two independent reviews of all SEND services to help them identify what works well and what does not across the local area. Leaders have developed and started to implement an ambitious Change Programme in response to the findings of the reviews.
- The Change Programme identifies what needs to change and why. It has prioritised and focused on key areas, with further actions appropriately planned out in the right order. This is enabling area leaders to drive the necessary improvements across the local area. However, some plans are still developing, such as those to improve neurodevelopmental pathways.



- Area leaders' rapid implementation of the Change Programme has already led to some improvements. For example, the area leaders now issue a higher than national proportion of new education, health and care (EHC) plans within statutory timescales. The number of fixed-term exclusions of children and young people with SEND has also been significantly reduced.
- The strategic objectives in the programme were only agreed and started two years ago. With the effects of the pandemic to also contend with, this means that changes for the better are yet to be seen in full.
- Area leaders say there is a legacy of children and young people who have not been placed in a setting that is best suited to their needs. Some school leaders agree with this. Too many children and young people have been placed in specialist settings when their needs could have been better met in mainstream schools. Area leaders have begun to address this. For example, when a new EHC plan is issued, a wide range of settings is considered to establish which one can best meet a child or young person's needs.
- However, leaders have not consulted stakeholders widely enough about the reasons for the changes and the actions needed. Communication about why changes need to be made has not been clear enough, particularly with schools and parents and carers. As a result, some parents and school leaders do not understand why so many changes are being made, such as reducing the number of children and young people in special schools and changes to the EHC assessment process. This has led to some parents, carers and school leaders not supporting the changes fully.
- Schools have not accessed enough training to help school staff understand and provide for children and young people's needs in mainstream settings. Leaders know this and have plans in place to address it. However, the plans are yet to be fully implemented, which means that some schools do not have enough qualified and experienced staff to support children and young people with SEND effectively.
- Some parents and carers do not have confidence in the ability of mainstream schools to support their children's needs. Some parents and carers expressed the view that staff do not understand their children's needs and therefore do not know how to help and support them. Children and young people also expressed this view.
- A fractured relationship between local area leaders and the previous parent carer forum resulted in the forum being disbanded in November 2020. The new Parent Carer Voice (PCV) was launched in April 2021. An interim steering group is in place, but the PCV constitution is yet to be formalised. The membership is still relatively small but is growing quickly. Because PCV is still developing, joint working and collaborative practices are not yet well established. PCV is not yet involved in full co-production (a way of working where children and young people, families and those that provide services

work together to create a decision or a service which works for them all) at a strategic level.

- There are many parents and carers who have had positive experiences working with the area and the support services for their children, for example with Warwickshire's SEND Information, Advice and Support (SENDIAS) service, or education, health, and care services.
- However, there are also parents who have not had positive experiences. They feel that they have had to 'battle' to get the support their children need. Some parents and carers have not been provided with sufficient information about the SEND services and systems that are available to support their children. Some parents also feel that communication is poor and that they are not listened to. Several parents said that information is not shared with them in a simple and understandable way.
- Many parents feel that the online local offer is unhelpful and difficult to navigate. Many parents spoken to, and those who responded to surveys, said that they were not aware of the local offer.
- Area leaders know that the local offer is not fit for purpose. A comprehensive review of the local offer has been undertaken. The area has consulted with stakeholders, including parents and carers, young people and education settings, throughout the review. This has enabled them to co-produce a redesigned local offer that leaders feel will provide parents and carers easy access to a wide range of information. However, at the time of this inspection, the new local offer had not been launched.
- Children and young people with SEND achieve positive educational outcomes. A high proportion of them remain in education, training and employment and a high proportion also go on to achieve paid employment. Attendance rates for children and young people with SEND are very positive and fixed-term exclusions have reduced dramatically.

### **The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities**

#### **Strengths**

- Leaders have taken effective action to improve the quality of the EHC plan process. This included: developing a fair and robust decision-making system to decide on a child or young person's education, health and care needs or plan; issuing plans in a timely way; and checking the quality of EHC plans. Some of these actions have been highly successful. For example, 90% of new EHC plans are issued within the 20-week statutory period.
- Panels now consider all applications for assessment against the area's criteria which describe the levels of support children and young people should receive

before an application for assessment for an EHC plan is made. There is a consistent decision-making process in place. The increased frequency of panels means that decisions to assess, or not, are made more quickly. Where further information is needed, panels provide detailed feedback to providers so it can be considered at the next panel. The new panel arrangements are enabling more consistent decisions to be made.

- Plan coordinators (PlanCos) are effective and now ensure that new EHC plans are fit for purpose. For example, they check that needs are identified clearly and accurately. They liaise with settings to ensure that needs are understood so that the right support can be provided. PlanCos are also involved in the annual review process. When this works well, this leads to changing needs being identified and reflected in the plan.
- Health professionals use a shared assessment tool, based on national guidance, which has resulted in an increased number of appropriate referrals to the neurodevelopmental pathway. This means that children and young people are being identified and referred appropriately and in a more timely manner.
- There are now no overdue assessments for children supported by the children with disabilities team. Area leaders have ensured that these assessments have been prioritised. This prompt action means that children's needs are identified quickly, and support is provided at the earliest opportunity.
- Social workers allocate and refer children and young people with SEND appropriately through the use of 'hubs', for example the children in need hub, the safeguarding and support hub, the review hub, and the strengthening families hub.
- Children and young people with SEND who enter the care system and the youth justice system routinely have their needs checked. Agencies such as the multi-agency safeguarding hub, the police and health services are all involved in identifying children and young people's needs.
- An increasing number of early years settings have achieved the Warwickshire inclusion kite mark scheme. This has helped more settings to have a better understanding of children's needs and how to support them. It has also enabled staff to identify any needs at an earlier stage. Staff report that they are now more confident in applying for EHC plans and ensuring that children have the right support to help them transition to the Reception Year successfully.

### **Areas for development**

- Processes and decision making by EHC assessment panels are not fully understood by parents and some school leaders. This has led to a sharp rise in the number of mediations, tribunals and appeals against the decisions.

- Prioritising the issuing of new EHC plans within 20 weeks means that 4-week decision making on annual reviews is delayed, significantly so in some cases. Therefore, following an annual review, plans are not updated quickly enough. This can lead to changing needs not being identified quickly so that appropriate support can be provided. For example, some post-16 students begin their college courses with plans that are well out-of-date and do not reflect their aspirations for the future.
- There are known capacity issues in the health visiting service which have the potential to lead to delays in identifying emerging concerns in children's development. This was confirmed by community paediatricians who told us they are now receiving more referrals from other practitioners. Previously, these children would have benefited from detailed assessments by a health visitor.
- Opportunities to identify need in the youngest children may be missed. The number of expectant women who receive an antenatal contact from a health visitor is too low. Due to capacity issues, the health visiting service has been commissioned to provide new-born visits up to 28 days after birth. This is outside national guidelines. This risks a delay in providing early support.
- The current system to screen the health of school entrants is ineffective. The proportion of parents of children in Reception Year who return completed questionnaires is too low. This means that some children's health needs are not being identified promptly.
- When children and young people's needs are identified early, assessments and the provision of support are delayed. For example, where ASD is identified in the early years or primary school, further assessment and support for these children and young people are often not finalised until secondary school. As a result, the lack of support and early intervention has the potential to lead to increased mental health issues for children and young people. There are currently long waiting times for educational psychologist and child and adolescent mental health services assessments.

### **The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities**

#### **Strengths**

- During the COVID-19 pandemic, some young children who are immune suppressed received fully remote early years provision. This meant that children who were clinically vulnerable were able to benefit from support which they would have otherwise missed.
- The most vulnerable children and young people benefit from bespoke commissioning. Multi-disciplinary teams work together to develop wrap-

around care within the local area rather than the child or young person having to travel out of county. Children and young people are able to remain close to their families. They also benefit from consistent support from familiar carers and a closer oversight of their needs.

- The provision and expertise of community children's nurses are a particular strength. In addition to providing care for children and young people with complex health needs, they train people involved in supporting these children and young people, enabling them to provide specific individualised care. This means that these children and young people benefit from holistic care from competent and confident carers.
- Leaders recognised that some children and young people with SEND were vulnerable to child exploitation, and they addressed this issue. A specialist nurse supports and works with young people potentially at risk, to help protect them from child exploitation, including signposting and referring young people to specialist agencies for advice and support.
- The pre-school and school service for speech and language therapy has an open referral system. This means the service is easily accessible to both parents and practitioners. Each early years setting and school, including special schools, has a dedicated speech and language link therapist. This enables settings to access specialist advice and training to improve support for children and young people.
- In response to COVID-19, parents were able to book telephone sessions with the speech and language service in order to access resources and advice. This replaced the pre-COVID monthly face-to-face sessions. If additional needs were identified, therapy was provided. The speech and language service was very responsive in meeting the needs of children and young people as their circumstances changed throughout the pandemic.
- The area leaders have recognised the rise in social, emotional and mental health needs in children and young people in Warwickshire. They have increased the support available in schools. For example, emotional health and well-being offers have been developed in schools. Schools can also access a variety of support through emotional health and well-being training and one-to-one support and group work. Area leaders are beginning to roll out further additional support.
- The integrated disability service (IDS) provides very effective support in early years settings. Settings have named links within the service and receive regular support and guidance. This supports the assessment of children's needs, and the quality of individual plans of support has improved. Early years settings confirmed that this guidance has helped them to better understand and support children's development.
- New and existing social workers have received specific SEND training. Through this, their understanding of SEND issues and practice has been

improved. This is helping them to better identify, assess and meet children and young people's needs.

- Following social workers' assessments, children and young people are allocated suitable support through the strengthening families hub. The quality of assessment, provision and impact is checked and evaluated through the review hub. This includes reviewing the EHC plan process. The process is clear and fit for purpose and means that children and young people receive the right support at the right time.
- Care leaders introduced a 'restorative approach' in 2019. This helps professionals to hear the family, child and young person's voice. For example, questions such as 'what has happened in the past?', 'what would you like to happen next?' and 'how and when do you want this to happen?' help social workers to find out the important views of children, young people with SEND and their families. A 'leaving care' panel has also been established to review the provision for young people leaving the care system. Feedback from children and young people and their families shows that social workers have developed positive working relationships with them.
- During the COVID-19 pandemic, social workers have developed additional processes to check if children and young people with SEND are safe. For example, social workers checked children and young people's school attendance and support needs and conducted additional home visits. Virtual meetings were also held and worked well for many children and young people to maintain their links with their social workers.
- College leaders report that the transitions process from schools to college is very effective. It enables them to identify the right support for the young people before they start their courses. This helps students to settle quickly and successfully. The further education provision also helps to prepare young people for adulthood. For example, young people are given training in managing a household and using different methods of transport.
- Young people with SEND over the age of 16 also have meaningful opportunities to experience work, such as through supported internships. Prior to COVID-19, the number of supported internships increased significantly.
- SENDIAS has a high profile through its website and social media activities. There is a suite of online resources which signpost to other services, for example 'Little Ears'. Care and health agencies contribute to the service to good effect. Parents who have used the service say that the information, advice and support, such as dealing with school meetings, submitting complaints, attending tribunals and mediation, were timely, supportive and helpful. Parents described the support as 'fantastic' and 'amazing'.

## Areas for development



- Children and young people with SEND wait too long for an assessment of ASD. There are support services available for children and young people waiting for an ASD assessment. However, too many parents and carers are not aware of these services. Access to the children's community autism support service is dependent on a referral from education. This poor communication is leading to too many children and young people not being supported while they wait for an assessment.
- There are gaps in support for children and young people with ASD after diagnosis. Children and young people with needs classified as low level are able to access support. A small number of children and young people with ASD and more complex needs have been supported effectively by a key worker pilot project in the area. However, too many children and young people with ASD do not receive the support they require.
- There is mental health support available while children and young people wait for assessments. However, many parents are not aware of this support. As a result, some vulnerable children and young people are not able to get help while they wait, which may lead to a deterioration in their mental health. Some young people with SEND and their families confirmed this to us.
- The quality of the contributions of care and health to EHC plans has improved over the last 18 months. However, the quality of the input remains too variable.
- Full co-production of EHC plans has improved recently. However, there are still too many plans that do not reflect the views of children and young people and their families well enough.
- The extent to which Warwickshire mainstream primary and secondary schools are inclusive is variable. In the past, too many children and young people have been placed in specialist settings without proper consideration of whether their needs could be met in mainstream schools. This has resulted in some schools not accessing enough training for staff in primary and secondary schools because there was not seen to be the need for it. As a result, some schools lack the necessary expertise and understanding of how to support children and young people in their schools effectively. Several young people expressed some very negative views about their experiences in mainstream schools.
- Many parents feel that the online local offer is unhelpful, difficult to navigate, or do not know what it is. Area leaders know that the local offer is not fit for purpose. While they have acted to improve and redesign the local offer, the new local offer, at the time of this inspection, had not been launched.
- Leaders have no overview of young people from the age of 14 years with a learning disability who are eligible for or receiving an annual health review from their GP. Young people with a learning disability often have poorer

physical and mental health. This means that leaders cannot be assured that the health needs of young people with SEND are being appropriately and regularly reviewed.

- A small number of children who do not attend an early years setting do not have their needs assessed by IDS in a timely manner. This is because the service does not accept referrals without several observations being submitted. As a result, some health visitor referrals are not accepted.
- Area leaders have had to implement important changes to improve the provision for children and young people with SEND. However, the rapid implementation of some of the changes has meant that many parents and school leaders feel that they have not been consulted. They do not have a clear understanding of why the changes have been made.
- Too many parents and carers also feel that area leaders do not communicate with them in a clear and straightforward manner and that they have to 'fight' to get the support their children need. This has led to fractured relationships between some parents and schools and area leaders.

## **The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities**

### **Strengths**

- Eighty per cent of the area's special schools are judged as good.
- Children and young people with SEND generally achieve well academically at the end of their early years experience. They continue to achieve positive academic outcomes throughout their primary and secondary education. Young people with SEND in post-16 provisions also generally achieve positive educational outcomes.
- A high proportion of young people with SEND continue to remain in employment, education and training after key stage 4.
- Young people with SEND are supported well to help them prepare for adulthood. The movement from child social care to adult services is well managed. Young people receive effective support, for example through a care coordinator. There is also effective provision in post-16 education settings to help young people to live independently. The number of adults with learning difficulties who are living independently is broadly in line with national figures.
- The percentage of young people with SEND in paid employment is higher than the national average. The number of young people accessing supported internships also grew significantly prior to the pandemic.
- Area leaders' actions to reduce fixed-term and permanent exclusions for children and young people with SEND have been very successful.



Consequently, the number of exclusions and days lost from education has dropped.

- Historically, the number of children and young people with SEND who were permanently excluded from school was consistently above national figures. However, in 2018/2019 this figure dropped sharply and was in line with national data. All children and young people who have been permanently excluded from school are placed into another provision quickly through the fair access panel. Fixed-term exclusions for children and young people with SEND were well below the national figures in 2018/2019.
- Attendance rates for children and young people with SEND are very positive and have been consistently in line with or above national figures. Area leaders took decisive action throughout the COVID-19 pandemic and national lockdowns to ensure that children and young people with SEND could continue to attend school. For example, they provided school staff with personal protective equipment and prioritised special school staff for vaccinations. Clinically vulnerable children were able to continue to attend school as specialist aerosol generating procedures were also maintained.
- Historically, there were too many children and young people with SEND who were not on a school roll. Area leaders have addressed this issue and now all children and young people have a named placement.
- The speech and language service measures the improvement in children's speech, language and communication skills, both for individual children and young people with SEND, while also measuring the impact that this has on their families. In addition to this, they use these measurements to review the effectiveness of the speech and language therapy teams and of their care pathways. This means that the service is providing the right support and improving the speech, language and communication skills for children and young people with SEND.

### **Areas for improvement**

- For 19-year-olds with EHC plans, academic outcomes are more inconsistent. The proportion of young people with an EHC plan who achieve level three and level two qualifications is variable.
- Too many families report that they are struggling to cope while waiting for an assessment of ASD and post diagnosis because of a lack of support.

**The inspection raises significant concerns about the effectiveness of the local area.**

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the waiting times for 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 EHC plans 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
- the quality of the online local offer.

Yours sincerely

Ann Pritchard  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
James McNeillie HMI Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Ann Pritchard HMI Lead Inspector	Tessa Valpy CQC Inspector
Peter Humphries HMI	

Cc: DfE Department for Education  
Clinical commissioning group  
Director Public Health for the local area  
Department of Health  
NHS England



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# Appendix 2 - Warwickshire

## Local Area Written Statement of Action (WSoA) for Special Educational Needs and Disabilities (SEND) January 2022 – June 2023



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# Section 1 - Purpose of this Statement

Between 12 July and 16 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the Warwickshire local area to judge its effectiveness in implementing the special educational needs and disability (SEND) reforms set out in the Children and Families Act 2014. On 23 September 2021 the inspection report for Warwickshire was published and as a result of the findings of this inspection, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required to address five significant areas of weakness in the local area's practice.

Warwickshire County Council (WCC) and Coventry and Warwickshire Clinical Commissioning Group (CCG) are jointly responsible for submitting the written statement which has been produced in conjunction with the Parent Carer Forum, Warwickshire Parent Carer Voice (WPCV).

The local area is committed to improving support, services and provision for children, young people, parents and carers in Warwickshire. We are committed to working in partnership, increasing co-production, and building on the expertise within the system. Since the inspection, senior leaders in WCC and CCG have been working with services and stakeholders to understand the actions we need to take to make improvements. These include parents and carers, staff, the SEND and Inclusion Partnership, and schools and settings.

This is our statement of action. It sets out our vision and priorities, the arrangements for working together to oversee this work, key themes from the inspection, the actions we will take to address the concerns identified by the inspectors and the framework we will use to measure performance.

**Signatures** - Nigel Minns (Director of Children's Services, Warwickshire County Council), Councillor Jeff Morgan (Portfolio Holder Education and Children's Services, Warwickshire County Council), Dr Sarah Raistrick (Chair of Coventry and Warwickshire Clinical Commissioning Group), Elaine Lambe (Chair of Warwickshire Parent Carer Voice).

## Section 2 - Vision and Priorities

Warwickshire County Council, the CCG and Warwickshire Parent Carer Voice have committed to a common SEND vision of ensuring:

**‘all children and young people have the right to lead a fulfilling life  
and be part of their community’**

The local area is ambitious to do better for all our children, young people and young adults. We want children with SEND to thrive as members of their communities. All partners give priority to the views and aspirations of children, young people, young adults and their parent carers to enable a culture of mutual support, ownership, continuous growth and development. WCC, the CCG and WPCV have formed a SEND and Inclusion Steering Group together with the SEND and Inclusion Partnership to provide governance by continuously challenging, supporting and improving the quality of our work and our outcomes. This group also has representatives from Mainstream Schools, Special Schools, Health providers and the Community Voluntary Sector (CVS). The Schools Forum within Warwickshire also provides robust challenge to WCC in relation to its efficient use of resources.

Although there are many strengths, senior leaders recognise there are areas for further improvement across the system and welcome the feedback from the inspection to provide further focus to deliver our change plans.

[Warwickshire’s SEND and Inclusion Strategy](#) sets out the agreed priorities for CYP with SEND. [The SEND and Inclusion Change Programme](#) builds on those priorities with four areas of focus:

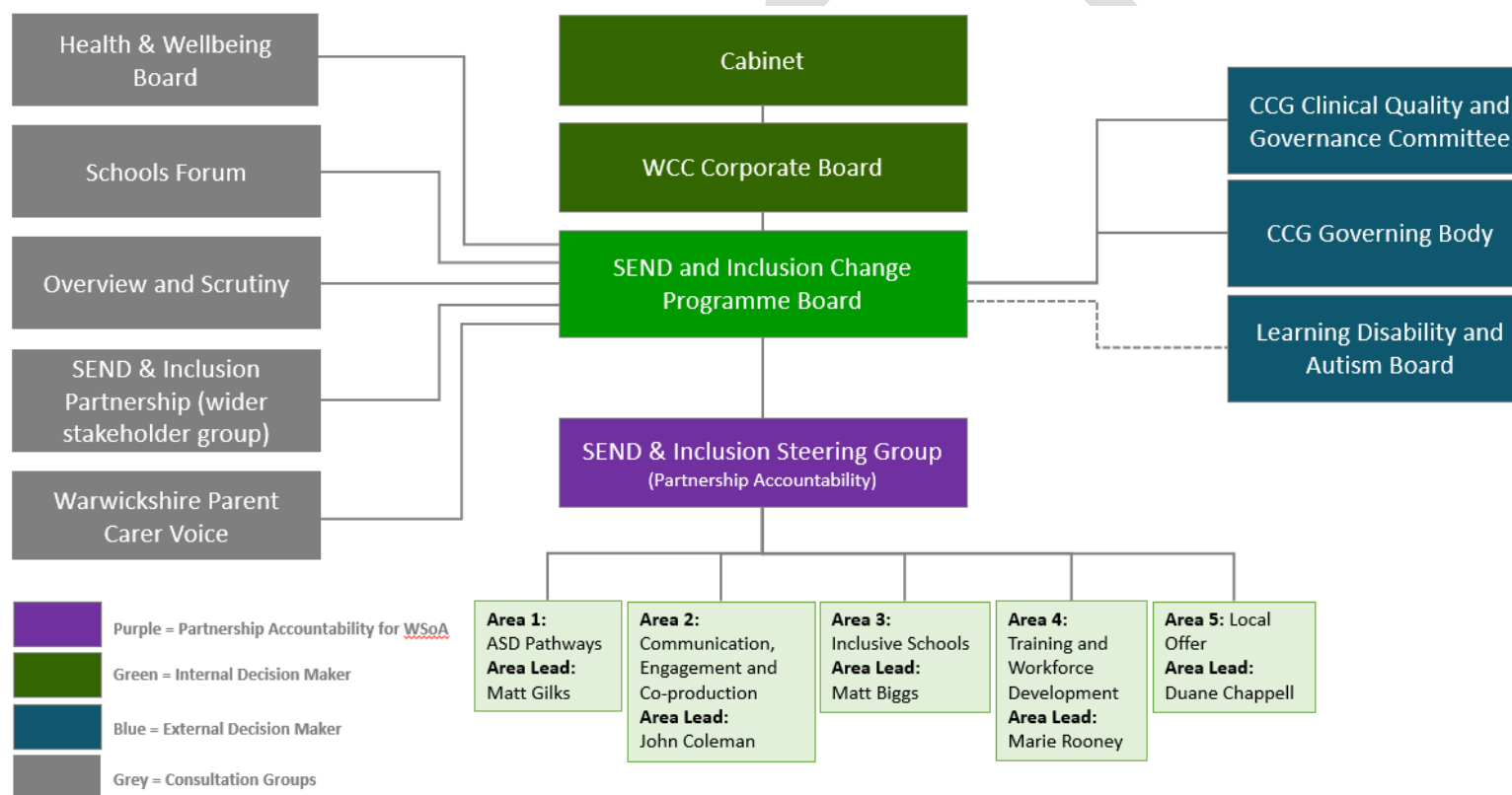
- Improving the outcomes for our CYP
- Clear, transparent decision making
- Ensuring systems are sustainable
- Securing education, employment and training for young people with SEND aged 16-25

*For clarity, it should also be noted that the term ‘CYP’ refers to children, young people and young adults. CYP with SEND refers to children and young people with Special Educational Needs and/or Disabilities who are supported at either SEN Support or who have an Education Health Care Plan (EHCP). Further terms are included in the glossary.*



## Section 3 - Arrangements for Working Together

We will make sure the right people are involved in this written statement of action and our improvement plans. This includes senior leaders, Councillors, partners, schools, staff, parents and carers, young people and young adults. Improvements will be delivered through a set of work-streams overseen by a joint SEND and Inclusion Steering Group with partnership accountability for delivering the WSoA and reported to the SEND and Inclusion Change Programme Board. Progress will also be overseen by WCC Corporate Board and Cabinet, and the CCG Governing Body and Clinical Quality and Governance Committee. The structure below shows how communication, delivery and accountability will work.



In addition to this, we will ensure that the voices of CYP are heard and acted upon. We will work with Warwickshire Parent Carer Voice to co-produce frameworks, and we will listen to feedback to judge the effectiveness of our work. We will also monitor our progress in our joint data dashboard and review regularly our Self Evaluation Framework.

## Section 4 - Significant Areas of Weakness

The significant areas of weakness identified by Ofsted and CQC are:

1. The waiting times for Autism Spectrum Disorder (ASD) 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. The quality of the online local offer.

This statement of action describes how the local area will address and improve the above areas.

**Note on Terminology:** *There are many terms used to describe autism. In this document we will use the word **autism** and identity-first terminology ('**autistic individuals**' rather than 'individuals with ASD' or 'individuals with autism') when referring to autistic individuals. This approach is based on research (Autism Journal, 2015) which looked at the preferences of UK autistic community members around language used to describe autism, and is reflected in the national strategy for England ([National strategy for autistic children, young people and adults \(2021-26\)](#)). Unless otherwise stated, reference to "an autistic individual or individuals" includes children, young people and adults of all ages, across the autism spectrum at all levels of intellectual ability.*

**RAG Ratings:** In the following action plans, we will use the following to rate our progress:

Blue: Completed and embedded; Green: On track, no concerns; Amber: On track, some concerns; Red: No progress, major concerns; Grey: Not due yet

# Section 5 - Local Area Response to Concerns

## Area 1: The waiting times for Autism assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis of Autism

**Senior Responsible Officer** – Matt Gilks (Director of Joint Commissioning, CWCCG)

### Outcomes we will strive for:

- The waiting times for an autism diagnostic assessment are reduced.
- Children, young people, young adults and their families awaiting a diagnostic assessment can access a clear and coordinated pathway of support that meets their needs.
- Children, young people, young adults and their families following diagnosis of autism can access a clear and coordinated pathway of support that meets their needs.

Actions we will take	Lead	Evidence of success [what will change]	Impact measures [KPIs / targets]	Completion date	Progress Narrative (BRAG)
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### 1.1 Reduce waiting times for autism diagnostic assessments

*I statement: "I can access specialist support to help me to understand my autism and support me with my social, communication, sensory and emotional wellbeing."*

1.1.1 Increase capacity for diagnostic assessment and post diagnostic support in the neurodevelopmental service to meet demand.	Helen Stephenson	The neurodevelopmental service has the capacity to meet ongoing demand for referrals. There is additional capacity commissioned to clear the backlog of individuals awaiting an assessment in line with an agreed trajectory, including post diagnostic interventions where required.	Longest wait for a diagnostic assessment reduced from 242 weeks to 13/26 weeks (TBA subject to business case).	June 2023 trajectory – TBA  March 2024 trajectory - TBA	
1.1.2 Pilot and evaluate a	Ali Cole	Local area has evidence	Referrals from mental	December 2022	

differentiated model of assessment to enable 'straightforward' presentations to be diagnosed outside of the specialist neurodevelopmental service.		of effectiveness of different models.	health service, Paediatrics and educational psychology to the specialist neurodevelopmental service for a diagnostic assessment reduce by 10% (tbc).		
		Autistic individuals are diagnosed by professionals outside of the specialist service, including mental health service, Paediatrics and educational psychology.	Feedback from autistic CYP and professionals involved show if pre-assessment and post diagnostic support has improved.		

## 1.2 Develop a pathway of support for children, young people and adults awaiting a diagnostic assessment and/or post autism diagnosis

*I statement "I don't have to wait until I have a diagnosis or am in crisis to get the help I need."*

1.2.1 Improve the self-help offer through improving awareness of local services and support via an online portal for information and advice, a promotional campaign and conferences to bring together young people, families and support services.	Ali Cole	An online information portal is published and promoted widely.  A conference is delivered for 300 families (to repeat the successful Together with Autism conference in January 2020).	Increase in number of families and professionals reporting they have accessed useful information and advice in relation to autism diagnosis and support.	December 2022	
			Increase in knowledge and understanding of the self-help offer from conference attendees.	May 2022	
1.2.2 Recommission the all-age community support	Ali Cole	New single pathway for support and diagnosis is	Increase in parents, carers and autistic	October 2022	

<p>service for neurodiverse individuals to:</p> <ul style="list-style-type: none"> <li>- Introduce a single front door for referrals for neurodiversity support and diagnosis to provide enhanced triage and ensure individuals are supported while awaiting a diagnostic assessment</li> <li>- provide an advice and navigation function for individuals seeking an assessment, those diagnosed with autism and their families</li> <li>- provide low and medium level support pre and post diagnosis for young people and families</li> </ul>		<p>in place.</p> <p>Families and professionals know how to access pre and post assessment and diagnostic support and be supported to do so by professionals and services.</p>	<p>individuals reporting improved pre and post assessment and diagnostic support, identified via a range of feedback mechanisms.</p>	<p>Evaluation by June 2023</p>	
			<p>Increase in the percentage of individuals surveyed who accessed support while awaiting an assessment from a baseline of 52.9% to 70%.</p>	<p>December 2022</p>	
			<p>Decrease in the percentage of professionals surveyed who are not aware of an autism pathway from 27% to 15%.</p>	<p>December 2022</p>	
<p>1.2.3 Develop and implement an education-led stepped approach to access multi-agency support for neurodivergent children and young people to enable access to adjustments and support in education pre assessment and post diagnosis.</p>	<p>Marie Rooney, Ali Cole</p>	<p>An agreed and published stepped approach is in place with health, social care and education input for autistic children, young people and adults</p>	<p>Reduction in the number of families and professionals who state that diagnosis is required to access adjustments in education from a baseline of 85% (survey to be repeated December 2022).</p>	<p>September 2022</p>	

			Feedback from CYP, parents and professionals on how the education-led stepped approach has improved their outcomes.	March 2023	
1.2.4 Map demand and capacity of Speech and Language Therapy and Occupational Therapy Services to address any gaps in support in the neurodevelopmental pathway.	Natasha Lloyd-Lucas	Gaps in specialist support for communication and sensory needs are understood to inform commissioning intentions and resource allocation.	Individuals awaiting an assessment or following a diagnosis report that they have accessed support with communication and sensory needs (via survey December 2022).	August 2022	
		Proposals are co-produced for speech and language therapy and OT services.			
1.2.5 Ensure there is an appropriate and accessible offer within Emotional Wellbeing and Specialist Mental Health (MH) provision for autistic children, young people and young adults through a combination of staff training and increased joint working between emotional wellbeing, specialist mental health and autism services.	Michelle Rudd	Skills audit, competency framework and training plan developed.	Staff in emotional wellbeing and specialist MH services are better skilled and able to identify and support autistic people. Demonstrated by repeating skills audits in February 2022 and March 2023 to measure uptake of autism training and confidence in supporting autistic people.	March 2022	
		Training plan delivered to 80% staff including internal and external training, supported by detail from the skills audit and an agreed snapshot from the Neurodevelopment team to consider staff experiences.		March 2023	
		Neurodevelopmental liaison roles are in place and working with MH practitioners to identify and support autistic people.	Autistic CYP and adults who experience poor mental health	September 2022	

		<p>Autistic individuals and those with lived experience of autism are employed as peer mentors within CWPT.</p> <p>To explore increasing the Expert by Experience module that currently is accessible on Electronic Staff Records, to promote culture change and increase staff awareness. To include looking at access to and barriers to using the training tool.</p> <p>Review staff groups and evaluate training programs.</p> <p>To evaluate the usage of the dimensions tool to promote accessibility to MH services at Early help level (PMHT and MHST).</p>	<p>and wellbeing can access support that is adjusted to meet their needs to prevent their needs escalating. This will be measured through the CORC accredited Routine Outcome Model used in the RISE service to monitor impact of change and service delivery (ORS and SRS). Specific case studies will be developed to demonstrate the experience of autistic CYP within the CORC model.</p> <p>To audit the impact of access to services at an Early Help level aided by the Dimensions tool.</p>	September 2022	
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## Area 2: The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level

**Senior Responsible Officer** – John Coleman (Assistant Director, Children and Families, WCC)

### Outcomes we will strive for:

- Strengthened relationships with parents and carers to build trust and confidence in the SEND system.
- Effective approach to communication in place with children, young people and their families.
- Whole system approach to co-production at a strategic level with children, young people and their families across Education, Health and Social Care.

Actions we will take	Lead	Evidence of success	Impact measures (KPIs/targets)	Completion date	Progress (BRAG)
<b>2.1 Strengthen relationships with parents and carers</b> <i>I statement for Parent Carers "I feel understood, involved, valued and respected"</i>					
2.1.1 Co-produce a framework to strengthen relationships with parents and carers.	Sam Craven, Jo Mann	Restorative Framework and staff training in place, with a focus on 'high support and high challenge' to enable productive relationships that lead to positive change.	100% of SEND and Inclusion Service staff attend Restorative Practice training.  CYP and their families have a more positive experience working with WCC officers.	Phased approach by June 2023	
		Plan to strengthen disagreement resolution is in place, including establishing a baseline.	Reduction in the number of parents and carers accessing formal mediation through SENDIST.  Feedback about how families feel more understood, involved, valued and respected.	September 2022	



		Mechanism in place to capture the learning from engagement with the Community and Voluntary Sector.	Increase in understanding about what life is like for families with SEND.		
		Process to capture learning from complaints and feedback is in place.	Number of complaints resolved through a restorative approach.  'You said, we listened' & 'You said, we did' in response to learning from feedback.		

## 2.2 Develop an effective approach to communication with parents and carers

*I statement for Parent Carers "I am given the information I need, when I need it in a format that I can understand"*

2.2.1 Co-produce a Corporate Framework an agreed communications approach between WCC, CCG and WPCV.	Lisa Mowe, Sam Craven	Communication Strategy and Action Plan are in place.	100% of key stakeholders are aware of the Communication Strategy and Action Plan.	January 2022	
		Communications approach in place, to include surveys, engagement programme.	Increase in communication with CYP and their families.  CYP and their families feel communication has improved.	February 2022	
		Communication in place with schools around SEND.	80% of schools understand the range of services and how to support families.		
		System for capturing live feedback in place.	Performance monitoring shows families feel heard and services are better informed by feedback.	September 2022	
		Corporate framework	Evaluation of corporate framework including	September 2022	

		developed and in place.	capturing feedback from professionals, CYP, parent carers to inform service development.		
<b>2.3 Develop a whole system approach to co-production</b> <i>I statement for Parent Carers and CYP "I know we are included in the design, development and evaluation of policies and services"</i>					
2.3.1 Develop a Co-production Strategy with key stakeholders and the WPCV.	Shinderpaul Bhangal, Sam Craven	Co-production and Engagement Hub in place to enable engagement with parents, carers, CYP, senior leaders and officers.	WCC & WPCV joint evaluation to assess effectiveness of Co-production and Engagement Hub and increased influence on design, delivery and evaluation of services.	March 2022	
		Level of oversight, co-production and influence of WPCV and CYP in decision making in projects is agreed.	Service improvement starts from understanding the parent carer and CYP's experience and considers the value of this contribution, which is embedded in planning, delivery and evaluation - space is created, voice is enabled, audience is provided, and influence is demonstrated.	April 2022	
		A platform to capture the voice of children and young people is in place.	CYP feel engaged and listened to – space is created, voice is enabled, audience is provided, and influence is demonstrated.	May 2022	
		Co-production Strategy developed and training in place.	100% of SEND and Inclusion Staff attend co-production training.	September 2022	

			Evaluation of co-production training shows awareness, understanding and application of Co-production Strategy and approaches.		
2.3.2 Develop an agreement for recruitment activities to include a member of WPCV and/or young person for operational and strategic SEND roles in WCC and CWCCG.	Shinderpaul Bhangal	Agreement and plan in place for recruitment for operational and strategic SEND roles to include a member of WPCV and/or CYP.	% of recruitment that has involved CYP or parent carers.	December 2022	
			Feedback from CYP and parent carers on how they felt listened to, involved in decision making and satisfaction with the process.		
2.3.3 Develop an agreement to include a member of WPCV and/or young person in scoring SEND commissioned services, and also develop a parent and young person inspectors process to form part of our quality assurance functions.	Shinderpaul Bhangal	Agreement and plan of activity in place.	% of commissioning activities that have involved CYP or parent carers.	December 2022	
			Feedback from CYP and parent carers on how they felt listened to, involved in decision making and satisfaction with the process.		

### Area 3: Incorrect placement of some CYP with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed

**Senior Responsible Officer** - Matt Biggs (Education and Early Years Strategy and Commissioning Manager, WCC)

#### Outcomes we will strive for:

- Mainstream school leaders' understanding of why the placement of some children needs to be addressed.
- The correct placement of children and young people with EHC plans.

Actions we will take	Lead	Evidence of success	Impact measures [KPIs/targets]	Completion date	Progress/Impact (BRAG)
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### 3.1 Improve mainstream school leaders' understanding of why the placement of some children needs to be addressed

*I statement for children and young people "People know my needs and I know I am in the right school for me"*

3.1.1 Set up an Inclusive Schools Consortia Working Group to co-produce an Inclusion Action plan in primary and secondary schools (in collaboration with Area 3).	Matt Biggs, Darren Barrow	Terms of Reference in place for Inclusive Schools Consortia Working Group and establish roles and responsibilities of change agents/champions.	100% Consortia/ Network chairs sign off on Terms of Reference.	March 2022	
		Whole school SEND audit carried out.	100% of participating primary and secondary schools have a baseline report from SEND Audit.	June 2022 (with follow up audits in May 2023)	
			Increase in participating schools recording a 25% improvement against judgement on the	December 2022	

			previous year.		
		Questionnaires developed for CYP and their families (including baselining) to ascertain their level of confidence in mainstream schools to meet the needs of CYP with SEND.	50% of CYP and their families return the survey.  80% of CYP and families surveyed are confident in mainstream schools' ability to meet the needs of CYP with SEND.	March 2022 (follow up questionnaires in March 2023)	
		Change Agents identified with delegated responsibility to appoint Change Champions (in collaboration with Area 4).	8 Change Agents in place in schools. Communication with 100% of schools with named Change Champions.	March 2022	
		A robust, inclusive offer/framework developed for Warwickshire schools working with school Consortia.	50% Consortia/ network chairs sign off inclusive offer/framework for schools.		
		Promotion of Inclusion Charter to Warwickshire's Family of schools via events and briefings (in collaboration with Area 4).	50% schools access the promotion of the inclusion framework.		
<b>3.2 Ensure an ongoing sustainable model for inclusive practice to ensure the correct placement of children and young people with EHC plans</b> <i>I statement for children and young people "I feel safe and included in my school"</i>					
3.2.1 Plan for School Improvement categorization (Sept 2023 implementation) process to encompass	Matt Biggs	Change Agents and Change Champions work alongside identified schools within Consortia	100% of schools have an identified Change Agent and Champion.	December 2022	

Inclusion as a core element, with peer-to-peer review, self-evaluation, and quantitative data. Inclusive practice (in collaboration with Area 4).		to strengthen and embed practice, using assessment criteria.			
		Re-survey CYP and their families carried out.	25% improvement in satisfaction of CYP and their families.		
	Darren Barrow	Succession planning is embedded so Change Agents, Champions and SEND SLEs are replaced/ recruited.	Change Agents, Champions and SEND SLEs are in place and allocated to all mainstream schools.	January 2023	
	Margot Brown	Categorisation process includes a section on inclusive provision.	School Improvement categorisation process in place in all schools.	May 2023	

## Area 4: The lack of uptake staff training for mainstream primary and secondary school staff to help them understand and meet the needs of CYP with SEND

**Senior Responsible Officer:** Marie Rooney, Head of SEND and Inclusion and Educational Entitlement, WCC

### Outcomes we will strive for:

- School staff are knowledgeable about, and confident in, meeting the needs of CYP with SEND in primary schools.
- School staff are knowledgeable about, and confident in, meeting the needs of CYP with SEND in secondary schools.

Actions we will we take	Lead	Evidence of success	Impact measures [KPIs/targets]	Completion date	Progress (BRAG)
<b>4.1 Increase knowledge and confidence of primary and secondary school staff in meeting the needs of CYP with SEND</b>					
<i>I statement for children and young People “I know that if I need support that the staff in my school know how to help me”</i>					
4.1.1 Set up a local workforce development task group to co-produce the workforce development action plan in primary and secondary schools (in collaboration with Area 3).	Marie Rooney	Terms of reference for group and action plan with aligned accountability framework agreed and in place.	100% of colleagues sign off terms of reference and accountability framework.	March 2022	
		Schedule of surveys (including baselining) established with school staff to measure their uptake in training and confidence levels in meeting needs of CYP with SEND.	50% schools return survey.  80% of staff surveyed feel more knowledgeable, confident, and have increased level of understanding in meeting the needs of CYP with SEND.		
		Schedule of questionnaires established for CYP and their families	50% parent carers/CYP feel school staff are more knowledgeable and confident in meeting the needs of CYP		

		(including baselining) to ascertain their level of confidence in mainstream schools.	with SEND.		
		Programme of targeted support delivered to schools who need support to improve their understanding of how to meet the needs of CYP with SEND.	50% of schools take up training. 80% of delegates attending training report that the programme gave them a good or better understanding of how to meet the needs of CYP with SEND.		
		SEND training delivered to WCC maintained school Governors.	50% of Governors attend training. 90% of attendees agree they are more confident in their role around improving outcomes for CYP with SEND.		
<b>4.2 Develop the role of the Area Analysis Group (AAG) and Education Challenge Board to enable a framework of ongoing challenge and support across Warwickshire mainstream schools moving forward</b> <i>I statement for children and young people “I know that schools will try hard and will have to show what they are doing”</i>					
4.2.1 Develop the role of the Area Analysis Group (AAG) and Education Challenge Board, with an agenda focus on improvements for CYP with SEND (in collaboration with Area 3).	Marie Rooney	Categorisation process in place to detail the % CYP with EHCP in schools/ academies.	Increase in CYP with EHCP in schools/ academies to be in line or above statistical neighbours.	December 2022	
		Action plan agreed with schools outlining how they will continue to upskill their workforce to respond to the needs of CYP with SEND.	80% of schools have an action plan outlining how they will continue to upskill their workforce to meet the needs of CYP with SEND.		



## Area 5: The quality of the online local offer

**Senior Responsible Officer** - Duane Chappell, Strategy and Commissioning Manager, SEND and Inclusion, WCC

### Outcomes we will strive for:

- The quality of the online local offer is fit for purpose.

Actions we will take	Lead	Evidence of success	Impact measures [KPIs/targets]	Completion date	Progress (BRAG)
<b>5.1 Ensure the quality of the online local offer is fit for purpose</b> <i>I statement for Parent Carers and CYP "I can find the information I need, and it is easy for me to understand"</i>					
5.1.1 Re-design and update the online local offer working with children and young people, parents, carers and professionals.	Jo Rolls	New local offer pages are developed with CYP, parent carers and professionals.	Increase in webpage hits to demonstrate improved engagement with the local offer webpages.  Decrease in one click webpage enquiries shows that people are engaging with the local offer pages.	October 2021 (launch)	
5.1.2 Launch and promote the new online local offer to it is clear to everyone what is available in the local area.	Jo Rolls & Linda Saw	New online local offer is live.	Increased number of visits to local offer webpages.	November 2021	Local offer launched on 13/10/21.
		Landing page is improved including an explanation of the local offer and promotion of SENDIAS.	80% of the feedback on the landing page is rated good or better.	October 2021	
		Local offer is promoted via a range of platforms e.g., social media, news releases, newsletters, briefings with Head Teachers, SENCOs, WPCV, SENDIAS and professionals.	Parents, carers, CYP and professionals use the local offer regularly, with increased visits to webpages and feedback captured.  60% increase in webpage hits, from Jan 2021 – Jan 2022.	December 2021	

		Videos of 'What is the local offer?' and 'How to use the local offer' produced and uploaded.	Increase in number of visitors to the webpages and understanding of the local offer by CYP, parent carers and professionals.	March 2022	
		'Reach Deck' trial (accessibility tool) carried out to assess if more people access the local offer.	Increase in people accessing the local offer.	February 2022	
		Posters and leaflets are produced and distributed throughout Warwickshire with QR codes e.g., to schools, Children & Family Centres, GPs.	100% of schools, Children & Family Centres, GPs settings displaying posters/QR codes.	March 2022	
			50% of families and professionals who contact the helpline report that they accessed useful information from the flyers.		
5.1.3 Maintain the local offer webpages to ensure information is fit for purpose and kept up to date.	Linda Saw	Feedback form included on the local offer pages and service users regularly provide feedback.	The feedback form on the local offer webpages demonstrates that 70% of users can find what they are looking for.	December 2021	
		An established subject matter expert group consisting of various professionals and process in place to provide termly updates.	Local offer is up to date and marketed so that CYP, parents, carers and professional continue to use it and find it helpful.	March 2022	
		Ongoing co- production groups for young people, parent carers and professionals in place.	Young people, parent carers and professionals felt listened to, involved in decision making and satisfaction with the process.	April 2022	

# Section 6 - Local Area Monitoring Arrangements

With baselines established open implementation of WSoA and targets agreed by Action Leads as identified within the plan

<b>Monthly</b>	
<b>KPI's</b>	Discussions and challenge held at Education & SEND Senior Management Team and CCG SMT meetings
<b>6-weekly</b>	
<b>WSoA interim reports on Progress</b>	Targeted WSoA updates to SEND and Inclusion Steering Group (exception reporting of issues)
<b>Quarterly</b>	
<b>WSoA formal reports on progress of actions within plan</b>	Full WSoA update to SEND and Inclusion Board, SEND Member Panel, NHSE and DfE
<b>6-monthly</b>	
<b>Political oversight of WSoA</b>	Full WSoA update to Children and Young People's Overview and Scrutiny Committee

Warwickshire Parent Carer Voice are strategic partners of the SEND and Inclusion Steering Group and Change Programme Board, bringing the voice of our children and young people and their families into our monitoring. We will also, through workstreams and projects, engage our parents and carers in evaluating the progress that we are making on targeted areas, in line with our Written Statement of Action commitments.

# Appendix 1 - SEND and Inclusion Steering Group Members

Role	Name	Agency
Strategic Director Communities	Mark Ryder	WCC
Strategic Director People	Nigel Minns	WCC
Director of Joint Commissioning	Matt Gilks	CWCCG
Senior Transformation Manager	Heather Kelly	CWCCG
Warwickshire Parent Carer Voice, Chair	Elaine Lambe	WPCV
Director of Nursing	Fiona Burton	SWFT
Assistant Director Education	Ian Budd/Chris Baird	WCC
Strategy and Commissioning Manager, SEND and Inclusion	Duane Chappell	WCC
Assistant Director People, Strategy and Commissioning	Becky Hale	WCC
Assistant Director Children & Families	John Coleman	WCC
Assistant Director People, Adult Social Care (Delivery)	Pete Sidgwick	WCC
Chief Operating Officer	Sonya Gardiner	CWPT
Change Delivery Lead	Rachel Barnes	WCC
Programme Manager	Ruth Bell	WCC

# Appendix 2 – Area Working Group Members

Role	Name	Agency
<b>Area 1: The waiting times for Autism assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis of Autism</b>		
Director of Commissioning,	Matt Gilks	CWCCG
Associate Director for LD and Autism	Helen Stephenson	CWPT
Warwickshire Parent Carer Voice	Cathy Wassell	WPCV
Senior Joint Commissioner Joint Disabilities and Autism	Ali Cole	WCC
Strategic Lead for Alternative Provision	Marie Rooney	WCC
Senior Transformation Manager	Natasha Lloyd-Lucas	CWCCG
Designated Clinical Officer (DCO) and Consultant Paediatric Community Nurse	David Widdas	SWFT
Lead Commissioner (Family Wellbeing, Public Health)	Kate Sahota	WCC
RISE Head of Service	Michelle Rudd	CWPT
<b>Area 2: The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level</b>		
Assistant Director, Children & Families	John Coleman	WCC
Development Team Manager, Children & Families	Jo Mann	WCC
Co-production & Research Officer	Sam Craven	WCC
Delivery Lead - Marketing and Communication	Lisa Mowe	WCC
Warwickshire Parent Carer Voice	Elaine Lambe	WPCV
Senior Transformation Manager	Heather Kelly	CWCCG
C&F Social Work Operational Team Leader	Shinderpaul Bhangal	WCC
Warwickshire SENDIAS Coordinator	Elaine Harvey	SENDIAS
<b>Area 3: Incorrect placement of some CYP with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed</b>		
Strategy and Commissioning Manager (Education & Early Years)	Matt Biggs	WCC
Schools Sustainability Lead Officer	Darren Barrow	WCC
Strategic Lead for Alternative Provision	Marie Rooney	WCC
Warwickshire Parent Carer Voice	Tricia Elliot	WPCV
Principal Educational Psychologist	Tracey Underwood	WCC

Project Manager	Rhiannon Davies	WCC
Warwickshire SENDIAS Coordinator	Elaine Harvey	SENDIAS
<b>Area 4: The lack of uptake staff training for mainstream primary and secondary school staff to help them understand and meet the needs of CYP with SEND</b>		
Strategic Lead for Alternative Provision	Marie Rooney	WCC
Strategy and Commissioning Manager (Education & Early Years)	Matt Biggs	WCC
Service Manager for Early Help and Targeted Support Services	Marina Kitchen	WCC
Senior Joint Commissioner Joint Disabilities and Autism	Ali Cole	WCC/CWCCG
Project Manager	Toni Wynn	WCC
Warwickshire Parent Carer Voice	Tricia Elliot	WPCV
<b>Area 5: The quality of the online local offer</b>		
Family Information Service (FIS) Operations Manager	Jo Rolls	WCC
Family Information Service (FIS) Officer	Linda Saw	WCC
Project Manager	Max Beesley	WCC
Manager EMTAS and SEND & Inclusion Change Programme Integrated Services Lead	Tammy Mason	WCC
Warwickshire Parent Carer Voice	Melissa Odling	WPCV

# Appendix 3 - Groups Involved in the Production of WSoA

Date	Meeting and attendees	Description
07/09/21	SEND & Inclusion Steering Group set up (senior leads from across education, health and social care and WPCV)	Template and Terms of Reference for Steering Group agreed.
21/09/21	SEND & Inclusion Steering Group, chaired by Mark Ryder	Area leads, Communications Plan and governance agreed.
23/09/21	Briefings to stakeholders by Duane Chappell and Mark Ryder (following publication of final inspection report)	Meetings with staff, head teachers, parent carers, governors, and members.
24/09/21	Update to Trade Unions by Duane Chappell	Update provided on the inspection to Trade Unions.
27/09/21	Special School Heads meeting with Duane Chappell and Marie Rooney	Meeting to discuss findings of the inspection and next steps.
27/09/21	Meeting with regional PCF lead, Zara Bowden	Meeting to share good practice from other areas around coproduction and engagement with parent carers.
28/09/21	Head Teachers briefing by Duane Chappell	Briefing for Head Teachers on the inspection findings.
30/09/21	Schools Forum briefing by Duane Chappell	Update to Schools Forum on outcome of inspection.
30/09/21	Early Years managers meeting with Duane Chappell and Rachel Barnes	Presentation and discussion about inspection findings and change programme.
01/10/21	Initial Senior Officers Meeting with DfE and NHSE, senior leads from education, health and social care and WPCV	Initial feedback on draft WSoA and approach.
01/10/21	Leader and Portfolio Holder briefing with Duane Chappell and Rachel Barnes	Meeting to discuss inspection outcomes and next steps.
05/10/21	Template shared with Area leads and working groups set up	Working groups mobilised to develop the WSoA.
06/10/21	Community and voluntary sector workshop with Duane Chappell and Rachel Barnes	Feedback on the inspection, SEND & Inclusion change programme and discussion.
07/10/21	SENDIAS meeting with Duane Chappell	Meeting to discuss the outcomes of the inspection and next steps.
07/10/21	Specialist Neurodevelopmental Diagnostic Service Redesign task and finish group	Meeting to discuss differentiated diagnostic arrangements (part of Neurodevelopmental Transformation programme).
11/10/21	Parents and carers survey circulated by WPCV	Survey to gather feedback on the priorities and improvements needed following the inspection.

15/10/21	Extraordinary Meeting of Neurodevelopmental Transformation Steering Group	Meeting to discuss approach to reducing assessment backlog including prioritisation criteria for that.
18/10/21	Briefing Notes to Children and Young People Overview and Scrutiny on the inspection by Duane Chappell and Rachel Barnes	Briefing shared with Overview and Scrutiny Committee via the portfolio holder, Councillor Jeff Morgan.
21/10/21	SEND Partnership Meeting with Duane Chappell and Ross Caws	Update on the inspection outcomes and WSoA.
01/11/21	SEND and Inclusion Steering Group	Feedback on first draft of WSoA.
03/11/21	Head Teachers Conference – update by Duane Chappell and WSoA area leads with guest speaker Kim Garland, Head Teacher of Brimsham Green School in South Gloucestershire (inclusion focus)	Update and discussion on inspection outcomes, WSoA and change programme.
04/11/21	Parent Carer webinar with Elaine Lambe and Sam Craven	Webinar by WPCV and WCC to strengthen relationships with parents and carers and work together to improve SEND services.
05/11/21	Neurodevelopmental Transformation Steering Group	One of regular meetings aimed at discussing progress on Neurodevelopmental Transformation programme incl addressing current backlog of referrals and redesign of the diagnostic pathway.
16/11/21	Corporate Board, WCC with Duane Chappell and Rachel Barnes	Feedback on draft WSoA.
16/11/21	Children and Young People Overview and Scrutiny Committee presentation by Duane Chappell, Rachel Barnes, Mark Ryder and Nigel Minns	Feedback on draft WSoA.
24/11/21	Chair of Governors Meeting update by Duane Chappell and Rachel Barnes	Update and discussion on Written Statement of Action.
25/11/21	Head Teachers meeting with Marie Rooney, Matt Biggs, Tracey Underwood and Rachel Barnes	Further discussion on the Written Statement of Action.
25/11/21	Clinical Quality and Governance Committee, CWCCG	Consideration and recommendation to Governing Body on WSoA.
07/12/21	Cabinet, WCC	Approval of draft WSoA.
08/12/21	Joint Children and Young People and Adult Social Care & Health OSC update by Duane Chappell and Rachel Barnes	Oversight and feedback on the draft WSoA.
15/12/21	Governing Body, CWCCG	Approval of draft WSoA.
17/12/21	WCC and CWCCG senior officers and Portfolio Holder	Final approval of WSoA.



# Appendix 4 - Glossary

	Description		Description
<b>AAG</b>	Area Analysis Group (schools)	<b>CWPT</b>	Coventry and Warwickshire Partnership Trust
<b>AATI</b>	Attachment and Trauma Informed	<b>CYP</b>	Children and Young People
<b>ABP</b>	Area Behaviour Partnership	<b>DCO</b>	Designated Clinical Officer
<b>ACEs</b>	Adverse Childhood Experiences	<b>DfE</b>	Department for Education
<b>ADHD</b>	Attention Deficit and Hyperactivity Disorder	<b>DMO</b>	Designated Medical Officer
<b>AEP</b>	Alternative Education Provision	<b>DSG</b>	Dedicated Schools Grant
<b>ALDAAR</b>	Autism & Learning Disability Admission Avoidance Register	<b>DSL</b>	Designated Safeguarding Lead
<b>ALT</b>	Acute Liaison Team	<b>DSW</b>	Designated Social Worker
<b>AP</b>	Alternative Provision	<b>EDT</b>	Emergency Duty Team
<b>ASC</b>	Autistic Spectrum Condition	<b>EET</b>	Education Entitlement Team
<b>ASD</b>	Autistic Spectrum Disorder	<b>EET</b>	Education Employment Team
<b>AQA</b>	Assessment and Qualification Alliance	<b>EHCP</b>	Education, Health and Care Plan
<b>BSL</b>	British Sign Language	<b>EHcna</b>	Education Health and Care needs assessment
<b>CAMHS</b>	Child and Adolescent Mental Health Service	<b>EHE</b>	Elective Home Education
<b>CCG</b>	Clinical Commissioning Group	<b>EMTAS</b>	Ethnic Minorities and Traveller Achievement Service
<b>CCN</b>	Community Children's Nursing	<b>ENAS</b>	Extended Non-Attendance at School
<b>CETRs</b>	Care Education Treatment Reviews	<b>EP</b>	Educational Psychologist
<b>CHC</b>	Continuing Health Care	<b>EPS</b>	Educational Psychology Service
<b>CHSWG</b>	Children's Hearing Service Working Group	<b>EY</b>	Early Years
<b>CIN</b>	Child in Need	<b>EYFS</b>	Early Years Foundation Stage
<b>CiN</b>	Communication and Interaction Needs	<b>FAP</b>	Fair Access Protocol
<b>CLA</b>	Child(ren) Looked After	<b>FE</b>	Further Education
<b>CLDT</b>	Community Learning Disability Team	<b>FIS</b>	Family Information Service
<b>COVID</b>	Coronavirus Disease	<b>FLT</b>	Flex Learning Team
<b>CQC</b>	Care Quality Commission	<b>FTE</b>	Full-Time Equivalent
<b>CVS</b>	Community Voluntary Sector	<b>GCSE</b>	General Certificate of Secondary Education
<b>CWCCG</b>	Coventry & Warwickshire Clinical Commissioning Group	<b>GLD</b>	Good Level of Development
<b>CWD</b>	Children with Disabilities	<b>GP</b>	General Practitioner
<b>CWDT</b>	Children with Disabilities Team	<b>GRT</b>	Gypsy Roma Traveller

<b>HCP</b>	Healthy Child Programme	<b>SDQ</b>	Strengths and Difficulties Questionnaire
<b>HELAC</b>	Health Looked After Children	<b>SEF</b>	Self-Evaluation Framework
<b>HI</b>	Hearing Impairment	<b>SEMH</b>	Social, Emotional and Mental Health
<b>HV</b>	Health Visitor	<b>SEN</b>	Special Educational Needs
<b>IPBS</b>	Intensive Positive Behaviour Support	<b>SEND</b>	Special Educational Needs and Disabilities
<b>IDACI</b>	Income Deprivation Affecting Children Index	<b>SENDAR</b>	SEND Assessment and Review Service
<b>IDS</b>	Integrated Disability Service	<b>SENCO</b>	Special Educational Needs & Disabilities Coordinator
<b>IEP</b>	Individual Education Plan	<b>SENDIAS</b>	SEND Information and Advice Service
<b>IHCP</b>	Health Care Plan	<b>SENS</b>	SEND Support
<b>ILACS</b>	Inspection of Local Authority Children's Services	<b>SICP</b>	SEND and Inclusion Change Programme
<b>ILEAP</b>	Inclusive Leisure Education Activity Project	<b>SN</b>	School Nurse
<b>ISP</b>	Independent Specialist Provision	<b>SPA</b>	Single Point of Access
<b>IST</b>	Intensive Support Team	<b>STS</b>	Specialist Teaching Service
<b>JSNA</b>	Joint Strategic Needs Assessment	<b>SWFT</b>	South Warwickshire Foundation Trust
<b>KPI</b>	Key Performance Indicator(s)	<b>TCP</b>	Transforming Care Partnership
<b>KS</b>	Key Stage	<b>VCS</b>	Voluntary Community Services
<b>LA</b>	Local Authority	<b>WCC</b>	Warwickshire County Council
<b>LD</b>	Learning Disability	<b>WinCKs</b>	Warwickshire Inclusive Nursery Kitemarking Scheme
<b>LGA</b>	Local Government Association	<b>WYJS</b>	Warwickshire Youth Justice Service
<b>LTP</b>	Local Transformation Plan	<b>YP</b>	Young Person
<b>MASH</b>	Multi-Agency Safeguarding Hub		
<b>MEG</b>	Multi-Agency Panel (Health)		
<b>NDTI</b>	National Development Team for Inclusion		
<b>NEET</b>	Not in Education, Employment or Training		
<b>NHS</b>	National Health Service		
<b>OT</b>	Occupational Therapy		
<b>PACT</b>	Paediatric Autism Communication Therapy		
<b>PCF</b>	Parent Carer Forum		
<b>PEP</b>	Personal Education Plan		
<b>PVI</b>	Private, Voluntary, and Independent		
<b>QoL</b>	Quality of Life		
<b>RWM</b>	Reading, Writing and Maths		

## **Warwickshire's Joint Children Young People and Adult Social Care and Health Overview and Scrutiny Committee**

**8 December 2021**

### **Coventry and Warwickshire Joint Autism Strategy**

#### **Recommendation(s)**

1. Endorse the joint All Age Autism Strategy for Coventry and Warwickshire 2021-26

#### **1. Executive Summary**

- 1.1 Local Authorities and Clinical Commissioning Groups have statutory responsibilities to support autistic people as outlined in the Autism Act 2009, Equality Act 2010, Care Act 2014, Children and Families Act 2014, SEND Code of Practice 2014 and NHS Long Term Plan 2019.
- 1.2 In recognition of these statutory responsibilities and the inequalities faced by autistic people, the Coventry and Warwickshire Collaborative Commissioning Board approved the development of a joint all age strategy for autistic people. This is a joint five-year strategy which is owned by the following organisations:
  - Warwickshire County Council
  - Coventry City Council
  - NHS Coventry and Warwickshire Clinical Commissioning Group
- 1.3 The Strategy 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. Publication of the this local strategy was delayed while the national strategy was being developed, however, work has continued towards delivery of the strategy in the meantime.
- 1.4 An accessible & easy read version of this strategy is being developed and will be published following sign off of this strategy.
- 1.5 Significant progress has been made since the previous strategy to develop diagnostic pathways for adults and children; pilot new support services for autistic people pre- and post diagnosis and those in mental health crisis; improve support for young people in education with communication and sensory needs; and deliver autism training for parents, carers and the wider workforce. However, autistic people

continue to experience inequalities due to gaps in services and support, hence the need for this strategy.

- 1.6 This autism strategy is informed by a range of co-production and mapping activity which was completed in 2019 and 2020 with experts with lived experience and key professionals, which was undertaken to build our shared understanding of the experience of autistic people of all ages and their families in accessing support appropriate to their needs and getting a formal diagnosis of autism. A number of new services for autistic people have been piloted since 2018 and the learning from those pilots has contributed to the strategy.
- 1.7 A joint Ofsted and the 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 autism (ASD) assessments and the lack of appropriate support for children and young people awaiting assessment and following diagnosis of ASD.
- 1.8 A detailed Written Statement of Action and plan to address waiting times for autism assessment and improve pre- and post diagnostic support is being developed.
- 1.9 The strategy gives the overarching objectives for the next 5 years. These will be delivered in a co-ordinated way across Warwickshire and Coventry and some elements will be delivered differently in different places to take account of the different services and communities across the area. A delivery plan for year 1 of the strategy has been developed, with a key focus reflecting local priorities on redesign of the diagnostic pathway, including pre- and post diagnostic support as well as the development of community services to reduce avoidable admissions to mental health hospital.
- 1.10 In line with the Coventry and Warwickshire Special Educational Needs and Disability (SEND) and Inclusion Strategies, the Autism Strategy emphasises the importance of promoting inclusive practice and supporting young people to access their full potential through education. Delivery of the strategy will therefore be aligned with the Warwickshire SEND change programme and the Coventry SEND Strategy 2019 to 2022 'Lifting the Cloud of Limitation'. Signing off and publishing this strategy is critical in light of the recent CQC and OFSTED inspection outcome in Warwickshire.
- 1.11 The new national Autism Strategy (2021-2026) launched in July 2021 builds on the previous national Strategy's pre-existing duties placed on commissioners and service delivery providers in relation to adults; and it builds on the SEND Code of Practice in relation to children and young people. The new strategy introduces a new element of identification and provision of support to autistic adults in accordance with relevant legal duties.

- 1.12 Overall there is close alignment between the local and national strategies, although the priorities are described differently between the two documents. A year 1 strategy delivery plan has been developed for 2021/22, in line with the approach in the national strategy. Priorities identified within this plan are funded and are deliverable. The year 1 plan focusses on reducing waiting times for a diagnosis and pre- and post diagnostic support, as well as reducing the numbers of autistic people admitted to mental health hospitals. In year 2 priorities will reflect the wider scope beyond health, social care and education.
- 1.13 In reflecting on the national strategy priorities, there is the opportunity to strengthen the focus on workforce development in our local delivery plan for year 2 and build the links with education, criminal justice, and public health as well as with our own organisation's employment practices in promoting the employment of autistic people. For example, greater consideration needs to be given in the local delivery plan to improving the experience of autistic people in accessing public transport and advocacy services and improving support in and environments of services working with autistic people through enhanced workforce development and autism awareness raising.
- 1.14 A key difference is that the national strategy has a key focus on improving diagnostic waiting times and does not reflect our local ambition to ensure that while prompt access to a diagnosis is imperative, it is also of importance that people can access support without needing a diagnosis and are not excluded from services on the basis of their diagnosis.
- 1.15 Furthermore, since August 2020, the Strategy has been presented to the following boards and committees, with feedback incorporated into the document:
  - Learning Disability and Autism Transformation Board – August 2020
  - South Warwickshire CCG Chief Officers Team – September 2020
  - Coventry Adult Social Care Management Team – September 2020
  - Coventry Children's Joint Commissioning Group – September 2020
  - South Warwickshire Clinical Commissioning Group Chief Officers – September 2020
  - Coventry SEND Autism Champions Workshop – October 2020
  - Warwickshire Health Overview and Scrutiny Committee - October 2020
  - Coventry Rugby /Warwickshire North CCG Clinical Quality Safety and Governance Committee – October 2020
  - Coventry Rugby /Warwickshire North CCG Finance and Performance Committee – October 2020
  - South Warwickshire CCG Executive Team – October 2020
  - Learning Disability and Autism Transformation Board – October 2020
  - Warwickshire SEND Senior Leadership Team – October 2020
  - Health Care Professionals Clinical Forum – November 2020
  - Health Care Professionals Mental Health Strategy Group – November 2020
  - Warwickshire Children's Partnership Board – December 2020
  - Arden Learning Disabilities and Autism Board – June 2021

- Strategy sign off by WCC Directorate Leadership Team - September 2021
- Strategy sign off by WCC Corporate Board - October 2021
- Coventry and Warwickshire Clinical Commissioning Group Clinical Quality Safety and Governance Committee - October 2021
- Coventry and Warwickshire Clinical Commissioning Group Finance and Performance Committee - November 2021
- Coventry and Warwickshire Clinical Commissioning Group Governing Body - November 2021
- Coventry Children's Services Leadership Team – November 2021
- Warwickshire County Council Cabinet – November 2021

## **2. Financial Implications**

- 2.1 There is no new recurrent funding identified to deliver the strategy, however it is recognised that autistic people currently access high cost support from a range of specialist services once they are in crisis. 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 existing health, care and education services and pathways of support more accessible and effective for autistic people.
- 2.2 To date, funding for delivery of the Strategy has been sourced through a variety of routes including pooled LA/CCG budgets, Warwickshire Integrated Better Care Fund and NHSE one off monies. These include funding bids to support transformation of the neurodevelopmental diagnostic pathway redesign and enhancing community based support. Bids will continue to be made for any future funding streams to help support delivery of this strategy.
- 2.3 The national strategy launched in July 2021 introduces a number of funding streams to support delivery of the six national priority areas by local systems. In reviewing the detail of the funding outlined in the national strategy, in the main this reflects funding streams that have already been secured from NHSE/I to support local delivery plans for 2021/22. Locally in Coventry and Warwickshire we have already made a number of successful bids to be part of national initiatives and programmes outlined in the strategy, including the Keyworker Pilot, Digital Flag Pilot, Autism in Schools and funding to support innovative redesign of diagnostic pathways for adults and children.
- 2.4 Delivery of the model of care will require system wide decisions about recurrent investment in autism services, which is being managed through the development of the 3 year plan for Learning Disabilities and Autism through the Arden Learning Disabilities and Autism Board.

### 3. Environmental Implications

3.1 None

### 4. Supporting Information

4.1 The joint All Age Autism Strategy for Coventry and Warwickshire 2021-26 is informed by a range of co-production, engagement and mapping activity which was completed during 2019 and 2020 and which was undertaken to build our shared understanding of the experience of autistic people of all ages and their families in accessing support appropriate to their needs and getting a formal diagnosis of autism. A number of new services for autistic people have been piloted since 2018 and the learning from those pilots has contributed to the strategy.

4.2 Based on the evidence base gained through the co-production and research activity, as well as statutory responsibilities for partner organisations, five priority areas have been identified. A number of objectives have been developed against each of the priority areas:

**Table 2. Coventry and Warwickshire All Age Autism Strategy Priority Areas and Key Objectives**

<b>Priority Area:</b>	<b>Key Objectives:</b>
Priority 1: Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis	<p>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 and emotional health needs in order to promote self-management, family resilience, independence and wellbeing.</p> <p>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.</p>
Priority 2: Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live	<p>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.</p> <p>Respecting human rights, citizenship and offering inclusive approach to all citizens must extend</p>

	to everyone, including in access to education and employment, and autistic people as well as their parents and carers should be no exception.
Priority 3: Develop a range of organisations locally with the skills to support autistic people	<p>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.</p> <p>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.</p>
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.

- 4.3 The draft strategy has been endorsed by the Coventry and Warwickshire Learning Disability and Autism Transformation Board to be shared with partners for review prior to finalisation of the strategy.
- 4.4 The Strategy reflects Warwickshire County Council's ambitions to make Warwickshire:
- a county with a vibrant economy and places with the right jobs, skills, and infrastructure;
  - a place where people can live their best lives; where communities and individuals are supported to live safely, healthily, happily and independently;
  - a place with sustainable futures which means adapting to and mitigating climate change and meeting net zero commitments.
- 4.5 A new five year Council Plan is being developed which will also reflect the 5 Autism Strategy priorities in its vision and planned actions to transform the lives of local residents.



## Strategy Delivery

- 4.6 Delivery of the strategy objectives will require system wide commitment to prioritise the needs of autistic people within wider programmes of work including education, primary and secondary mental and physical health services, social care and support, public health, communities, housing, businesses, police and youth justice. The work to deliver the identified year 1 priorities in 2021/22 within the local strategy is already in progress as outlined below.
- 4.7 A robust co-production approach underpins the delivery of the strategy priorities to ensure that we build on strengths, experience and voices of individuals with direct experience of using health and social care services in supporting them in relation to autism related needs.

## Priority Actions for Delivery in 2021/22

- 4.8 A detailed Strategy Delivery Plan has been provided in Appendix 2.
- 4.9 The following activities have been agreed by Coventry and Warwickshire health and social care system as priorities for the first year of the strategy (2021/22):

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

- The contracts for existing community based autism support services are due to end October 2022. A proposed model of future support has been co-produced, building on the evaluation of existing services. The model includes the following elements which will inform the re-procurement activity during 2021/2022:
  - Improved and coproduced offer of information and advice provided in an accessible format, working in partnership with Coventry and Warwickshire Partnership trust to further enhance their Dimensions tool to be the one stop shop for information about the diagnostic process, signposting to support and provision of self-management resources.;
  - Support for children, young people and adults awaiting an autism assessment and those diagnosed with autism residing in Coventry and Warwickshire, their siblings and parents/carers/family members via a range of options for 1:1 support, social groups, peer support and mentoring;
  - Improved transition support including sessions for specific age groups and workshops for professionals;
  - Autism awareness and peer networking sessions for parents and family members;
- The development of a housing action plan for learning disabilities and autism will improve access to suitable housing for autistic people living in Coventry and Warwickshire, by raising awareness of autism and improving access to housing that is designed to consider the sensory needs of autistic people.

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

- Autistic people and families highlighted that working with education and mental health and wellbeing services should be the priority in this area, along with improving access to employment.
- Two pilot projects have been funded by NHS England working with a small number of schools in Coventry and Warwickshire. One project aims to improve school attendance for autistic young people through a graduated offer of support and the other will focus on developing autism empowered school environments and developing positive self-identity of secondary school students, thus leading to improved outcomes around education and mental health needs. The learning from these pilot projects will inform the delivery of SEND support into schools across Coventry and Warwickshire.
- Coventry and Warwickshire Partnership Trust have developed autism training which is being rolled out to staff in emotional wellbeing and specialist mental health services (including CAMHS). Specialist roles are being created to build autism awareness in mental health services, including the employment of people with lived experience of learning disabilities and / or autism.
- Both Councils are working towards disability confident employer level 3 as part of the commitment to promote and support employment of autistic people within the Council.

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

- A systemwide workforce development plan will be developed to support delivery of the strategy by addressing workforce gaps in relation to autism and ensuring that training staff in relation to autism is a priority for all partners. The aim is to upskill the workforce to be able to identify characteristics linked to autism early on and provide reasonable adjustments within their service offer to avoid the need to access diagnosis in order to receive support.
- An introductory autism awareness e-module has been developed for professionals and Connections workshops have been commissioned for staff across Coventry and Warwickshire to ensure that workforce have an improved experience of and understanding of autism, feel empowered and skilled to meet the health, care and education needs of autistic people and provide support that is tailored to individual need.

**Priority 4:** Develop the all age autism specialist support offer, including redesign of the diagnostic pathway to address waiting times for a diagnosis.

- A multi-agency Neurodevelopmental Diagnostic and Support Transformation Programme commenced in November 2020 in line with the Coventry and Warwickshire All Age Autism Strategy's priority to reduce waiting times for a neurodevelopmental assessment. Over the last 10 months, the programme has focused on redesigning the all age diagnostic pathway and exploring the potential to develop the wider workforce to be able to diagnose and appropriately support people with neurodevelopmental conditions, including in mental health, CAMHS and education services. Additional investment by the CCG and Coventry and

Warwickshire Partnership Trust will create additional diagnostic capacity to contribute to reducing the waiting list. A number of projects funded by NHS England are being piloted to test a differentiated approach to the diagnostic pathway, enabling more straightforward diagnoses to be completed by the wider workforce, without referral to a specialist service, thus further building the capacity for diagnosis.

- Specialist services are being developed to prevent unnecessary admissions to hospital, with a particular focus on young people age 14-25 as this is where the majority of admissions are seen.
- Coventry and Warwickshire are the most advanced system nationally in developing and delivering a Keyworker service for 14-25 year olds, which is now supporting over 70 young people and families, ensuring young people can navigate and access support from all agencies to prevent admission or facilitate discharge.
- The existing intensive support service for children and young people delivered by Coventry and Warwickshire Partnership Trust has been extended to age 25 to provide specialist intensive support for young autistic adults at risk of admission to hospital. CWPT are working to develop the model to further extend the offer to adults over 25 years. This is complemented by an emergency community outreach service delivered by Fine Futures which provides specialist care and support at home for autistic adults age 16 plus to provide additional wrap around support to prevent unnecessary admissions to hospital.
- A new community forensic service will be delivered by CWPT to support autistic adults in contact with or at risk of contact with the criminal justice system

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

- Coproduction is a key factor underpinning delivery of the Strategy. Coventry and Warwickshire Grapevine have been commissioned to facilitate delivery of a new Experts by Experience Coproduction service to support us to ensure all aspects of the Strategy are coproduced with people with lived experience. The model includes payments to 'experts by experience' for their time.

## Timescales associated with the decision and next steps

Key milestone	Meeting Date
Coventry Adult Social Care and Health Overview and Scrutiny Committee	1 <sup>st</sup> December 2021
Warwickshire Joint Children Young People and Adult Social Care and Health Overview and Scrutiny Committee	8 <sup>th</sup> December 2021
LDA Strategic Steering Group	Date TBC
Strategy sign off by Warwickshire Parent Carer Voice forum	Date TBC

Strategy sign off by Coventry OneVoice Parent Carer forum	December 2021
<i>Strategy implementation – Year 1 Delivery plan (2021-22)</i>	<i>March 2022</i>
<i>Delivery Plan 2022-23 development</i>	<i>March 2022</i>

## Appendices

Appendix 1 – Draft Coventry and Warwickshire All Age Autism Strategy 2021-26

Appendix 2 – Coventry and Warwickshire All Age Autism Strategy 2021-26 Delivery Plan

## Background Papers

None

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The report was circulated to the following members prior to publication:

Local Member(s): Cllr Margaret Bell and Cllr Jeff Morgan

## Appendix 1

# Coventry & Warwickshire Joint Strategy for Autistic people 2021-2026



Coventry and Warwickshire  
Clinical Commissioning Group

# Coventry & Warwickshire Joint Draft Strategy for Autistic people 2021-2026

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## **Foreward**

TO be completed



## Executive Summary

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

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

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

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

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

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

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

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

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

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

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

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

- There is an increasing demand for specialist autism services and in particular long waiting times for diagnostic assessments, which is further impacted by national workforce shortages in specialist autism roles.
- People with social, communication and sensory needs who are waiting for a diagnostic assessment are not getting the support they feel they need from services. Similarly, while a diagnosis is an important step in understanding the challenges they experience, a diagnosis alone is not sufficient to meet peoples' needs while there remain gaps in specialist support and in the capability of mainstream services to appropriately support autistic people. This is particularly a priority within mental health services and education.
- Support is not coordinated across services and people working in services often do not feel confident in their capability to effectively support and treat autistic people.
- Moving between different stages of life, such as school, college and work, is especially hard if you find change difficult, as many autistic people do<sup>1</sup>. Support for autistic people therefore needs to be prioritised around periods of transition.

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

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

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

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

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

Improve the health and wellbeing of autistic people through developing autism friendly towns and cities in Coventry and Warwickshire, including taking action to ensure autistic people experience equality of access and inclusive services and support. We all want to live in communities that support each other, without prejudice, to get the most out of our lives. Respecting human rights, citizenship and offering inclusive approach to all citizens must extend to everyone, including in

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

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.

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

## Introduction and Background

### 1. Introduction to the strategy

- 1.1 This is a joint Autism Strategy for adults, children and young people across Coventry and Warwickshire and is owned by the following organisations and partnership boards:
  - Warwickshire County Council
  - Coventry City Council
  - NHS Coventry and Warwickshire Clinical Commissioning Group
  - The Warwickshire Autism Partnership Board
- 1.2 All partners to this strategy are committed to commissioning high quality autism services and support and will work with partner organisations to improve the lives and opportunities for autistic children, young people and adults. This 5-year local strategy has been coproduced with support from a wide range of people, including autistic people and their families and people working in services and organisations that support autistic people.
- 1.3 The 2021-2026 Strategy builds on the achievements of the previous Warwickshire All Age Autism Strategy (2014 -2017) 'Fulfilling & Rewarding Lives' and the joint commissioning plan developed by Warwickshire County Council and Coventry City Council with the Warwickshire Autism Partnership Board in 2017.
- 1.4 It is recognised that not all autistic people require support, and that many lead independent and fulfilled lives without any help from specialist statutory or community services. The strategy is aimed at building a strengths-based approach and focusing on what people can do for themselves and where they want to get in life. Where they do need support, we will target it in the way that enables them achieve their goals.
- 1.5 There are many local schemes and services to support autistic people to achieve their goals, educate others about autism and make the community more accessible and welcoming to autistic people. The dedicated work of national charities and organisations and the many smaller local and national organisations and groups who work tirelessly to raise awareness day in and day out makes a real difference.
- 1.6 However, we know there is much more to be done. We still hear too many stories of autistic people struggling to cope with the stresses of daily life as well as navigating significant events such as moving schools, loss of friends or family and moving to a new house. We also hear about the huge amount of effort it takes (often over years) for individuals, their family members and professionals

trying to understand how pathways work and how to access the support they need and are entitled to. We have heard stories about the years wasted while people wait to access support and, in the meantime, lose opportunities to achieve qualifications at school, the chance to live in a place they choose, work in a job that fulfils them and have fun with their friends and family.

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

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

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

## **2. Co-production and strategy development**

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

2.2 Working with Grapevine, a local advocacy organisation, people with lived experience of autism, their families, as well as professionals, service providers and commissioners, we built a shared understanding of the challenges and opportunities across the system to in supporting people with autism to stay live and remain well. Honest conversations were had around limited resources and challenges related to waiting for an assessment for a diagnosis, identifying what pre and post diagnostic support was available and whether it was meeting everyone's needs, what could be done to make things better and what could

prevent needs escalating to the point where statutory services have to get involved.

### **3. What is Autism?**

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

3.2 Think Autism, the National Adults Autism Strategy<sup>3</sup> defines autism as a lifelong neurodevelopmental condition that affects how a person communicates with and relates to other people. Autism also affects how a person makes sense of the world around them. Autism is often described as a ‘spectrum disorder’ because the condition affects individuals in many different ways and to varying degrees. Autistic people have difficulty to a greater or lesser extent with four main areas. The Autism Education Trust<sup>4</sup> highlights the importance for staff in schools and educational settings to understand and pay attention to this as most pupils with autism will have individual educational needs and a range of abilities across these areas:

- Social communication: for example, problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice.
- Social interaction: for example, problems in recognising and understanding other people’s feelings and managing their own feelings.
- Social imagination: for example, problems with predicting other people’s intentions and behaviour and imagining situations outside their own routine.
- Sensory differences: Many autistic people experience some form of sensory oversensitivity (hypersensitivity) or under-sensitivity (hyposensitivity) for example to sounds, touch, tastes, smells, light or colours.

3.3 It is important to recognise there are positive aspects of autism, which underlines the importance of a strengths-based approach to this strategy<sup>5</sup>. This includes

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

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

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

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



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

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

#### 4. Terminology

- 4.1 Throughout this strategy, we will use the word **autism** and identity-first terminology (“**autistic people**” rather than “people with autism”) when referring to autistic people - children, young people and adults. This reflects research published in the Autism journal in 2015 which looked at the preferences of UK autistic community members – autistic people, their families, friends and professionals around the language used to describe autism<sup>6</sup>. Unless otherwise stated, reference to ‘autistic people’ or ‘an autistic person’ includes children, young people and adults of all ages across the autism spectrum at all levels of intellectual ability.
- 4.2 We recognise that some people prefer other terms and all workers should wherever possible find out the term(s) preferred by the person(s) they are working with and respect this.

#### 5. Vision

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

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

#### 6. Purpose

- 6.1 The purpose of this strategy is to provide a clear plan for support across Coventry and Warwickshire and identify priorities and objectives which reflect local need. The strategy aims to ensure autistic people and their families and carers in

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<sup>6</sup> The National Autistic Society, the Royal College of GPs and the UCL Institute of Education



Coventry and Warwickshire have access to the support and information they need to enable them to:

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

## **7. Key Strategy Principles**

- 7.1 This joint Strategy is aimed at reducing inequalities experienced by autistic people by delivering a range of activities which improve their overall health and wellbeing outcomes. Based on the evidence base gained through the coproduction activity, JSNA, service reviews and evidence of what works in other parts of the country, a number of key principles underpin the strategy.
- 7.2 The process of improvement is not within the gift of any one organisation, and requires joint ownership, commitment and leadership. All partners supporting this strategy are committed to reducing the gap between the support needed and the support currently available. This strategy outlines the areas of focus to make this happen.
- 7.3 Delivery of the strategy will continue to be driven through co-production with autistic people and their families to ensure solutions are accessible and meet needs. In the absence of national robust evidence detailing effective interventions and support for autistic people, there is commitment to testing approaches based on best practice and learning from experts by experience and professional experts. Partners will work together to develop our understanding about what works for autistic people and their families.

- 7.4 There is currently no specific budget for coordinated autism services and support. The strategy must therefore be delivered in a way that ensures existing resources are used in the most cost-effective way, including promoting prevention and early intervention and making all existing services and pathways of support more accessible and effective for autistic people.
- 7.5 Many people with autism can work and have shared that they want to work. It is therefore imperative to find out what people's aspirations are and agree how we can help them achieve these, building on their existing skills and experience. Enabling more people with autism to access education and meaningful paid employment will contribute to their mental and social wellbeing, increasing confidence, self-esteem and friendship networks, as well as financial wellbeing
- 7.6 Parents and carers of autistic people will be recognised as expert partners in care and supported to deliver their caring responsibilities, acknowledging the importance of preventing carer breakdown and reducing the need for further services.
- 7.7 People will be enabled to develop their own solutions and networks of support through developing a better understanding of the third sector services people are using to effectively develop their own support networks and facilitate information sharing.
- 7.8 Mainstream and specialist services will be commissioned and delivered in a way which does not restrict access nor exclude people on the basis of an autism diagnosis. It is the responsibility of all services to ensure accessibility and appropriate support for autistic people within their service, acknowledging that this may require training and development for the workforce.
- 7.9 Closer partnership working between services involved in supporting autistic people and their parents and carers, such as Health Visiting service, School Nursing, Early Help support teams, education providers, diagnostic services, mental health support and community providers will be crucial to an improved experience for people with autism.
- 7.10 The wellbeing of autistic people depends on feeling accepted and understood in all aspects of their lives and the strategy includes a commitment to develop autism friendly local communities and services. The strategy aims to enable autistic people to access housing, employment, education and benefit from being involved in cultural, sport and leisure opportunities in an equal measure.
- 7.11 Equal opportunities and access to support that responds to the needs of autistic people from Black, Asian or minority ethnic backgrounds, as well as communities described as 'seldom heard' LGBTQ+ communities, recognising that some

studies suggest a higher percentage of autistic people identify as lesbian, gay, bisexual transgender or queer<sup>7</sup>.

- 7.12 The impact of Covid-19 on people's ability to access care and support illustrated the need to commission differently, with a re-focus of provision, including digitalisation of practices and setting up new ways of working across all sectors. Robust infection prevention measures and social distancing rules mean that face to face contact can become restricted, and this Strategy will consider alternative but accessible ways of support.

## National and Local Context

### 8. National Context

- 8.1 This strategy is delivered within a context of significant reform within health and social care including the implementation of the Transforming Care Programme 2015 - 2019 following the horrific experiences of those living at Winterbourne View<sup>8</sup>; Building The Right Support 2015; The Care Act 2014<sup>9</sup>; The NHS Long Term Plan<sup>10</sup>; The Children and Families Act 2014<sup>11</sup> and the SEND code of practice all of which have a golden thread of personalisation, choice and empowerment and the delivery of support that promotes prevention and wellbeing running through them. It is therefore timely to present this Warwickshire and Coventry Autism Strategy to ensure that it reflects current national and local priorities. The Strategy is further shaped by a number of published reports included in Appendix 1:
- 8.2 In July 2021, the government published **the [National Strategy for autistic children, young people and adults](#)**, a strategy for meeting the needs of autistic adults in England. The strategy supports the **[Autism Act 2009](#)** and sets out a vision for what we want autistic people and their families' lives to be like in 2026 across 6 priority areas. While the local strategy and local priorities were developed prior to the publication of the national strategy, there is close alignment between the two. With the publication of the national strategy comes the opportunity to access funding and national programmes that will support delivery of our local strategy.

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<sup>7</sup> [https://sparkforautism.org/discover\\_article/autism-lgbtq-identity/](https://sparkforautism.org/discover_article/autism-lgbtq-identity/)

<sup>8</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213215/final-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf)

<sup>9</sup> [http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf)

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

<sup>11</sup> [http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga\\_20140006\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf)

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

- Training of staff who provide services to adults with autism
- Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services
- Planning in relation to the provision of services for people with autism as they move from being children to adults
- Local planning and leadership in relation to the provision of services for adults with autism
- Preventative support and safeguarding in line with the Care Act 2014
- Reasonable Adjustments and Equality
- Supporting people with complex needs, whose behaviour may challenge or who may lack capacity
- Employment for adults with autism
- Working with the criminal justice system

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

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

## **9. Local Context**

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

- [Coventry and Warwickshire Health and Wellbeing Concordat](#)
- Coventry and Warwickshire Local Response to the NHS Long Term Plan for people with Learning Disabilities and Autism (2019)

- [Warwickshire county council one Organisation plan 2020](#)
- [One Coventry: Council Plan 2016-24](#)
- [Warwickshire SEND & Inclusion Strategy 2019-2023](#)
- [Coventry SEND Strategy 2019 to 2022 Lifting the Cloud of Limitation](#)
- [Warwickshire Learning Disability Statement of Intent “Its My Life” 2015-2020](#)
- Coventry Learning Disability/Autism Services Market Development Plan for Adult Care Services 2019-2022

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

- The commissioning of a specialist neurodevelopmental service to undertake diagnosis of autism, ADHD and other co-occurring neurodevelopmental services. The service now delivers pre-school, school age and adults diagnostic pathways within one service. There has been work to streamline the diagnostic pathway and improve support pre-and post-diagnosis with the introduction of online education resources, the dimensions tools and group support.
- New services have been commissioned for autistic people, both to provide early help through community outreach and at the more complex crisis end through intensive support for young autistic people with autism which has had a significant impact on the numbers of young autistic people in CAMHS Tier 4 hospital beds. We have learned a lot from the services that have been commissioned and piloted over this period.
- The SEND and Inclusion programmes have increased the support available to those with social, communication and sensory needs in schools and specialist education settings, including some young people with an autism diagnosis. There has been significant work to reduce the need for a diagnosis to access appropriate support in schools.
- There is rising awareness of autism across services, and a range of training programmes delivered to staff from health, social care, education and the third sector to support autistic people. Parent training has been delivered to parents of young autistic people and autistic adults with very positive feedback.

- 9.3 However, despite considerable work to achieve the objectives agreed in the joint commissioning plan in 2017, autistic people are still not always able to access the support they need, hence the need for this refreshed strategy.
- 9.4 In line with the principles of joint working outlined in the Health and Wellbeing Concordat, a joint Coventry and Warwickshire integrated commissioning function was established in 2018, enabling a specific focus on autism which is coordinated across health and care commissioners for Coventry and Warwickshire.
- 9.5 Autistic people are supported through a variety of services in Coventry and Warwickshire. Some of these services are not designed specifically for autistic people. The services detailed in Appendix 1 are examples of the ones that are designed specifically to meet the needs of autistic people. The list is not exhaustive but represents the key services discussed in the coproduction activity.
- 9.6 The list of services highlights the fact that the majority of autism specific support across Coventry and Warwickshire is either pre-diagnostic or very soon after diagnosis, or very specialist support to prevent admission to hospital. Many of the services listed are pilots, with reviews planned to develop business cases for ongoing services. Through this strategy the development of pathways of support for autistic people will be coordinated.

## **10. Prevalence of Autism**

- 10.1 It is difficult to measure the prevalence of Autism as there have been inconsistencies in diagnosis over time and across locations. There is no register of people with Autism recorded nationally or locally and so the true number of people with Autism in Coventry and Warwickshire is not known. Pockets of information are available only when people with Autism use certain public services that record an Autism diagnosis as part of their administrative data, like adult social care; but most do not.
- 10.2 A Joint Strategic Needs Assessment (JSNA) for Autism and Attention Deficit Hyperactivity Disorder (ADHD) was completed for Coventry and Warwickshire in 2019. As there is no accurate local data, the JSNA applied national prevalence estimates of between 0.8 and 1.1% of the population<sup>12</sup>, suggesting there are an estimated 4,770 people living with autism in Warwickshire and 3,197 in Coventry<sup>13</sup>. Due to population growth alone, the total population of people with ASD is expected to rise slowly over the next 6 years to 4,894 in Warwickshire and 3,467 in Coventry by 2025.

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

<sup>12</sup> [Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019](#)

<sup>13</sup> [Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019](#)



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

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

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

## 11. Inequalities experienced by autistic people

11.1 Health, education and social outcomes of autistic people are worse than non-autistic groups for almost all conditions studied, according to key outcomes from the Liverpool John Moores review<sup>14</sup> into neurodevelopmental conditions in 2017 which are summarised in Table 1.

Table 1 Summary of health, education and social outcomes of autistic people<sup>8</sup>

Outcome*	Better	Worse	Unclear
Mortality			
Self harm and violence			
Suicide			
Obesity			
Smoking			
Bullying			

<sup>14</sup> [http://allcatsrgrey.org.uk/wp/download/disabilities/Liverpool-neurodevelopmental-needs-assessment\\_final-report\\_Jan17.pdf](http://allcatsrgrey.org.uk/wp/download/disabilities/Liverpool-neurodevelopmental-needs-assessment_final-report_Jan17.pdf)

Education			
Social isolation			
Criminal justice system			
Employment			
Independent living			

11.2 In addition to the above, research has shown that 12% of a group of people experiencing homelessness showed strong signs of autism<sup>15</sup>. It is likely that autistic people are not only more at risk of becoming homeless, but also more vulnerable once they are on the streets; they may also find it more difficult to move into new accommodation.

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

11.4 A quarter of the general population have problems with their mental health at some point in their life. In autistic people, this number is much higher with almost 80% of autistic adults experiencing mental health issues during their lives<sup>16</sup>.



**50%**

More than 50% of autistic adults have had depression



**79%**

Mental health issues affect 79% of autistic adults, but many do not get the help and support they need



**9 x**

Autistic adults (without an intellectual disability) are over 9 times more likely to consider suicide than the general population

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

<sup>16</sup> [Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019](#)



**40%**

40% of autistic people are diagnosed with an anxiety disorder but many more will experience symptoms of anxiety that affect how they live their lives

**42%**

Anxiety disorders affect 42% of autistic children compared with just 3% of children without autism

## 12. Financial Context

- 12.1 The Warwickshire and Coventry health and social care economy continues to face significant financial pressures. Prioritising need and demand continue to be a challenge within a finite financial envelope. With the national strategy and the NHS Long Term Plan comes an opportunity to access short term funding to support innovation and redesign of services. This 5-year strategy's primary focus is to re-shape and re-design current support offers and services within existing financial resources to adults, young people and children with autism spectrum disorder (both diagnosed and undiagnosed). As a result, the delivery of objectives will be achieved by working collaboratively as partners to ensure best value is achieved in commissioned services; by prioritising early intervention and developing an offer of care and support that prevents escalation of need.
- 12.2 As outlined in the Joint Strategic Needs analysis, the data available on autistic people and where they access services is not readily available. The actual amount spent locally on support for autistic people is therefore also difficult to calculate, as people are supported by a wide range of services and there are no flags in information systems to identify autistic people, for example within mental health services. National estimates have been used to calculate the cost to the Coventry and Warwickshire system of supporting autistic people. Further work is required to identify and quantify the current cost of support for autistic people and to make the case for reducing the demand for specialist and crisis services through investing in early intervention and enablement.
- 12.3 A 2014 study into the average cost of supporting autistic individuals over their life course estimated the cost to be £1.5 million for someone with learning disabilities and £0.92 million for someone without (at 2011 price levels). Using the population prevalence figures included in the JSNA, this suggests the total cost of supporting people with autism in Coventry and Warwickshire is approximately £9,177 Million.

	Estimated cost of supporting people with autism
Warwickshire	£5,495 Million

Coventry	£3,682 Million
<b>Total</b>	<b>£9,177 Million</b>

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

## Key Issues Raised Through Co-production

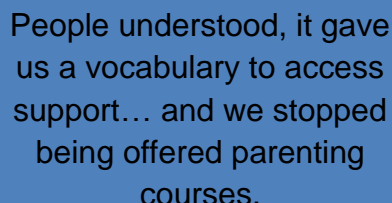
### 13. Increased demand for specialist autism services

- 13.1 Current demand for an Autism diagnosis, as well as for pre and post diagnostic support, is far outstripping supply; resulting in long and growing waiting lists for children and adults.
- 13.2 New pilot projects are in place, and planned, to better support those on the waiting lists in school and at home, but they too are oversubscribed.

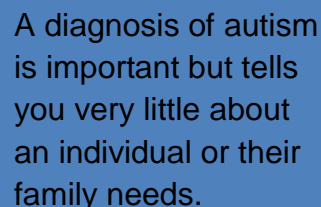
### 14. Reducing waiting times for autism diagnosis

- 14.1 Merely redesigning the existing neurodevelopmental service, or investing in the current as is pathway to try and clear the backlog will not be a sufficiently transformational approach to deliver the required change. National workforce shortages mean that even where additional funding has been identified we have not been able to purchase sufficient additional capacity to meet the growing demand. The focus of redesign therefore needs to be on building capability and capacity across wider services to diagnose and support people with autism.
- 14.2 People who have autism and their families report that while a diagnosis is an important step in understanding the challenges experienced by their young person, a diagnosis alone is not sufficient to meet their needs while there remain gaps in specialist support and in the capability of mainstream services to appropriately support people with autism. This is particularly a priority within mental health services and schools. Any investment or redesign must prioritise support to meet the needs of people with autism, or characteristics that relate to autism.
- 14.3 System modelling undertaken in other parts of the country suggests waiting lists are most likely to be impacted through reducing demand for a diagnosis by improving access to support and services for people with needs related to autism without requiring a formal diagnosis. The most effective way to promote independence, reduce mental ill-health and maintain resilience is to give autistic

people personalised, responsive information, advice and support to navigate the most significant challenges they have. These challenges include managing anxiety, coping with transitions, navigating services and support, improving relationships with others, understanding themselves and solving problems.



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



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

## **15. Gaps in early help and preventative services**

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

## **16. Gaps in specialist services**

- 16.1 Following a diagnosis, there is limited specialist support for autistic people. Where pilots of specialist services have been successful, autistic people valued having an autism profile, shared across services, detailing their particular strengths and difficulties. Currently autistic people often access support from people with generalised non-specialist autism knowledge, or by people without any autism awareness or knowledge.
- 16.2 Gaps have been identified in access to interventions such as occupational therapy, speech and language therapy or family therapy prior to crisis point and

there is no access to ongoing mental health therapy or to psycho-education in relation to Autism needs. Autism friendly pathways in eating disorder services and services for people with gender identity issues are required.

16.3 Autistic people and families talked about wanting to access specialist support to help them understand the impact of their autism as they went through transitions, faced significant life events and as their needs changed. There are no opportunities to revisit the autism diagnosis as an older teen or adult, and update knowledge and self-awareness.

16.4 People working to support autistic people in services similarly identified a gap in specialist expertise that they could access to adjust care and support plans when people's needs change.

## **17. Support is not coordinated across services and services are difficult to access for autistic people**

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

17.2 Autistic people have experienced difficulties accessing services, using them and getting their needs met by them. They were not offered suitable adjustments to the services they used, making it more difficult to use the services and to benefit from them, and they moved through services at a faster pace than suited their ability and needs. Mental health services have not been designed with people with autism in mind and they may be excluded from support or provided with short-term help for problems which may be on-going and long term.

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

## **18. Transitions**

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

autistic people do<sup>17</sup>. Support for autistic people therefore needs to be prioritised around periods of transition.

## **19. Workforce gaps**

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

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

## **20. Support for those in contact with criminal justice system**

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

20.2 The Channel panel provides support to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is to facilitate multi-agency early intervention and divert people away from the risk they may face. Channel uses existing collaboration between partners to support individuals and protect them from being drawn into terrorism. Again, a growing trend has been identified of young autistic people who are referred to Channel panel for support.

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

## **21. Mental Health Crisis and Admissions to Mental Health Hospitals**

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

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

- Being out of school;
- Older teenage girls who weren't identified as having behavioural problems;

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

- Late (teenage) diagnosis of autism;
- A history of trauma (including bullying in school);
- Complex family dynamics including parental mental illness;
- Carer burnout;

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

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

## 22. Good practice

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

### *It helped when.....*

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

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

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

### *We need more....*

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

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

Support for parents accepting diagnosis and understanding their own traits.

Mentoring to help young adults and adults through transitions.

Online peer-support - particularly when people are housebound.

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

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

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

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

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

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



## Priorities and Objectives

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

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

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

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

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

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

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

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

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



**Priority 4: Develop the all age autism specialist support offer**

Commission and deliver a coordinated and personalised offer of support for autistic people across all levels of need, promoting early intervention and enabling people to navigate this offer as their needs change. This includes redesigning the autism diagnostic pathway, developing specialist services 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.

**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 and emotional health needs in order to promote self-management, family resilience, independence and wellbeing.**

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

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

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

**I statements**

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

- I have a place I can call home, not just a 'bed' or somewhere that provides me with care.

### Priority 1 - What We Will Do

- 1.1 Spark community action to tackle isolation and loneliness, help people to self-organise and develop their own solutions. Identify existing and potential autism champions in the community and facilitate their support of others.
- 1.2 Promote the importance of early identification of needs related to autism to system partners: Schools, health visitors, nurseries, GP's, mental health professionals, families and community centres; and provide information and advice about how to offer relevant support and adjustments for people with social, communication, sensory and emotional health needs.
- 1.3 Make useful information and tools readily available to people and families with needs related to autism, including self-management techniques relating to bullying, anxiety, sleep, social interaction, and sensory needs.
- 1.4 Improve the primary care support offer through working with new social prescribing and health and wellbeing roles in Primary Care Networks to develop autism awareness and networks of support, including identifying opportunities to support young adults transitioning from children's services.
- 1.5 Increase the support available to people with characteristics linked to autism through the early help and enablement offer. This will maintain people in their own homes, in education and/or employment, in relationships with the people who are important to them and through transitions by connecting people with their communities and supporting them to try new social interactions and achieve their aspirations.
- 1.6 Deliver a mixed model of family and carer support for families and carers of autistic people to include conferences, peer support, autism specific parent training and parent coaches to harness the capacity of families and ensure the needs of autistic parents and parents and carers of autistic children are reflected in local parenting and carer strategies and offers.
- 1.7 Identify financial incentives for having an autism diagnosis and where possible adjust eligibility criteria to focus on need, not diagnosis.
- 1.8 Work with housing leads to raise awareness of autism, implement the Autism and Homelessness Toolkit<sup>18</sup>, review prioritisation criteria for housing to reduce reliance on the need for an autism diagnosis to access housing and ensure autistic people have access to accommodation that meets their needs.

<sup>18</sup> [https://www.homeless.org.uk/sites/default/files/site-attachments/Autism\\_Homelessness\\_Toolkit.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/Autism_Homelessness_Toolkit.pdf)

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

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

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

### **I statements**

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

<ul style="list-style-type: none"> <li>• The environments in which I work and access support are designed to make me feel safe and welcomed.</li> <li>• I feel that my community is a safe place to live and local people look out for me and each other.</li> </ul>
<b>Priority 2 - What We Will Do</b>
2.1 Review service specifications for commissioned services and collect evidence that services and environments are being adjusted for people with autism and/or a learning disability and that personalised support is offered based on need not diagnosis.
2.2 Through the SEND and Inclusion agenda, promote and champion strong leadership and drive continuous improvement in inclusive practice for autistic children and young people across mainstream and special education settings. Particular focus needs to be given to how autistic young people with autism experience bullying and social isolation.
2.3 Ensure the mental health workforce have the required training, skills and confidence to recognise co-occurring Autism and choose and tailor interventions appropriately. Review risk assessments and develop pathways to more effectively identify and support autistic young people and adults. Consider use of screening tools for autism within mental health assessments for adults and children and ensure that IAPT services, eating disorder services, self-harm pathways and services for people with gender identity concerns include an accessible offer for autistic people.
2.4 Expand the work on reducing health inequalities for people with learning disabilities to include autistic people, including piloting annual health checks in primary care and ensuring there is an appropriate offer of support delivered following these checks within community and acute health services. <i>(linked to national pilot through Long Term Plan)</i>
2.5 Promote the benefits of employing autistic people through engaging employing organisations, people with autism and workplace mentors. Support employers and workplaces to become more autism friendly.
2.6 Strategy partners commit to learning from good practice around inclusion and lead by example by becoming autism friendly organisations and employers.
2.7 Develop and disseminate autism awareness training that focuses on practical ways to be autism friendly across community organisations, businesses, services and environments, including <ul style="list-style-type: none"> <li>• Education providers (schools, colleges and universities)</li> <li>• Health service providers (primary care, acute)</li> <li>• Social care support and housing providers, drugs and alcohol providers</li> <li>• Police, criminal justice and probation services</li> <li>• Community organisations, arts and leisure, businesses and public transport</li> </ul>
2.8 Work with community and third sector organisations to maximise the potential for inclusive access to cultural, sports and leisure opportunities, including through the Coventry City of Culture activities in 2021.

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

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

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

#### **I statements**

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

<b>Priority 3 – What We Will Do</b>
<p>3.1 Work with charities and other third sector organisations to map the support available for autistic people in local areas and strengthen the enablement offer by ensuring this community support is autism friendly.</p>
<p>3.2 Develop local specialist education provision to meet the needs of autistic young people with high support needs. This includes both school age and increasing local options for post 16 provision for autistic young people.</p>
<p>3.3 Develop the market for community and accommodation- based support for autistic people (including short breaks, respite, supported living and residential services) ensuring a personalised approach which promotes independence, autonomy and self-care</p>
<p>3.4 With housing leads and housing providers, develop suitable housing options to enable people with autism to live independently, supported by skilled staff where needed. This will include developing a joint approach to commissioning autism friendly physical environments, using tools such as NICE endorsed checklist, to respond to sensory needs of autistic people.</p>
<p>3.5 Connect organisations and people who provide support through regular conferences and training opportunities and develop pathways of support that are easy for people to navigate.</p>
<p>3.6 Develop a systemwide workforce development plan for autism, including identification of training needs within education, primary care, acute hospitals, mental health services, community services, and for unpaid carers and families and development of new roles.</p>
<p>3.7 Work with Universities and Colleges to include learning objectives relating to supporting autistic people in training programmes and professional qualifications for all health, social care and education staff groups.</p>

#### **Priority 4: Develop the all age autism specialist support offer**

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

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

#### **I Statements**

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



<b>Priority 4 – What We Will Do</b>	
4.1	Redesign the neurodevelopmental diagnostic pathway to address length of wait for diagnosis and ensure the pathway is co-produced with people and families on the waiting list in order to deliver the support they require to meet social, communication, sensory and emotional needs while awaiting a diagnosis. Build capacity and capability across existing services that work with children and adults, to support and undertake diagnosis.
4.2	Clarify where responsibility sits within social care and health services for care coordination for autistic people with no learning disability so that people do not fall between services. This will include clarifying responsibilities for transition from children's to adults' services.
4.3	Develop a "Keyworker" role which will remain a contact point for autistic people and families to help them to navigate the system and access extra support when they need it, including at times of transition between children's and adults services.
4.4	Develop an offer of specialist assessment and treatment in the community for autistic people with more complex needs. This will include a holistic assessment of needs and functioning and the development of an individual autism profile which will inform care and support plans. The service will deliver appropriate therapeutic interventions as well as provide a source of specialist advice for parents and care workers when changes to care and support plans are required.
4.5	Provide specialist and ongoing outreach support to autistic people who are in the criminal justice system or at risk of developing criminal behaviours to avoid them entering the criminal justice system or becoming victims of exploitation.
4.6	Ensure that the needs of autistic people are appropriately met within the development of New Care Models for mental health, eating disorders and CAMHS
4.7	Clarify the pathway and offer of support for autistic people at risk of mental health crisis in order to prevent admission to hospital.
4.8	Coordinate transitions from inpatient and other settings and ensure that inpatient settings are sensory friendly and meet the needs of people with autism

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

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

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

#### **I Statements**

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

<b>Priority 5 – What We Will Do</b>
<p>5.1 Develop a system to enable a greater understanding of the numbers people in Coventry and Warwickshire who have an autism diagnosis, and where these people are in health and care services and their needs, to ensure future commissioning plans are informed by local demand and needs.</p>
<p>5.2 Continue to ensure that commissioning plans and the design and delivery of services are co-produced by people with lived experience of autism, including both specialist and mainstream services.</p>
<p>5.3 Identify links to the strategies in the following areas and ensure their outcomes will support people with autism:</p> <ul style="list-style-type: none"> <li>• Parenting</li> <li>• SEND and inclusion, including further education</li> <li>• Mental health/CAMHS</li> <li>• Employment</li> <li>• Housing</li> </ul>
<p>5.4 Work with commissioners and providers across the West Midlands and nationally to share best practice and learning about support and services for people with autism.</p>
<p>5.5 Collect and share learning across the system and enlist autism specialist organisations and universities to help us grow our evidence base of what good looks like for people with autism in line with national developments.</p>
<p>5.6 Work together to understand the true cost of supporting autistic people locally, and identify opportunities to pool budgets and invest in early intervention and prevention services to reduce spend on supporting autistic people in high cost specialist services.</p>
<p>5.7 Evaluate the impact of Covid-19 on the lives of people with autism and commission services in the way that responds effectively to people’s needs during and following the COVID-19 pandemic.</p>

**Glossary**

Word	Meaning

## Appendix 1 – Autism Services and Pilots in Coventry and Warwickshire 2020

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

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

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

Support	Description	Service / Provision	Detail of Service offer
Specialist and intensive support	Support to those at risk of admission to hospital	Intensive Support Service for children and young people	<ul style="list-style-type: none"> <li>• Assessment, treatment and support for children and young people who display behaviour that challenges</li> <li>• Provision of support, and person specific training for other agencies supporting those individuals</li> <li>• Coordination of transitions from inpatient and other settings</li> <li>• Autistic young people in mental health crisis are referred to the intensive support service where appropriate for further intervention and support.</li> </ul>
		Adult autism specialist pilot	<ul style="list-style-type: none"> <li>• Pilot for a small sample of autistic adults at high risk of admission.</li> <li>• Specialist autism expertise used to create an individual autism profile by working with an individual and family/carers, illuminating strengths and difficulties and providing an opportunity to educate.</li> <li>• The profile has the potential to support access and use of services in health, social care and education.</li> </ul>
		Care (Education) and Treatment Reviews	<ul style="list-style-type: none"> <li>• Autistic people at risk of admission to mental health hospital are referred to the Autism and Learning Disability Admission Avoidance Register.</li> <li>• A Care and Treatment Review (CTR) is a meeting to check that a person's care and treatment is meeting their needs. A CTR may be held for anyone with learning disabilities, autism or both who may be at risk of admission to, or who is already in, a specialist learning disability or mental health hospital.</li> <li>• There are two versions of the Care and Treatment Review. One is for adults and is still known as a Care and Treatment Review (CTR). The other is for children and young people and is called a Care, Education and Treatment Review (CETR). Each has its own code and toolkit.</li> <li>• The review is led by the responsible commissioner with support from two independent expert advisers whose role is to bring an additional challenge and an alternative perspective. The review team makes recommendations to improve the individual's care with follow-up checks to ensure this is happening.</li> </ul>



## Appendix 2 Policy documents and reports used to develop the strategy

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

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## Appendix 2 - Coventry and Warwickshire Autism Strategy Delivery Plan for 2021/22

### Introduction

This Coventry and Warwickshire Autism Strategy Delivery Plan describes the actions that partners have committed to deliver in the first year of the Coventry and Warwickshire Autism Strategy (2021-2022). Partner organisations have 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 are the main focus of this 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 will prioritise addressing of these areas.

Progress against this delivery plan will be monitored through the Coventry and Warwickshire Autism Strategic Steering Group, which includes people with lived experience alongside commissioners and providers of services and support. The Strategic Steering Group will report progress into the Learning Disability and Autism Board, which includes senior executives and directors from the partner organisations to this strategy.

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. Where there are differences by place, this is specified in the delivery plan as applying to either Coventry or Warwickshire.

This Coventry and Warwickshire Delivery Plan reflects where there is alignment with the National Autism Strategy Implementation Plan priorities for 2021 and 2022, however it is recognised that there is more work to do to reflect the breadth of the national strategy implementation plan and our wider ambitions in the local strategy. Therefore in early 2022, the delivery plan for year 2 will be coproduced with a greater focus on strengthening engagement with wider services and support including employment, housing, communities, criminal justice and transport to reflect both the local and national strategy objectives. Through strengthened partnership governance arrangements, there will be the opportunity for partners to work together to identify how the delivery plan for year 2 will be funded and resourced.

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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### Priority 1 - Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis

**1.1 Spark community action to tackle isolation and loneliness, help people to self-organise and develop their own solutions. Identify existing and potential autism champions in the community and facilitate their support of others.**

To be developed in years 2-5

**1.2 Promote the importance of early identification of needs related to autism to system partners: Schools, health visitors, nurseries, GPs, mental health professionals, families and community centres; and provide information and advice about how to offer relevant support and adjustments for people with social, communication, sensory and emotional health needs.**

Commitment in Year 1	Action Owner	Date of Completion	Measure of Success	Corresponding National Strategy Priority 2021/22
Develop an online information portal for professionals, and scope the potential for an offer of virtual advice and support	Integrated Commissioning/ CWPT	March 2022	Information and advice is easily available that supports	We will improve public understanding of autism and inclusion across the public sector
Develop online based resources including e-modules and video clips to improve professional's understanding of autism from the perspective of experts with lived experience	Integrated Commissioning / WCC Learning and Development / CWPT	Children and Young People Module – April 2021 Adult Module - November 2021	professionals to access the most relevant advice and support	Significantly expanding an early identification programme developed in Bradford
Develop a communications pack advising professionals on support available to families across Coventry and Warwickshire	Integrated Commissioning / CWPT / Commissioned Providers	December 2021		
Develop proposals to improve early identification of autism by health visitors, in communities and during health screening for school entrants	WCC	December 2021		

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**1.3 Make useful information and tools readily available to people and families with needs related to autism, including self-management techniques relating to bullying, anxiety, sleep, social interaction, and sensory needs.**

Develop an online information and advice portal for people and families that is accessible and easy to read and co-produced with experts by experience	Integrated Commissioning / CWPT	March 2022	A range of information resources is available that supports people, families and professionals to access the most relevant advice and support	
Scope the potential for an offer of 121 virtual advice and support	Integrated Commissioning / CWPT	January 2022		
Improve the quality of autism related information provided within the SEND local offer	CWCCG, WCC, CCC	March 2022		
Improve communications to families via commissioned services about support available to them	Integrated commissioning	January 2022		

**1.4 Improve the primary care support offer through working with new social prescribing and health and wellbeing roles in Primary Care Networks to develop autism awareness and networks of support, including identifying opportunities to support young adults transitioning from children's services.**

To be developed in delivery plan for years 2-5

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**1.5 Increase the support available to people with characteristics linked to autism through the early help and enablement offer. This will maintain people in their own homes, in education and/or employment, in relationships with the people who are important to them and through transitions by connecting people with their communities and supporting them to try new social interactions and achieve their aspirations.**

Re-procure community autism outreach services to provide pre assessment and post diagnostic support for children, young people and adults responding to recommendations from the pilot evaluation and feedback from autistic people and families	Integrated Commissioning	October 2022	Individuals waiting for a neurodevelopmental assessment, those diagnosed with autism and their parents/carers report being aware of where to access information, advice and support that is appropriate to their needs and coordinated, and report positive experiences of support received	
Pilot apps and web-based solutions to support young people and evaluate impact	Integrated Commissioning	Applications in place, evaluation March 2022		
Map need and capacity gaps to increase the variety and accessibility of advice and skilled support for those pre and post assessment.	Integrated Commissioning	November 2021		
Map demand and capacity of Speech and Language Therapy Services to support assessment and interventions	CCC / WCC and CCG	March 2022		

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
<b>1.6 Deliver a mixed model of family and carer support for families and carers of autistic people to include conferences, peer support, autism specific parent training and parent coaches to harness the capacity of families.</b>				
Enhance the local offer of autism awareness sessions for parents of autistic individuals	Integrated Commissioning	August 2021	An increased number of parents of autistic individuals are able to access support in the form of autism awareness sessions and make links with peers	
<b>1.7 Identify financial incentives that require people to seek an autism diagnosis and where possible adjust eligibility criteria to focus on need, not diagnosis.</b>				
To be developed during years 2-5				
<b>1.8 Work with housing leads to raise awareness of autism, implement the Autism and Homelessness Toolkit<sup>1</sup>, review prioritisation criteria for housing to reduce reliance on the need for an autism diagnosis to access housing and ensure autistic people have access to accommodation that meets their needs.</b>				
Development of a learning disability and autism strategic housing action plan and project delivery group to address key issues and challenges experienced by the autistic population in access to and experience of housing	Integrated Commissioning Team / Warwickshire district and borough housing leads / Coventry City Council housing lead	January 2022	A jointly developed evidence based housing needs assessment for the autistic population;	Working towards the new Affordable Homes Programme's target of 10% of homes being supported housing by 2026
Development of Disabled Facilities Grant protocol for Learning Disabilities and Autism		January 2022	Improved awareness of the DFG funding and how it can support people with autism to adapt their home environments to meet their needs	Raising awareness of the DFG for autistic people, including through exploring key issues and how best to overcome barriers with Foundations (the National Body for Home Improvement Agencies) and key charitable organisations for autistic people

<sup>1</sup> [https://www.homeless.org.uk/sites/default/files/site-attachments/Autism\\_Homelessness\\_Toolkit.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/Autism_Homelessness_Toolkit.pdf)

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
				Considering autistic people's needs as part of the review of the Building Regulations, undertaking research on inclusive design



Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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## Priority 2: Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live

### 2.1 Review service specifications for commissioned services and collect evidence that services and environments are being adjusted for people with autism and/or a learning disability and that personalised support is offered based on need not diagnosis.

Include the requirement to make reasonable adjustments and support people with neurodevelopmental conditions in specifications for MH and CAMHS services	MH and CAMHS commissioners	July 2022	People with autism and their families report improved experience of MH services and this is monitored as part of service delivery.	
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### 2.2 Through the SEND and Inclusion agenda, promote and champion strong leadership and drive continuous improvement in inclusive practice for autistic children and young people across mainstream and special education settings. Particular focus needs to be given to how autistic young people with autism experience bullying and social isolation.

Evaluate the extended non-attendance in schools pilot and make recommendations to roll out advice to schools	Integrated Commissioning	October 2021	Children and young people with autism are supported to maintain education in mainstream settings by skilled staff that are able to identify and respond to their needs	Providing funding (£600,000) for autism training and professional development in schools and colleges
Implement the Regional Autism in Schools project	Integrated Commissioning with education leads	September 2021 – August 2022		Engaging with potential providers of training as part of our commitment to recruit and train Designated Mental Health leads in schools
Develop neurodevelopmental liaison input into Mental Health in schools programmes	Integrated Commissioning/ WCC	March 2022		Carrying out a new anti-bullying programme in schools, to improve the wellbeing of children and young people in schools, including those who are autistic
Engage with the national anti-bullying programme in schools	WCC education / CCC education	Timeframes to compliment the national roll out	Schools report reduced instances of non attendance linked to autism	
Offer Autism Education Trust or equivalent autism training for schools	WCC education / CCC education	Throughout 2021/22		Ensuring considerations around autism and transitions into adulthood are included in

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
				<p>our programme of school and college workforce training</p> <p>Investing £4 million in 2021 to 2022 to roll out the Transforming Care for Children and Young People accelerator programme with the aim of reducing exclusions and preventing avoidable admissions into inpatient care</p>
<b>2.3 Ensure the mental health workforce have the required training, skills and confidence to recognise co-occurring Autism and choose and tailor interventions appropriately. Review risk assessments and develop pathways to more effectively identify and support autistic young people and adults. Consider use of screening tools for autism within mental health assessments for adults and children and ensure that IAPT services, eating disorder services, self-harm pathways and services for people with gender identity concerns include an accessible offer for autistic people.</b>				
Develop neurodevelopmental liaison roles in mental health services to provide specialist advice and support to improve the identification and support of autistic people	CWPT	November 2021	People with autism and their families report being supported by skilled and experienced MH professionals; MH professionals are able to identify and assess autistic people thus contributing to the assessment process, and are able to support autistic people's needs without the need to signpost them to specialist services	We will improve health and care professionals' understanding of autism by continuing to trial and develop the Oliver McGowan Mandatory training on learning disability and autism for all health and adult social care staff
Roll out 8 modules of autism training to mental health services and evaluate impact	CWPT	Throughout 2021 and 2022		
Roll out Oliver McGowan training to all mental health staff and participate in the national evaluation of mandatory training programmes	CWPT	Throughout 2021 and 2022		In addition to the Long Term Plan requirement for every ICS to have a named lead, providing £1.25 million in 2021 to 2022 of funding to recruit Champions in autism and learning disability in every Integrated Care System
Recruit Learning Disability and Autism champions, people with lived experience, to work in CWPT	CWPT	January 2022		

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**2.4 Expand the work on reducing health inequalities for people with learning disabilities to include autistic people, including piloting annual health checks in primary care and ensuring there is an appropriate offer of support delivered following these checks within community and acute health services. (linked to national pilot through Long Term Plan)**

Annual health checks for autistic people will be piloted in line with the national pilot project	CWCCG / Primary Care	In line with national timeframes	An increased number of autistic people are aware of and can access annual health checks	We will reduce the health inequalities autistic people face
Expand the STOMP / STAMP medication reduction programme to include autistic people	CWPT			Carrying out the LeDeR programme for autistic people without a learning disability for the first time
Implement the 'digital flag' pilot in the patient record for initially 20 people with autism to ensure that health and social staff know a patient has a learning disability or autism.	CWCCG		In increased number of autistic people are provided with alternative forms of support to overmedication	Progressing the NHS Long Term Plan's commitments, which include: Trialling the autism health check, developed by Newcastle University in the North East.
			An increased number of autistic patients can be identified through a digital flag against their health record to enable reasonable adjustments and appropriate support in health and care services	Piloting hearing, sight and dental checks for children in special residential schools
				Introducing Continuing the expansion of the STOMP-STAMP programmes to stop the over-medication of autistic people
				Working with 12 Early Adopter Sites to trial improved recording of reasonable adjustments (RA) and a 'digital flag' in patient records

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**2.5 Promote the benefits of employing autistic people through engaging employing organisations, people with autism and workplace mentors. Support employers and workplaces to become more autism friendly.**

Ensure that local programmes to deliver and improve uptake of supported internships, traineeships and apprenticeships consider the needs of autistic people	WCC, CCC	March 2022	Autistic adults are able to access internships, apprenticeships and permanent work opportunities, are supported to undertake job interviews and maintain employment.	Continue our work to ensure our Jobcentre network is welcoming and supportive to autistic customers, developing and testing new approaches through our Health Model Offices
Promote the rights and employment support available to autistic people, and employers, including the Disability Confident scheme, Looking for Work if Disabled, Access to Work if Disabled.	WCC, CCC	July 2022	DWP support employers to become disability friendly.	Ensuring that through the Disability Confident Scheme, we promote the skills and abilities of autistic people, and signpost employers to resources on supporting autistic people

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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## 2.6 Strategy partners commit to learning from good practice around inclusion and lead by example by becoming autism friendly organisations and employers.

Collect data on the number of autistic people employed by Local Authorities, the CCG and Provider Trusts to understand current employment rate of autistic people and how this could be improved	WCC, CCC, CWCCG, CWPT	June 2022	Strategy partners can demonstrate increased understanding of adjustments required to support and enable more autistic people to be employed	Collecting data on the number of autistic staff members working across the Civil Service, to gain a better understanding of the employment rate and actions we may need to take to recruit more autistic people
Promote and support employment of autistic people and those with disabilities, working to progress from Disability Confident level 2 to level 3	WCC (CCC to be confirmed)	Throughout 2021/2022		

## 2.7 Develop and disseminate autism awareness training that focuses on practical ways to be autism friendly across community organisations, businesses, services and environments, including

- Education providers (schools, colleges and universities)
- Health service providers (primary care, acute)
- Social care support and housing providers, drugs and alcohol providers
- Police, criminal justice and probation services
- Community organisations, arts and leisure, businesses and public transport

Develop and deliver Autism awareness online training for staff working with autistic children and young people	Integrated Commissioning	August 2021	Increasing numbers of professionals are able to access a range of autism awareness training options.	We will improve public understanding of autism and inclusion across the public sector
Develop and deliver an adult autism training module for staff	Integrated Commissioning	November 2021		We will make transport and communities more autism-inclusive
Explore opportunities to engage with the national public understanding and acceptance initiative	All partners	From July 2022	Autistic individuals and their families report improved experience of being supported by skilled staff.	We will improve health and care professionals' understanding of autism
Engage with the criminal justice, police and probation services to develop plans for training and development of the workforce	Integrated Commissioning	April 2022		We will improve understanding of autism across the criminal and youth justice systems

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**2.8 Work with community and third sector organisations to maximise the potential for inclusive access to cultural, sports and leisure opportunities.**

To be developed in years 2-5

Encouraging more autism-friendly programmes in the cultural and heritage sectors

Engaging more autistic people in sport and physical activity

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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### Priority 3: Develop a range of organisations locally with the skills to support autistic people

**3.1 Work with charities and other third sector organisations to map the support available for autistic people in local areas and strengthen the enablement offer by ensuring this community support is autism friendly.**

To be developed in years 2-5

**3.2 Develop local specialist education provision to meet the needs of autistic young people with high support needs. This includes both school age and increasing local options for post 16 provision for autistic young people.**

Open the Warwickshire Academy School for 9 to 19 year olds with Social Emotional and Mental Health Needs, including those with Autism	WCC	January 2022	An increased number of school age autistic children and young people benefit from a place in a local specialist school that is meeting their SEMH needs.	Open 37 new special schools including 24 with specific provision for autistic children and young people
No new specialist provision to be developed in Coventry in year 1				

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**3.3 Develop the market for community and accommodation- based support for autistic people (including short breaks, respite, supported living and residential services) ensuring a personalised approach which promotes independence, autonomy and self-care**

Develop a market position statement and development plan for autistic people and people with a learning disability	Integrated Commissioning	December 2021	Autistic people have greater choice of how and where they want to be supported and have their needs met by alternative to traditional care models	Investing £3 million in respite and short breaks after COVID-19 with the aim of reducing admissions of autistic children and young people with and without a learning disability to tier 4 mental health settings
Offer training for supported living providers in learning disabilities, autism and trauma informed practice	Learning and Development Partnership	December 2021		
Commission autism specific specialist short breaks	Integrated Commissioning	March 2022		Rolling out the Small Supports programme across England, and in an additional 8 Transforming Care Partnerships
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	Integrated Commissioning	January 2022		
Develop contractual arrangements for commissioning providers of specialist interventions for autistic people	Integrated Commissioning	April 2022		
Work with the residential care market to enhance the local offer of residential services for autistic people	Integrated Commissioning	Throughout 2021/22		



Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**3.4 With housing leads and providers, develop suitable housing and accommodation to enable people with autism to live independently, supported by skilled staff where needed. This will include developing a joint approach to commissioning autism friendly physical environments, using tools such as NICE endorsed checklist, to respond to sensory needs of autistic people.**

Develop a Coventry and Warwickshire Learning Disabilities and Autism Housing and Accommodation needs assessment and action plan for 5-10 years	Integrated Commissioning Team / Warwickshire district and borough housing leads / Coventry City Council housing lead	December 2021	Increased access to suitable housing and accommodation and more positive experience of housing experienced by autistic people	
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**3.5 Connect organisations and people who provide support through regular conferences and training opportunities and develop pathways of support that are easy for people to navigate.**

Commission a conference to bring together autistic people and services	Integrated Commissioning	March 2022	Improved networking between people with lived experience and organisations supporting them – people are aware of where to go for support, information and advice	
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Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**3.6 Develop a systemwide workforce development plan for autism, including identification of training needs within education, primary care, acute hospitals, mental health services, community services, and for unpaid carers and families and development of new roles.**

Develop a system wide Workforce Development Plan and ensure that autism is a priority within partners' training and development plans	System HR Board	March 2022	An improved choice and offer of professionals autism awareness training;	Reviewing cross-Civil Service learning to ensure neurodiversity is an integral part of courses for managers
Support commissioners to participate in the Commissioning for Wellbeing qualification, including the learning disability and autism specific programme	WCC, CCC, CCG	Throughout 2021/22	Autistic people report improved satisfaction with skillset of staff supporting them	Commissioning a Capability Statement for social workers working with autistic children and families  Roll out the learning disability and autism commissioner qualification to a further 120 NHS and local authority commissioners

**3.7 Work with Universities and Colleges to include learning objectives relating to supporting autistic people in training programmes and professional qualifications for all health, social care and education staff groups.**

To be developed in years 2-5

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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#### Priority 4: Develop the all age autism specialist support offer

#### 4.1 Redesign the neurodevelopmental diagnostic pathway to address length of wait for diagnosis and ensure the pathway is co-produced with people and families on the waiting list in order to deliver the support they require to meet social, communication, sensory and emotional needs while awaiting a diagnosis. Build capacity and capability across existing services that work with children and adults, to support and undertake diagnosis.

Co-produce a neurodevelopmental model of care	Integrated Commissioning	Completed July 2021	Reduced waiting times for an autism diagnostic assessment	We will improve early identification and reduce autism diagnosis waiting times by:
Secure additional resource for waiting list management and triage	CWCCG/CWPT	October 2021		Investing £7 million to test and implement the most effective
Review prioritisation criteria to ensure those most in need are prioritised for support	Integrated commissioning / CWPT	October 2021	The health and social care system have a clear understanding of the demand for assessments	ways to reduce diagnosis waiting times for children and young people, and address the impact of COVID-19
Develop a business case for the long term solution to addressing diagnostic capacity issues	Integrated Commissioning /CWPT	October 2021	demand and are committed to invest in diagnostic capacity to meet need.	Continuing an NHSE/I-funded evaluation on the identification of best practice diagnostic pathways for children
Increase diagnostic assessment capacity to reduce waiting times for an assessment	CWCCG/CWPT	November 2021		Providing £3.5 million of funding to speed up identification for autistic children and young people who are waiting for their autism diagnosis assessments and are at risk of crisis or being admitted to inpatient mental health settings
Develop a framework of trusted providers to support families to exercise choice in provision.	Integrated Commissioning	December 2021		
Implement a screening tool for CYP Crisis and Home Treatment Teams to identify individuals who are experiencing mental health crisis and require an autism diagnostic assessment.	CWPT	January 2022	Diagnostic services are meeting the demand for support and are coproduced to ensure delivery of outcome focused provision	Investing £2.5 million of funding to improve the quality of adult diagnostic and post-diagnostic pathways, and help to address the impact of the
Plan and commission a pilot to test differentiated model of assessment via a simple and complex pathway	Integrated commissioning / CWPT / WCC/ CCC	January 2022		
Co-produce a new service specification for the all age neurodevelopmental service and vary into contracts		January 2022		

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
				Covid-19 pandemic on waiting lists
<b>4.2 Clarify where responsibility sits within social care and health services for care coordination for autistic people with no learning disability so that people do not fall between services. This will include clarifying responsibilities for transition from childrens' to adults' services.</b>				
Develop a proposal for a community health and care service for autistic adults who are eligible for support	CWPT, WCC social care and CCC social care	March 2022	There is a clear offer for autistic adults within health and social care	
<b>4.3 Develop a "Keyworker" role which will remain a contact point for autistic people and families to help them to navigate the system and access extra support when they need it, including at times of transition between children's and adults services.</b>				
Deliver and evaluate keyworker service for children and young people (age 14-25) with autism or learning disability in hospital or at risk of admission	Integrated Commissioning / CWMIND	Keyworker service is currently operational. Evaluation March 2022.	Fewer autistic people are admitted to inpatient services, and length of stay in inpatient settings is reduced	Investing £15 million in keyworker pilots and early adopter sites to support children with the most complex needs in inpatient mental health settings, as well as those at risk of being admitted to these settings

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
<b>4.4 Develop an offer of specialist assessment and treatment in the community for autistic people with more complex needs. This will include a holistic assessment of needs and functioning and the development of an individual autism profile which will inform care and support plans. The service will deliver appropriate therapeutic interventions as well as provide a source of specialist advice for parents and care workers when changes to care and support plans are required.</b>				
Extend existing children's intensive support service to autistic young adults up to age 25.	CWPT	September 2021	Fewer autistic people are admitted to inpatient services	We will improve crisis prevention and avoidable admissions into inpatient mental health settings
Review offer of intensive support to ensure an all age offer for people with learning disabilities and/or autism	CWPT	March 2022	Length of Stay in inpatient settings is reduced.	Investing £25 million into building the capacity and capability of seven-day specialist multidisciplinary and crisis services supporting autistic people and people with a learning disability
<b>4.5 Provide specialist and ongoing outreach support to autistic people who are in the criminal justice system or at risk of developing criminal behaviours to avoid them entering the criminal justice system or becoming victims of exploitation.</b>				
Deliver a forensic community service for autistic adults.	CWPT	January 2022	Fewer autistic people enter criminal justice system.  Fewer autistic people are identified as victims of crime or exploitation.	We will improve access to services for autistic people in touch with the criminal justice and young justice systems

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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#### 4.6 Ensure that the needs of autistic people are appropriately met within the development of New Care Models for mental health, eating disorders and CAMHS

Development of a clinical model which clarifies how neurodevelopmental services will work with mental health, CAMHS and eating disorder services to ensure autistic people with mental health needs are identified and supported	CWPT	December 2021	There is a clear model for how services will work together to support autistic people to inform commissioning and delivery of services.	Ensuring all NHSE/I-commissioned services are able to continue to identify, assess and meet the needs of autistic people using these services
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#### 4.7 Clarify the pathway and offer of support for autistic people at risk of mental health crisis in order to prevent admission to hospital.

Commission specialist Positive Behaviour Support packages for young people in hospital or at risk of admission	Integrated Commissioning	September 2021	Fewer young people with complex needs are admitted to inpatient services,	We will improve crisis prevention and avoidable admissions into inpatient mental health settings
Commission community emergency outreach service for autistic young people and adults age 16+ who are at imminent risk of an avoidable hospital admission	Integrated Commissioning	September 2021	Length of Stay in inpatient settings is reduced.	Investing £1.35 million into life planning, including piloting Senior Intervenor roles to support autistic people and people with a learning disability (or both) with discharge planning

#### 4.8 Coordinate transitions from inpatient and other settings and ensure that inpatient settings are sensory friendly and meet the needs of people with autism

Make changes to the physical environment in 3 adult mental health wards across 2 CWPT hospital sites and measure impact. Provide sensory training to members of the inpatient MDT in order to support a low arousal approach to support and care on the wards.	CWPT  CWPT	March 2022  March 2022	Inpatient environments and staff are more inclusive and accessible for autistic people	Providing £21 million funding to local authorities as part of the £62 million Community Discharge Grant for the second year, to accelerate discharges
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Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
<p>Utilise the Community Discharge Grant to accelerate discharges from hospital for autistic people</p> <p>Expand the clinical commissioning capacity to support discharges and prevent admissions</p>	<p>CWCCG, WCC and CCC</p> <p>CWCCG</p>	<p>Throughout 2021/2022</p> <p>September 2021</p>	<p>Length of Stay in inpatient settings is reduced.</p>	<p>Investing £1.5 million of funding into the development and trialling of autism training for staff working in adult inpatient mental health settings</p> <p>Investing £4 million to enable providers of inpatient care for autistic children and young people as well as adults to make adaptations to their physical environments</p>

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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### Priority 5: Co-produce, work together and learn about autism

#### 5.1 Develop a system to enable a greater understanding of the numbers people in Coventry and Warwickshire who have an autism diagnosis, and where these people are in health and care services and their needs, to ensure future commissioning plans are informed by local demand and needs.

Develop an action plan to improve data collection and reporting on where autistic people access health, care and education services	WCC, CCC, CWCCG	March 2022	Partners have a shared understanding of where autistic people access services and support to inform commissioning and delivery of services.	Develop a cross-government action plan to improve data collection and reporting, involving people with lived experience, delivery partners and charities
Utilise the Skills for Care Population Calculator to inform commissioning plans for diagnostic and other services	Integrated Commissioning	Throughout 2021/22		Improving the quality of data on autism waiting times data, and setting out a plan to specifically improve the collection of data on children and young people  Publishing guidance and a population calculator developed by Skills for Care and NDTi for health, care and education commissioners, to support the development of diagnostic (as well as other) services



Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
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**5.2 Continue to ensure that commissioning plans and the design and delivery of services are co-produced by people with lived experience of autism, including both specialist and mainstream services.**

Commission a co-production service to support delivery of the Autism and LD strategies and delivery plans	Integrated Commissioning	November 2021	Clear governance in place for the delivery of Autism Strategy 2021-26	Refresh our governance structure for delivering on the autism strategy
Refresh 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	CWCCG, CCC, WCC	December 2021	People with lived experience are represented in strategic boards and within the design, development and delivery of plans and services	Improve positive transitions into adulthood: Provide £8.6M additional funding to strengthen the participation of parents and young people in the design of SEND policies and services
Develop a memorandum of understanding between WCC, CCC, CWCCG and Warwickshire Parent Carers Voice forum and Coventry's One Voice forum as key strategic partners in coproduction	CWCCG, WCC, CCC	December 2021		

**5.3 Identify links to the strategies in the following areas and ensure their outcomes will support people with autism:**

- Parenting
- SEND and Inclusion, including further education
- Mental health/CAMHS
- Employment
- Housing

This represents ongoing activity throughout the strategy

**5.4 Work with commissioners and providers across the West Midlands and nationally to share best practice and learning about support and services for people with autism.**

This represents ongoing activity throughout the strategy, with commissioners, people with lived experience and providers collaborating with regional and national forums and programmes of work.

Commitment in Year 1 (2021/22)	Action Owner	Date of completion	Measure of Success	Corresponding National Strategy Priority in 2021/22
<b>5.5 Collect and share learning across the system and enlist autism specialist organisations and universities to help us grow our evidence base of what good looks like for people with autism in line with national developments.</b>				
Participate in development of regional proposals for research activities through ADASS  Make links with Warwick University to support the neurodevelopmental transformation programme	Integrated Commissioning Regional Clinical Lead for Transforming Care for Autism and Intellectual Disabilities	March 2022  September 2021	Improved opportunities to access evidence based research to inform commissioning activity	Develop a research action plan, setting out actions we will take to improve autism research and embed a culture of autism research by 2026
<b>5.6 Work together as a system to understand the true cost of supporting autistic people locally, and identify opportunities to pool budgets and invest in early intervention and prevention services to reduce spend on supporting autistic people in high cost specialist services.</b>				
To be developed in years 2-5				
<b>5.7 Evaluate the impact of Covid-19 on the lives of people with autism and commission services in the way that responds effectively to people's needs during and following the COVID-19 pandemic.</b>				
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	Integrated Commissioning	April 2022	Increased number of autistic individuals report reduced health inequalities in access to and quality of support provided	Continuing to recognise the needs of autistic children and young people as part of actions we take to support children with SEND, as we move out of COVID-19 restrictions