Worcestershire County Council

Agenda
Health and Wellbeing Board

Tuesday, 20 February 2024, 2.00 pm

**Council Chamber
Wychavon Civic Centre,
Queen Elizabeth Drive, Pershore,
WR10 1PT**

Health and Wellbeing Board
Tuesday, 20 February 2024, 2.00 pm, Wychavon District Council Offices

Membership

Full Members (Voting):

Cllr Karen May (Chairman)	Cabinet Member for Health and Well-being
Dr Sarah Raistrick (Vice Chairman)	NHS Herefordshire and Worcestershire Integrated Care Board
Simon Adams	Managing Director, Healthwatch Worcestershire
Vic Allison	Strategic Housing Authority
Cllr Christopher Day	Wychavon District Council
Cllr Lynn Denham	Worcester City Council
Sarah Dugan	Herefordshire and Worcestershire Health & Care NHS Trust
Mark Fitton	People Directorate
Cllr Ian Hardiman	Wyre Forest District Council
Cllr Adrian Hardman	Cabinet Member for Adult Social Care
Cllr Lucy Harrison	Redditch Borough Council
Supt Rebecca Love	West Mercia Police
Cllr Steve Mackay	Cabinet Member for Children and Families
Lisa McNally	Director of Public Health
David Mehaffey	NHS Herefordshire and Worcestershire Integrated Care Board
Jo Newton	Worcestershire Acute Hospital Trust
Chris Roberts	Citizens Advice Bromsgrove and Redditch
Tina Russell	Worcestershire Children First
Simon Trickett	NHS Herefordshire and Worcestershire Integrated Care Board
Cllr Shirley Webb	Bromsgrove District Council
Dr Jonathan Wells	Primary Care Network Clinical Director
Cllr Christine Wild	Malvern Hills District Council
Gary Woodman	Executive Director, Worcestershire Local Enterprise Partnership (WLEP)

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1	**Apologies and Substitutes**		
2	**Declarations of Interest**		
3	**Public Participation** *Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on Monday 19 February 2024). Further details are available on the Council's website. Enquiries can be made through the telephone number/e-mail address listed in this agenda and on the website.*		
4	**Confirmation of Minutes**		1 - 10
5	**All Age Autism Strategy**	Laura Westwood / Bernadette Louise	11 - 102
6	**Drugs and Alcohol - Highlight Report**	Lisa McNally / Paul Kinsella	103 - 108
7	**Director of Public Health Annual Report 2023-24**	Lisa McNally	109 - 114
8	**Arts and Health**	Elizabeth Griffiths	Presentation
9	**Better Care Fund**	Simon Trickett / Mark Fitton	115 - 138
10	**Future Meeting Dates** **Public meetings** (All Tuesday at 2pm) • 23 May 2023 • 26 September 2023 • 14 November 2023 **Private Development meetings** (All Tuesday at		

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	2pm) • 28 March 2023 • 20 June 2023 • 18 July 2023 • 17 October 2023	

Webcasting

Members of the Health and Well-being Board are reminded that meetings of the Health and Well-being Board are Webcast on the Internet and will be stored electronically and accessible through the Council's Website. Members of the public are informed that if they attend this meeting their images and speech may be captured by the recording equipment used for the Webcast and may also be stored electronically and accessible through the Council's Website.

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worcestershire
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Health and Wellbeing Board
Tuesday, 14 November 2023 Wychavon Civic Centre, Council Chamber - 2.00 pm

Minutes

Present:

Cllr Karen May (Chairman), Dr Sarah Raistrick (Vice Chairman), Simon Adams, Vic Allison,
Cllr Christopher Day, Cllr Lynn Denham,
Cllr Ian Hardiman, Cllr Adrian Hardman,
Cllr Lucy Harrison, Supt Rebecca Love, Lisa McNally,
David Mehaffey, Chris Roberts, Tina Russell,
Simon Trickett, Dr Jonathan Wells, Cllr Christine Wild and
Gary Woodman

720	**Apologies and Substitutes**	Apologies had been received from Sarah Dugan, Mark Fitton, Cllr Steve Mackay, Jo Newton and Cllr Shirley Webb. Christine Blanshard attended for Jo Newton and Cllr Sue Baxter attended for Shirley Webb. The Chairman welcomed Chris Roberts to the meeting as the new VCS representative on the Health and Wellbeing Board. The Chairman thanked the previous VCS representative for his hard work and long standing support of the Health and Wellbeing Board.
721	**Declarations of Interest**	Dr Sarah Raistrick declared that she was a trustee of Dudley Lodge who supply services to Worcestershire County Council.
722	**Public Participation**	None
723	**Confirmation of Minutes**	The minutes of the previous meeting held on 28 September 2023 were agreed to be an accurate record of the meeting and were signed by the Chairman.
724	**Annual Joint Strategic Needs Assessment**	Matt Fung, Public Health Consultant and Cameron Russell, Senior Public Health Practitioner, introduced the Annual Joint Strategic Needs Assessment (JSNA) Update.

Over the past year more analysis of the data had taken place and there were many areas of good news for Worcestershire, although it was accepted that there were some areas of concern and health inequalities. The Insights Website gave up-to-date information on dashboards and gave feedback on what had changed over time.

It was a statutory function for Public Health to lead on the JSNA and there was a JSNA working group which shared information with partners such as from the ICB, District Councils and Housing providers.

Some headlines included that
- There had been a reduction in the numbers of pregnant women smoking, but there were still too many and the aim was to get to no smokers,
- 1200 Illegal vapes had been taken off the streets
- The numbers of bowel screenings had increased
- Physical activity in young people was good but there were still too many who were inactive

Overall Worcestershire was not a bad place to live and work but there were known areas of inequalities.

It was known that inequalities affected health outcomes and a key measure was the index of multiple deprivation. The 20% who were the most deprived had significant differences in their health outcomes compared to those who were not so deprived. Some health inequalities were warranted, for example with ethnic differences but some were unwarranted. Challenges were also increased during COVID. There needed to be a concerted action to address the fact that deprived people die in greater numbers than those from affluent areas and preventative healthcare, and especially cardiovascular mortality, should be a priority.

It was recognised that the JSNA highlighted the impact of the actions taken and was a great opportunity for people to be able to direct actions and to create better outcomes.

Various comments were made by Board members:
- The Director of Public Health cautioned that numbers tell us what was happening but not why, and do not directly impact health. Numbers could be used as a starting point or as supporting evidence but health improvement was more complex. For example telling people how to improve their fitness does not work but setting up

groups and working with people was more effective

- It was agreed that deprivation could have a great impact on health but there didn't appear to be enough done about it such as asymmetric funding or putting greater proportion of resources into deprived areas compared to elsewhere. It was queried whether there was any appetite for moving resources away from some areas towards more deprived areas.
- It was pointed out that successes should be celebrated. There was not unlimited resources but any improvements were a help. The Government generally considers Worcestershire to be affluent.
- The Chairman pointed out that the information was designed to be used in different areas, for people to make things happen.
- It was felt that more qualitative work was needed for different ethnic groups, and
- Action at a hyper-local level was important to improve health.

RESOLVED: that the Health and Wellbeing Board noted;

a) **Good news summarised in the report including rise in bowel screening uptake, drop in pregnant women smoking, increase in young people's physical activity, successful work in trading standards, strong 'Prevent' programme, and Worcestershire performing well in public health indicators – 90% are similar or better than England.**

b) **Areas of concern and health inequalities, including for children and young people, ongoing mental health pressures, cardiovascular disease mortality, cost of living/fuel poverty.**

c) **Opportunities to improve health and wellbeing, continuing to focus on health inequalities and deprived populations and leveraging new ways of working (for example, specifically targeting 'Your Health Your Wellbeing' service, and Healthy Worcestershire).**

d) **Availability of district level deep dive on public health indicators.**

e) **Worcestershire Health and wellbeing insights website: https://insights.worcestershire.gov.uk/**

f) **Request for feedback on JSNA outputs.**

725	**Most Appropriate Agency**	The Police and Crime Commissioner, John Campion, explained that the police had always been the safety net in society and was the service of last resort but increasingly it had been used too often which had left the police attempting to manage and mitigate the situation.

The Police and Crime Commissioner, John Campion, explained that the police had always been the safety net in society and was the service of last resort but increasingly it had been used too often which had left the police attempting to manage and mitigate the situation.

Humberside first introduced the Right Care, Right Place policy to enable the police to be able to concentrate on fighting crime. This policy was implemented in West Mercia in April but did not yet have the full support of partners.

It was recognised that there were some gaps in the Right Care Right Person model and in order for the model to work and for those with mental health problems to be supported, partners needed to work together.

The response from Board Members included:
- That it should be the purpose of the Board that partners should be working well together, although each Partner had its individual role. It would be necessary for adaptations in working processes to take place,
- It was agreed that a working group be set up to help clarify the system to ensure that the police can pass calls on to other agencies when that was suitable but be able to help and support when necessary,
- The Chairman requested that Simon Trickett chair the working group and he confirmed that work had already started. The Police confirmed that a 6 month review of the policy was being conducted. Simon Trickett agreed to feed back at a future meeting,
- A Board Member who was a District Councillor pointed out that District Councils felt that they had not been consulted about the change in policy,
- The Director of Public Health felt that it would be useful if different scenarios were run to see who was responsible in different areas or situations
- It was felt that this was a significant change in policing. Part of the policing role was to provide reassurance. The PCC responded that the response would depend on the locality. If there was anti-social behaviour the police would still engage but the police felt they were not the correct service to respond to health needs. There was also the issue of legitimacy and the police had been finding themselves being expected to go to places they should not be,

- It was suggested that this was a nuanced policy and should not be allowed to erode public confidence,
- It was agreed there needed to be a collective response. A group which looked at various scenarios would be supported so that the health system was clear when the police would not be responding to a situation where they would have done previously.

RESOLVED that the Health and Wellbeing Board

    a. noted the report;

    b. considered the implications of the West Mercia Police policy as part of both their own organisations and the wider system;

    c. considered potential options relating to joint / co-ordinated governance activity.

726	**Worcestershire Parents and Carers Community**	Anne Duddington from Worcestershire's Parent and Carers' Community (WPCC) read out a brief overview of the work of the group. WPCC was a charity which supported Worcestershire families with a child or children with additional needs. They aimed to reduce health and social inequalities and the isolation which comes with disability, and to find solutions to the barriers which they faced. Some examples were given of the activities which were arranged. Details were also given of a book had been produced, 'Love, Laughter and Tears' which was in demand as a learning resource as it explained what life was really like for families with children with additional needs. It was explained that currently three significant challenges were: funding, finding suitably qualified youth workers and accessing adequate broadband. Board Members made the following comments: • The Director of Public Health explained that she had been challenged at a Young Solutions event to help with social isolation. She explained that the strategy would help as it would give people knowledge of others in the same situation. • The representative from the VCSE explained that part of his role was to show how amazing the Voluntary Sector was. Money needed to be moved towards prevention and the voluntary sector was good at moving quickly to take necessary action.

- Following a query, it was explained that the WPCC could help families with children up to the age of 25, but would then need to signpost families to other services.

The Chairman thanked Anne for the work that she did for carers and for coming to speak to the meeting.

727   Children and Young People Strategic Partnership Update

The Director of Children's Services gave an update on the Children and Young People's Strategic Partnership, which was a sub-group of the Health and Wellbeing Board. The Partnership met quarterly and was Chaired by Cllr Steve Mackay, the Cabinet Member with Responsibility for Children and Families. The Partnership received updates from its own four subgroups which concentrated on Early Help, SEND, the Safeguarding Partnership and the Mental Health Collaborative. All four groups worked with Partners on specific plans and all plans fed into the Strategic Plan. The Partnership used various measures to ensure that the actions being taken had a positive impact on children in need.

Early Help – positive measures included school readiness and access to early years provision and the best start in life was one of the priorities in the plan. There continued to be highly complex needs in families such as poor mental health and substance abuse and to help address the issues a whole family approach was encouraged to help prevent the need for statutory intervention and care. There was a focus on helping parents to be able to parent well, which led to a reduction in the need for children requiring care. It was recognised that the voluntary sector was key to this work.

Mental Health Collaborative – There had been some positive results in the numbers of children who had been absent from school for more than 50% of the time, or required alternative provision, due to mental health needs. A Scrutiny report had been produced looking at the work of Children and Adolescent Mental Health Services (CAMHS). The resulting action plan fed into the Children and Young People's Strategic Partnership.

SEND Partnership – This group focused on the accelerated action plan for the improvement of SEND Services. Following a joint review from the Department of Education and NHS, some improvements had been made but there had been a low baseline.

Safeguarding Partnership – Measures included not

wanting children to be subject to repeat child protection plans following an intervention, and if a child was taken into care, getting through the court system should happen as quickly as possible. Both measures were performing well.

There was a great deal of work taking place in the sub-groups. There continued to be a high level of demand and complexity. It was important to see what difference the interventions were having for the child and family to ensure that the funding was targeted to the correct places. It was acknowledged that risk existed, but it needed to be managed.

Liz Altay explained that the Best Start in Life had been created as a new sub-group which concentrated on preventative activities for 0-5 year-olds. They helped prepare parents to be parents and offered support. There was a huge work programme which included developing the Family Hub Offer but unfortunately Worcestershire had not been eligible for additional funding. Nine family hub buildings were already available and were developing networks of support.

Board Members had the following comments and questions:

- Following a question it was confirmed that there was no additional funding for recruitment for staff for Family Hubs so the work was being done by existing staff. Some volunteers had been recruited,
- The relatively poor rate of completed health assessments for Looked After Children was queried and it was confirmed that this was due to out of county placements and the lack of capacity to carry out the assessments. A multi-agency task and finish group was looking at practical things to help but capacity remained a problem,
- It was agreed that the numbers h,aving fallen who needed alternative provision due to mental health problems was a narrow definition and there were greater numbers who needed support who did not reach the CAMHS threshold,
- Following a query as to whether there were more children from ethnic minorities placed out of county, the Director confirmed that it was not something she was aware of so would look into it. Generally, children placed out of county were treated exactly the same as those placed in the county in terms of reviews and moving through the

court process,

- It was queried why a large group of families with children with special educational needs felt they were not being listened to. It was explained that Families in Partnership were the formal group who were funded through the DfE, but there was also a Parent and Carers stakeholders group as 24 different parent carer groups had been identified in Worcestershire,

- It was confirmed that Worcestershire did well with the low numbers of repeat care plans, although sometimes repeat plans were necessary. Worcestershire was one of the best authorities in ensuring that cases got through care proceedings within 26 weeks,

- Through the improvement journey, although there is good news, it has been recognised that more needs have been identified, which therefore has impacted on the resources in NHS services. Resourcing levels have not been able to keep up with the increase in demand in services such as identifying ADHD. There was a constant challenge to ensure that the way resources were used was making a difference to children and to ensure they felt safe, happy and healthy.

RESOLVED that the Health and Wellbeing Board noted:
  a) **the update on the activity of the CYPSP to deliver services in accordance with the priorities of Worcestershire's children and Young People's Plan**
  b) **the expectation for partners to endorse and prioritise support for the Family Hub model; and**
  c) **the action taken in response to the January 2023 Scrutiny Report on Child an Adolescent Mental Health Services (CAMHS).**

728	**Better Care Fund Update**	Noted
729	**Future Meeting Dates**	Dates 2024

Public meetings (All at 2pm)
- 20 February 2024
- 21 May 2024
- 24 September 2024
- 19 November 2024

Private Development meetings (All at 2pm)
- 23 January 2024
- 19 March 2024
- 18 June 2024
- 16 July 2024
- 15 October 2024

The meeting ended at 4.30pm

Chairman ………………………………………….

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HEALTH AND WELLBEING BOARD
20 FEBRUARY 2024

HEREFORDSHIRE AND WORCESTERSHIRE ALL AGE AUTISM STRATEGY 2024-2029

Board Sponsor
Mark Fitton, Strategic Director, People

Author
Laura Westwood, Lead Commissioner/Autism Partnership Board Co-Chair
Bernadette Louise, Autism Champion/Autism Partnership Board Co-Chair

Priorities
This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

☒Prevention & inequalities   ☒Homes, Communities & Places
☒Mental Health & Wellbeing   ☒Jobs & Opportunities
☒Healthy Living at All Ages

Safeguarding
This report does not have a direct impact on safeguarding children or adults.
Although there will be an indirect impact on safeguarding autistic children and adults as the implementation of the strategy aims to tackle health inequalities, improve mental health support/suicide prevention for autistic people, reduce victimisation and radicalisation.

Item for Decision, or Information & Assurance

☒Decision   ☐Information/assurance

Recommendation

1. **The Health and Wellbeing Board is asked to**
   a) **approve the strategy and;**
   b) **commit multi-agency support to taking the actions forward.**

Executive Summary

2. This paper and the attached presentation give an introduction and overview of the Herefordshire and Worcestershire All-Age Autism Strategy 2024 – 2029. The paper and presentation set out the background to the strategy, our development process and co-production, the vision in themes, cross-cutting themes, how we will monitor the strategy and the decisions and support required to take the strategy forward.

Main content
Legislative context

3. The Autism Act 2009 Autism Act 2009 (legislation.gov.uk) is currently the only disability-specific legislation in England. The Act requires the Government to introduce and keep under review an adult autism strategy. The most recent National Strategy was published in 2021 National strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK (www.gov.uk). The statutory guidance is aimed at supporting the NHS and local authorities in implementing the strategy in areas such as staff training, identification and diagnosis, transition planning when people move from children to adult services, employment, and criminal justice.

4. The Special Educational Needs and Disability (SEND) Code of Practice (2015), continues to place duties on local authorities, NHS organisations and schools in respect of autistic children and young people. There is also a duty to provide services to disabled children under section 2 of the Chronically Sick and Disabled Persons Act 1970."

5. The Equalities Act 2010 sets out requirements to ensure that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all.

6. The Health and Social Care Act 2022 requires all CQC registered providers to undertake Mandatory Autism Training.

Development of the strategy

7. In September 2022 the Health and Wellbeing Board endorsed a proposal to progress an All-Age Strategy, in line with the National Autism Strategy, for the Integrated Care System in Herefordshire and Worcestershire.

8. Initial co-production work identified seven priorities, the six included in the national strategy and an additional priority of Keeping Safe:-
    - Improving understanding and acceptance of autism within society
    - Improving autistic children and young people's access into education and support positive transitions into adulthood.
    - Supporting more autistic people into employment
    - Tackling health and care inequalities for autistic people
    - Building the right support in the community
    - Improving support in criminal and youth justice systems
    - Keeping safe

9. A workstream lead was identified for each workstream who led the co-production and collated the information for each priority. Work stream leads were from across the integrated care system including Worcestershire Adult Social Care Commissioners, All-Age Disability Lead for Worcestershire Children's First, Head of Additional Needs for Herefordshire Council Children and Families, ICB Commissioners, Head of Criminal Justice for West Mercia Police and Herefordshire Social Care Commissioners.

10. The co-production included workshops, facilitated groups and a questionnaire. There were over 400 responses to the questionnaire from a range of different stakeholders. A summary of the responses is attached.

11. This information has been collated into a short summary of "what we know" for each priority, high level aims and key actions.

12. Co-production work will continue through the development of annual implementation plans, working on and monitoring the actions.

13. The text of the strategy is currently with the ICB design team to make into a more attractive, user-friendly document. There will also be an easy read version.

What the strategy says

14. There is a wealth of key findings and required actions set out in the strategy, too numerous to summarise in this report. The Strategy Development Team is aware that the strategy is ambitious but also that most of the actions relate to duties placed upon us through the legislation set out in points 1-4.

15. The presentation sets out a description of each of the priorities and the cross-cutting themes.

16. At the Learning Disability and Autism Programme Assurance Board in January 2024 it was agreed that these three cross cutting themes were the key points of the strategy to work on first: -

   - **Many Autistic People need support/advocacy to access mainstream services or navigate systems. Carers are worried there will be no support for their autistic child when they can no longer provide it.** The need for support was clearly evidenced through work on all of the priorities and for people of all ages and their carers. We want to continue the multi-agency approach taken with this strategy to plan the best way for people to get the support that they need.
   - **Some Autistic people are not getting the right support for their Mental Health needs.** We have set out aims and actions around this in priority 4 but people talked about this in each priority. Many people talked about feeling suicidal because of their situation. We want to use this strategy to tackle issues facing autistic people in Herefordshire and Worcestershire to improve mental health and wellbeing and to reduce risk of suicide and suicidal thoughts. Autism Partnership Boards are linking closely with Suicide prevention strategies.
   - **Organisations need to make reasonable adjustments.** We want to promote good practice examples of reasonable adjustments to all organisations in Herefordshire and Worcestershire and remind organisations of duties under the Equality Act 2010.

Monitoring the Strategy

17. Each workstream lead will now co-produce an annual implementation plan for their priority including how success will be monitored.

18. Progress will be monitored at the ICS Developing services for autistic people programme board (name to change) including all workstream leads, people with lived

experience and carers and chaired by the ICS Autism Champion. This will be fed up to the Learning Disability and Autism Programme Assurance Board and annual reports brought to the Health and Wellbeing Boards in both counties.

19. A bi-annual newsletter will be produced for all stakeholders.

Decisions, support and commitments

20. Health and Wellbeing board are asked to sign-off the ICS All-age Autism Strategy.

21. Members of the Health and Wellbeing Board are asked to pledge support to ensure that the organisations represented take forward the actions within the strategy.

22. Members of the Health and Wellbeing Board are asked to consider agreeing the Oliver McGowan Mandatory Training as mandatory for all staff within the organisations represented.

Impact on health disparities

23. There is a priority in the ICS All-age Autism Strategy focusing on health inequalities for Autistic People. The National Autism Strategy identifies that there are known vulnerabilities and health inequalities facing autistic people.

24. The priority within our ICS Strategy aims to reduce the health and care inequalities that autistic people face throughout their lives, and to show that autistic people are living healthier and longer lives, ensuring timely access to needs-led health care. In addition, to have made significant progress on improving early identification, reducing diagnostic waiting times, improving diagnostic pathways and access to mental health support for children and adults, so autistic people can access a timely diagnosis and the support they may need across their lives.

25. A full Equality Impact Assessment has been carried out in respect of the recommendations. This did not identify any negative impacts.

Consideration of impact on mental health and wellbeing

26. See section above.

Legal, financial and HR implications

27. The strategy has been developed to support compliance with the legislative framework set out in sections 1-4 of this report.

28. There is a training implication to ensure that all appropriate staff receive the Oliver McGowan mandatory training.

29. There is a resource implication in that all stakeholders will need to work to achieve successful completion of the actions set out in the strategy.   Workstream leads will need to continue to oversee and collate the work for their priority.

30. There is a potential financial implication to deliver some of the actions. These will be taken as business cases to the appropriate decision makers.

Contact point and partnership working.

31. Specific contact for this report: Laura Westwood, Lead Commissioner, Adult Social Care (lwestwood2@worcestershire.gov.uk)

32. Consultees include: -
Bernadette Louise – Autism Champion
Rebecca Wassell – Assistant Director, Commissioning

Supporting Documents

33.
- Appendix 1 – Herefordshire and Worcestershire Joint All Age Autism Strategy 2024-2029
- Appendix 2 – Survey Response data
- Appendix 3 – PowerPoint presentation

34. In the opinion of the proper officer (Mark Fitton, Strategic Director) there are no background papers relating to the subject matter of this report.

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Herefordshire and Worcestershire Joint All Age Autism Strategy 2024 - 2029

Glossary

Term	Definition
ADHD	
Advocacy (informal)	Where a person or organisation supports an individual to make choices/decisions and make their views known. They can support a person to take action to gain access to services or support that they are entitled to.
Autism Friendly Schools Standard	The Autism Education Trust (AET) School Standards are structured around eight key principles that provide the framework for the development of whole-school approaches (ages 5–16) to enhancing provision for autistic pupils and their families. These standards support School leaders to meet special educational needs and disabilities (SEND) policy and legal requirements and their equality duties whilst complying with the Ofsted Education Inspection Framework (2021) and the Teacher Standards (2011). They also align with the Head Teacher Standards (2020).
All-Party Parliamentary Group on Autism (APPGA)	
Autism	A lifelong developmental condition that affects how people communicate and interact with the world. Often referred to as a spectrum condition because of the range of ways it can impact on people and the different level of support they may need across their lives.
Autism Partnership Board	Set up in each county to inform and shape a local autism strategy and action plan, monitor and review its progress and adherence with the Autism Act 2009. Has a membership made up of autistic people, family carers, professionals from health and social care and providers of services.
Autistic People	People of ALL ages who have a formal diagnosis of autism, self-identify as autistic or may be autistic and do not know.
Carer/s	A carer is anyone, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction

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	and cannot cope without their support. The care they give is unpaid.
Commissioners	Understand, plan and secure health and/or social care services for the local population.
Emotionally Based School Avoidance (EBSA)	EBSA can be used to describe the inability of a young person to attend school for long periods of time based on emotional factors. EBSA is not a mental health difficulty but rather a combination of lots of different factors. The combination of factors differs for each individual and there is no single cause although there is often an underlying presence of anxiety and/or emotional distress and no significant anti-social behaviour.
Education Health and Care Plan (EHCP)	An Education Health and Care Plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHCPs identify educational, health and social needs and set out the additional support to meet those needs.
Education Health and Care Assessment/EHC Assessment	A needs assessment carried out by the Local Authority for children and young people who may need an EHCP.
Graduated Response	Special Educational Needs (SEN) support is also known as the Graduated Response.
Health and Wellbeing Boards	The Health and Wellbeing Boards bring together the organisations responsible for improving health and wellbeing and reducing health inequalities for each county.
Integrated Care System (ICS)	An integrated care system (ICS) is when all organisations involved in health and care work together in different, more joined-up ways. The focus is on providing care in a way that benefits patients. In April 2021, NHS England formally accredited Herefordshire and Worcestershire as an Integrated Care System.
Herefordshire and Worcestershire Integrated Care Board (ICB)	The Herefordshire and Worcestershire Integrated Care Board (ICB) is part of the Herefordshire and Worcestershire Integrated Care System (ICS) and is responsible for improving health outcomes for our local population, reducing health inequalities, and supporting broader social and economic development.
H&W ICS Developing Services for Autistic People Programme Board	This Board leads on the development of services for autistic people across Herefordshire & Worcestershire

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	and ensures that the developments proposed in the Learning Disability and Autism 3 Year Plan are delivered.
LeDeR strategy/programme	[Learning from the lives and deaths - people with a learning disability and autistic people Herefordshire and Worcestershire Strategy 2022-2025](#) provides a strategic overview of who is involved in the LeDeR programme for Herefordshire and Worcestershire and how they work together. The strategy reflects what has been learnt so far, what it aspires to achieve to improve services and health outcomes for local people and how it plans to do this.
Looking to the future plan	This is a plan about planning for the future which starts from the earliest point; planning for skill development, choices and opportunities that lead towards a healthy and happy adulthood right from the start. A successful transition into school, making choices, access to the community, different types of transport, communication skills are all examples of planning that helps the child and/or young person as they move towards preparation for adulthood.
Masking (also referred to as camouflaging)	Where an autistic person hides their autistic traits and/or behaviours in certain social situations to better fit in with those around them. Masking can have a significant negative impact on the autistic person's mental health and wellbeing.
National Autism Prevalance Tool	A tool that helps understand the estimated population of autistic people in each county.
Oliver McGowan Mandatory Training (OMMT) Programme	A mandated training programme that has been set within the Health & Social Care Act in 2022, as well as within a new national Code of Conduct. All CQC registered health and care delivery organisations for older people, adult and children's health and social care will be inspected to ensure they follow the code. It aims to ensure the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability (Taken from Health Education England).
Reasonable adjustments	The Autism Act 2009 and the Equality Act 2010 place a duty on public services to take reasonable steps to enable disabled people/person to have access to the same service/s as non-disabled people. This can be through adapting the environment of a building or room, a change

	to a policy, or working practice or by providing extra support.
Reasonable Adjustment Digital Flag (RADF)	The Reasonable Adjustment Digital Flag is a national NHS initiative which puts a digital 'flag' on patients records so health professionals are aware that a person needs them to tailor support and make adjustments to help them engage with their care. To see an example of the digital 'flag' symbol on a health record click on this link: Reasonable Adjustment Flag case study (based on pilot version of the flag) - NHS Digital
Special Educational Needs (SEN) support	Support that is additional to or different from the support generally given to other children of the same age. The purpose of SEN support is to help children achieve the outcomes or learning objectives set for them by the school (taken from SENDIASS).

Introduction from Herefordshire and Worcestershire Autism Champion

Welcome to Herefordshire and Worcestershire's All Age Autism Strategy, which has been thoroughly co-produced across both Herefordshire and Worcestershire Autism Partnership Boards. We have been passionate in our commitment to getting the real-life experiences of autistic people and co-producing something practical and meaningful. This strategy is for and about people of any age, with a formal diagnosis of autism, as well as those who identify as autistic. It aims to look at how we can overcome existing barriers whilst also promoting what autistic people have to offer.

> "Strengths of Autistic People need championing, support with barriers but promote their brilliance!!!"

To develop this strategy, we talked to autistic people, family carers, people who work in support services and anyone else living in our communities with an interest in autism. We ran workshops, facilitated groups and conducted a questionnaire. We wanted to hear as many autistic views as possible, so we spoke directly to as many people as we could.

There is a National Autism Strategy, so we also looked how we can implement this across our two counties. The national strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK (www.gov.uk)

Quote from Bernadette Louise, Integrated Care System Autism Champion:

"As the ICS Autism Champion, I offer the autistic viewpoint to high level discussions. As a professional, autistic person and family carer, I have a strong vision of what is needed to best support autistic people in our community. As it happens, lots of the people we co-produced with had similar and varied life experiences, with equally strong opinions. I believe that in this strategy we have pulled together many of the aspects in life, that we have daily challenges with. I expect this strategy to provide us with the platform we need to not only elevate the profile of autism, but also see significant and meaningful change. It should

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enable the system to support us without barriers, discrimination and with empathy and knowledge. I expect this strategy to hold weight and allow accountability so we can look back on the two counties and see real-life progression over time."

About Autism

Autism is a lifelong developmental condition that affects how people communicate and interact with the world.

Autistic people see, hear and feel the world differently to other people. Autism varies widely and is often referred to as a spectrum condition, because of the range of ways it can impact on people and the different level of support they may need across their lives. Remember - if you have met one autistic person, you have met one autistic person. Autistic people will not look or present in the same way. Some autistic people will have a formal diagnosis, some people identify as autistic with no formal diagnosis, others will not be aware of their autism. You can find out more about autism diagnosis on the National Autistic Society website: Diagnostic criteria (autism.org.uk).

While autism is not a learning disability, around 4 in 10 autistic people have a learning disability (Autistica). We also have learning disability strategies for Herefordshire and Worcestershire.

Autism is not a mental health problem but, like everyone else, autistic people can have good and bad mental health. Anxiety and depression are particularly common in autistic people, possibly due to difficulties with how to interact in a neurotypical world. The National Autistic Society has Autism and Mental Health Pages: Mental health (autism.org.uk).

More than 1 in 100 people are on the autism spectrum and there are more than 700,000 autistic adults and children in the UK, taken from: What is autism (National Autistic Society). It is likely that the true autistic population is much higher due to lack of awareness, the wait for diagnosis and national recording systems.

> "An autistic person is first and foremost an individual, so no two people will have the exact same experiences…so each person must be seen holistically".

As part of this strategy, we are going to collect people's experiences in Herefordshire and Worcestershire. There are also a series of podcasts created by Worcestershire Children First with school age children describing their experiences: Mind-boggling Conversations - YouTube.

You can also view experiences collected by the National Autistic Society on their webpage: Stories from the spectrum (autism.org.uk).

Our Vision in themes

Our Partnership Boards agreed the strategy should focus on the priorities within the National Strategy, with an additional priority around keeping safe. This is the vision for each of our themes:

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- **Improving understanding and acceptance of autism within society.**
  We want to demonstrate that we have significantly improved public understanding and acceptance of autism, and that autistic people feel more included in their communities and less lonely and/or isolated. We want the public to have a better understanding of autism and to have changed their behaviour positively towards autistic people and their families.
- **Improving autistic children and young people's access into education and support positive transitions into adulthood.**
  We want education settings to provide better and more inclusive support to autistic children and young people so that autistic people are better able to achieve their potential. We want more teachers and educational staff to understand the specific needs of their autistic pupils, ensuring that more school placements can be sustained. We also want to demonstrate that more autistic children have had their needs identified early on and that they are having positive experiences in educational settings. We want to ensure that we make improvements to support and prepare autistic children and young people for transition to adulthood to enable them to reach their full potential.
- **Supporting more autistic people into employment.**
  We want to make progress on closing the employment gap for autistic people. We want more autistic people who can and want to work to do so, and to ensure that those who have found a job are less likely to fall out of work. We also want to show that employers have become more confident in hiring and supporting autistic people, and that autistic people's experience of being in work has improved.
- **Tackling health and care inequalities for autistic people.**
  We want to reduce the health and care inequalities that autistic people face throughout their lives, and to show that autistic people are living healthier and longer lives, ensuring timely access to needs-led health care. In addition, to have made significant progress on improving early identification, reducing diagnostic waiting times, improving diagnostic pathways and access to mental health support for children and adults, so autistic people can access a timely diagnosis and the support they may need across their lives.
- **Building the right support in the community.**
  We want all autistic people to have the opportunity to participate in their communities among friends and family. Autistic people should live in their own home or with people they choose to live with. We are clear that people should not be in inpatient mental health settings unless absolutely necessary for clinical reasons and will focus on providing good support at the right time to reduce incidence of crisis.
- **Improving support in criminal and youth justice systems.**
  We want to have made improvements in autistic people's experiences of coming into contact with the criminal and youth justice systems, by ensuring that all staff understand autism and how to support autistic people. We want all parts of the criminal and youth justice systems, from the police to prisons, to have made demonstrable progress in ensuring that autistic people have equal access to care

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and support where needed. In addition, we want autistic people who have been convicted of a crime to be able to get the additional support they may require to engage fully in their sentence and rehabilitation.

- **Keeping safe.**
  We want to enable autistic people to feel empowered to keep themselves safe in the community; have a better and safer experience of everyday life and be well supported by services that help them feel safe and secure.

Cross cutting themes

Our work on the strategy has also identified some themes that cut across many of these priorities.

- **Public perception of autistic people**
  We want to demonstrate that we have significantly improved public understanding and acceptance of autism and have good quality local resources to share.   We have set out aims and actions around this in priority 1 but people talked about this in each priority.
- **Many autistic people need support/advocacy to access mainstream services or navigate systems. Carers are worried there will be no support for their autistic child when they can no longer provide it**
  The need for support was clearly evidenced through work on all of the priorities and for people of all ages and their carers. We want to continue the multi-agency approach taken with this strategy to plan the best way for people to get the support that they need.

  "Autistic people…do not know how they will live when their parents cannot help them. Someone needs to help them. "

- **Some autistic people are not getting the right support for their mental health needs**
  We have set our aims and actions around this in priority 4 but people talked about this in each priority. Many people talked about feeling suicidal because of their situation. Autistic people are at a higher risk of suicide than non-autistic people. Figures show that as many as 11-66% of autistic adults had thought about suicide during their lifetime, and up to 35% had planned or attempted suicide (Hedley, D., & Uljarević, M. 2018). We want to use this strategy to tackle issues facing autistic people in Herefordshire and Worcestershire to improve mental health and wellbeing and to reduce the risk of suicide and suicidal thoughts. We want to explore opportunities for autistic people to feel connected to their local community, working to reduce isolation and loneliness. By providing opportunities to socialise and promote a sense of belonging and safety through a wide range of opportunities, we can work together with our partners to improve autistic people's wellbeing and prevent suicide. The Autism Partnership Boards are working closely with the Herefordshire and Worcestershire Suicide Prevention Partnerships in order to achieve these aims.

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- **Autistic people, particularly but not exclusively women and girls, are "masking" as an approach to fit in to a non-autistic culture**
  Masking or camouflaging is where an autistic person hides their autistic traits and/or behaviours in certain social situations to better fit in with those around them. We want to use this strategy to improve understanding of autism and the different ways people present, developing a culture of acceptance and understanding where autistic people do not feel pressurised to hide who they are. We want to educate organisations about masking, so that we can improve the mental health and wellbeing of those who mask, as well as the families and carers who are supporting the exhaustion and burn out of a person who is masking.

  > "My daughter masks so well that others find it hard to accept [that she is autistic]. There is little understanding of how exhausting masking can be."

- **Organisations need to make reasonable adjustments**
  We want to promote good practice examples of reasonable adjustments to all organisations in Herefordshire and Worcestershire and remind organisations of their duties under the Equality Act 2010 and the Autism Act 2009.

Reading and using this Strategy

For each priority we have set out what we know, our high-level aims, and key actions.

We would like organisations in Herefordshire and Worcestershire to use these aims and actions in their own individual strategies and delivery plans so that together we are creating a great place to live for autistic people.

We hope you enjoy reading our strategy! We will issue regular newsletters setting out progress on our strategy.
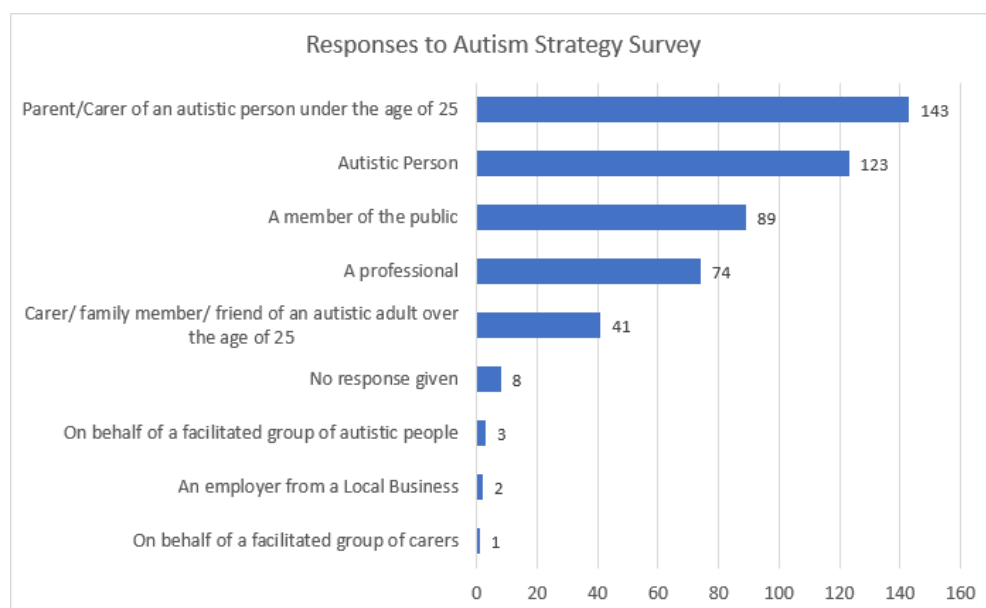
How will we monitor this strategy?

There is an identified lead for each priority who will work with partners, including autistic people and their families, to oversee the actions agreed. An annual action plan will be produced for each priority setting out areas of focus and how we will monitor success. Over the course of the strategy these workstreams may identify additional aims and actions, particularly if a new National Autism Strategy is produced. Progress will be discussed at Autism Partnership Boards and reported to the Integrated Care System (ICS) Developing Services for Autistic People Programme Board. An annual report will be taken to the Health and Wellbeing Boards in both counties. A bi-annual newsletter will be produced to keep everyone updated on progress.

Who was involved?

Autism Partnership Boards in both Herefordshire and Worcestershire (made up of people with lived experience, carers, health and social care professionals, representatives from the charitable, voluntary, provider and statutory organisations) co-produced a plan for the content of the strategy and the strategy engagement plan. A whole population survey was

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conducted across both Herefordshire and Worcestershire in March 2023, receiving 442 responses from a wide range of people.

Responses to Autism Strategy Survey

Category	Value
Parent/Carer of an autistic person under the age of 25	143
Autistic Person	123
A member of the public	89
A professional	74
Carer/ family member/ friend of an autistic adult over the age of 25	41
No response given	8
On behalf of a facilitated group of autistic people	3
An employer from a Local Business	2
On behalf of a facilitated group of carers	1

*Please note, respondants were able to tick more than one box for this question with carers and professionals also ticking autistic person.

A designated lead for each priority, led focus groups and meetings to discuss the findings from the engagement and co-produce high level aims and key actions.

We are proud of the co-production on this strategy. However, we know there are still many autistic people and families that we did not reach and we will strive to further increase engagement in action plans and delivery of the strategy.

Local data

We have used the National Autism Prevalance tool to estimate the numbers of autistic people in Herefordshire and Worcestershire.

Herefordshire

|	Estimated population of autistic people in Herefordshire calculated at 1.1% of resident population			
	2020	**2025**	**2030**	**2035**
Total Population	2,120	2,170	2,210	2,230
Total Population - Children and Young People	400	410	400	390
Total Population - Adults	1,720	1,760	1,810	1,840

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Worcestershire

	Estimated population of autistic people in Worcestershire calculated at 1.1% of resident population			
	2020	**2025**	**2030**	**2035**
Total Population	6,550	6,690	6,830	6,940
Total Population - Children and Young People	1,310	1,330	1,330	1,320
Total Population - Adults	5,240	5,360	5,500	5,620

A review of our primary care data shows that in comparison with the national estimates of prevalence, only 40% of autistic people are currently recorded on the health system in Worcestershire and 29% in Herefordshire. This is likely to change over the lifespan of this strategy with national changes in NHS record systems. It is also worth noting that national prevalence data is likely to be an underestimate. Data in the United States is now showing that 1 in 36 children have autism: Autism Statistics and Facts | Autism Speaks.

The tables below show the mix of sex and age within the autistic people recorded.

In Herefordshire:
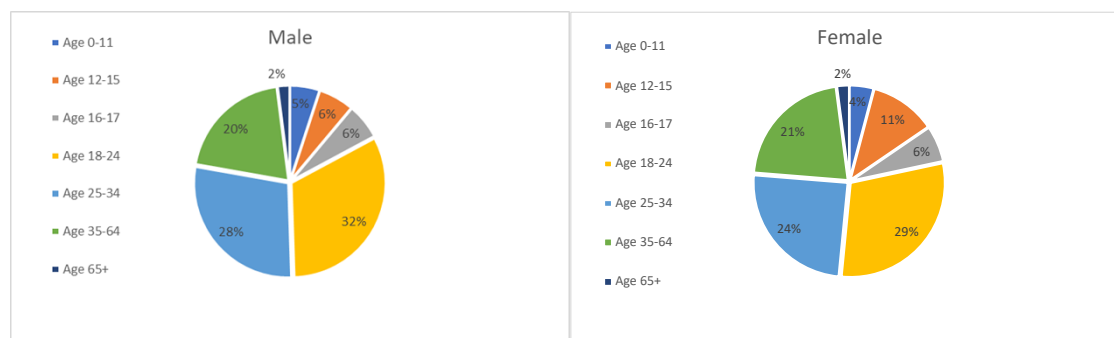
In Worcestershire:
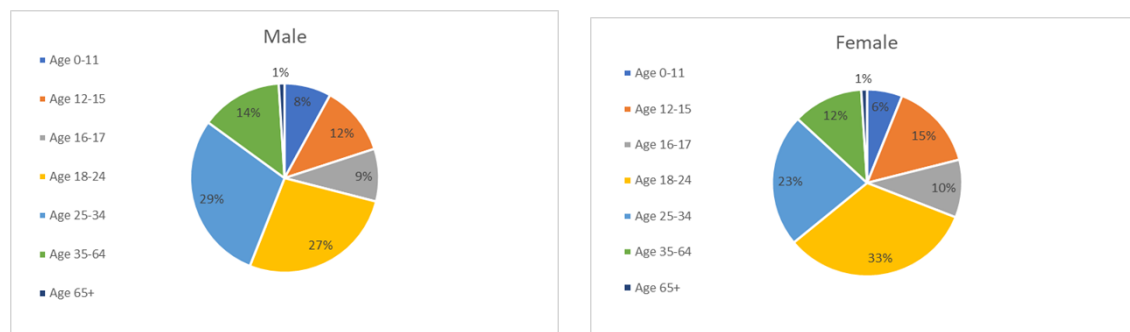
Over 90% of the individuals recorded are White British in both counties.

In Worcestershire, there are currently 294 autistic people known to adult social care where autism is recorded. Of these, 186 people also have a learning disability. Autism is not a specific category on the social care system so the actual numbers are likely to be higher.

As of the end of August 2023 (latest data) there are 1,176 Children with an Education Health and Care Plan (EHCP) and a primary need of autism in Worcestershire: 21% of children with an EHCP.

There are 503 carers known to Worcestershire's Carers Hub who are supporting an autistic person.

In Herefordshire

As of the end of August 2023 there were 1,463 children and young people with an Education Health and Care Plan maintained by Herefordshire 0-25 years of which 325 were recorded with a primary need of autism: 22% of children with an EHCP. This is significantly lower than national average and is thought to reflect the length of waiting list for a diagnosis of autism. Work is being done to update local authority records and improve accuracy.

Priority One - Improving understanding and acceptance of autism within society.

What do we know?

94% of respondents to our questionnaire felt that the general public had a poor understanding of autism.

> "Understanding what autism is and that each person with a diagnosis is impacted on in different ways and in different scenarios. Just not assuming they are being difficult or awkward."

Autistic people told us about experiences in shops and public spaces. Some people welcomed quiet hours or specific autism events. However, the majority of people said staff working in shops and local services needed to have more understanding (through training) and empathy. They particularly need more awareness of sensory overload in public settings.

44% of autistic people had experienced barriers on public transport describing issues with noise, sensory overload and timetabling issues.

High Level Aims

- Everyone, including people who work in local shops, services and public transport should understand and accept autistic people, make sure they are included and treated with respect.
- Local organisations who provide services to the public should make reasonable adjustments, as set out in the Equality Act 2010 and the Autism Act 2009. These adjustments include ensuring that staff have appropriate training.

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Key Actions

- Production and promotion of local autism resources to promote understanding and acceptance. To include voice recordings of autistic people describing experiences, posters, social media.
- Increase availability of autism training for people working in customer facing roles.
- Development of a sensory/autism audit tool for shops/public buildings and material explaining the need for a quiet hour.
- Engagement with local retailers to agree how to work together.
- Engagement with local transport services to agree how to work together.
- Development of a sensory/autism audit tool and autism material for local bus services.

> "There is a real lack of positive images and stories of autistic people coping and enjoying fulfilling lives".

Priority Two - Improving autistic children and young people's access into education and support positive transitions into adulthood.

Herefordshire

What do we know?

New mainstream autism bases have recently opened, delivering 42 additional specialist placements locally. These are already demonstrating a positive impact on attendance, engagement and learning. However, there is still insufficient local provision: 21.8% of pupils with an Education Health and Care Plan (EHCP) placed outside the state funded school and college sector have a primary need of autism. Autism remains a priority for special educational needs planning; both to respond to further increases in requirement, and to support children through phases of education and into adulthood.

50% of schools have accessed the West Midlands autism training and there is an improved early years' offer. However, parents remain concerned for their children and this is reflected in the higher numbers of requests for EHC assessments in recent years. Feedback from the questionnaire demonstrated a lack of confidence in the targeted schools offer. Some autistic children and young people are still having poor experiences within school, are not reaching their potential and are struggling in the transition to adult life. Anxiety and other mental health concerns in children has increased in combination with neuro-diversity related needs since the Covid Pandemic; this is reflected in the profile of the more recent EHCP cohort.

Children and young people with autism often experience high levels of anxiety in school which places them at greater risk of Emotionally Based School Avoidance (EBSA). Frequent sensory processing differences can make the world unpredictable for autistic children and young people. Stressful sensory experiences can heighten this anxiety for autistic children and young people in educational settings: this can include busy corridors, colourful displays and school uniforms in materials that they might find difficult to tolerate. Sometimes

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behaviour caused by sensory and emotional distress can be confused with disobedience. This can result in autistic children and young people being particularly vulnerable to being excluded from school. To avoid this risk and reduce the long-term harm resulting from high levels of anxiety and sensory distress, parents may exercise their right to educate their autistic child at home.

We want to ensure that improvements are made to support and prepare autistic children and young people for transition to adulthood which allows them to reach their full potential. This success is dependent on autistic children having more settled, happy and comfortable experiences throughout their primary and secondary phases of education.

High Level Aims

- To ensure that all children and young people (including autistic children and young people) feel safe, loved and valued, and grow up with the confidence and skills to be the best they can be.
- An area wide accreditation and quality standards system and campaign for education and community settings.
- A "looking to my future plan" is in place and working from the earliest point so that transition and preparation for adulthood planning is part of the team around the child discussions from an early age.
- Parents and young people's views and experiences shape all that we do so that resources are developed and targeted as effectively and efficiently as possible.
- Effective multi-agency early identification and pathways for support ensure that early and timely help addresses needs well.
- Sustainable and sufficient educational provision in mainstream and specialist settings ensures a local education offer for other than exceptional circumstances.
- Recruit and retain confident and skilled workforce so that the local education offer is viable and sustainable.

Key Actions

- To work with schools, early years and colleges to plan for workforce support and training and a network of professional opportunities across the area.
- To work with our SENCo network to map best practice in education across Herefordshire.
- To work with health, early help and early years settings to ensure a coordinated and effective pathway.
- To establish sufficient local educational placements and provision for children and young people with a primary need of autism so that the right child and the right provision is in place from the earliest point.
- To map community groups/organisations for children and young people across Herefordshire and use the map to improve links with local schools so that there are more schools and colleges who have a broader programme of community groups coming into the learning environment.
- To introduce a more comprehensive pathway to accreditation (autism quality mark) for education settings, staff and community providers.

- Schools to invite community groups in to build skills and confidence in the young people to try new groups and activities.
- To develop an area strategy and campaign to recruit support staff using young people's voices and case studies and other incentives to address recruitment and retention issues across the system.
- A passion for what autism inclusive looks like to include an area wide programme of events for autism acceptance week.
- There will be an expectation of a transition plan started and a named worker identified to facilitate that plan, from the earliest age. Others who are important to the child and to support the facilitator will be identified and share responsibility for the success of the plan.
- A resource bank of information and case studies will be available to support transition planning from the earliest age.
- The transition plan will focus on opportunities, experience and skill development to build confidence, self-advocacy and informed choice.
- A safety net approach will be in place to support young people who are at risk of self-excluding from a workplace when they first encounter barriers they see as insurmountable.
- All EHCP annual reviews to have a section on planning for my future including how I would like to/am accessing community activities.
- Specific guidance and support for inclusion of young people with autism in educational activities in personal and social education.
- Additional resources and support will be available to support young people with autism who need more personalised help with puberty and relationships.
- Link to existing workstreams to change and improve parent and young people's experience of meetings and planning with practitioners.
- Co-produce an accessible training module on reasonable adjustments for all education and community providers.
- Co-produce a more robust proforma/process for capturing parent views in the EHCP statutory processes.
- Multi-agency workshops co-facilitated by parents on personally appropriate outcomes for children and young people with autism.

Worcestershire

What do we know?

A growing number of children and young people are being diagnosed as autistic.

Some autistic children and young people are still having poor experiences within school, are not reaching their potential and are struggling in the transition to adult life.

Some autistic children find school environments overwhelming and evidence from the All-Party Parliamentary Group on Autism (APPGA) shows they often feel misunderstood or judged by their peers because of their behaviour, which can impact their ability to engage and succeed in education.

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Children and young people with autism often face additional challenges in school which may make them anxious and experience Emotionally Based School Avoidance (EBSA). Frequent sensory processing differences can make the world unpredictable for autistic children and young people. Sensory experience can impact on the anxiety of autistic children and young people in an educational setting, this can include busy corridors, colourful displays to school uniforms in materials that they might find difficult to tolerate. Sometimes behaviour associated with their autism can be confused with disobedience. This can result in autistic children and young people being particularly vulnerable to being excluded from school. As a result of this, parents may choose and have a right to educate their autistic child at home. This can be for various reasons including the child having sensory needs that make a school environment noisy, distracting or even painful to them.

It is also widely accepted that girls are often overlooked for an autism assessment or are commonly mis-diagnosed. It is known that autism often presents differently in girls and women and that the ability to mask and camouflage difficulties results in professionals missing identifiers.

Of the 5,737 Education Health and Care Plans (EHCP) at the end of September 2023 maintained by Worcestershire, 1,216 children and young people have a primary need of autism (**21.1%**).

Since 2016 we have seen an increase year on year of those children and young people that are receiving SEN support at school or have an EHCP who have a diagnosis of autism.

A priority of the Worcestershire Strategy for children and young people with SEND 2023-2026 is to ensure that children and young people with autism achieve positive outcomes and the support required to enable this is in place.

High Level Aims

- To ensure that all children and young people with autism are truly seen and respected as individuals and are supported to be the best they can be.
- To assess and meet the needs of children and young people with autism, through the Graduated Response and Education Health and Care Needs Assessment for those who need it.
- Provide support and services that effectively meet needs and improves outcomes.
- To listen and work with children and young people with autism and their families to further improve and develop the delivery of support and services.
- To ensure we have effective provision which is timely.
- To strengthen the links between our approaches to early help and those children and young people to improve our identification and assessment of need.
- To ensure that transition points for children and young people are understood and smooth.
- To monitor and improve the waiting times for professional assessments.
- To develop the workforce.
- To increase supported internship and employment opportunities.

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Key Actions

- Ensure that we better understand and overcome the barriers to children and young people with autism achieving good outcomes as active participants in their education.
- Engagement of parents/carers/children and young people in the multi-agency early help offers of help and support.
- Improving and clarifying the intervention pathway for children and young people with autism and emotional health and wellbeing needs across universal, targeted and specialist services.
- Working with schools and settings to support them to achieve the Autism Friendly Schools Standard to ensure they have a whole school approach to children and young people with autism.
- Ensure clear and effective support for early childhood diagnosis and support.
- Opening of the Free School in Malvern.

Priority Three - Supporting more autistic people into employment.

What do we know?

Evidence shows that there is currently a significant employment gap for autistic people. Data published by the Office for National Statistics for the first time in February 2021 shows that as of December 2020, 22% of autistic people aged 16 to 64 are in employment, in contrast to 52% of people with other disabilities, and 81% of non-disabled people. The National Autism Strategy outlines that there are many factors contributing to this gap, including struggling to get a job because of recruitment processes not being autism-friendly or difficulty accessing the support people might need to get into work or while in work.

Our local data showed that although many people did not experience work related barriers and some positive examples were shared with us, around 40% of respondents had experienced issues with all of the areas we asked about as follows:

Have you or the people you know/work with/support experienced any barriers or challenges with the following tasks?

	Yes	No	Not applicable
Applying for benefits	94	38	84
Searching for jobs	82 (39%)	38 (18%)	88 (42%)
Applying for jobs	87 (42%)	30 (14%)	90 (43%)
Going for job interviews	91 (44%)	22 (11%)	94 (45%)
Starting a new job	82 (40%)	22 (11%)	100 (49%)
Working with colleagues	91 (44%)	23 (11%)	95 (45%)
Getting support needed at work	85 (41%)	29 (14%)	95 (45%)

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Getting reasonable adjustments needed at work	81 (39%)	28 (14%)	98 (47%)
Other (please specify)	16 (14%)	13 (12%)	83 (74%)

*Please note, not all respondents answered all questions.

A number of people also talked about their concerns about whether the person they care for would ever be able to enter the workplace. Also highlighted was the importance for the need for a diagnosis before they could access support into the workplace.

"My son has never had the opportunity to work, or even apply and be interviewed for work. He is facing a lifetime on benefits which is also a challenge to apply for and maintain eligibility."

The people we engaged with were clear that there needed to be greater understanding of autism amongst employers.

"People tend to assume all autistic people aren't literate, capable or very bright. When the spectrum is so wide, there are many super intelligent autistic people, very capable."

High level Aims

- Local employers and employees should better understand the strengths of and challenges facing autistic people.
- Local employers should make reasonable adjustments, as set out in the Equality Act 2010 and the Autism Act 2009. Including ensuring that staff have appropriate training.
- Autistic people should be able to access support if required for recruitment and retention.
- Autistic people should be able to access support and information regarding self-employment.

"The world has 8 billion unique individuals, difference should be embraced and celebrated. Took me 50 years to find that I'm on the autism spectrum. I told my manager, and she has been very supportive of me. For the first time in my 30 years of work, I wasn't ridiculed or belittled, but supported and that meant a lot to me."

Key Actions

- Drive improved employer awareness of autism across Herefordshire and Worcestershire.
- Promote better understanding of the benefits of employing autistic people.
- Promote use of Access to Work.
- Improve understanding and reduce the stigma faced by autistic employees from work colleagues.
- Encourage employers to provide coach/buddy/mentor support through the recruitment process and when in work.
- Encourage employers to provide clear information on the recruitment process and the expectations of the job.

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- Raise awareness and provide information to support employers to make the adjustments needed to recruit and properly support autistic employees.
- Promote support and information around self-employment for autistic people.
- Promote mentorship and improve access to employment support programmes.
- Lead by example across Integrated Care System (ICS) organisations by employing autistic people and having good quality HR policies for neuro-diverse inclusion.

Priority Four - Tackling health and care inequalities for autistic people.

What do we know?
- Growing understanding about autism has led to a recent increase in demand for autism diagnostic assessments which currently exceeds capacity and has led to long waiting lists for children and adults.
- 0.4% of the GP registered population is recorded as autistic in Herefordshire and Worcestershire.
- 23% of people recorded as autistic also have a learning disability.
- It is estimated that autistic people have up to 16 years less life expectancy than the general population (Hirvikoski, 2015). The Herefordshire and Worcestershire LeDeR strategy established a mortality review process to enable services to learn from the lives and deaths of people with a learning disability and/or autism and make service improvements to address barriers or gaps in care.
- Almost 80% of adults and 70% of children with autism will experience a mental health difficulty, 40% will have at least two or more illnesses together such as anxiety or depression (Simonoff, et al., 2008).
- Young people with autism are at increased risk of suicidality (Gadow et al., 2012; Mayes et al., 2013). 70% of young people experience suicidal ideation and 1 in 10 attempts suicide (O'Halloran et al., 2022).
- 34.2% of autistic people had experienced suicidal ideation, 21.9% had made suicide plans and 24.3% had actively made suicide attempts or demonstrated suicidal behaviours (Newell et al., 2023).

What local people told us

Autistic people and their carers often find it difficult to access health services due to concerns about different parts of the process. This included: anxiety created by communication prior to and during health appointments; environments and procedures being overwhelming due to sensory issues; uncertainty about what will happen in appointments; and/or how long they will be waiting to access a service/assessment. Whilst there were some examples of good experiences, for the majority of respondents accessing health services was very challenging. There was a strong sense that health professionals require better training to meet the needs of autistic people with 68% of respondents feeling that staff in doctors' surgeries and hospitals do not have enough training to understand and support autistic people.

Specific areas were identified which need significant improvements such as: reducing waiting times from autism diagnostic assessments and a lack of support for people waiting

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for and receiving a diagnosis of autism. A recurring theme from people involved in this process was that they were:

"Battling alone to get a diagnosis, then left to deal with the outcome."

Difficulty in accessing mental health services also came through strongly. The following quote illustrates some of the key issues:

"At times of a mental health crisis being told you'll be added to a list for something that doesn't work for you and saying, 'I'm sorry, there's nothing else I can offer' is not helpful and could be catastrophic for the person."

Long waiting times were highlighted as unsuitable for a person in crisis whose mental health may deteriorate while they wait for a service. Thresholds to access services were reported as too high to get support or in many cases mental health support was declined because the person had autism and difficulties were attributed to this rather than mental health. Often when people did have access to mental health support, interventions were not adapted to meet the individual needs of autistic patients (with traditional therapies such as group sessions and CBT being unsuitable for autistic people). Significant work is therefore required to improve the accessibility of mental health services and the appropriateness of treatments for autistic people.

Specific feedback from parents of children and young people identified challenges about being disbelieved by health and education professionals as their child 'masked' behaviours demonstrated at home, thereby, delaying referral for an autism assessment. Support for parents and carers whilst waiting for assessment and post-diagnostic support was sparse. Parents feel left to manage issues such as: challenging behaviours; anxiety in attending school; and issues around food and sleep in isolation. This in turn affects parental mental health and sometimes their ability to maintain employment leading to further challenges.

High Level Aims
- Reduce waiting times for autism diagnostic assessments.
- All health professionals will have a minimum standard of training and skills in supporting autistic people to access services and pro-actively seek to make reasonable adjustments.
- A range of reasonable adjustment tools are routinely available within health services to enable autistic people to select how they access services and attend/interface with appointments based on their needs.
- Promote understanding of the mental health and well-being needs of autistic people.
- Child and Adult Mental Health professionals have inclusive practice and skills to adapt treatments to meet the individual support needs of autistic patients.
- Improving timely access to mental health services for autistic individuals.
- Improve pre- and post-autism diagnosis support for autistic children, young people and their families/carers which includes: 1:1; groups and peer support on understanding what autism means, developing skills and strategies to support daily lives and advocacy to navigate the system.
- Ensure the Autism Support Service is meeting the post-diagnostic needs of autistic adults.

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Key Actions

- Implement the Oliver McGowan Mandatory Training (OMMT) Programme for Learning Disabilities and Autism in all health service settings.
- Roll-out of Reasonable Adjustment Digital Flag from the beginning of April 2024.
- Participate in the national roll-out of Annual Health Checks for autistic people.
- All Health Services (inc. General Practices and Emergency Departments) are signed-up to the Sensory-Friendly Environments in Primary Care Initiative.
- Design a 0-25 years Neurodevelopmental Care Pathway including combined diagnostic assessment process for autism and ADHD.
- Review the current pre- and post-autism diagnostic support offer for children, young people and families/carers.
- Review the Autism Support Service for Herefordshire and Worcestershire to ensure that it is supporting the needs of autistic people to socialise in local communities, participate in activities, access information and advice/support.
- Review processes of assessing the mental ill-health of autistic children, young people and adults within mental health provision (including specialist services).
- Develop an effective system to record autism diagnosis across all health services.

Priority Five - Building the right support in the community.

What do we know?

Autistic people, carers, professionals and the public all identified that finding and getting support in the community was difficult.

People who said they found the following quite or very difficult
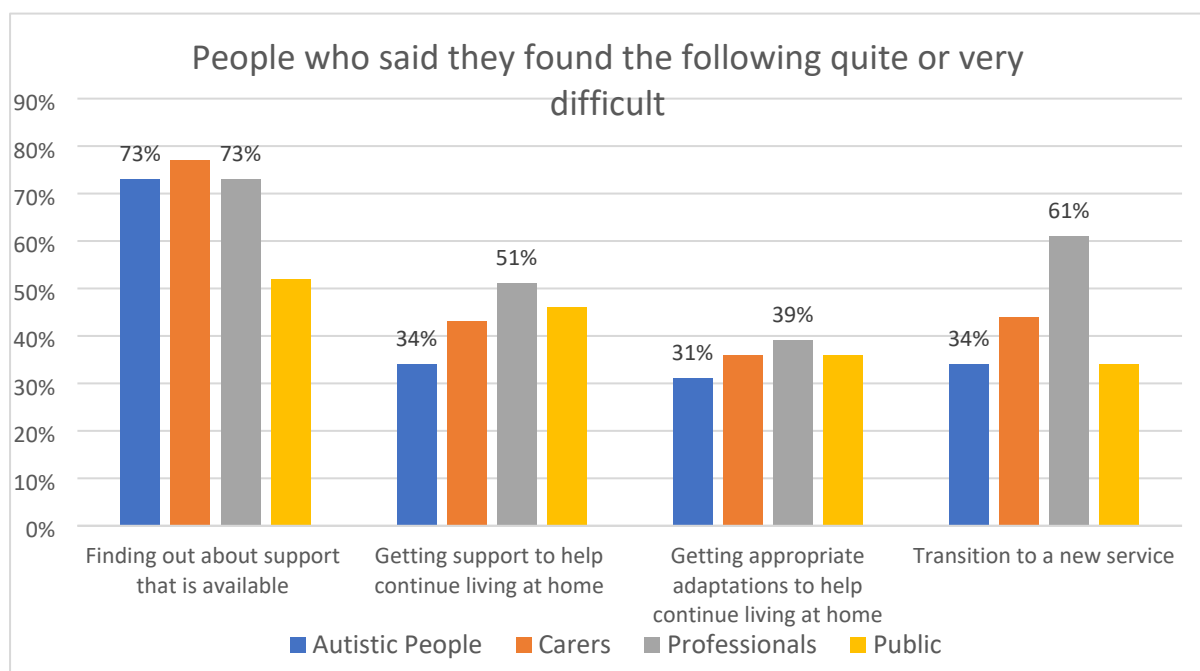
Access to information and support in the local community

There is a new Autism Support Service for Herefordshire and Worcestershire, provided by Autism West Midlands.

The consultation identified a wide range of gaps in support for autistic people. There was a particular focus on the need for advocacy support; practical support to navigate systems; and, access mainstream services, with family largely taking on this role and concerns raised as to what will happen when they are no longer able to do this.

> "A lot of the organisations/support was in the form of group meetings, which is one of the chief things he finds difficult. He then became increasingly isolated and suffered further mental health problems. What he needed/needs is one-to-one support from an individual he can trust and form an ongoing relationship with."

Lack of support and fears for the future were often linked with mental health issues and references to suicidal thoughts.

Access to the right assessments and support from social care for autistic people and their carers.

Of those autistic people that felt they needed access to a social care assessment, only 15% of respondents found it very easy or quite easy getting an assessment. Over 70% of respondents said that they were not receiving the help they needed – this was even higher for autistic carers who struggled to get the help needed for themselves.

Through the engagement autistic people of all ages expressed a desire to learn life skills to live independently and a need for community-based support to develop these life skills and support with big life changes.

Herefordshire and Worcestershire have relatively small numbers of people with autism in Long Stay Hospitals. A dynamic risk register of individuals at risk of admission is held and monitored across the ICS, there are currently 75 autistic individuals on the register (flagged as Red and Amber), demonstrating that most of the work is focussed on admission avoidance to prevent people being admitted to a hospital.

There is a lack of specialist community provision in Herefordshire and Worcestershire to discharge individuals back into the community.

Commissioners are working to develop services to meet eligible social care needs and to support hospital discharge in both counties.

Appropriate housing/housing advice

Our strategy engagement found that the majority of autistic people were living at home with family.

73% of people were satisfied with their current housing. However, for those who were not satisfied the effects were far reaching.

Of the people who were dissatisfied with their current housing: loneliness, noise levels and the wrong location were the most common reasons why autistic people were dissatisfied. Whereas carers identified the lack of space as a major reason why current housing was unsatisfactory.

> *"Trying to convince the council the autistic child needed their own bedroom as he couldn't share with sibling."*

Individuals described challenges in accessing social housing and for those in social housing, finding the environment not appropriate for their needs and having adverse effects on their mental health.

> "Where I live is massively unsuitable and causing me severe decline."

High Level Aims

- Information about local services to be easily available to autistic people.
- Autistic people should have access to appropriate support in the community and to meet their social care needs if appropriate.
- Carers should have access to appropriate support.
- Appropriate training for people working with autistic people.
- Appropriate reasonable adjustments within housing processes and services to meet the needs of autistic people.
- Appropriate local therapy services to prevent hospital admission/support hospital discharge for autistic people.

Key Actions

- Ensure information about accessible services is available for autistic people.
- Develop a business case for an accessible Hub/s where autistic people can go in their local communities to socialise, participate in activities, get practical support, access information and advice. Specific support services that can meet the needs of autistic people that focus on developing skills and support with big changes.
- Support community inclusion to improve wellbeing and to prevent suicide.
- Raise awareness of Carer Assessments.
- Further analysis of carer feedback to jointly plan support available for families.
- Upskilling people that will come into contact with autistic people. Enable focus on the whole person/whole family approach. Reasonably adjusted assessments and support planning processes.
- Development of an Autism Social Work team in Worcestershire.
- Roll out the Oliver McGowan Mandatory Training (OMMT) Programme across the system.

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- Continue to develop Supported Living and residential options for autistic people (including those that aim to avoid admission to hospital or can support hospital discharge).
- Dedicated point of contact to go for housing advice/support.
- Explore use of exemptions (bedrooms) and priority for general needs housing.
- Specialist local mental health and therapy services to avoid admission into hospital where appropriate and support discharge back into the community.

Priority Six - Improving support in criminal and youth justice systems.

What do we know?

Our engagement showed that the most common challenges faced by autistic people in Herefordshire and Worcestershire were:

- Communication difficulties
- Lack of understanding of autism
- Lack of support services
- Negative experiences with the police
- Inappropriate adjustments

Autistic people who were victims of crime were less likely to be told about support services or have their needs met than other victims.

Autistic people who were suspects were more likely to experience negative experiences, such as being arrested for minor offences and being treated unfairly by the police.

The police interview was very stressful, and I felt like I was not being understood. I was not offered any support or adjustments to help me.

As a victim of crime, I felt like I was not taken seriously because of my autism. I was not told about my rights or support services.

I was arrested for a minor offence and treated unfairly by the police. I felt like I was being discriminated against because of my autism.

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Respondents also identified two key issues with the way autistic people are treated by the police:

1. Autistic people are often handcuffed and detained in vehicles when experiencing a mental health crisis. This can be isolating and exasperating for autistic people and does not help to reduce the crisis.

2. Police officers need more training and understanding of autism. This would help them to better handle autistic people who are witnesses to crimes or incidents, or who are experiencing a mental health crisis.

Carers also found that autistic people who have had bad experiences with the police in the past are less likely to report crimes or contact the police if they become victims of crime. This is because they do not trust the police to help them or treat them fairly.

It is important to develop a positive relationship between autistic people and the police. This can be done by providing police officers with training on autism awareness and handling methods. It is also important to ensure that autistic people who are victims of crime have access to support services.

High Level Aims

- Everyone working in the criminal justice system should understand the strengths of and challenges facing autistic people.
- Appropriate reasonable adjustments within criminal justice services.
- Autistic people who are victims of crime should have access to support if they want it.
- Reduce the number of autistic people who are involved in the criminal justice system as suspects.

Key Actions

- Training for police officers, lawyers, judges and other professionals involved in the criminal justice system.
- Reasonable adjustment guidance for staff including providing quiet spaces for interviews, allowing autistic people to bring a support person with them, using plain language.
- Work with victim support organisations to develop specialised services for autistic people.
- Work to divert autistic people away from the criminal justice system for minor offences, by providing support to autistic people who are at risk of offending.

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Priority Seven - Keeping Safe

What do we Know?

82% of respondents choosing to answer questions relating to 'Keeping Safe' felt more at risk related to autism. The key points are summarised below:

- Lack of understanding of autism and the presentation of autistic traits can mean that communication can be seen as rude or confrontational by neurotypical people.
- These differences in communication can put autistic people into difficult situations and leave them open to hate crimes and bullying. Autistic people also feel they are unable to recognise risky situations thereby leaving them open to exploitation.
- Some respondents noted that the lack of understanding amongst the wider population was often a source of misunderstandings or conflict. Sometimes this led to escalation of situations especially when dealing with official bodies such as the Police and Social Services.
- When asked about issues that worried them people cited using public transport, dealing with money, sexual violence, accessing health services, including mental health support.

People felt that support was needed to help autistic people feel safe through:

- 'Formal Support' (this was not always specified) and doing courses on things such as personal safety.
- Help, advice and guidance through things such as advocacy and being able to access justice where someone feels they are not getting a fair deal.
- Life-coach/peer support approach where support is to plan positively, rather than to wait for failure and give support in crisis.

"Having a line of support/someone who 'gets it' and is kind can help when things go wrong is important for us all and those who care for us."

"Some support should also be aimed at people with lower support needs, since they tend to slip through the cracks compared with people with high support needs. They still need support and sometimes in a more complex way."

High Level Aims

"We need to feel understood and not like we are being considered a nuisance and/or dismissed, which unfortunately, is often the case when we ask for a reasonable adjustment".

- Autism needs to be celebrated, promoting the positives and offer support strategies for the things people find difficult.
- We need to facilitate better understanding and awareness of the reasons autistic people may feel unsafe and ways to manage risks and help avoid harms and difficult situations arising in day-to-day life.
- We need to work to reduce incidents of hate crime and improve support provided to autistic people at risk.

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- We need to identify resources and support to enable more accessible peer support groups and hubs with local communities to be developed.
- More autism specialist support and expertise around risks and personal safety within public services.

Key Actions

- Develop appropriate training in relation to keeping safe to be available to a wide range of people and organisations.
- Help for people to build a crisis plan, circles of support to build their confidence; resilience strategies; and, have a plan when things don't go to plan.
- Focus on work to reduce isolation and loneliness through support networks, facilitating connections in the community and establishing more opportunities for people to meet and socialise in safe spaces.
- Gather evidence of good practice in other areas and use this to develop ideas for implementation in relation to the key themes outlined within this priority area for example: training, peer and professional support aimed specifically at reducing risk and helping people keep safe.
- Continue with further consultation involving autistic people about what needs to happen within their own area according to different needs, choices and lifestyle.

Who needs to be involved in the change?

This is the list of people/organisations identified as partners in delivering this strategy and action plans. However this Autism Strategy is for everyone and this list is by no means exhausitive. We would like organisations in Herefordshire and Worcestershire to adopt the aims in their own individual strategies to support leading the change.

Autistic people and their families	Local Education Providers
Carers	Employers
Autism Partnership Boards	Careers services
Health Commissioners	Ambulance Services
Adult Social Care Commissioners	Department of Work and
Health professionals	Pensions
Social care professionals	Commissioners
Worcestershire Children First	Schools/Colleges &
Councillors	Universities
Local communities	ICS HR Directors
Charitable organisations	Health care providers
Voluntary organisations	Social Care providers
Retailers	District Councils
Museums	Housing officers
Libraries	Landlords
Leisure centres	Courts
Cinemas	Victim Support Services
Police	
Fire service	

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Appendix – Survey Response Data

Priority 1 – Improving understanding and acceptance of autism within society

353 people said they wanted to answer questions about Priority 1

Q20   How well do you think the general public understand the needs of autistic people?
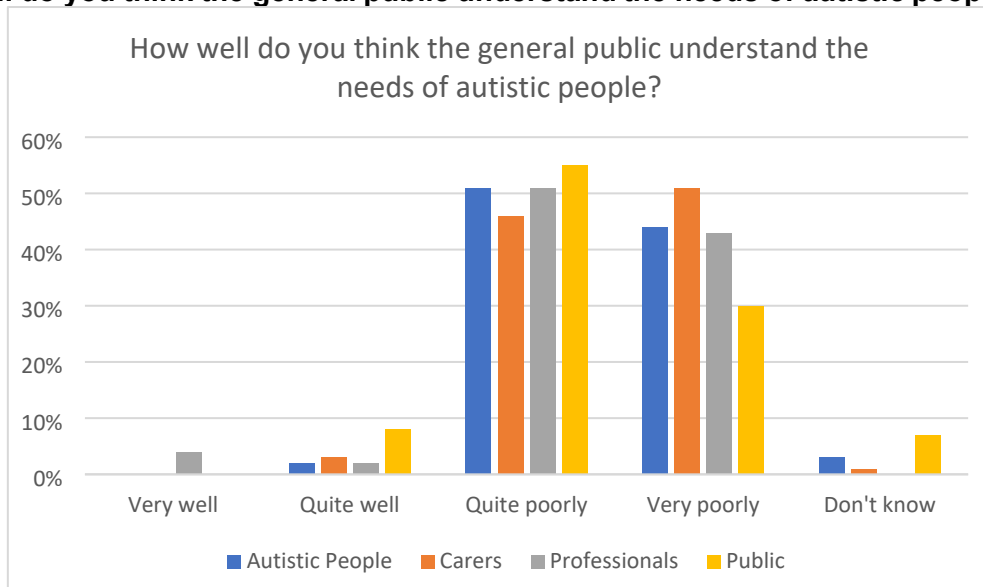
Q21   What do you think is lacking regarding awareness?
Tick all that apply
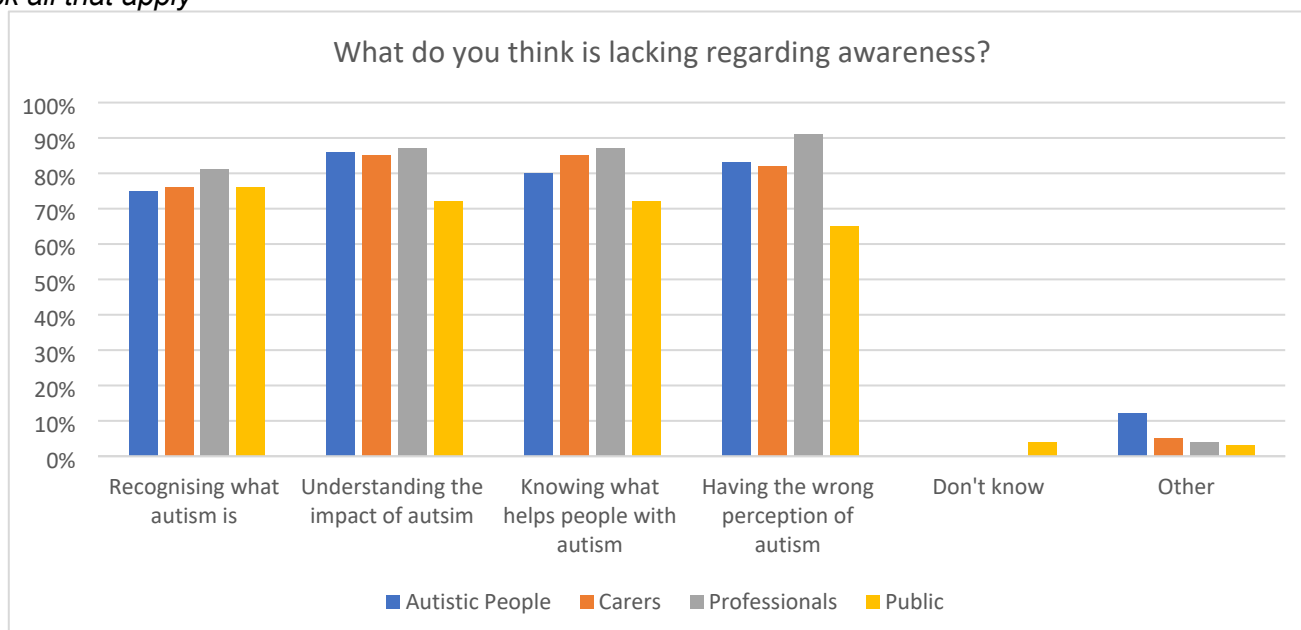
49 comments were made

Theme	Number of Comments
Each person is different and needs an individual approach - one size does not fit all	16
Society needs to be more informed/have training about what the spectrum is and more accepting and caring of autistic people and willing to change behaviours	11
Perception that autistic people are difficult, demanding, annoying, etc needs to be challenged	7
Lack of knowledge of what autism actually is and the different types - stereotypes in media do not help	6

How autism presents in women and girls	5
Recognition that autism is a different way of thinking and processing	4
Lack of understanding by professionals	4
Better training for professionals	3
Autistic people not supported to reach their full potential	2
Better understanding of what masking is and how stressful this is for the individual	2

Q22   What could we do to improve public understanding of autism?
Tick all that apply
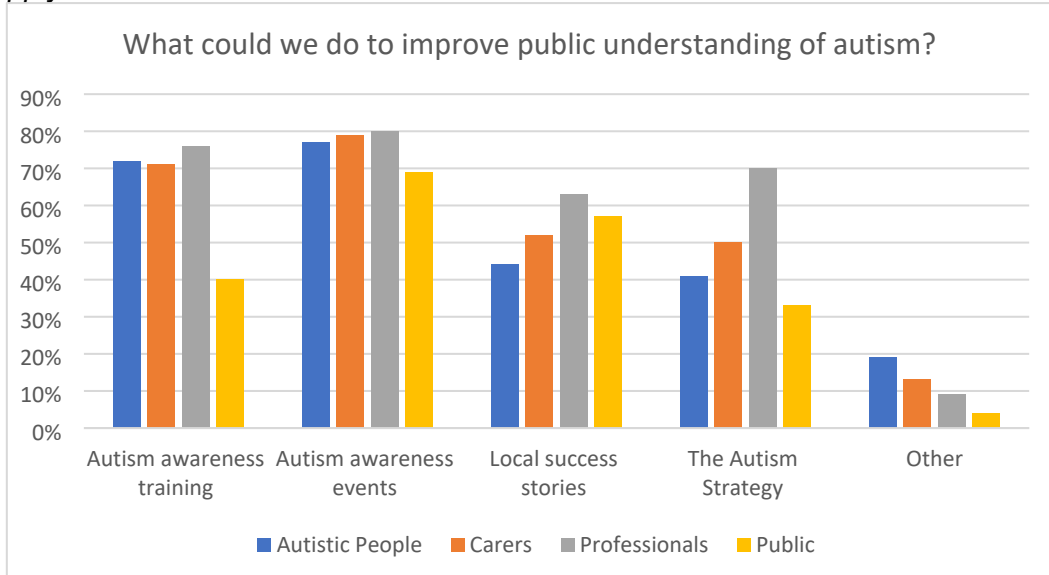
77 comments were made

Theme	Number of Comments
Case studies/autism ambassadors at events and training - people with diagnosis telling their stories and how they can be successful with the right support	15
Better understanding, support, (mandatory) training and toolkits and adjustments in the workplace	12
National emphasis e.g. TV programmes, characters with autism in soaps/drama, campaigns, training, events	9
Education reform, better integration, wider acceptance and opportunities in schools - don't hide autism, embrace it	9
Need to work on normalisation of autism within society, more work within schools about understanding, adaptations and support, etc	8
Better understanding and recognition of how autism presents and the referral process by professionals, teachers, SEN, doctors, health workers, etc	8
Better understanding of the autism community needs - listen to, engage with, respond to and involve us	8
Using the right media in local areas to access residents - e.g. local Facebook groups, local newspapers, news programmes, social media, video blogs, etc	7
More opportunities for work experience/employment	5
Recognition that autism not "one size fits all", different for individuals	4
Early diagnosis/assessment and comprehensive targeted positive support	4
Local focus on success is for high functioning autistics and distracts from others in different parts of the spectrum, especially learning disabled	4
Autism needs to recognised within the wider diversity and inclusion agenda/field - acceptance	3
Problem of greater understanding of autism not easy to address as people who are not affected by it probably wouldn't be interested anyway.	3
Show the struggles as well as successes	3
SEN professionals need knowledge and training about laws around SEN and disability rights.	3

Teachers to have greater understanding and in-depth training about the varying degrees of autism	3
More awareness about how autistic needs can vary significantly day to day - some days fully functioning, the next not at all	2
Good/better education at school about autism	2

Q23   If you wanted to know more about autism, where would you go to find the information?
Tick all that apply
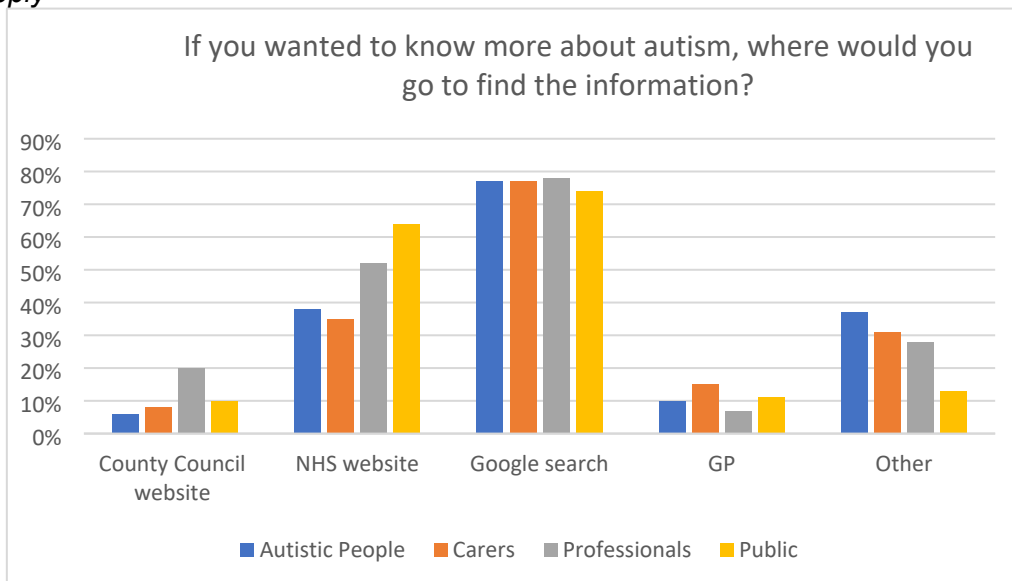
119 comments were made

Theme	Number of Comments
Online, websites, and support groups, e.g. Brightfire CIC, Easy Read	29
National Autism Society and NAS local groups	25
Dedicated social media - e.g. Facebook/Instagram/ Twitter/Tik Tok groups/TED Talks/YouTube and pages by autism advocates	19
Local and national autism support and self-help groups and charities	16
Autism West Midlands/Autism UK	15
Talk to people with autism/ neurodivergent individuals	12
Books/libraries	6
Friends, family and friends with autistic children	6
Dedicated voluntary organisations/charities	5
Other social media	4
Own research/knowledge	4
Other sources not proved to be useful, e.g. GP not knowing how/where to signpost to	4
Courses and information including those from autistic advocates	3
Person experience information	3
Registered professionals	3
Worcestershire Children First	2
TV programmes	2
Academic papers and research	2
No-one was interested in helping/process takes too long	2

Q24   Have you or the people you know/work with/support had any positive experiences of adjustments made when accessing any of the following services?

Have you or the people you know/work with/support had any positive experiences of adjustments made when accessing any of the following services?
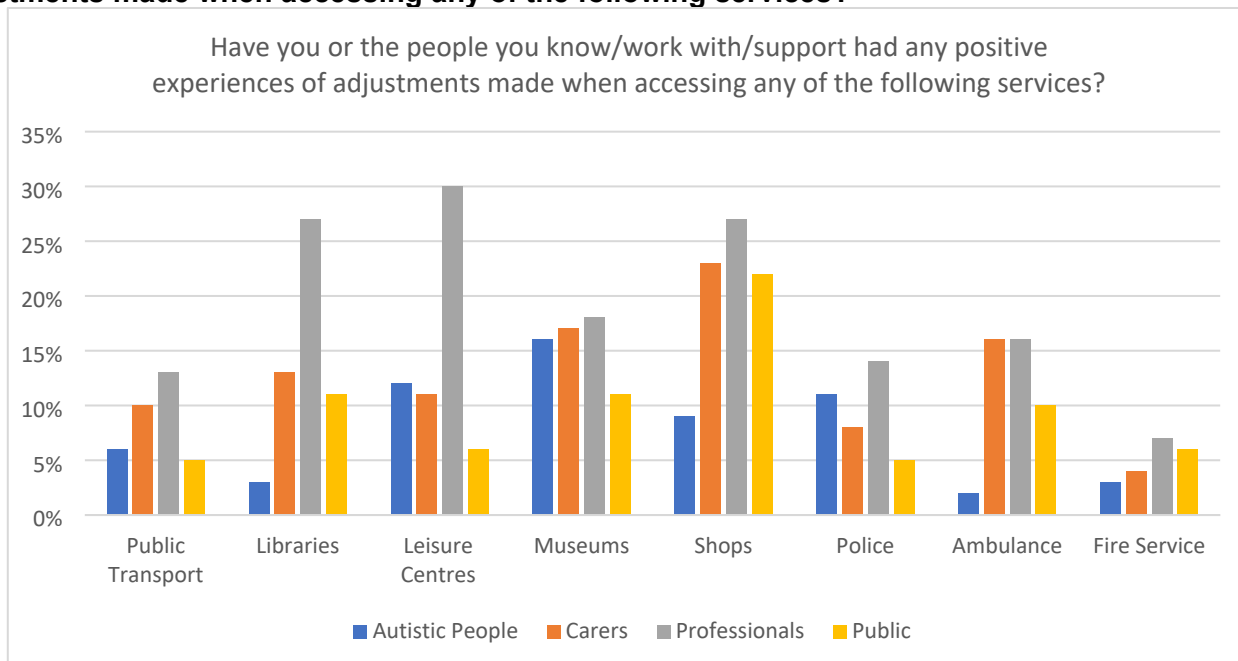
Q25   Please describe the positive experience on **public transport**
25 Comments were left

Theme	Number of Comments
Disability bus pass and those that allow free/reduced fare for carers	5
Drivers more understanding if explanation given, often offer additional help when they know the situation	5
Priority boarding at airports, daisy lanyard	4
Staff always understanding, knowledgeable, polite, and helpful	3
Offers of support or assistance at station/bus station	2
Being able to use accessibility waiting rooms at stations	2
More training for bus and train staff and better wheelchair accessibility	2

Q26   Please describe the positive experience in **libraries**
40 Comments were left

Theme	Number of Comments
Good/great staff who are welcoming, more aware/ have knowledge of autism and will listen, help and can explain	16
Quiet times and spaces	14
Library is a calm and safe space	4
Specific times in libraries for autistic students who can then explore without interruption	3
Use of and access to technology - noise cancelling headphones, accessible computers	3
Events and activities	3
Challenges identifies and adjustments made to enable easier borrowing and return of books	2
Range of facilities, resources and spaces	2

Q27   Please describe the positive experience in **leisure centres**
31 Comments were left

Theme	Number of Comments
Specific sessions/lessons for those with autism and other disabilities	7
Quieter times advertised and ability to use when not so busy	5
Providing explanation to staff gives better understanding and helpful reaction	4
Staff recognition of lanyard and provide positive response to non-standard behaviour	4
Ability of instructors to teach autistic individuals, SEN training	4
Awareness of noise, safe areas, private and open spaces	3
Discounted membership/concessions for support workers	2

Q28 Please describe the positive experience in **museums**
37 Comments were left

Theme	Number of Comments
Members of staff helpful, welcoming, provide assistance and willing/taking the time to engage with ASD	12
Quiet times/quiet environment	9
Use of technology, equipment and specialist kits - e.g. supply ear defenders, visual aids	5
Specific session/events provided - e.g. early opening	4
Discounted rates for autism - leaving early due to over stimulation	2
Recognition of lanyard and understanding of needs	2
Pre-booking time slot to avoid waiting in a queue/ allowed to avoid queueing	2
Nice places to be	2
Range of displays and rooms, low sensory	2

Q29 Please describe the positive experience in **shops**
65 Comments were left

Theme	Number of Comments
Quiet times and designated ASD/learning disability low sensory shopping times	30
Staff generally accommodating, patient and helpful when explanation given or see sunflower lanyard	17
Specific actions taken to help - e.g., dimming the lighting, turning off the music, etc	16
Designated member(s) of staff for ASD/learning disability	4
Offer assistance/help and understanding	4
Checkouts for those who need more time	3
Some people understand some do not	3
Positive experience in local shops that are visited regularly	2

Q30 Please describe the positive experience with the **police**
23 Comments were left

Theme	Number of Comments
Patient, sensitive, helpful and understanding	8
Evidence of specialist training for ASD	7
Showing concern and empathy for people/Taking time	5
Home visits to provide support, understanding and specialist equipment	3

Q31 Please describe the positive experience with the **Ambulance Service**
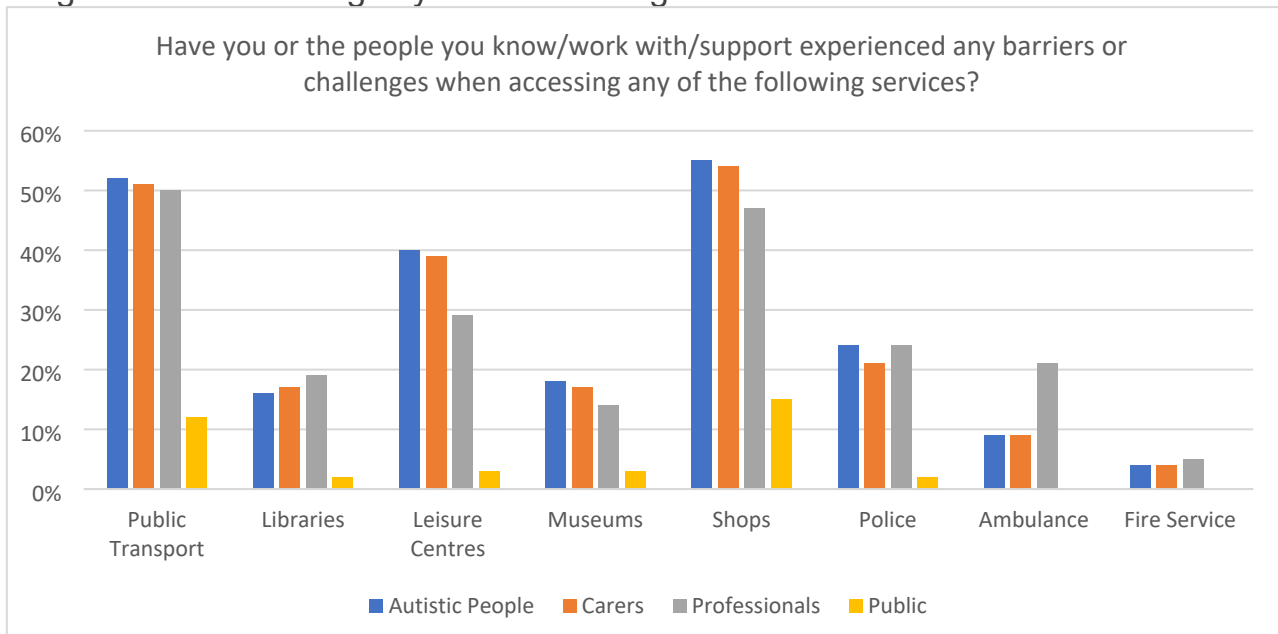36 Comments were left

Theme	Number of Comments
Treated with kindness, understanding, patience, dignity and time	20
Staff are helpful, aware and make allowances	13
Training has been widened to include neurodivergent people	10
Clear instructions given	2
Staff don't make judgements	2

Q32   Please describe the positive experience with the **Fire Service**
11 Comments were left

Theme	Number of Comments
Helpful and positive	3
Show awareness and understanding	3
Fires safety checks and exit plans	2
Adapting behaviours and communication methods to put autistic person at ease	2

Q33   Have you or the people you know/work with/support experienced any barriers or challenges when accessing any of the following services?

Q34   Please describe the barriers experienced on **public transport**
116 Comments were left

Theme	Number of Comments
Too busy, too noisy, layout issues	32
Potential for sensory overload on all forms of public transport	31
Unclear information, timetables, late or no service	20
Timetables can be very difficult to read, unpredictable and subject to change at short notice	19
Little empathy and understanding from staff and public	18
Overcrowding on buses and trains	17
Lack of patience, understanding and need for communication by some bus drivers - e.g. school buses	17
Lack of assistance and need for increased time for processing information and getting on and off public transport	14
No dedicated person to ask for assistance	7
Lack of seating on overcrowded buses and trains	5
Travel card and companion travel card not always recognised - some travel cards have restricted time	4
Not sure how to pay, what the fare is and there is a need for card reader on buses and trains	3
Small print on notices	3
Reduction in local bus services	3
Staff not intervening when incidents occur	2

Q35   Please describe the barriers experienced in **libraries**
29 Comments were left

Theme	Number of Comments
Lack of staff training about autism and how to communicate effectively	9

Lack of understanding by other people using the library	7
Not enough appropriate signage	4
Some libraries can be echoey, noisy, busy, lighting too bright.	3
Some staff are knowledgeable and supportive	3
Need to have quiet areas and seating	2
Seating too close together	2
Not used library recently because of issue in the past	2
Need to be quiet can be off-putting to parents with ASD child	2

Q36 Please describe the barriers experienced in **leisure centres**
77 Comments were left

Theme	Number of Comments
Potential sensory overload - lights, noise, too many people	44
Lack of understanding of autism and how it presents	16
Need more and longer dedicated quiet times/sessions at convenient times	13
Staff and instructors need more understanding of how to communicate with neurodivergent children/adults	13
Limited staff trained in autism awareness	12
Need more family/accessible changing rooms & showers	7
Better signage and information within centres - how to use equipment/lockers	7
Need quiet spaces for when everything gets too much	4
More accessible information of opening times and when centres are less busy	2

Q37 Please describe the barriers experienced in **museums**
30 Comments were left

Theme	Number of Comments
Sensory issues - lighting levels, noise	13
Too crowded, queues	7
Lack of understanding and acceptance of autistic people by general public	6
Anxiety issues	3
Lack of suitable parking close to venue	2
Look but don't touch policy can be difficult for some ASD people	2

Q38 Please describe the barriers experienced in **shops**
117 Comments were left

Theme	Number of Comments
Sensory overload causing anxiety - lights, too busy, big echoey spaces	68
Lack of empathy and understanding of autistic behaviours by staff and general public	38
Lack of staff training/understanding - no specially trained member of staff	35
Store layout - height of shelves, cluttered isles, congestion at checkout, changing location of items	29
Lack of personal space, other people entering personal space and size of gangways	7
Need for quiet times with sensory triggers being reduced	7
Better/accessible signage within stores	7
Small shops can be difficult	4

Q39 Please describe the barriers experienced with the **police**
48 Comments were left

Theme	Number of Comments
Need more training on how to be aware of and understand autism, be more empathetic and how to communicate & support	19
Lack of understanding of the many different presentations of autism in different people	19

Fear or lack of understanding of challenging behaviours which can lead to further anxiety and conflict	12
Can appear to be aggressive, rude, uncaring and unsupportive	12
Not patient, don't listen, don't provide information	8
Potential for sensory overload - sirens, flashing lights, light levels in rooms, being handled by strangers	4
Don't understand that a parent/carer might be needed to attend	3
Use of inappropriate language and behaviour	2

Q40   Please describe the barriers experienced with the **Ambulance Service**
19 Comments were left

Theme	Number of Comments
Not understanding sensory disorders can cause problems - especially touch and dealing with strangers or unfamiliar places	8
Waiting times	4
Lack of/limited training and awareness	2
Wider understanding of why an ASD person might need a parent to go in an ambulance/A&E with them	2
Lack of understanding on how autistic people communicate and how to communicate with them	2
Not listening to what they are being told	2
Reception areas can be noisy, busy and too bright	2
Accessible ways to contact people with autism if they can't use telephone when anxious	2
Ambulances are confined, have a lot of equipment, are busy, noisy and bright	2

Q41   Please describe the barriers experienced with the **Fire Service**
7 Comments were

Theme	Number of Comments
Sensory issues	3
Lack of understanding of how to communicate with ASD people effectively	2
Lack of training and awareness	2
Can't use the telephone	2

Q42   **What would make accessing these services better?**
199 Comments were left

Theme	Number of Comments
Better/more regular training for staff and professionals on autism awareness, how to communicate, provide help, giving time and safeguarding	73
Increasing awareness, knowledge, understanding, empathy kindness and acceptance of autism in general public and service providers	62
Provision of dedicated quieter/safe areas and times/sessions which bookable and are well publicised	45
Understanding of and ability to control or adjust sensory overload triggers	37
Better understanding that there is no "one size fits all" with autism and it is often a hidden disability	28
Having a dedicated member of staff or a system in place to help when needed	14
Improved and accessible signage & timetables, better communication of what services are or why services have altered or been removed	14
Making workplaces, shops, leisure centres, etc more autism and disability inclusive all of the time	10

More reliable transport services with more accessible dedicated seating	9
More listening to and involvement of autistic people and support groups - particularly with training	8
Better understanding on both sides - those with ASD and those without	7
More knowledge and understanding of disabilities in general	4
Don't know	3
Free travel passes for conditions which are shown on bus pass and also free travel passes for carers	2
Understanding of legal responsibility	2
Contacting methods - need ability to communicate with operator that person has autism - block out background noise	2
Already a lot being done	2

Q43 **Do you know any services/businesses that have an autism friendly hour or something similar?**
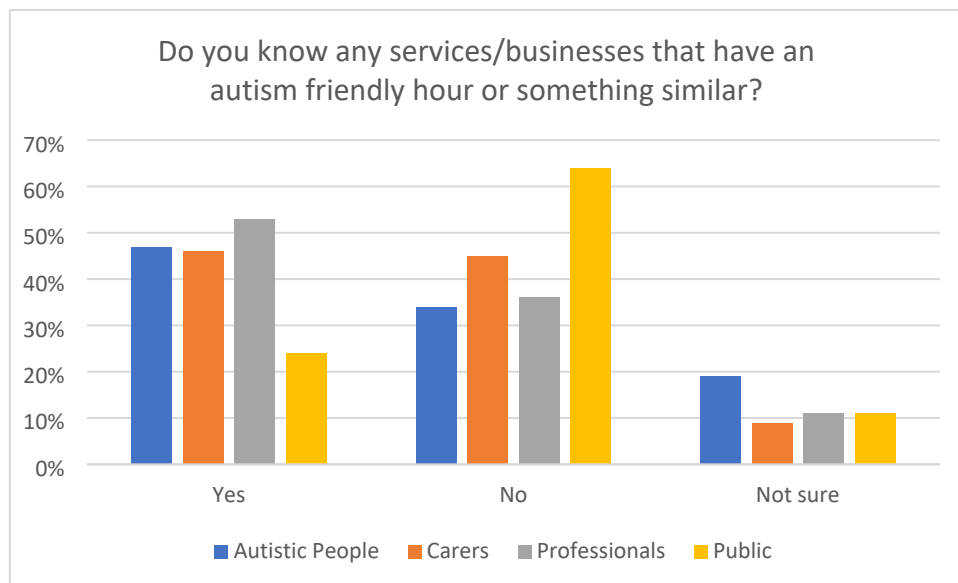
Please give details

147 Comments were left

Theme	Number of Comments
Supermarkets	83
Cinemas, arts centres and theatres	34
Specialist and soft play centres	17
Department stores and specialist retailers	15
Shops	11
Museums, attractions and historic buildings	11
Shopping centres and markets	4
Leisure centres	4
Shops to be made autism friendly all of the time	3
Other entertainment centres - e.g. bowling	3
Universities	2

Q44 **Have you or the people that you work with/support used the service and find autism friendly hour helpful?**

Have you or the people that you work with/support used the service and find autism friendly hour helpful?
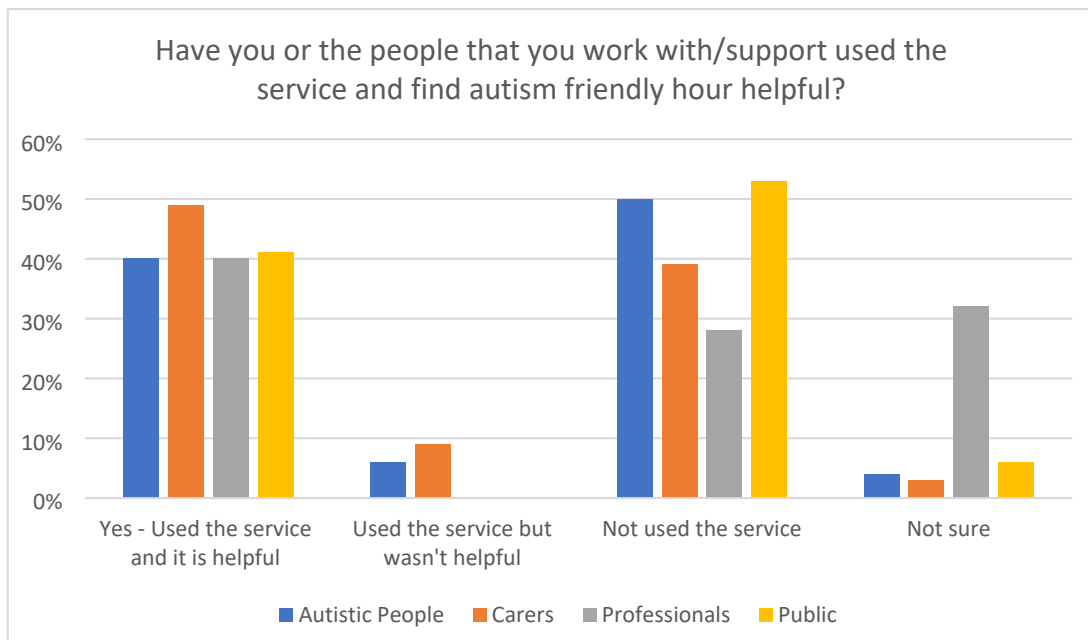
Do you have any comments about why this is or isn't helpful?
38 Comments were left

Theme	Number of Comments
Addressing sensory issues helps	12
Very Helpful	10
Quieter/calmer/less people	10
Timing of session can be awkward	7
Good to be with others who understand	2
Needs to be more than 1 hour	2

Q45   Does your workplace offer Autism Awareness Training?

Q46   If yes, please give details
76 Comments were left

Theme	Number of Comments
Employer training and awareness provided	17
NHS Training	12

Schools/colleges/universities	11
Local Authority/Government Department	10
Online courses	8
Charities, youth trusts	5
Is a training provider	4
Training and awareness undertaken provider not stated	4
In person training courses	2
Training given to foster carers	2

Priority 2 - Improving autistic children and young people's access to education and support positive transitions into adulthood

271 people said they wanted to answer questions about Priority 2

Q53   Where are you/your autistic child(ren) educated?
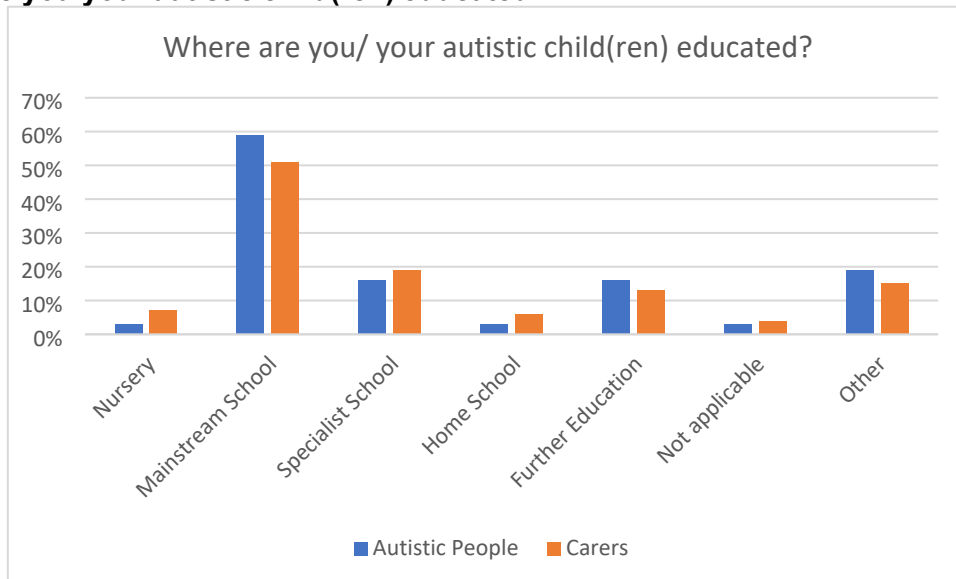
26 Comments were made

Theme	Number of comments
No Schooling	9
Private School	5
Sixth Form/ College	3
Alternative Provision	3
Home School	2
EOTAS	2
Online Education	1
Autism Base	1
MET/ Hospital School	1
Other comments	1

Q54   Why are you/your autistic child(ren) home schooled?
Select all that apply

Why are you/your autistic child(ren) home schooled?

A bar chart showing percentages for Autistic People (blue) and Carers (orange):
- Personal choice: Autistic People 0%, Carers ~43%
- No appropriate setting: Autistic People 100%, Carers ~86%
- Temporary measure: Autistic People 0%, Carers ~14%

Legend: ■ Autistic People ■ Carers

Q55   Do you/your child(ren) have an EHCP (Education Health and Care Plan)?

Do you/your child(ren) have an EHCP (Education Health and Care Plan)?

A bar chart showing percentages for Autistic People (blue) and Carers (orange):
- Yes: Autistic People ~41%, Carers ~50%
- In progress: Autistic People ~13%, Carers ~14%
- No: Autistic People ~47%, Carers ~33%
- Not applicable: Autistic People 0%, Carers ~4%

Legend: ■ Autistic People ■ Carers

Q56   Have there been any barriers or challenges with the EHCP process?

Have there been any barriers or challenges with the EHCP process?

Q57   Please describe the barriers/ challenges.

86 Comments were made

Theme	Number of comments
Delays	33
Not able to access EHCP/ Assessment	14
School not recognising issues/ referring	12
Communication with caseworkers/ SEN etc.	12
Local Authority (legal duties not followed)	11
Had to fight for right support/ assessment	11
Getting appropriate setting	10
EHCP not updated	9
Poor EHCP	9
Other	9
School knowledge/ understanding	7
Plans not followed	5
Lack of, or delay to diagnosis	4
Lack of empathy or considering CYP views	4
School funding	3
Access to CAMHS	1

Q58   Are you/your child(ren) getting the right support as indicated on the EHCP?

Are you/your child(ren) getting the right support as indicated on the EHCP?
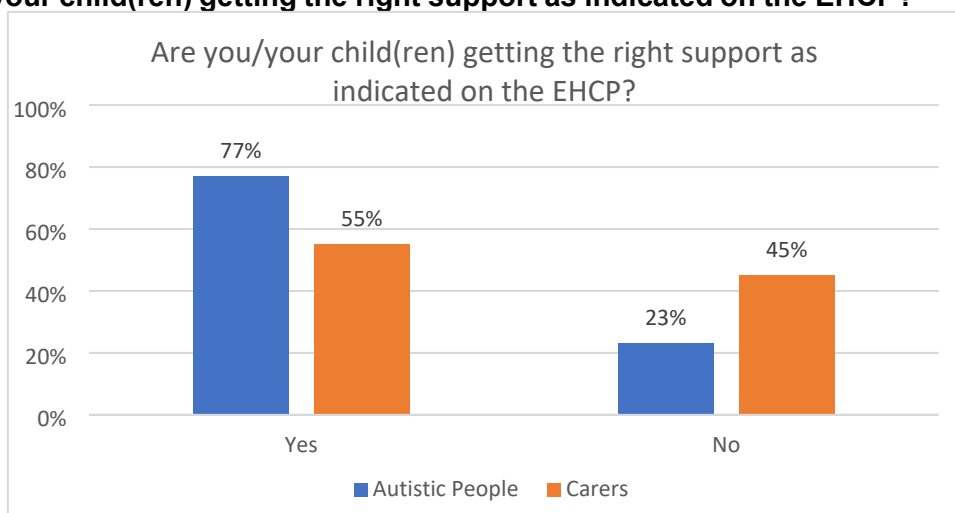
Q59   Please detail the barriers

23 Comments were made

Theme	Number of comments
Lack of appropriate setting	6
Full support not in place	6
Poor LEA SEND input	4
Lack of detail in the plan	2
Waiting for support	2
Other	2
Lack of school staff	1
Lack of staff care/ empathy	1
Funding not used for the child	1
Services not joined up	1

Q60   Have you had any difficulties in finding an education setting for your child/young person?
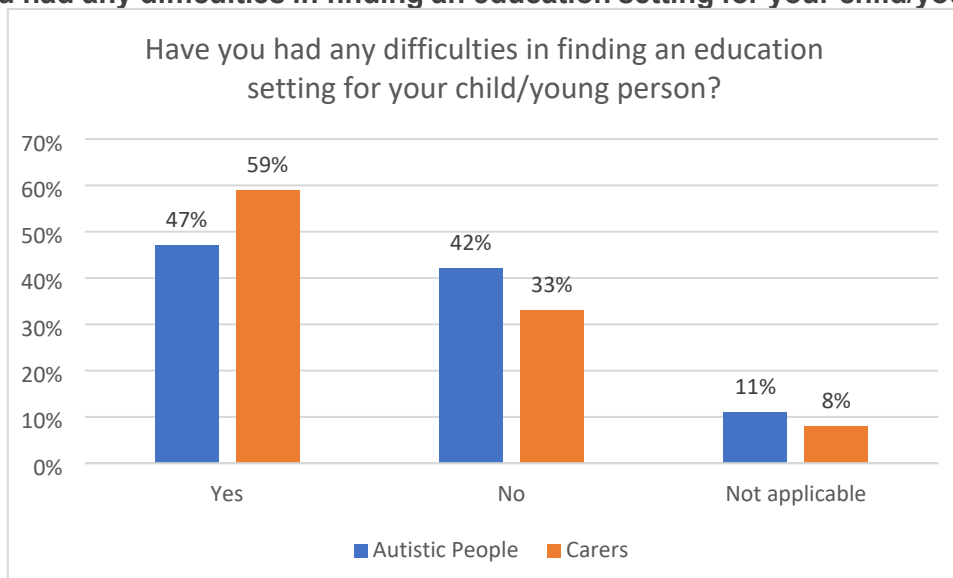

What would have made it easier?

63 Comments were made

Theme	Number of comments
LA Support	15
More places available	12
Other	11
School Support	6
Having an (appropriate) EHCP	6
More specialist settings locally	6
Speed up the process	5
Knowledge/ Understanding of autism	5
Smaller Settings	4
Academic focused appropriate settings	4
Meet child before recommending a setting	4
WCC/WCF budget	4
Flexible entry requirements	2
Mental health support	1
Local complex needs provision	1
Better post 16 options	1

Q61   Have you/your child(ren)/young person been able to access beneficial support/help within in your/their educational setting from any of the following?
Tick all who have supported in an educational setting

Have you/your child(ren)/young person been able to access beneficial support/help within in your/their educational setting from any of the following?
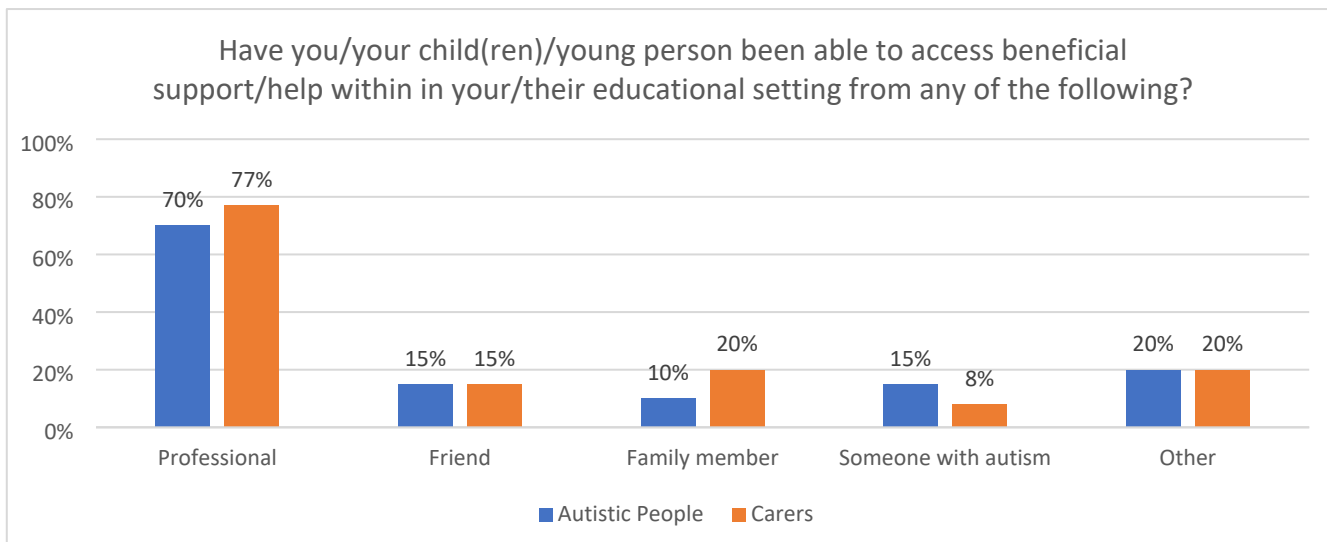
Q62 Would you like to give any more information about the beneficial support received in an educational setting?
63 Comments were made

Theme	Number of comments
Other school staff member	12
SENCO	8
Friends/ Siblings/ Other parents	7
Other	6
Teaching Assistant	4
Teacher	4
Professionals	3
SENDIASS	3
Mentor	3
Personal Tutor	2
Complex needs team	2
Disabled Students Allowance	1
Paid professional support	1

Q63 What has made the most positive difference for you/your child(ren)/children you work with in accessing education?

What has made the most positive difference for you/your child(ren)/children you work with in accessing education?
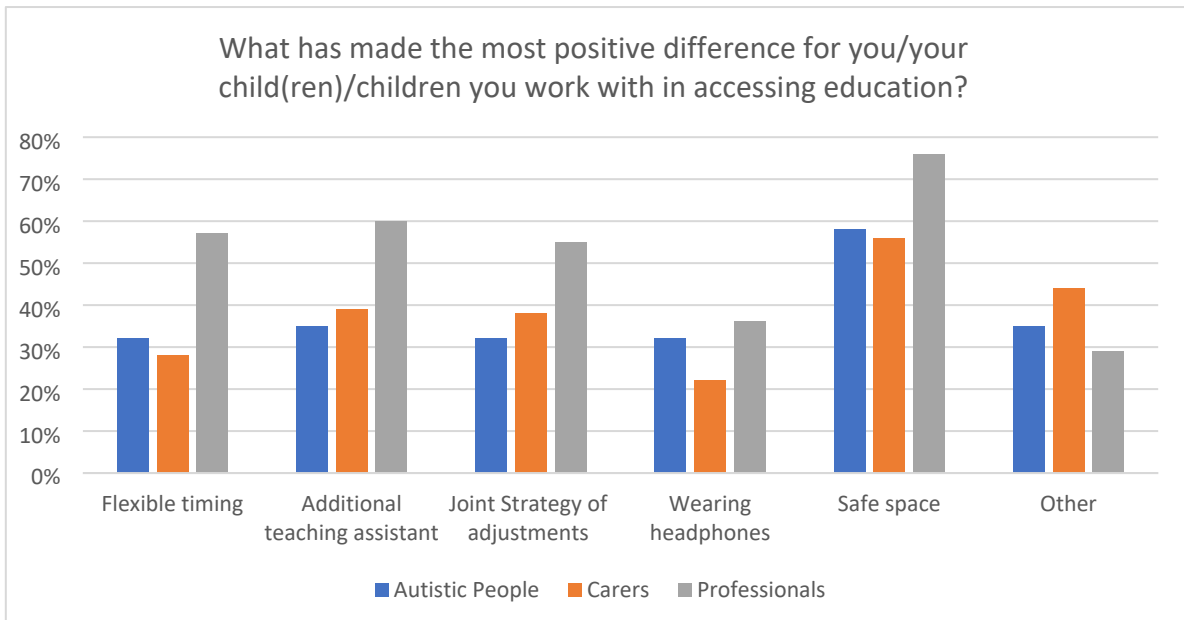
56 Comments were made

Theme	Number of comments
Trained/ Understanding Staff	15
Nothing	14
Other	10
Small Groups/ Classes	5
Home Education	4
Suitable Plan/ EHCP	4
Support from family/ community	3
1:1 Sessions	3
Appropriate setting	3
Equipment	2
Consistency of adjustments	2
Safe space	1
Flexible uniform requirements	1
Recognition/ diagnosis	1

Q64   Does your child access any after school activities?
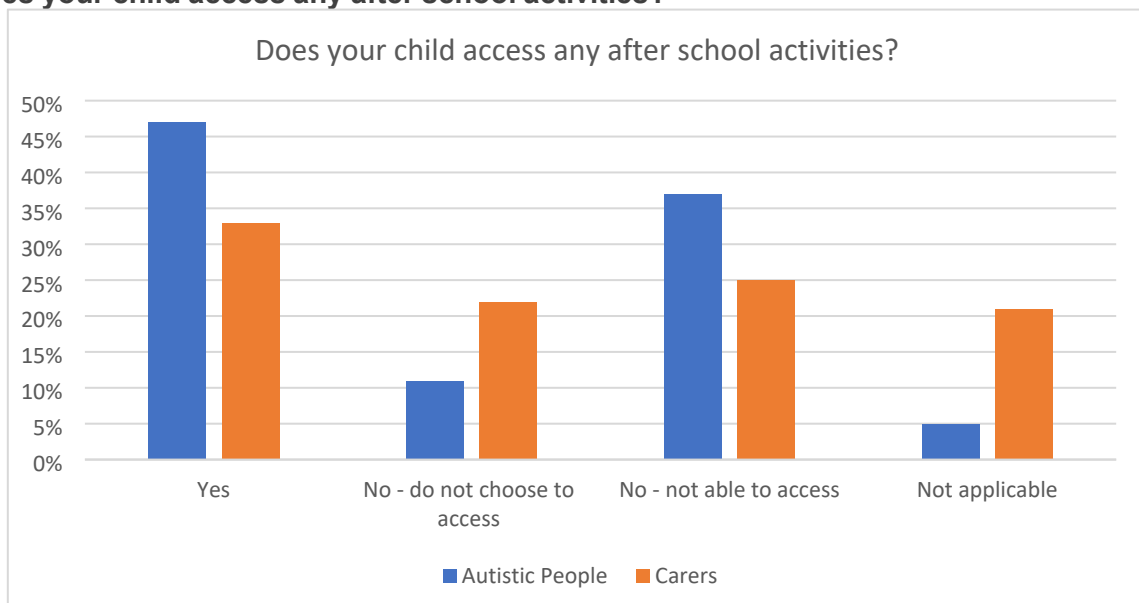
What is working well?
32 Comments were made

Theme	Number of comments
Specific activities mentioned	12
Music	4
Staff listening/ making reasonable adjustments	4
Other	4
Organised activities/ routine	3
Small/ quiet groups	3
Residential placement	2
Safe space/ chill out area	2
Staff knowledge and training	2
Friendly atmosphere	1
Teaching assistant	1

What barriers are they facing?
26 Comments were made

Theme	Number of comments
Not available	8
Anxiety/ Mental health	8
Other	8
Not allowed to attend/ excluded	3
Bullying or not being 'accepted'	3
Cost	1
Exhausted/ overwhelmed after the day	1
Would need additional support	1

Q65 What improvements could be made in the community which would enable your child/ young person to participate more than they currently do?
66 Comments were made

Theme	Number of comments
More local (specialist) activities	25
Other	12
Awareness of autism	11
More acceptance/ less judgement	10
More support	9
More trained staff	7
Less noise/ have quiet times	4
Funding	2
Help them to understand their autism and strategies to cope	2
Transport	1

Q66   Do you have any concerns relating to accessing vocational education (such as an apprenticeship or on the job learning)?
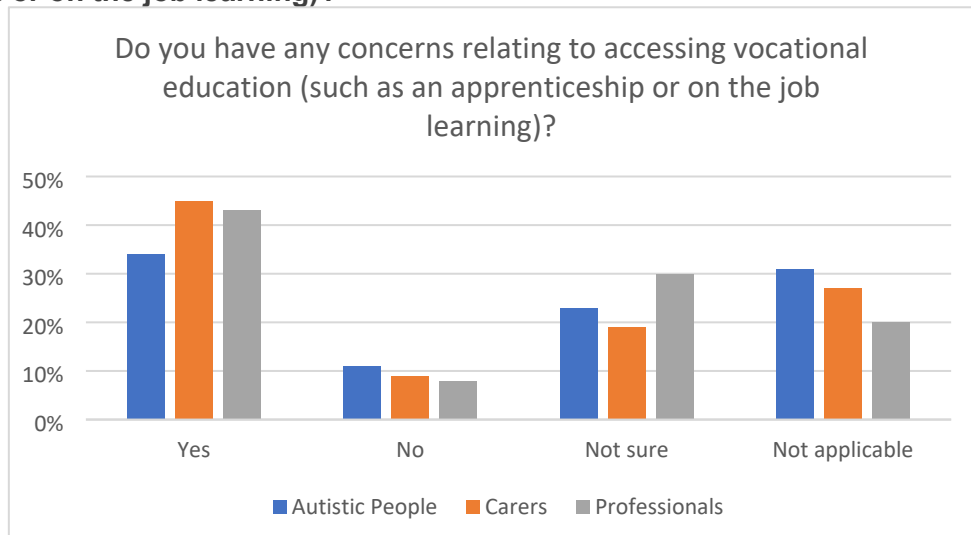
Please can you describe your concerns

62 Comments were made

Theme	Number of comments
Lack of opportunities	16
Don't make the required adjustments	15
Awareness of autism	14
Suitable support	13
Other	11
Careers help/ planning	9
Coping with a work environment	9
Getting grades/ qualifications to access	5
Discrimination	3
Transport	1

Q67   If you have experience of Social Care do you feel that young people in transition have a timely assessment and transition to adulthood?
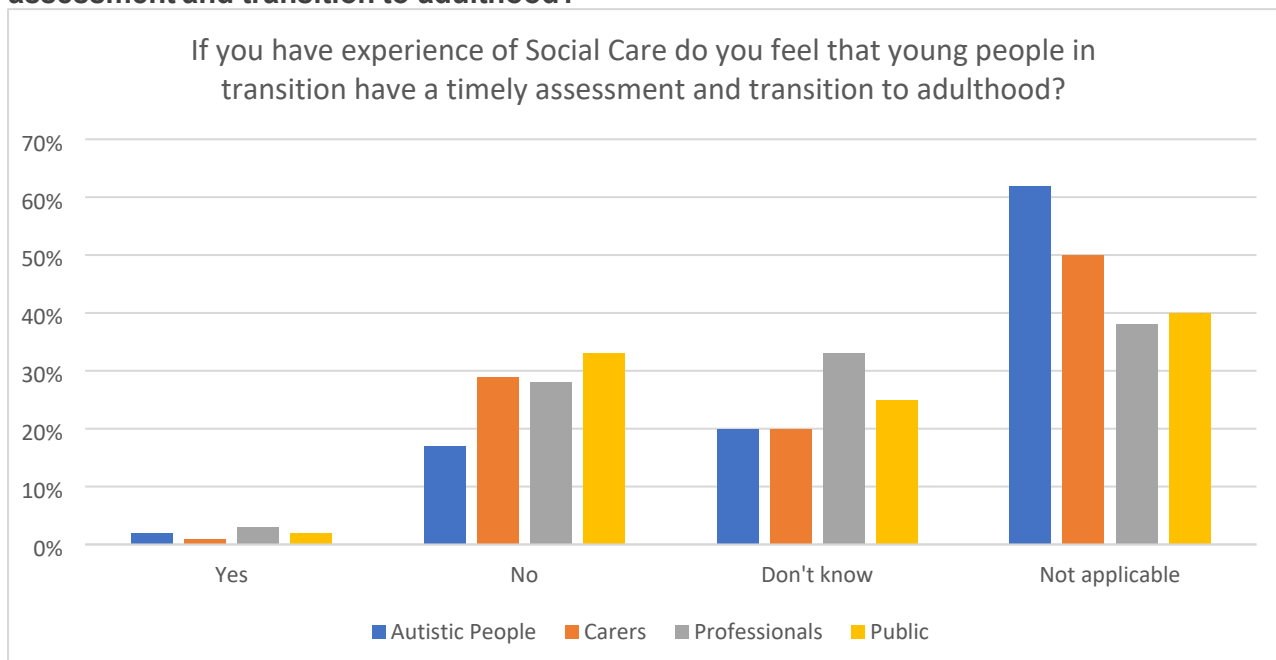
Q68   Please describe this:

59 Comments were made

Theme	Number of comments

Other	16
No/ not enough transition support	11
Delays/ Timing	10
Need more support	9
Not enough staff/ resources/ funding	7
Support in adult system is lacking	6
Had to fight for assessment	4
General negative	4
Staff changes	4
Not enough time spent with the young person	2

Q69   What do you feel would improve the transitions of young people with autism and associated conditions to adulthood?

147 Comments were made

Theme	Number of comments
More/ better support	25
Better understanding/ awareness of autism	24
Early planning	22
Other	21
More professional involvement	17
Training/ information	13
Life skills	13
Consistency of worker	12
Early diagnosis	12
Make sure YP understands options available	10
Child & Adult services working together	8
Support in school	7
Housing support	7
Employment support	7
Appropriate school provision	5
More (specialist) college/ placements	5
Support after 16/18/25	4
Consistent documents to support access to services	3
Help for YP without EHCP	2
EHCP contains transition plans	2

Priority 3 - Supporting more autistic people into employment

248 people said they wanted to answer questions about Priority 3

Q70   Have you or the people you know/work with/support experienced any barriers or challenges with the following tasks?

Have you or the people you know/work with/support experienced any barriers or challenges with the following tasks?
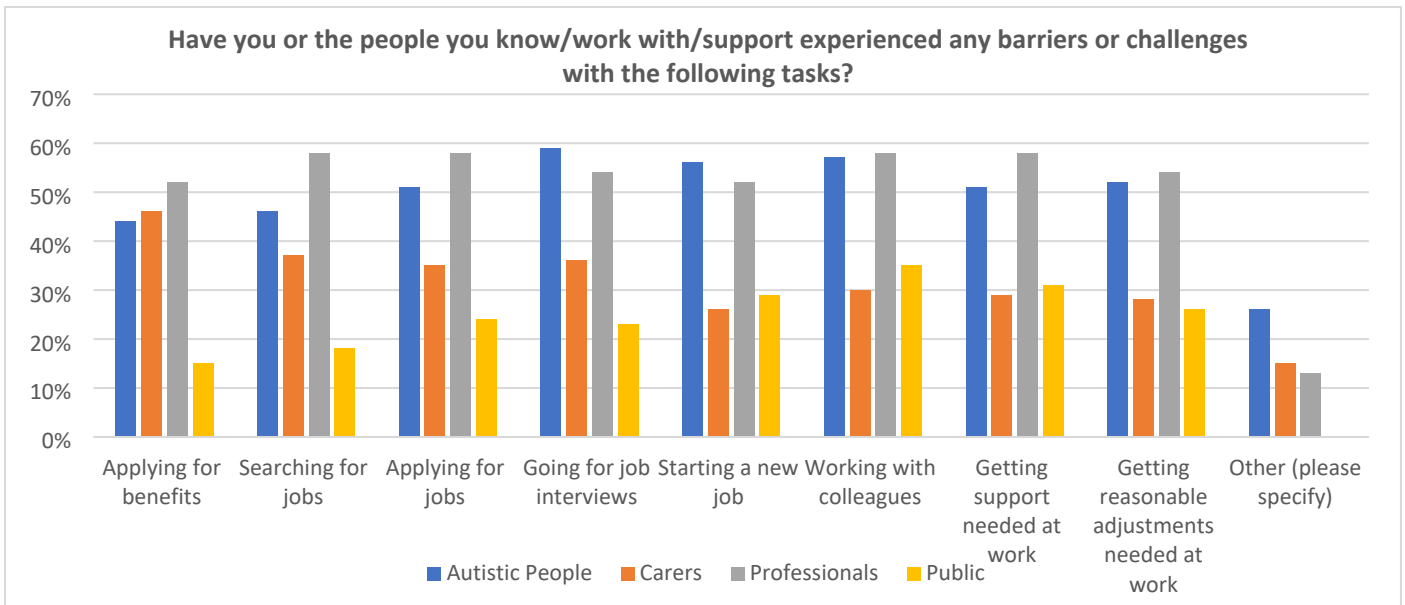
28 Comments were made.

Themes	Number of comments
Other	10
Need a diagnosis	4
Fear will not be able to enter workplace	3
No support received	2
Not ready for work yet	2
Getting training	2
Discrimination/ Bullying	2
Applying for benefits	2
Positive adjustments/ support	1

Q71 What would make **applying for benefits** easier?

87 Comments were made

Themes	Number of comments
Dedicated support	38
Staff knowledge/ training	14
Adjustments to contact methods/ meetings etc.	12
Other	12
Benefits system that understands autism	9
Too much paperwork	8
Help to understand what can apply for	6
Help to understand the process	5
More time before reassessment	5
Caring staff	4
Easier to understand process	4
More time	2

Q72 What would make **searching for jobs** easier?

70 Comments were made

Themes	Number of comments
Support	26
Autism friendly employers	15
Easy, simple information in adverts	11
Other	8
Understanding of autism	4
Clearly defined roles	3
Understanding or trying out jobs	3
Work coach/ mentor	3

Single, quiet place to look for jobs	2
Peer support/ network	2

Q73 What would make **applying for jobs** easier?

72 Comments were made

Themes	Number of comments
Support	27
Appropriate type of assessment	12
Understanding of autism	7
Autism friendly employers	7
Other	7
Work/ job coach/ mentor	5
Reasonable adjustments	4
Job application/ interview training	2
Less reliance on grades	2
Information in appropriate formats	1

Q74 What would make **going for job interviews** easier?

77 Comments were made

Themes	Number of comments
Clear information in advance including photos/ questions	23
Support	14
Understanding of autism	13
Appropriate environment	12
Reasonable adjustments	9
Other	9
Accessible venue	7
Interview practise/ training	6
Employer training	5
Job/ work coach/ mentor	3
Job trial instead of interview	3
Autism friendly employer	2

Q75 What would make **starting a new job** easier?

66 Comments were made

Themes	Number of comments
Mentor/ support	20
Understanding of autism	18
Discussion about needs/ adjustments	13
Information about what to expect	11
Familiarisation with workplace	9
Other	7
Regular check ins with manager	4
No judgement	3
Trial period/ phased start	3
Friendly colleagues	2
Involving OT	1

Q76 What would make **working with colleagues** easier?

76 Comments were made

Themes	Number of comments
Understanding/ acceptance of autism	50
Mentor/ buddy/ work coach	10
Able to tell colleagues of diagnosis/ what helps	10
Tolerance/ less judgement	7

Friendliness	6
Other	5
Appropriate environment	3
Protection against bullying	3

Q77 What would make it easier to **get the support you need** at work?
69 Comments were made

Themes	Number of comments
Understanding of autism	21
Mentor/ buddy/ support	14
Guidance for employers	10
Supportive manager	8
Other	8
Clear communication	3
Ask what would help	3
Knowing what was available	3
Good HR department	2

Q78 What would make it easier to **get the reasonable adjustments needed** at work?
64 Comments were made

Themes	Number of comments
Understanding of autism	22
Accessible information about what is available	8
Adjustments in place in advance	7
Other	7
Autism friendly employer	4
No prejudice/ discrimination	4
Buddy/ mentor	4
Funding for adjustments	4
External help to get adjustments	4
Patience and no judgement	3
Acting on requests for adjustments	2
Ask what would help	2
Individual rather than general response	2
Incentives for employers	1

Q79 **Have you/the people you support had any positive experiences of reasonable adjustments in the workplace in the following tasks to be more inclusive?**

	Yes	No	Not applicable
Applying for jobs	12 (6%)	83 (42%)	104 (52%)
Going for job interviews	14 (7%)	80 (40%)	106 (53%)
Starting a new job	13 (7%)	76 (38%)	109 (55%)
Working with colleagues	24 (12%)	70 (35%)	104 (53%)
Getting support needed at work	35 (17%)	70 (35%)	97 (48%)

Q80 What were the adjustments made? **Applying for jobs**
12 Comments were made

Themes	Number of comments
Alternative application process	3
Support	2
Work/ job coach	2
Adjustments made to website/ job advert	2

Adverts indicate autism aware	1
Appropriate environment	1
Other	1

Q81 What were the adjustments made? **Going for job interviews**
14 Comments were made

Themes	Number of comments
Being able to prepare in advance	3
Accompanied to interview	3
Other	3
Alternative to formal interview	2
Flexibility	1
Kindness	1
Extra time	1

Q82 What were the adjustments made? **Starting a new job**
13 Comments were made

Themes	Number of comments
Personalised induction	4
Supportive employer	3
Gradual build of duties	3
Transport support	1

Q83 What were the adjustments made? **Working with colleagues**
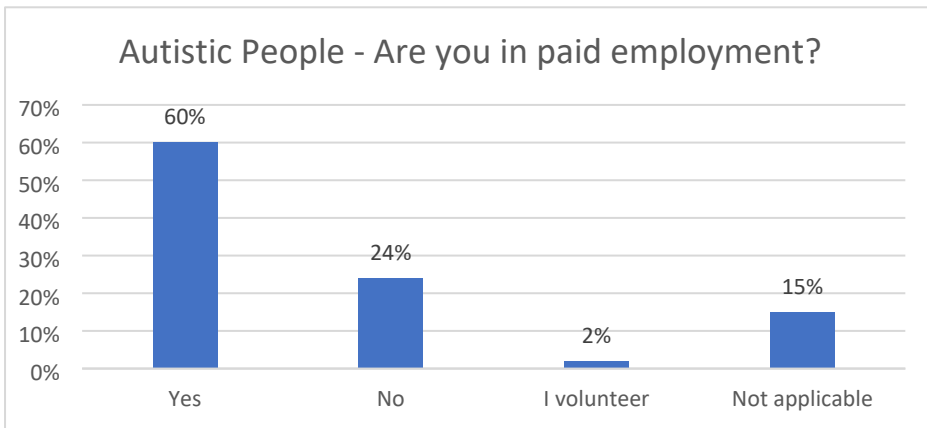23 Comments were made

Themes	Number of comments
Supportive manager/ employer	5
Training/ autism awareness	4
Peer support	4
Making colleagues aware of adjustments and reasons	3
Supportive, friendly colleagues	3
Other	3

Q84 What were the adjustments made? **Getting support needed at work**
33 Comments were made

Themes	Number of comments
Mentoring/ coaching	5
Supportive manager	5
Other reasonable adjustments	5
Other	5
Access to Work	4
Asking what would help	4
1 to 1 time	3
Flexibility of targets/ timing	2
Working from home	2
Understanding of autism	2
Training to adjust to demands of the workplace	2

Q85 Are you in paid employment?

Autistic People - Are you in paid employment?

Response	Percentage
Yes	60%
No	24%
I volunteer	2%
Not applicable	15%

Q86 Have you felt comfortable enough to disclose you are autistic to your employer?

Autistic People - Have you felt comfortable enough to disclose you are autistic to your employer?

Response	Percentage
Yes	70%
No	24%
Not applicable	6%
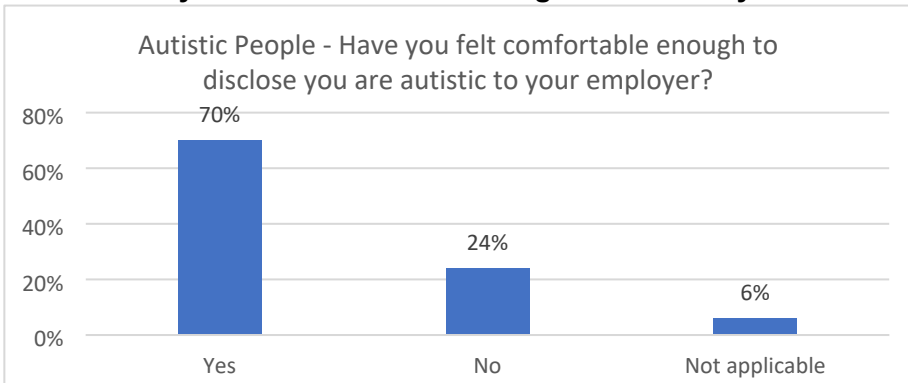
Q87 When were you last in employment?

11 Comments were made

Themes	Number of comments
Longer ago	6
Last year	3
Never	2

Q91 Are you happy to tell us why you are not in employment? Remember all questions are optional and you can leave any blank if you are not comfortable with them (*Tick as many as apply.*)
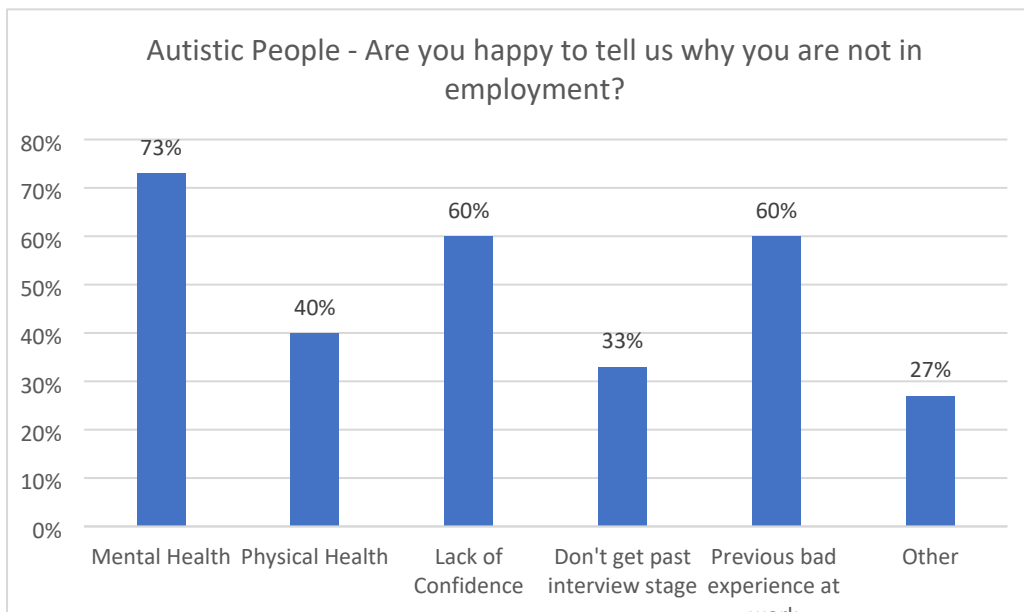
Autistic People - Are you happy to tell us why you are not in employment?

Response	Percentage
Mental Health	73%
Physical Health	40%
Lack of Confidence	60%
Don't get past interview stage	33%
Previous bad experience at work	60%
Other	27%

Q92 Do you feel employment opportunities are considered when an annual review of social care support is completed by a social worker?

Do you feel employment opportunities are considered when an annual review of social care support is completed by a social worker?

Q93   Does your employer provide any training or support to improve inclusion for autistic people?
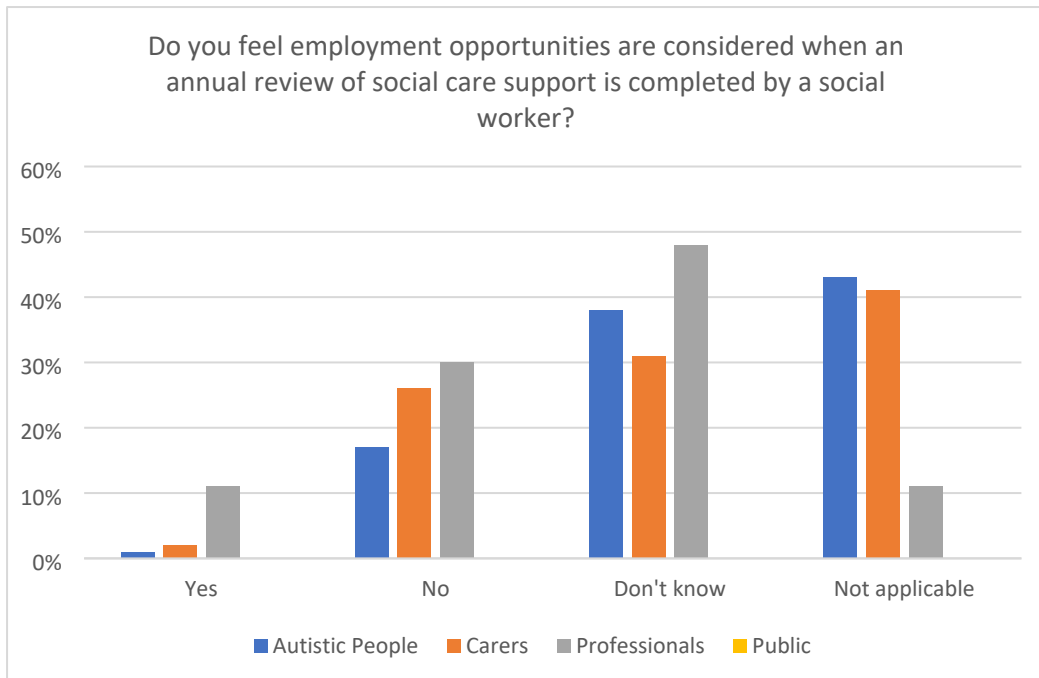

Does your employer provide any training or support to improve inclusion for autistic people?

Q94   Please give details.

27 Comments were made

Themes	Number of comments
Training courses	6
School training	4
Disability/ inclusion	4
Other	4
Adjustments	3
NHS training	3
Own CPD	2
Basic/ not very good	2
Trust training	2
Voluntary training	1

Q95   Do you know where to get advice around reasonable adjustments in the workplace for autistic people?
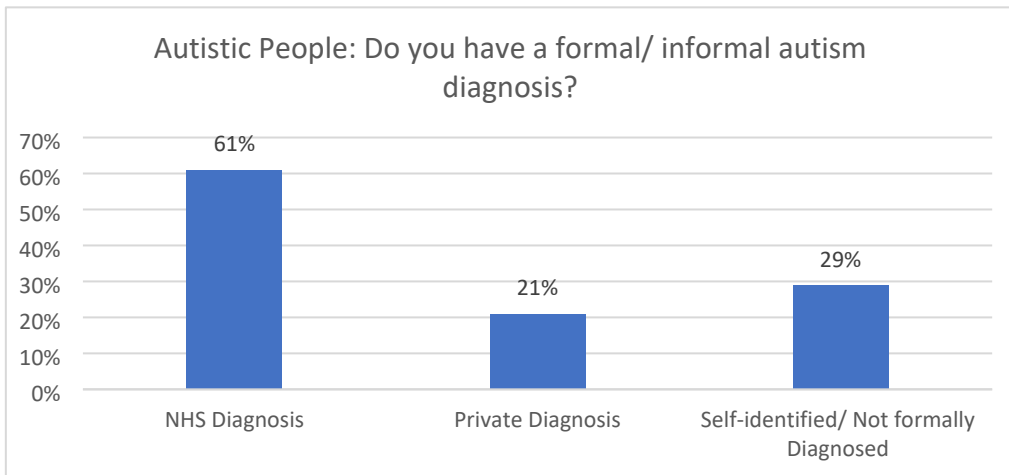
Do you know where to get advice around reasonable adjustments in the workplace for autistic people?
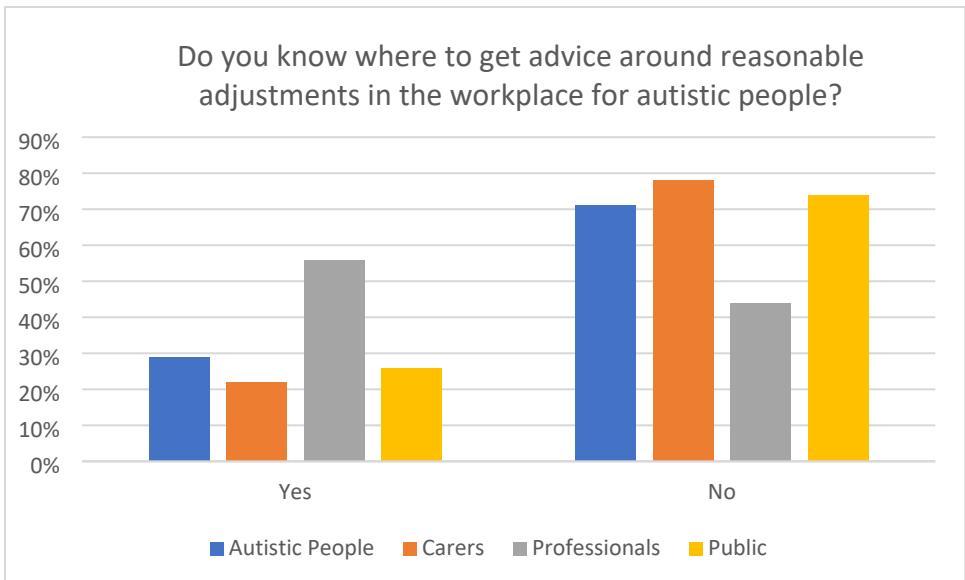
Priority 4 – Tackling health and care inequalities for autistic people

267 people said they wanted to answer questions about Priority 4

Q96   Do you have a formal/ informal autism diagnosis?

Autistic People: Do you have a formal/ informal autism diagnosis?

Q97   Do you feel health professionals take into account your support needs as an autistic person?

Autistic People: Do you feel health professionals take into account your support needs as an autistic person?

Yes	No	Sometimes
12%	49%	38%
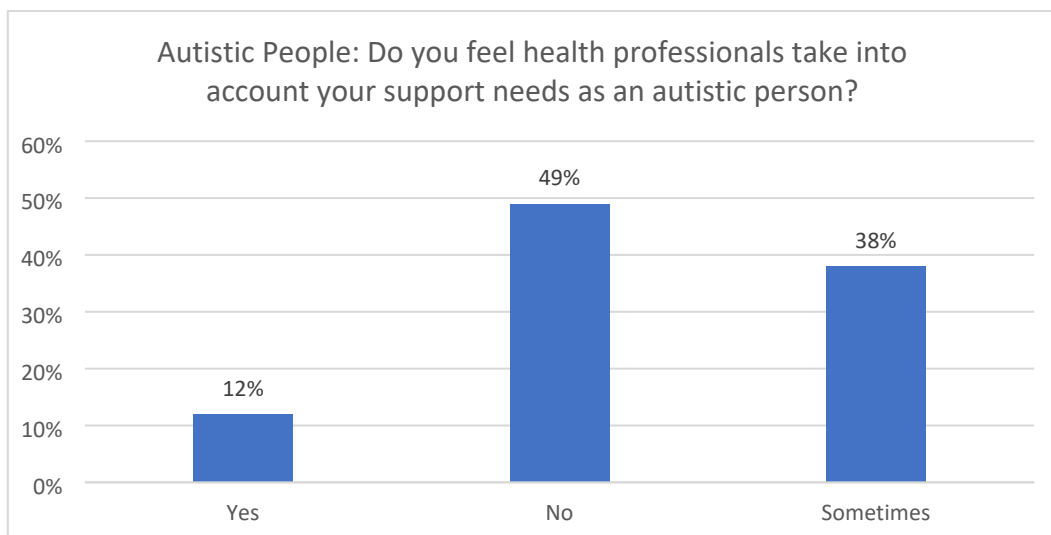
Q98 Can you tell us more about what is taken into account

27 comments were made

Themes	Number of comments
Other	9
Inconsistent adjustments	6
General positive experience	5
Using an alternative method of contact	4
Allow another person in appointment	3
Give time & check I understand	3
Good communication	1

Q99 Can you tell us more about what isn't taken into account

49 comments were made

Themes	Number of comments
Knowledge/ Understanding of autism	12
Timing and routine	10
Challenge of communicating clearly (face to face or phone)	9
Need clear communication from professionals	7
Understanding that something needs to be taken into account	7
Masking	6
Method of getting an appointment (requirement to use phone)	6
Mental Health	5
Sensory challenges	5
Other	4
Not told GP/ Health care professional about autism	3

Q100 Have you, or a person you know/work with/support, ever wanted to get help with a health or medical condition but haven't because you were too concerned about any of the following?

Have you, or a person you know/work with/support, ever wanted to get help with a health or medical condition but haven't because you were too concerned about any of the following?

Legend: Autistic People | Carers | Professionals | Public
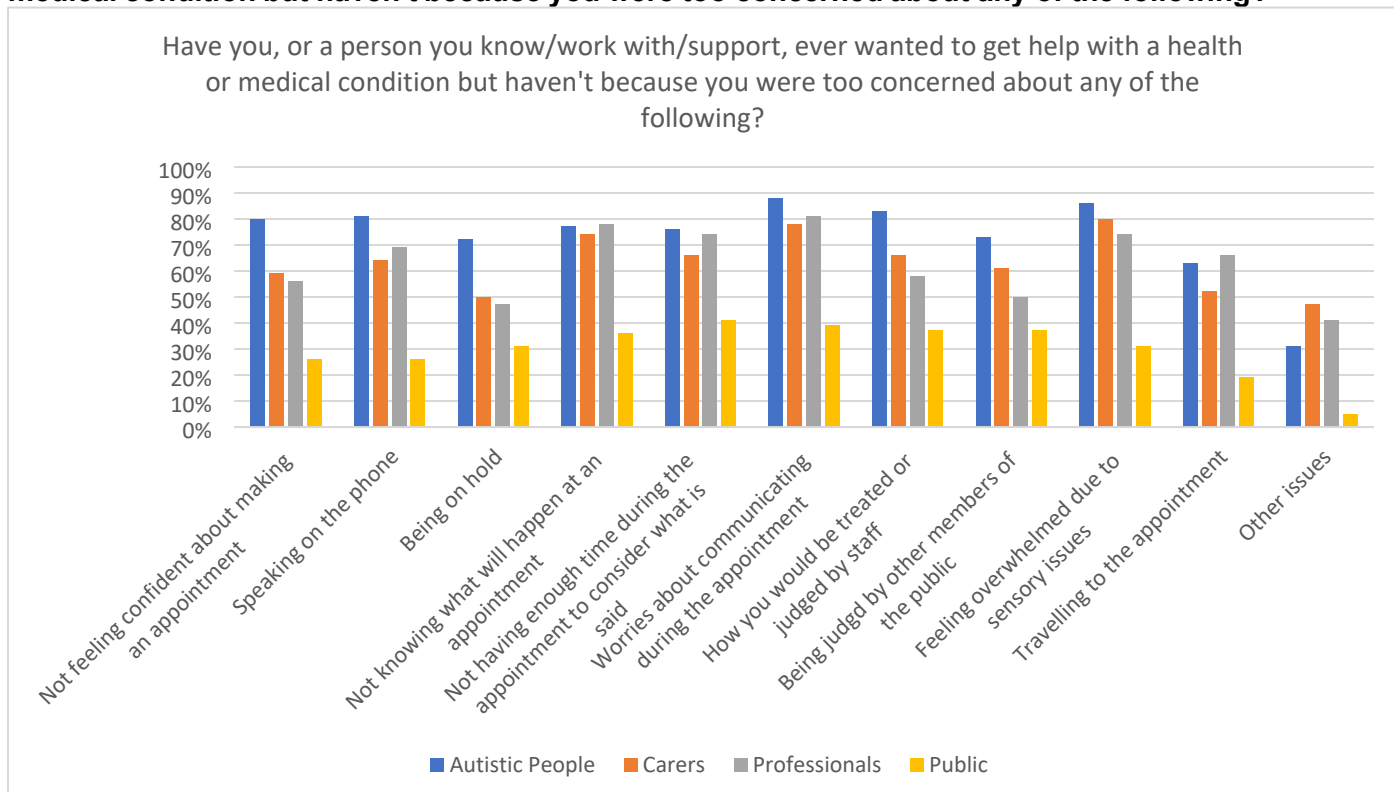
Please tell us what other concerns you have about going to health appointments

53 comments were made

Themes	Number of comments
Other	12
Anxiety	9
Not being taken seriously	7
Waiting/ waiting lists	7
Poor previous experience	6
Understanding of autism	5
Being able to understand/ remember information	5
Communicating with other people	5
Lack of support	5
Not being able to cope with tests/ procedures	4
Not seeing the same person every time	3
Process of getting an appointment	2
All of the above	2
Embarrassment	1

Q101 If you answered yes to any of the above, please tell us what would help you to make or attend health or medical appointments

184 comments were made

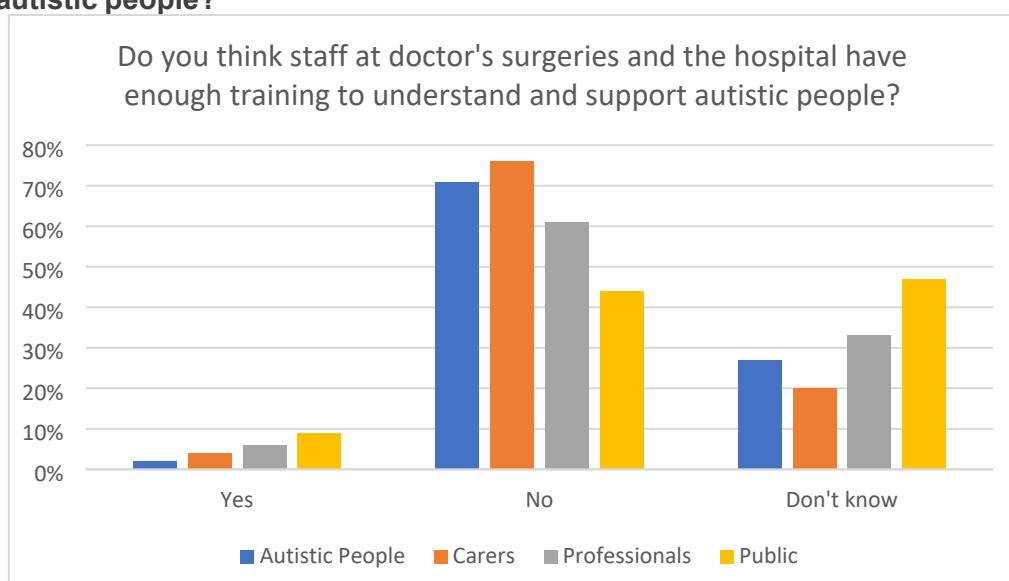| Themes	Number of comments
Better understanding of autism	48
Simple appointment booking process (esp. online)	42
More time/ Longer appointments	36
Appointments in a different format	25
Information (e.g. photos) about the appointment in advance	24
Other	24
Quiet area to wait	23
Support to attend appointments	18
Speak to same person each time	13

Someone allowed to talk to GP on behalf	12
Better timekeeping	12
Clear communication	10
Choice of appointment time/ location	9
Professional knows the person has autism in advance	8
Individual response (not all treated the same)	6
Appointment room/ environment	6
No music (on hold or in waiting room)	5
Help to find way around	4
Information in multiple formats	3
CAMHS to allow autistic people	2

Q102 Please tell us about any positive experiences or adjustments that have been made by health staff that have helped you or the people you know/work with/support.
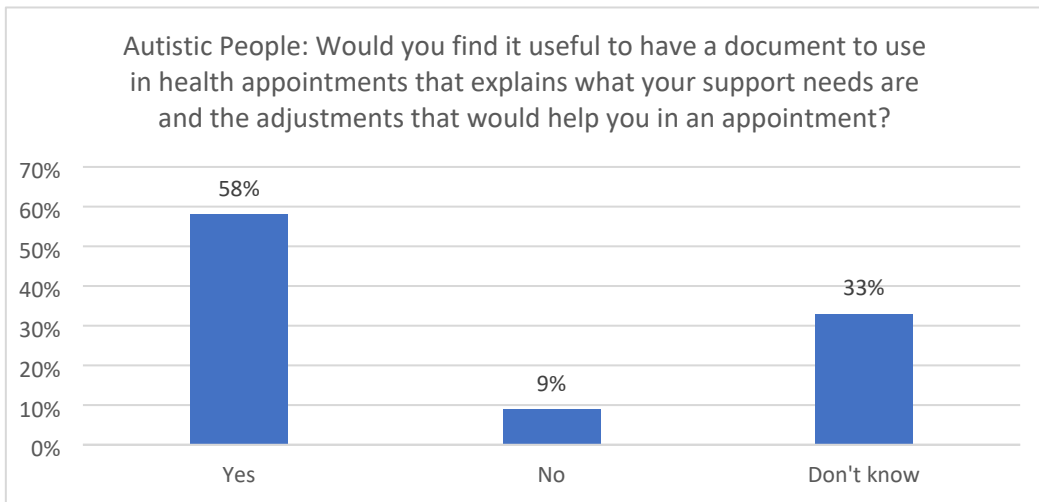119 comments were made

Themes	Number of comments
General positive	26
Respectful/ Caring manner	19
None	19
Other	15
Taking extra time	13
Ask/ listen to what would help	11
Information given about what to expect	8
Clear communication	8
Understanding of needs	8
Flexible appointment location	7
Separate waiting room/ waiting room adjustments	5
Someone allowed to accompany or talk on behalf	5
Information given in different formats	3
Let child touch things and move around	3
Play therapy	3
General negative	3
Good timekeeping	2
Seeing same person each time	1

Q103 Do you think staff at doctor's surgeries and the hospital have enough training to understand and support autistic people?
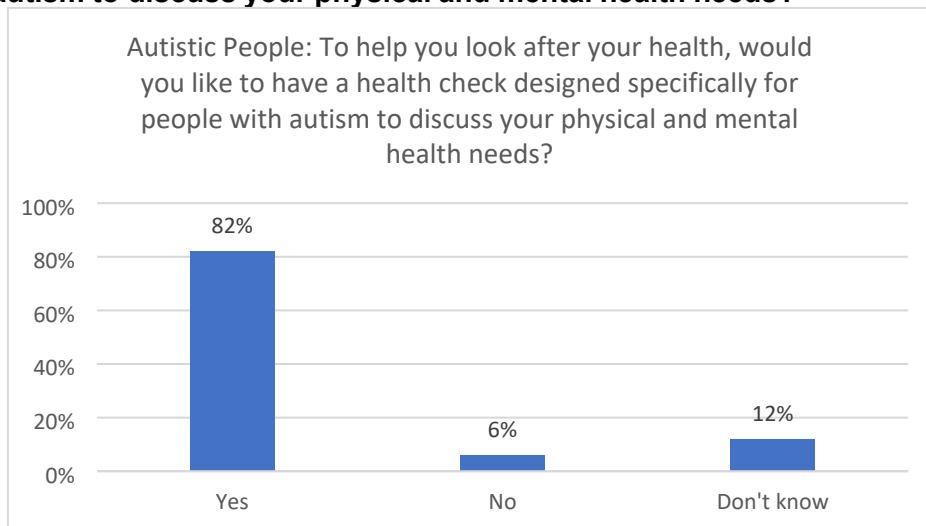

Do you think staff at doctor's surgeries and the hospital have enough training to understand and support autistic people?

Q104 Would you find it useful to have a document to use in health appointments that explains what your support needs are and the adjustments that would help you in an appointment?

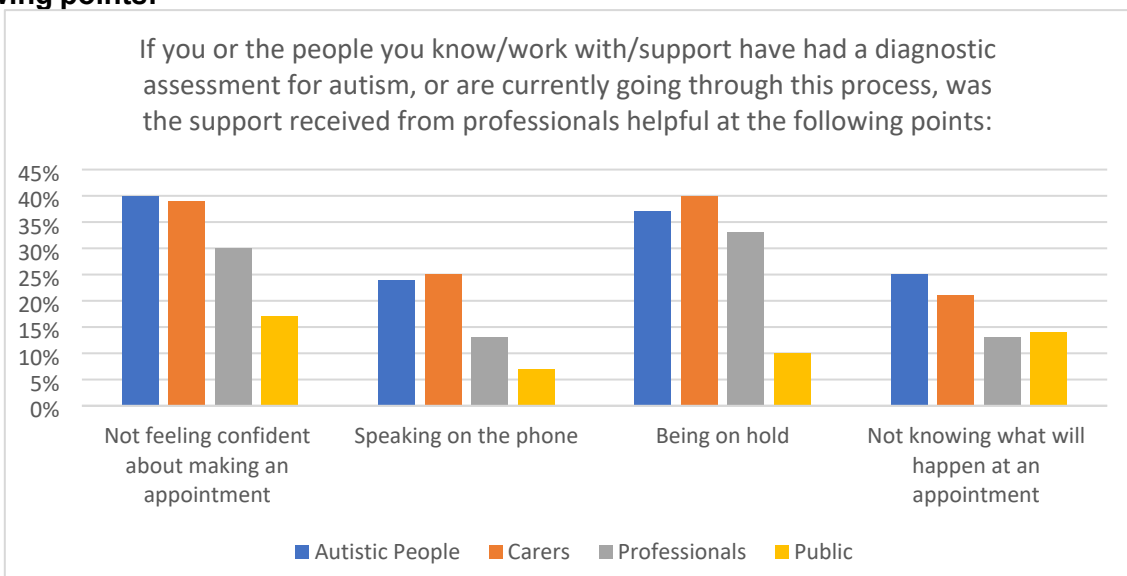Autistic People: Would you find it useful to have a document to use in health appointments that explains what your support needs are and the adjustments that would help you in an appointment?

- Yes: 58%
- No: 9%
- Don't know: 33%

Q105 To help you look after your health, would you like to have a health check designed specifically for people with autism to discuss your physical and mental health needs?

Autistic People: To help you look after your health, would you like to have a health check designed specifically for people with autism to discuss your physical and mental health needs?

- Yes: 82%
- No: 6%
- Don't know: 12%

Q106 If you or the people you know/work with/support have had a diagnostic assessment for autism, or are currently going through this process, was the support received from professionals helpful at the following points:

If you or the people you know/work with/support have had a diagnostic assessment for autism, or are currently going through this process, was the support received from professionals helpful at the following points:

	Autistic People	Carers	Professionals	Public
Not feeling confident about making an appointment	40%	39%	30%	17%
Speaking on the phone	24%	25%	13%	7%
Being on hold	37%	40%	33%	10%
Not knowing what will happen at an appointment	25%	21%	13%	14%

Q107 What support would have been useful when **the referral was being made**?
86 comments were made

Themes	Number of comments
Information to help understand the process/ criteria	25
Reasonable timing	15
Help to get a referral	14
Any support (none was given)	12
Being listened to	11
Other	11
Being kept informed	7
Someone/ named contact to talk to	4
School support	4
Comments about referral/ assessment	4
CAMHS/ MH support	3
Signposting	2

Q108 What support would have been useful while **waiting for the assessment**?
110 comments were made

Themes	Number of comments
Reasonable timescales	34
Kept informed	30
Knowledge of what to expect	17
Any support	15
Other comments	10
Support for parents	8
Mental health support	5
School support	5
Support from GP/ medical professional	5
Someone to talk to	2
Information about autism	2
Referral to other services e.g. SALT, OT	2

Q109 What support would have been useful **during the assessment**?
61 comments were made

Themes	Number of comments
Knowledge of the process	12
Any support	10
Kept informed	9
Other	9
Better communication	8
General positive	4
Assessment designed for adults	4
Being listened to	3
More time given to assessment	3
Assessment environment/ location	3
Information about autism	2
Peer support	2
School Support	1
Parent/ carers assessment	1

**Q110** What support would have been useful **after the assessment**?
110 comments were made

Themes	Number of comments
Any support	40
Weren't offered any support	30
Mental health support/ counselling	16
Help to come to terms with the diagnosis	14
Strategies to manage the difficulties experienced	13

Help to understand autism	12
Support groups	11
Information on what is available	10
Other	10
Someone to talk to	9
Education support	9
Support for parents	8
Strategies for anxiety and behaviour	4
Community able to support (more knowledge/ understanding)	3
Medical support	2

111 If you or the people you know/work with/support have needed support with mental health/psychological issues, which of the following was accessed?
Please only tick those that apply

Accessed

Tried to access but could not get support
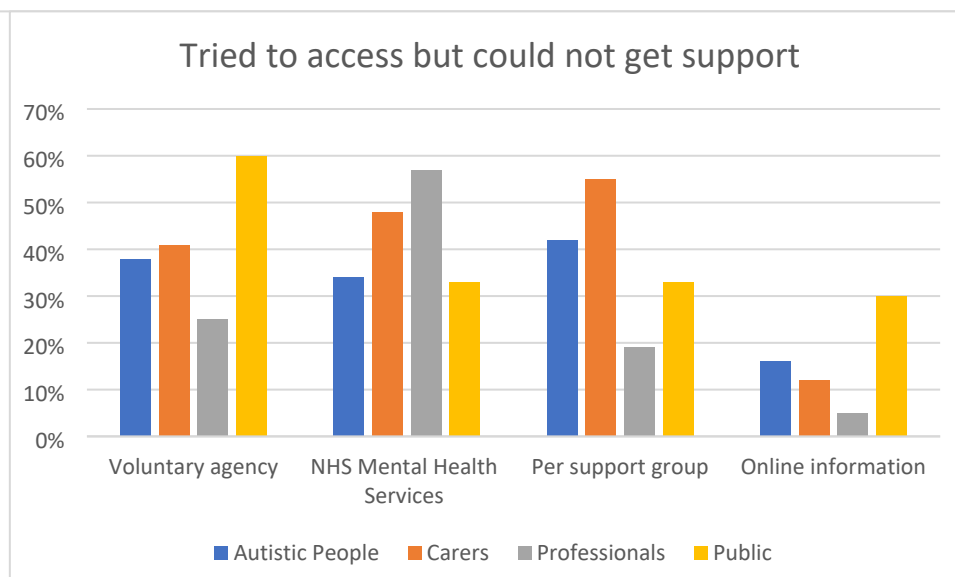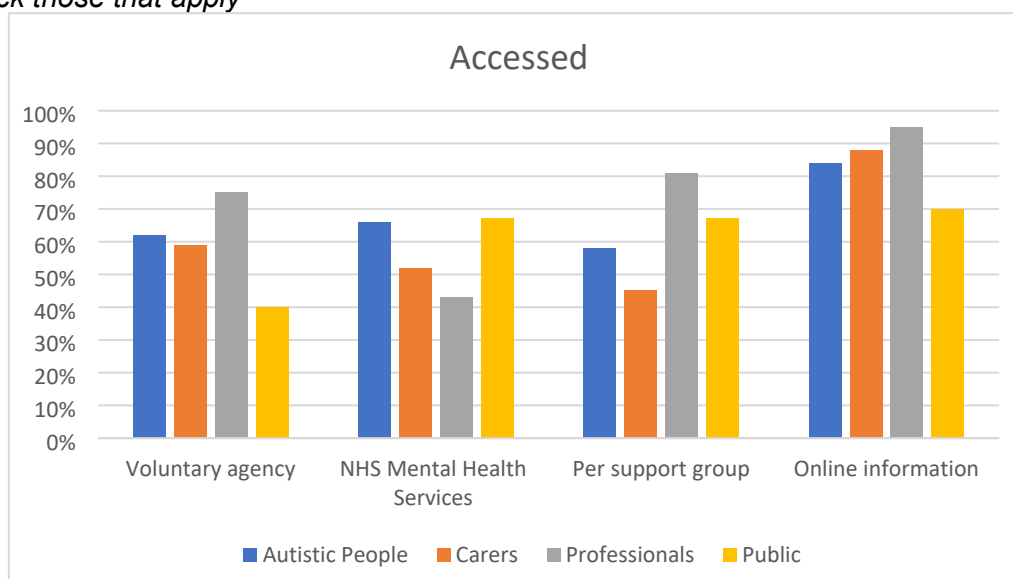
Q112 If you experienced any difficulties getting this support what would have made this better?
144 comments were made

Themes	Number of comments
Shorter wait times	31
Don't fit the criteria for a service	25
Adjustments to what/ how support is provided	23
Hard to get mental health support	16
Getting any support	15
There is no support	13

More resources for providers	11
Professionals having a better understanding of autism	10
Other	10
Family have to do/ pay for support themselves	7
Knowing what is available	6
Discharged too soon	6
Being kept informed	6
Being listened to	5
Information in different formats.	3

Q113 If you or someone you know/work with/support have needed to access urgent mental health/ psychological support, how responsive have services been?

123 comments were made

Themes	Number of comments
Poor/ unresponsive/ no support	67
Good/ responsive/ fairly quick	16
Didn't understand/ meet needs	16
Variable	10
Service was not suitable	10
Didn't meet the criteria	9
Other	7

Q114 Is there anything else you would like to tell us about the healthcare experiences of autistic people?

130 comments were made

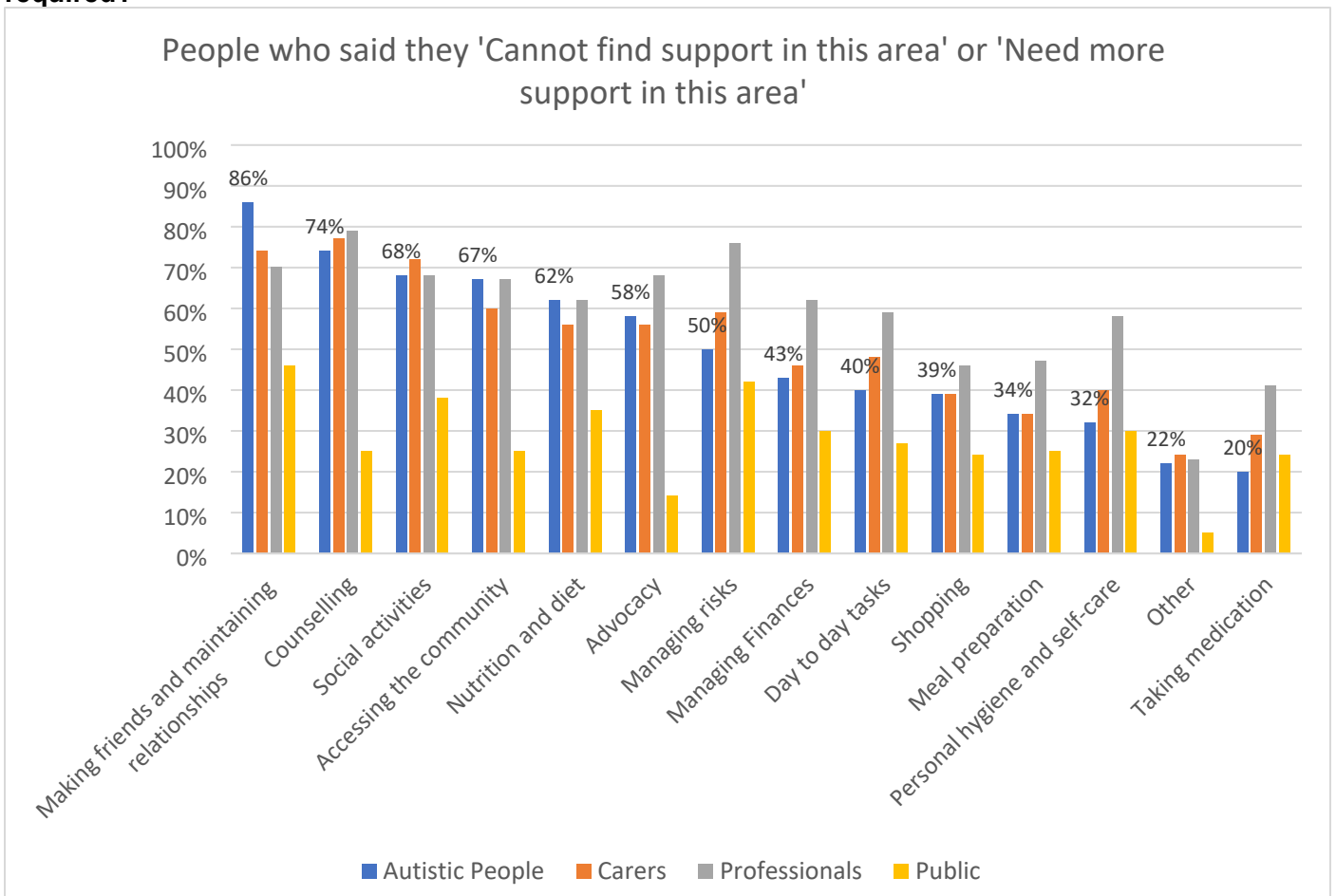| Themes	Number of comments
Professionals' understanding/ knowledge of autism	35
Service was not helpful	19
Other	16
Need MH support for autistic people	14
Not been supported at all	11
Need an appropriate care environment (e.g. quiet)	11
Ask/ listen to what would help	10
Lack of individual approach	8
Lack of resources (funding, staff etc.)	6
Need to consider appropriate treatment	6
Inequality	5
Preventative support before reaching crisis	5
More care/ empathy	4
General positive	4
Variable experience	3
Advocacy/ parental/ peer support	3

Priority 5 – Building the right support in the community

288 people said they wanted to answer questions about Priority 5

Q115 How easy do you, or the people you know/work with/support, find the following:

People who said they found the following quite or very difficult

Legend: Autistic People, Carers, Professionals, Public
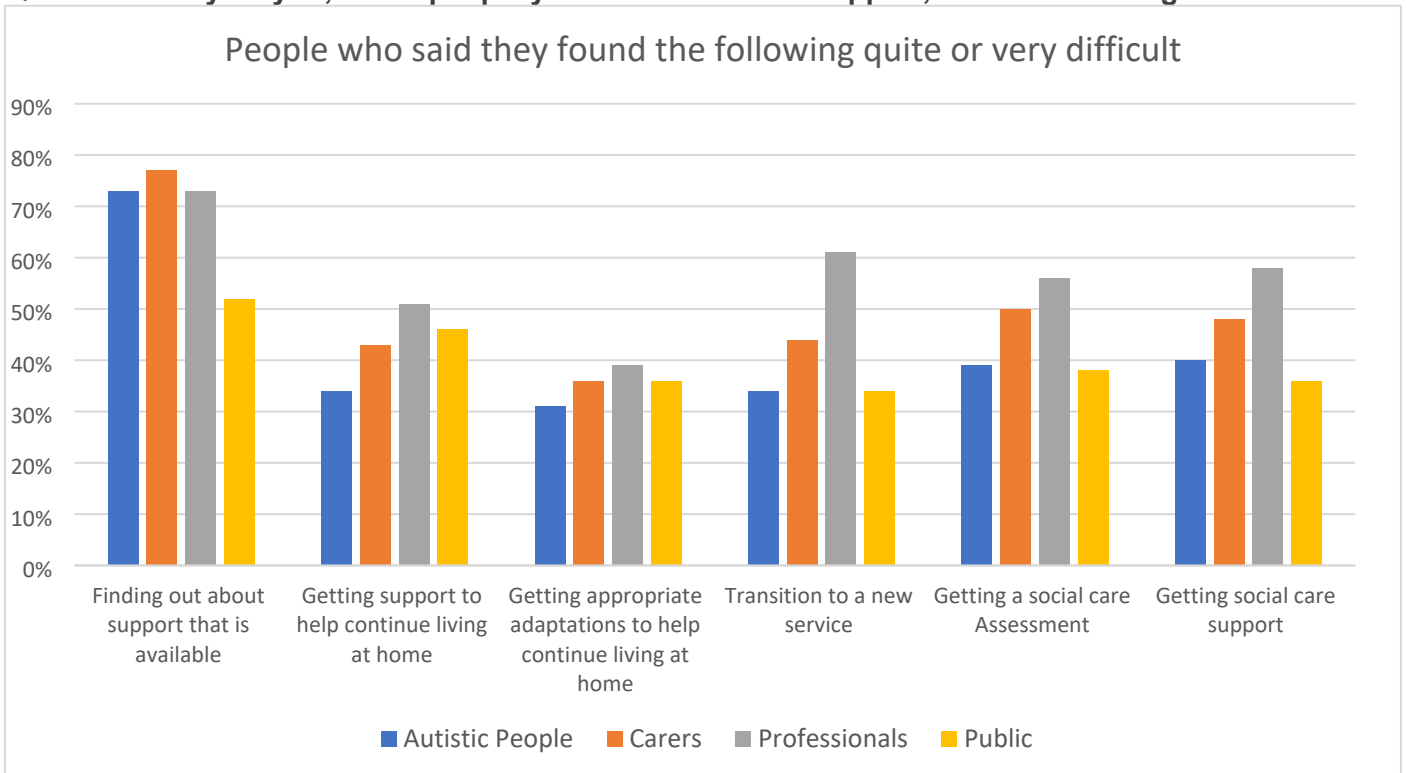
Q116 How well are you or the people you know/work with/support supported in the following areas if required?

People who said they 'Cannot find support in this area' or 'Need more support in this area'

Legend: Autistic People, Carers, Professionals, Public

29 Comments were made

Theme	Number of comments
Parents/ family provide support	10
Other	5
More support needed	4
Housing	4
Worries as child gets older	3
Education/ career	2
Residential/ care home provide support	2
Health	2

**Q117 Is there any other community support autistic people need that you/they are not currently able to get?**

100 Comments were made

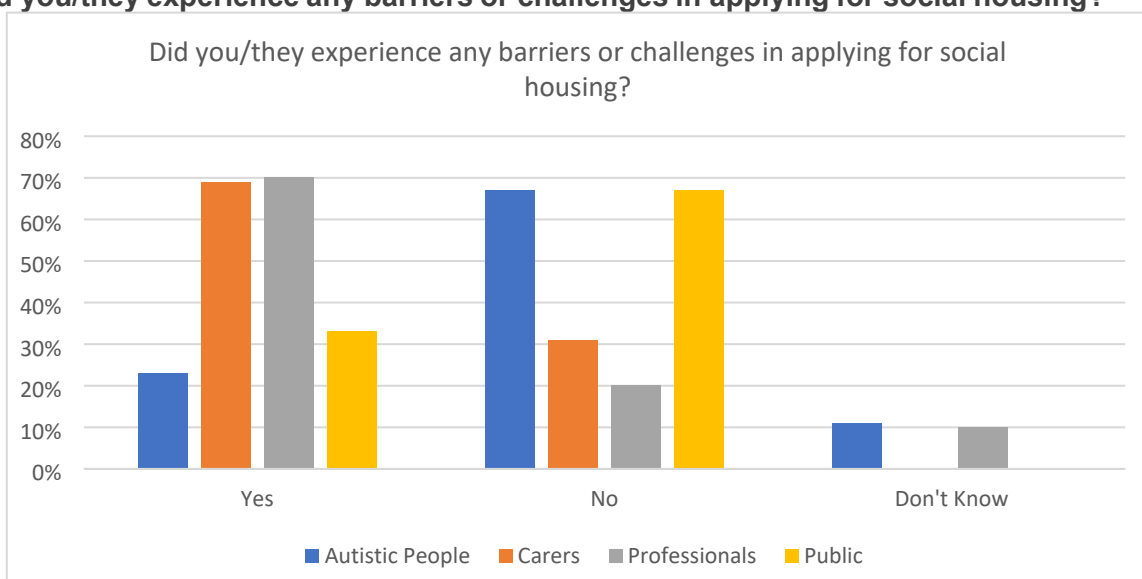| Themes	Number of comments
Make friends/ socialise	19
Other	11
Appropriate support groups	9
Clubs/ activities	9
More/ Any/ Lots of support	8
Way to find out what is available	8
Life skills (cooking, cleaning, budgeting)	7
Wider knowledge/ awareness/ acceptance of autism	6
Transition/ future planning	5
Mental health	5
Social care/ early help	5
Health	5
Housing	5
Specialist autism services	4
Transport	4
Counselling/ therapy	3
Employment/ mentoring	3
Respite	3
Safe spaces	3
Attend events	3
Timely diagnosis	3
Personal care	2
Sibling support	2
Advocacy	2

Q118 What kind of housing or supported housing do you/ the person you support live in?
If answering for a group tick all that apply
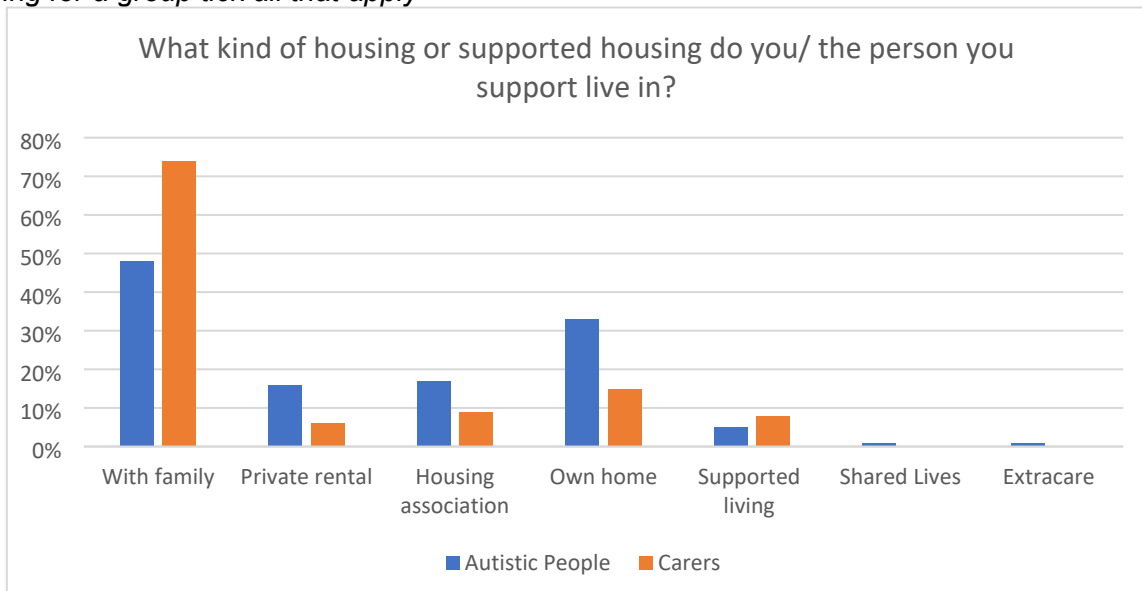
Q119 Do you or the people you know/work with/support have experience of having a tenancy with a Social Landlord or Housing Association?
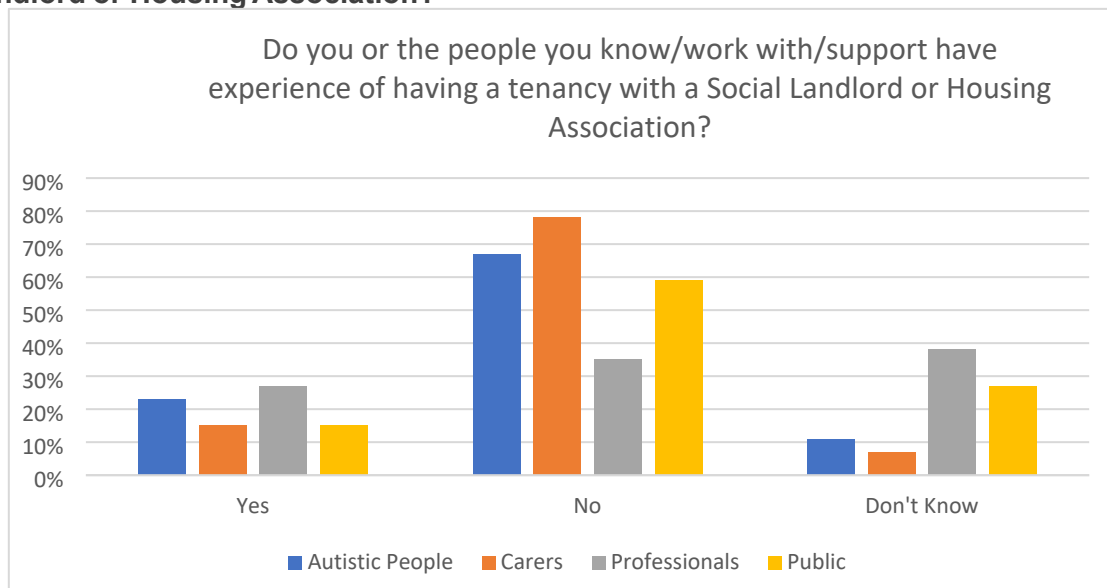
**Q120 Did you/they experience any barriers or challenges in applying for social housing?**

Q121 What barriers or challenges did you/they have?
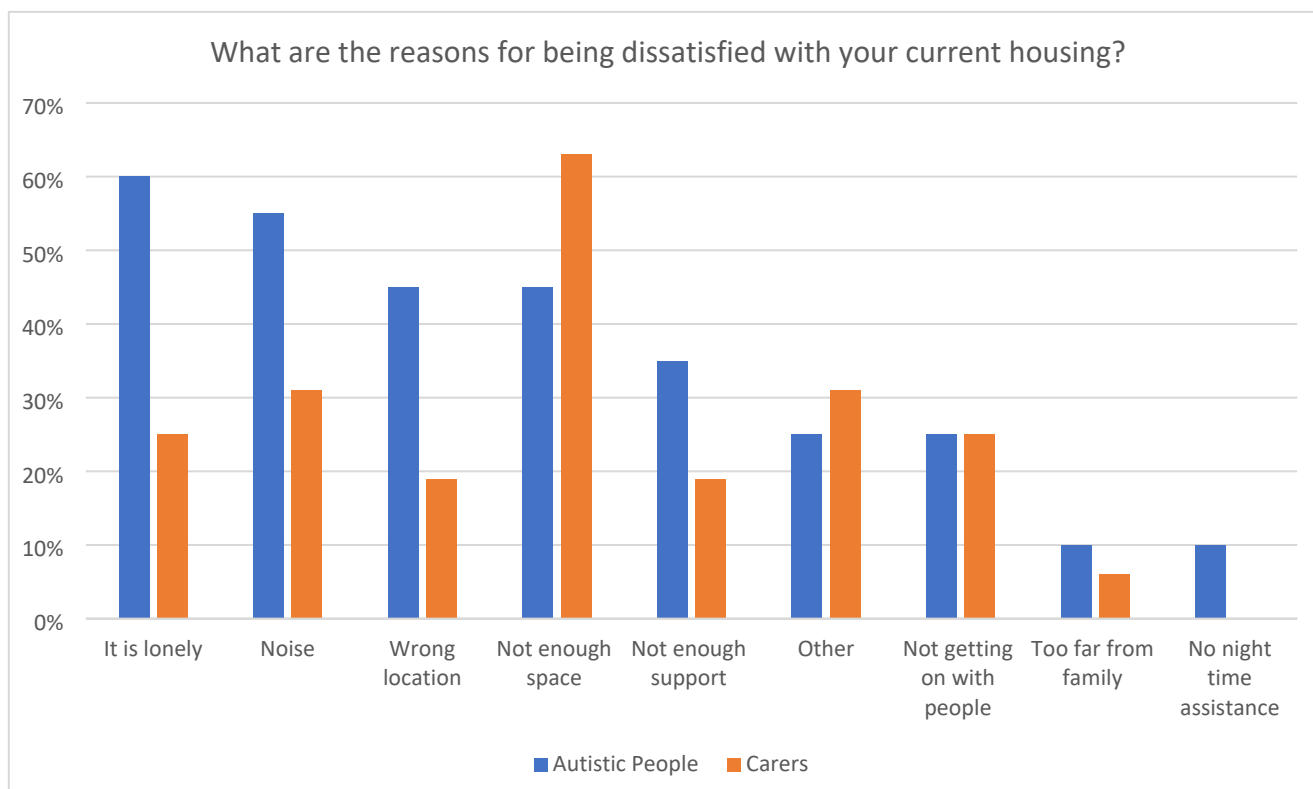
26 Comments were made

Themes	Number of comments
Knowledge/ understanding of autism	7
Need for reasonable adjustments	6
Application process/ communication is stressful/ difficult	6
Challenges related to system rather than autism	5
Lack of support	4
Other	4
Lack of communication	1
Waiting times	1

Q122 Are you/ the person you care for satisfied with your current housing?
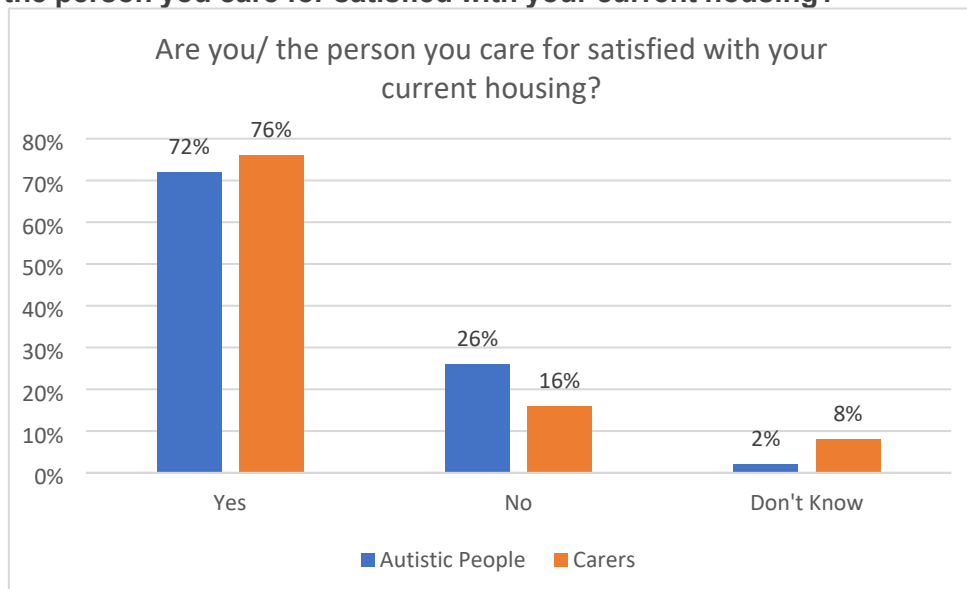
**Q123 What are the reasons for being dissatisfied with your current housing?**
*Tick all that apply*

17 Comments were made

Themes	Number of comments
Want to live independently	4
Need adaptations	3
Issues with neighbours	3
Need repairs	2
Living with people don't want to	2
Cost	2
Location - isolated	2
Other	2
Want supported housing	1

Q124 Are you aware of a housing grant called the Disabled Facilities Grant (DFG)?
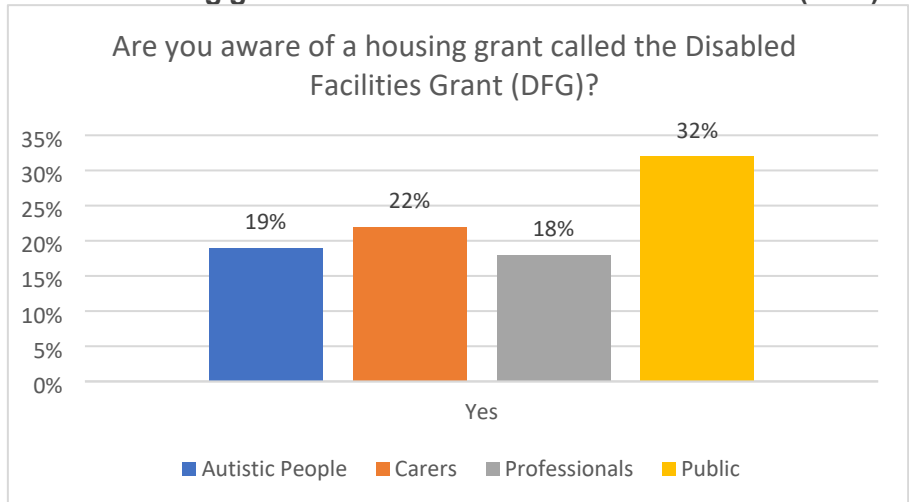

Q125 Have you applied for it and been successful?
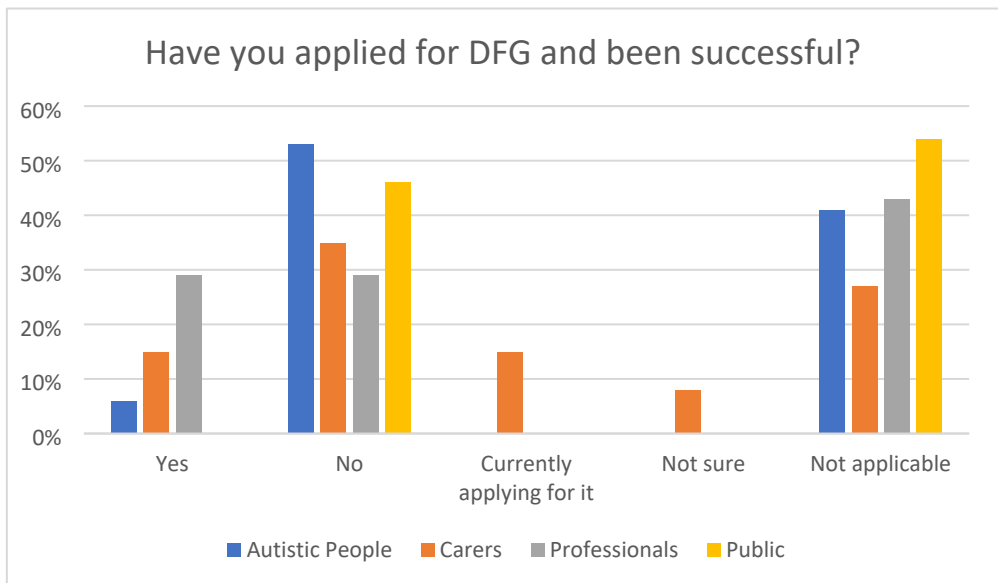
**Q126 If you applied for it and were not successful, what was the reason?**

6 Comments were made

Themes	Number of comments
Wouldn't meet extent of need	3
Time	2
No-one cares	2
Cost	1
Other	1

Q127 How easy do you or the people you know/work with/support generally find the following regarding inpatient care and discharge?


People who said they found it quite or very difficult to find the following regarding inpatient care and discharge
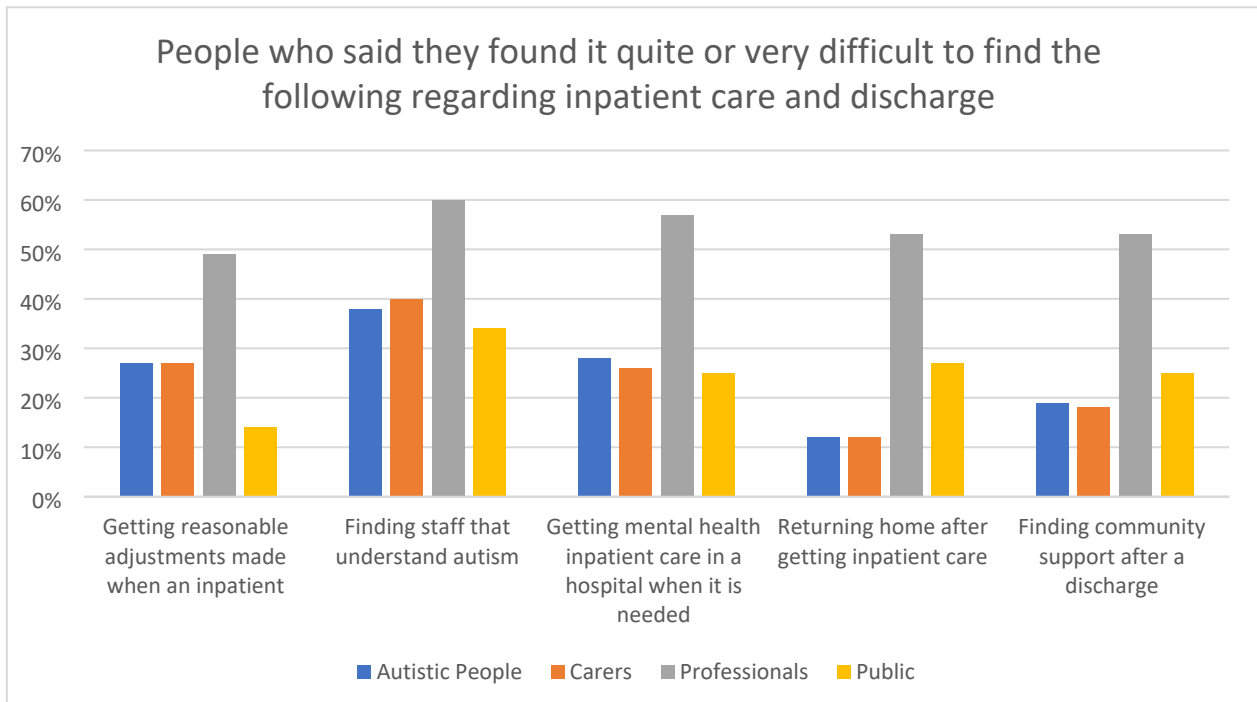
Q128 If you are a parent or carer of an autistic person, regardless of their age, do you feel you get the help you need to support:

People who said no - they were not getting the help they need to support:
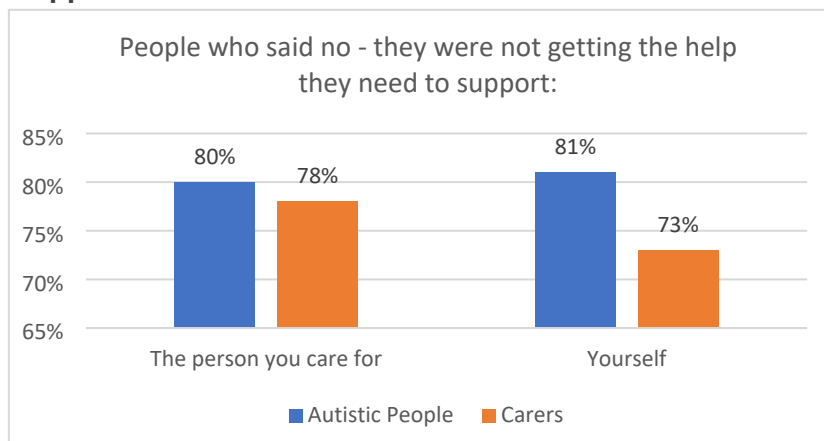
Please give more information if you want to. 61 Comments were made

Themes	Number of comments
Not receiving support	20
Fight for support	12
Draining/ stressful to support family member	12
Other	11
Mental health	7
Expensive for families to fund support	6
Lack of care/ interest	4
Education system	3
Holiday clubs/ school holiday support	3
Lack of staff knowledge/ training	3
Proper funding for services	3
Not received what promised	2
Not receiving benefits that help	2
Training for families	2
Lack of opportunities for complex needs	1
Hard to access support without diagnosis	1
Positive comments	1

Q129 Do you feel you have had access to a Care Act Carer Assessment?

Do you feel you have had access to a Care Act Carer Assessment?
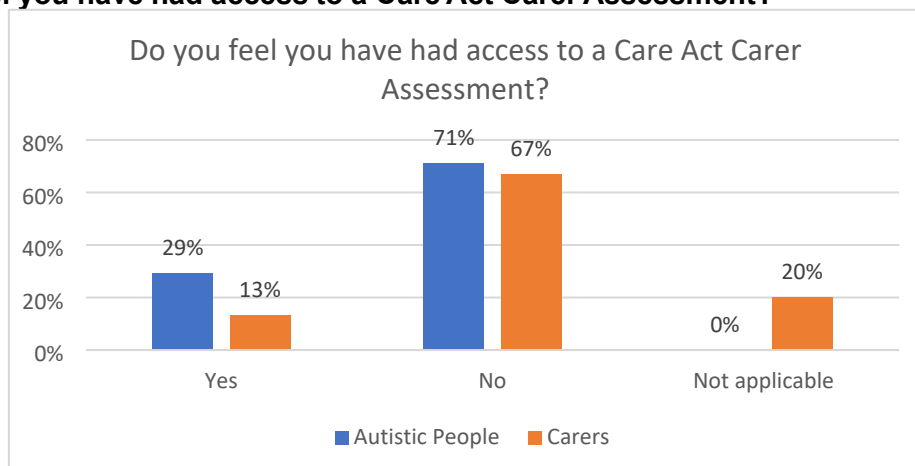
25 Comments were made

Themes	Number of comments
Not aware of this	12
Not offered one	5
Not helpful as no support available after	4
Other	4
Had one previously	1

Q130 Is there anything else you would like to tell us about the housing experiences of autistic people?

80 Comments were made

Themes	Number of comments
Other	10
Limited Support to find accommodation	9
Future planning	7
Difficult dealing with other people	6
Professional understanding of autism	6
Still live with family	5
Finding accommodation is difficult/ stressful	5
Accommodation is not suitable	5
Need more different housing options	5
Need to live on own	4
Need adjustments to social housing ranking	3
Hard to communicate	3
Noise issues	3
No suitable supported setting	2
Rejected from supported living	1

Q131 Is there anything else you would like to tell us about the community support experiences of autistic people?

80 Comments were made

Themes	Number of comments
Community support not available	16
Need more options (types and localities)	14
Other	12
General negative comments	9
Understanding of autism	5
Not received any support	4
Positive comments	3
Need youth groups	2
Need education support	2
Lack of funding	1

**Q132 Is there anything else you would like to tell us about the social care experiences of autistic people?**

68 Comments were made

Themes	Number of comments
Other	13
Difficult to get support	7
Can't get any support	7
General negative comments	6
Caseload too high	5
Not enough support	3
Too much staff turnover	3
Understanding of autism	3
Lack of funding	2
Need a diagnosis first	2
More transition support	2
Inaccurate information/ reports	2

Priority 6 – Improving support in criminal justice and youth justice systems

138 people said they wanted to answer questions about Priority 6
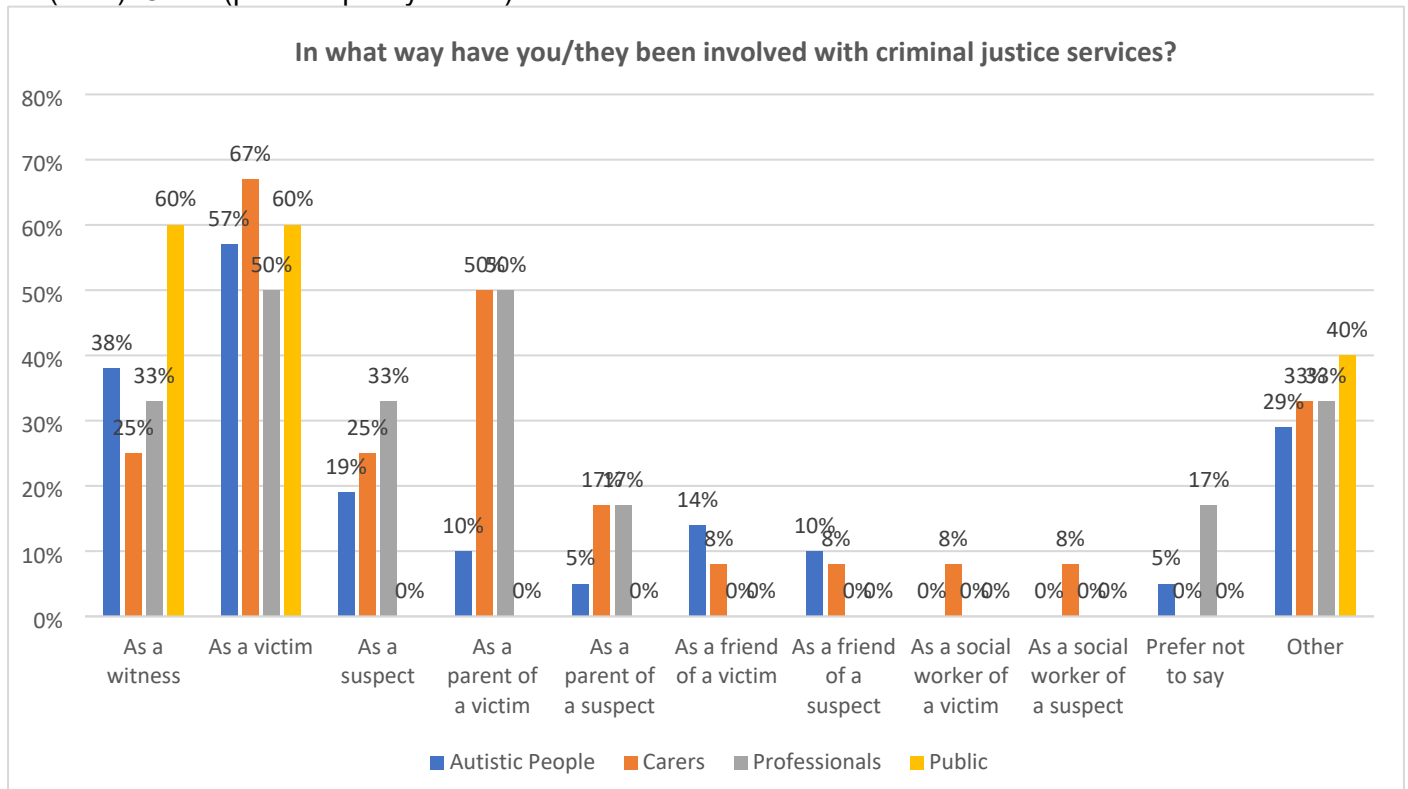
Q133 Have you, or the people you know/work with/support, ever been involved with criminal justice services (e.g. police, court, witness, victim of crime)?
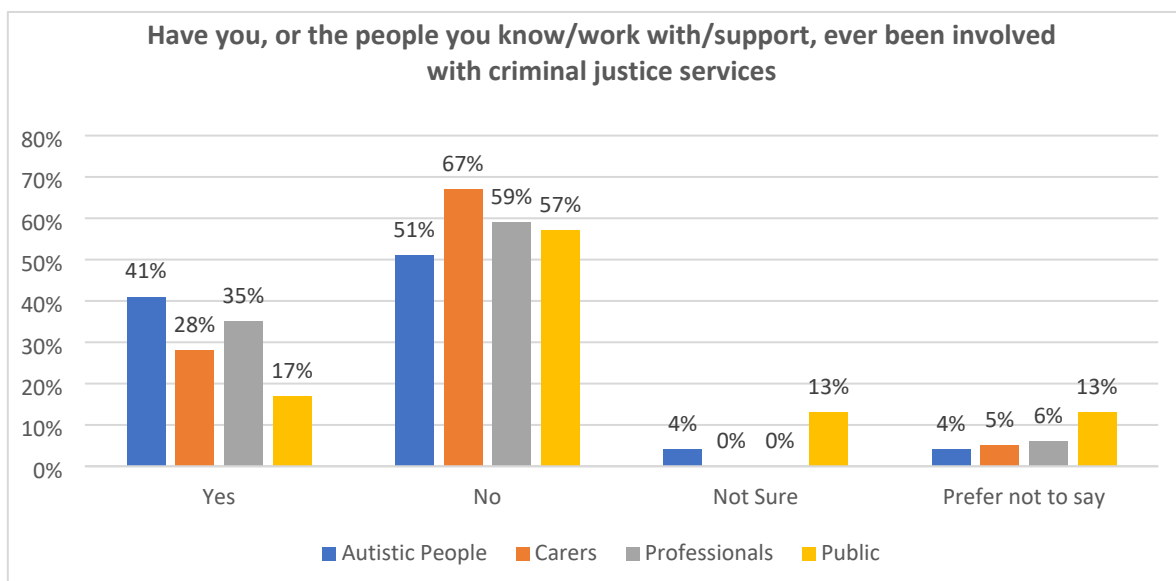
Q134 In what way have you/they been involved with criminal justice services?
*Please select all that apply*
13 (33%) Other (please specify below)

**In what way have you/they been involved with criminal justice services?**

11 comments were made

Theme	Number of comments
Other professional capacity	5
Police involvement related to safety	2
Mental Health	2
Other	3

As a victim of crime:

Q135 Were you or the people you know/work with/support told about the following or put into contact with them?

As a victim of crime: Were you or the people you know/work with/support told about the following or put into contact with them? - People who answered Yes
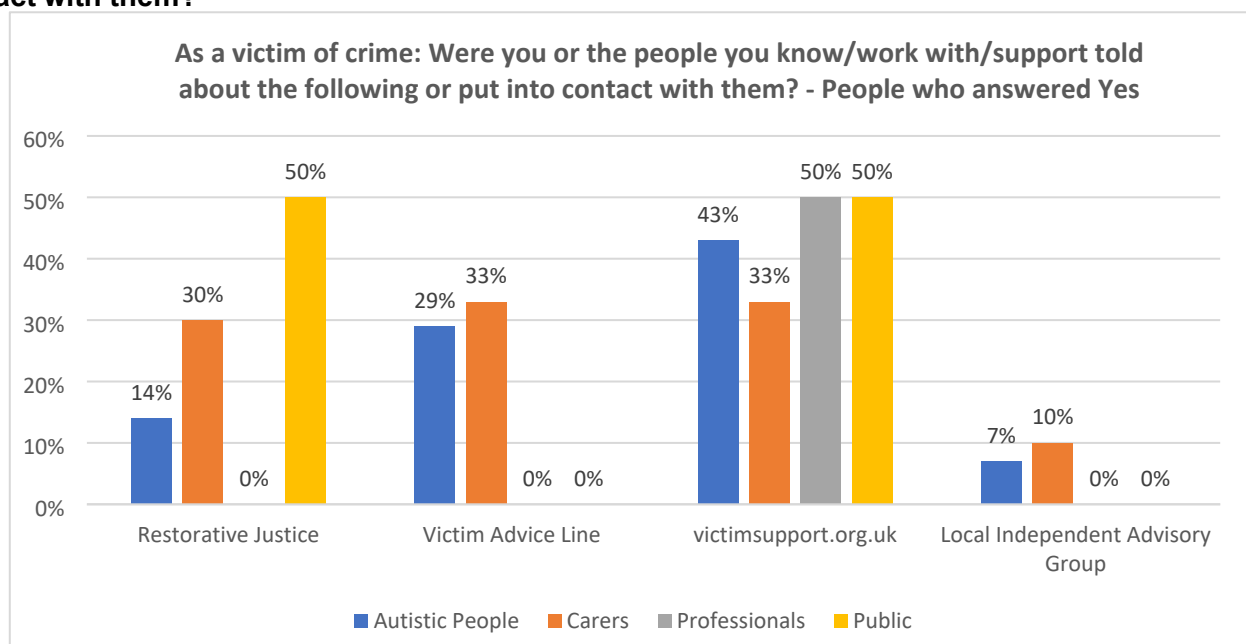
Q136 Have you, or the people you know/work with/support, had any positive experiences of adjustments made that helped you/them to understand and participate in the following processes?
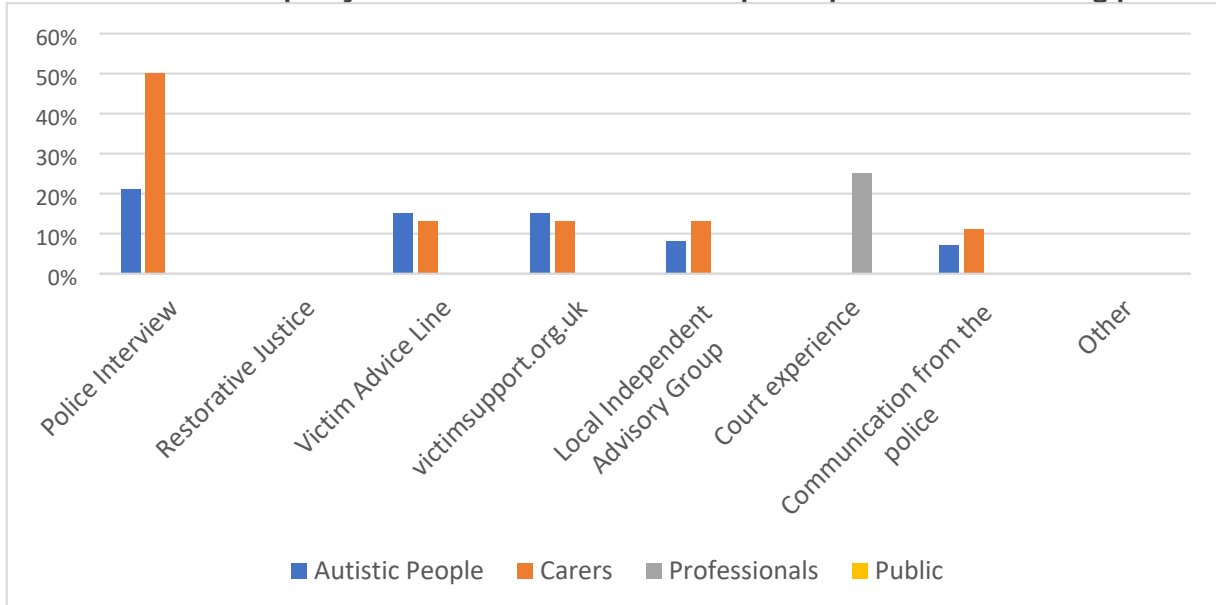

Q137 Please outline any positive experiences
6 comments were made

Themes	Number of comments
Supportive	3
Good communication	2
Refer to support	1
Appropriate adjustments	1

Q138 Have you or the people you know/work with/support experienced any barriers or challenges (relating to your/their autism) in understanding and/or participating in the following processes?
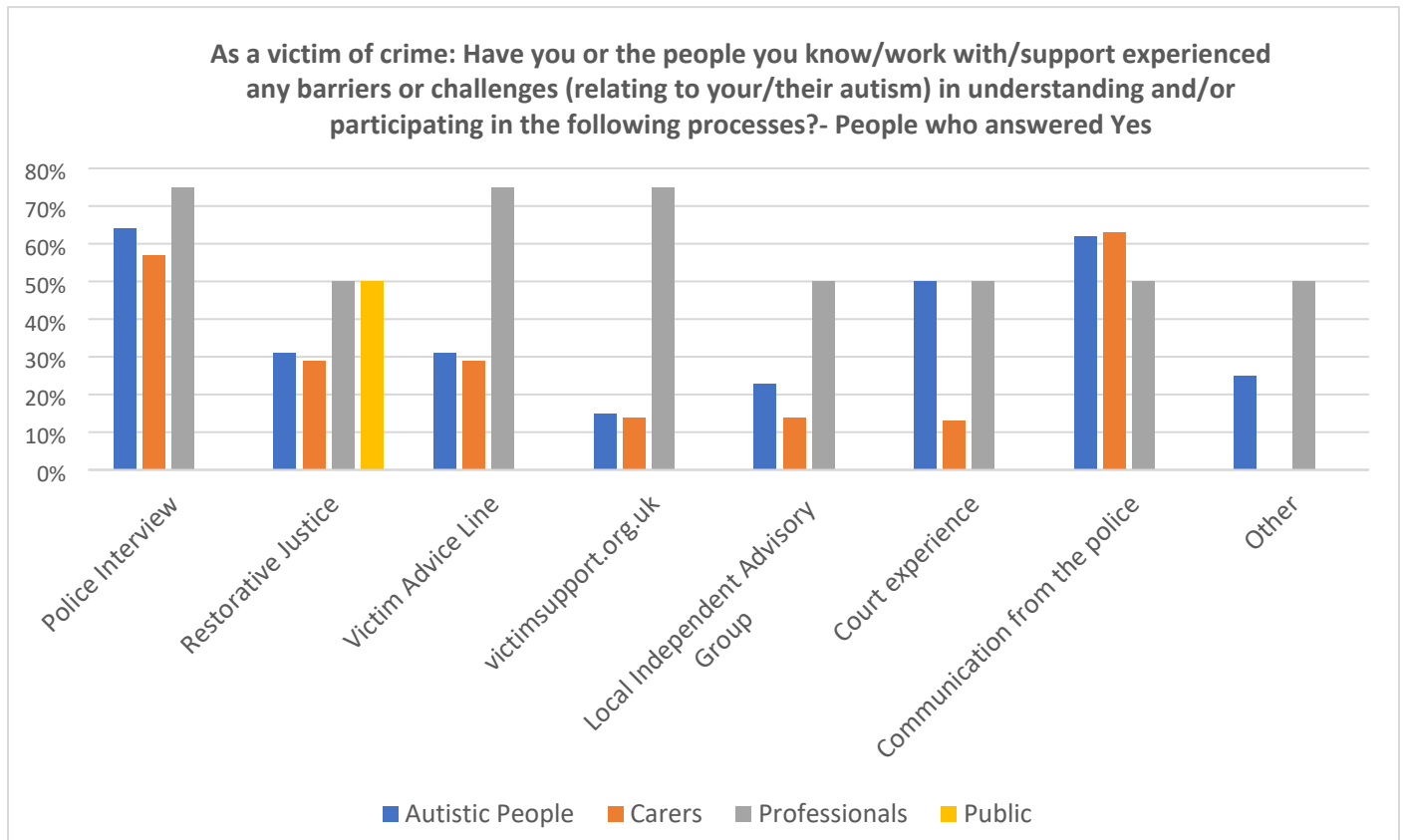
Q139 What could have made it better?

15 comments were made

Themes	Number of comments
Better communication	6
Being more understanding	4
Appropriate adjustments	4
More knowledge of autism	3
Other	2

As a suspect of a crime:

Q140 Were you told about the following or put in contact with them?

Q141 Have you, or the people you work with/support had any positive experiences of adjustments made that helped you/ them to understand and/or participate in the following processes:
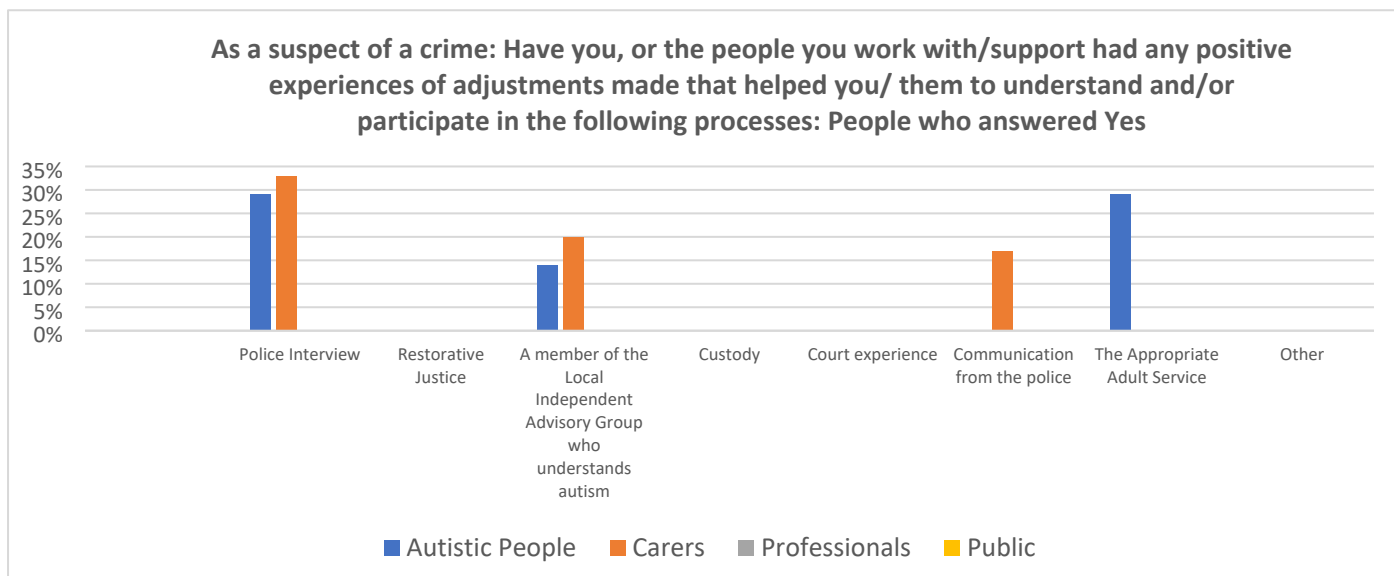
Q142 Please give details

3 comments were made

Q143 Have you, or the people you know/work with/support, experienced any barriers or challenges (relating to your/ their autism) in understanding and/or participating in the following processes:
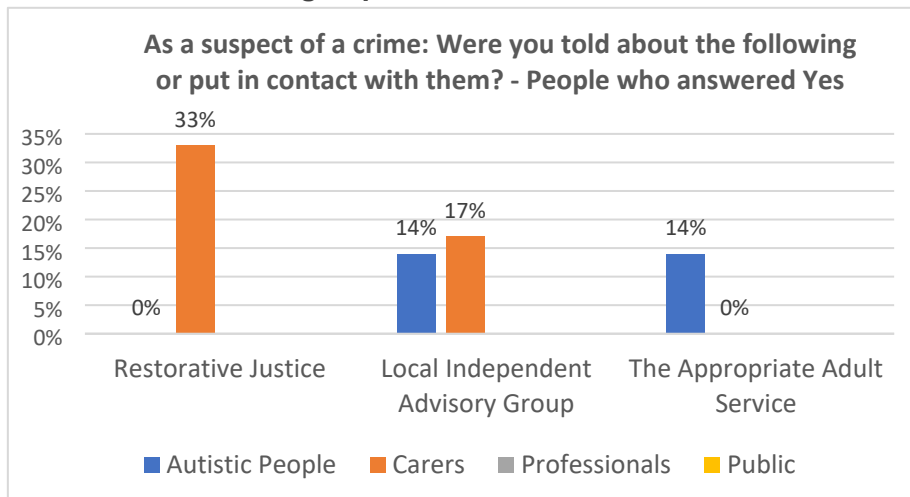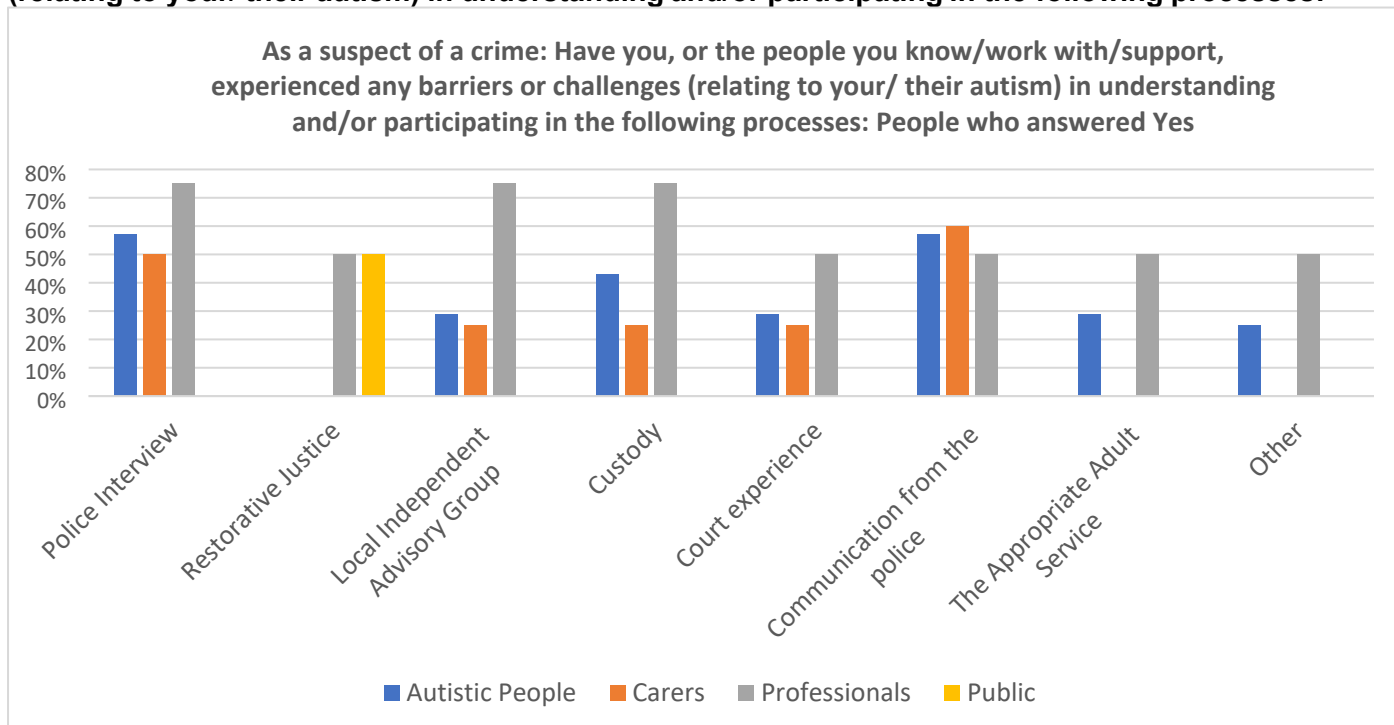
As a suspect of a crime: Have you, or the people you know/work with/support, experienced any barriers or challenges (relating to your/ their autism) in understanding and/or participating in the following processes: People who answered Yes

Legend: Autistic People, Carers, Professionals, Public

Q144 What could have made it better?
7 comments were made.

Theme	Number of comments
Better communication	2
Other	2
Appropriate adjustments	1
More knowledge/ understanding of autism	1
Faster processes	1

Priority 7 – Keeping Safe (this section only contains questions for autistic people

55 people with autism said they wanted to answer questions about Priority 7.

Q145 Do you think that you are at more risk of being harmed in some way because of your autism?

Do you think that you are at more risk of being harmed in some way because of your autism?

Yes 82%
No 4%
Don't know 15%
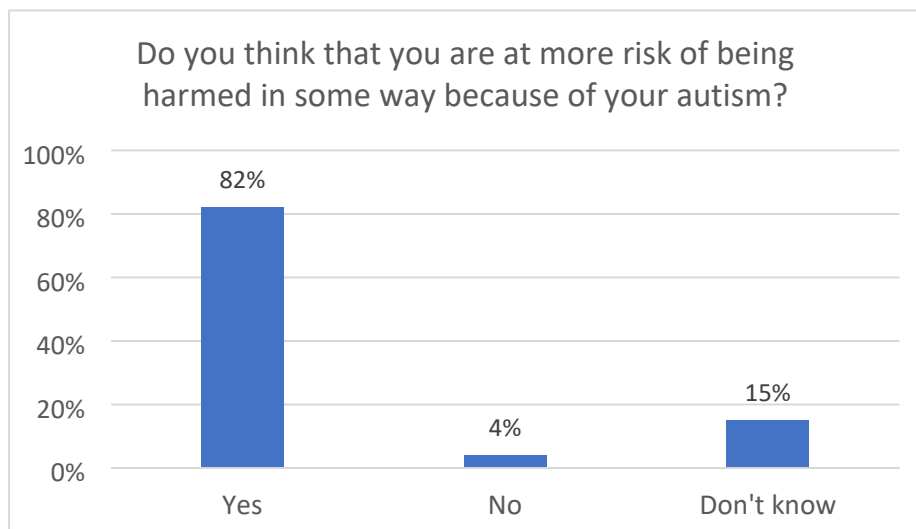
**Q146 If yes, please give details?**
37 Comments were left.

Theme	Number of comments
Makes me (seem) more vulnerable	14
Naïve/ Trusting/ Gullible	8
Easy Target	6
Hard to recognise risky situations	5
Hate Crime/ Bullying	4
My reaction can put me in difficult situations	4
Trouble understanding social cues/ body language	3
Others' understanding of autism	3
Can appear rude/ confrontational	2
Domestic abuse	2
Fight response – at risk of breaking law	2
Other	1

Q147 What worries you/ have you experienced issues with?
Tick as many as you like
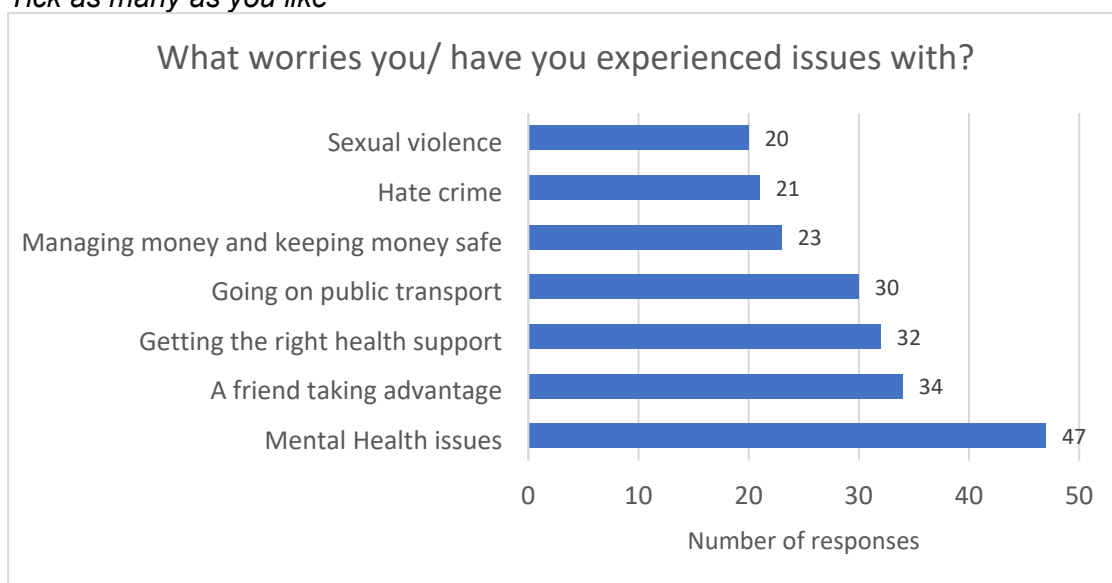
Q148 What would help you feel safer?
Tick as many as you like
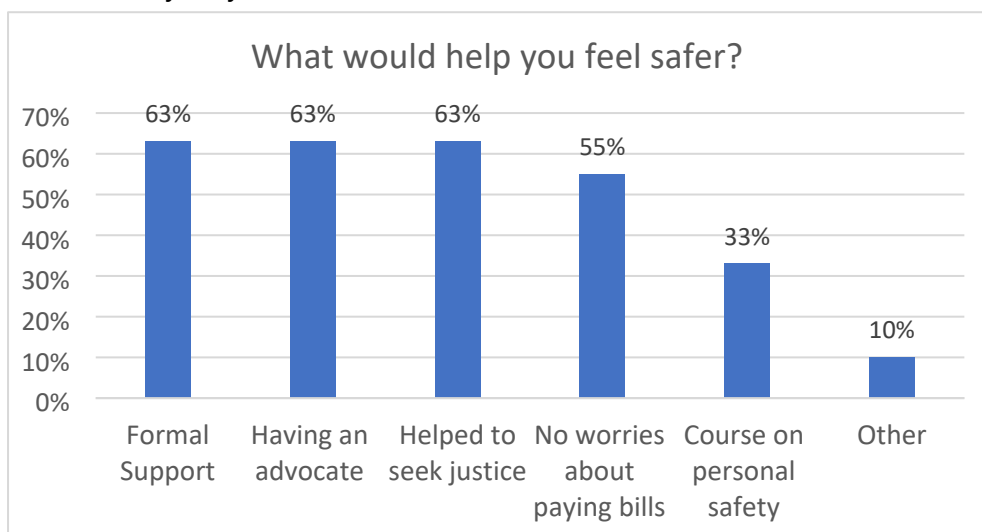
Herefordshire & Worcestershire
All-Age Autism Strategy
2024-29

About the strategy

- Welcome to Hereford and Worcestershire's All Age Autism Strategy, which has been co-produced by Herefordshire and Worcestershire Autism Partnership Boards on behalf of Autistic People

- This strategy is for and about people with a formal Autism diagnosis as well as those who identify as Autistic. It aims to look at how we can overcome barriers but also promote what Autistic People have to offer.

- My own experience…

About the strategy

- To develop our strategy, we talked to Autistic People, family carers, people who work in support services and people living in our communities with an interest in Autism. We ran workshops, facilitated groups and conducted a questionnaire.

- We also looked how we can implement [The national strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK (www.gov.uk)](www.gov.uk) across our two counties.

- We agreed 7 priority areas and for each priority we have set out what we know, our high-level aims, and key actions.

Co-Production / Strategy Development Process

Aug. 2022　　　　　　　　　　　　　　　　　　　　　　　　　　　　**Dec. 2023**

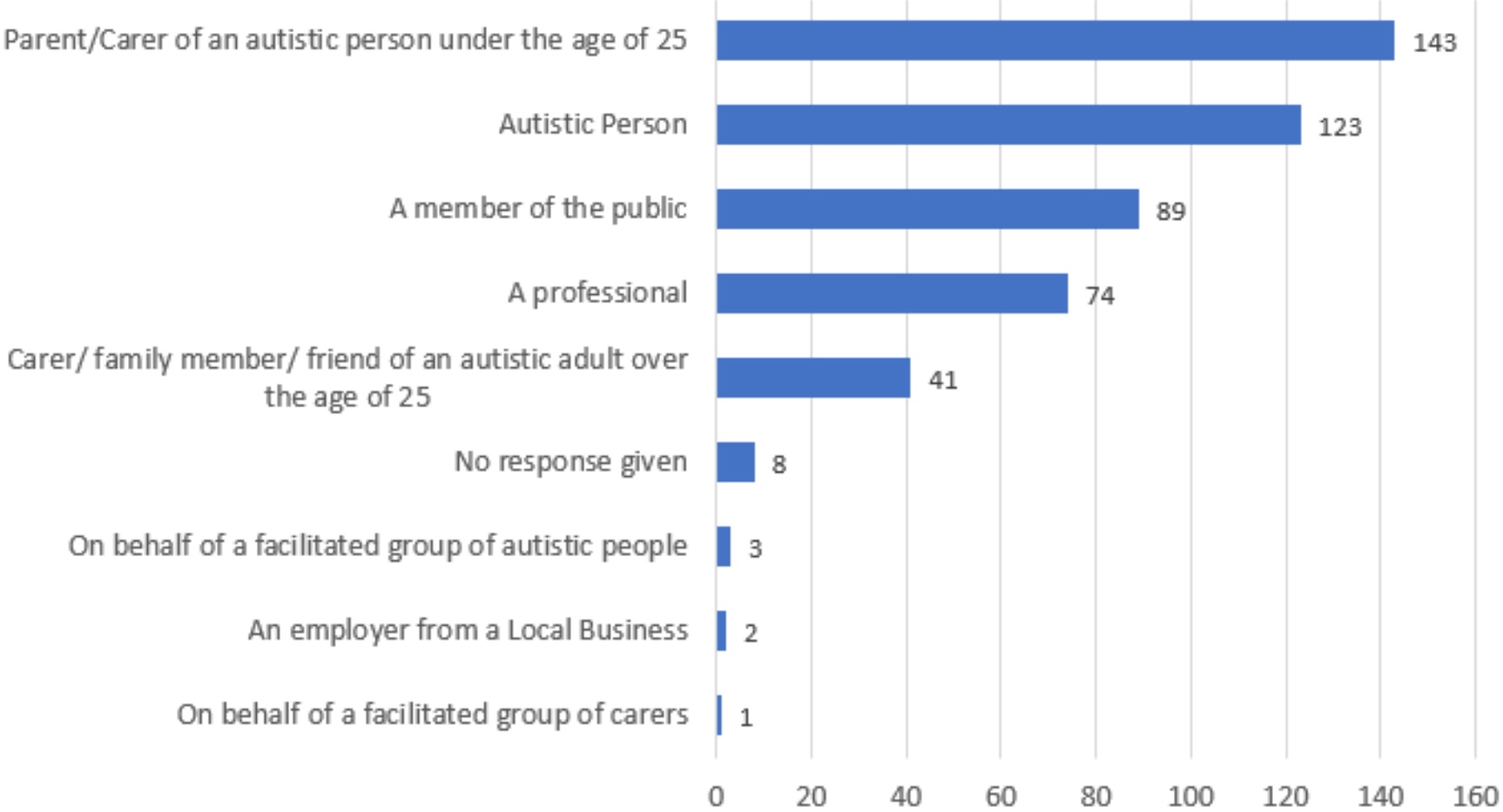| 1. Planning & Priority Setting	2. Collect Existing Data	3.Live Survey Engagement	4. Action Planning	5. Draft Strategy
Aug. to Jan 23	Jan / Feb 23	March - May 23	June – Sept 23	Oct / Dec 23
Establish what's needed re. priority areas to **understand current position** in Herefordshire and Worcestershire	Write up data into a **"what do we know"** document for your priority with links to other data sources	**Engagement / gathering information** Develop Questionnaire to be published online - Council websites	Review & Collate data **Collate big aims** (up to 8), and **high level action plan**	**Draft Strategy** produced / final round of engagement – approvals Council Governance

- There have been high levels of co-production and engagement in this strategy (focus groups, partnership boards, 442 responses to our online questionnaire)

- We will continue to co-produce action plans and work for each priority area

- Each priority has a workstream lead – workstream leads are from a range of agencies across the ICS

- There is a project working to design the strategy and the finished document will not look like the word document circulated. Autism friendly and sculpt principles will be applied to the finished document.

- This will also contain appropriate photos and video links

Engagement – Survey Responses

Responses to Autism Strategy Survey

Response Type	Count
Parent/Carer of an autistic person under the age of 25	143
Autistic Person	123
A member of the public	89
A professional	74
Carer/ family member/ friend of an autistic adult over the age of 25	41
No response given	8
On behalf of a facilitated group of autistic people	3
An employer from a Local Business	2
On behalf of a facilitated group of carers	1

Our vision in themes

Priority 1: Improving understanding and acceptance of autism within society.

We want to demonstrate that we have significantly improved public understanding and acceptance of autism, and that autistic people feel more included in their communities and less lonely and/or isolated. We want the public to have a better understanding of autism and to have changed their behaviour towards autistic people and their families.

Priority 2: Improving autistic children and young people's access into education and support positive transitions into adulthood

We want education settings to provide better and more inclusive support to autistic children and young people so that autistic people are better able to achieve their potential. We want more teachers and educational staff to understand the specific needs of their autistic pupils, ensuring that more school placements can be sustained. We also want to demonstrate that more autistic children have had their needs identified early on and that they are having positive experiences in educational settings. We want to ensure that we make improvements to support and prepare autistic children and young people for transition to adulthood to enable them to reach their full potential.

Our vision in themes

Priority 3: Supporting more autistic people into employment

We want to make progress on closing the employment gap for autistic people. We want more autistic people who can and want to work to do so, and to ensure that those who have found a job are less likely to fall out of work. We also want to show that employers have become more confident in hiring and supporting autistic people, and that autistic people's experience of being in work has improved.

Priority 4: Tackling health and care inequalities for autistic people

We want to reduce the health and care inequalities that autistic people face throughout their lives, and to show that autistic people are living healthier and longer lives, ensuring timely access to needs-led health care. In addition, to have made significant progress on improving early identification, reducing diagnosis waiting times, improving diagnostic pathways and access to mental health support for children and adults, so autistic people can access a timely diagnosis and the support they may need across their lives.

Priority 5: Building the right support in the community

We want all autistic people to have the opportunity to participate in their communities among friends and family, and live in their own home or with people they choose to live with. We are clear that people should not be in inpatient mental health settings unless absolutely necessary for clinical reasons.

Our vision in themes

Priority 6: Improving support in criminal and youth justice systems

We want to have made improvements in autistic people's experiences of coming into contact with the criminal and youth justice systems, by ensuring that all staff understand autism and how to support autistic people.

We want all parts of the criminal and youth justice systems, from the police to prisons, to have made demonstrable progress in ensuring that autistic people have equal access to care and support where needed. In addition, we want autistic people who have been convicted of a crime to be able to get the additional support they may require to engage fully in their sentence and rehabilitation.

Priority 7: Keeping safe

We want to enable autistic people to feel empowered to keep themselves safe in the community; have a better and safer experience of everyday life and be well supported by services that help them feel safe and secure.

Our cross-cutting themes

Public perception of autistic people We want to demonstrate that we have significantly improved public understanding and acceptance of autism and have good quality local resources to share.   We have set out aims and actions around this in priority 1 but people talked about this in each priority.

Many Autistic People need support/advocacy to access mainstream services or navigate systems. Carers are worried there will be no support for their autistic child when they can no longer provide it. The need for support was clearly evidenced through work on all of the priorities and for people of all ages and their carers. We want to continue the multi-agency approach taken with this strategy to plan the best way for people to get the support that they need.

Some Autistic people are not getting the right support for their Mental Health needs. We have set out aims and actions around this in priority 4 but people talked about this in each priority. Many people talked about feeling suicidal because of their situation. We want to use this strategy to tackle issues facing autistic people in Herefordshire and Worcestershire to improve mental health and wellbeing and to reduce risk of suicide and suicidal thoughts. Autism Partnership Boards are linking closely with Suicide prevention strategies.

Our cross-cutting themes

Autistic people, particularly but not exclusively women and girls are "masking" as a strategy to fit in to a non-autistic culture. We want to use this strategy to improve understanding of Autism and different neurodiverse behaviours, developing a culture of acceptance and understanding where Autistic People don't feel pressured to hide. We want to educate organisations about masking, so that we can improve the mental health and wellbeing of those who mask, as well as the families and carers who are supporting the exhaustion and burn out of a person who is masking.

Organisations need to make reasonable adjustments. We want to promote good practice examples of reasonable adjustments to all organisations in Herefordshire and Worcestershire and remind organisations of duties under the Equality Act 2010.

How we will monitor the strategy

- There will be an identified lead for each priority who will work with partners to oversee the actions agreed. Progress will be discussed at Autism Partnership boards and reported to The ICS Developing Services for Autistic People Programme Board.

- An annual report will be taken to the Health and Wellbeing Boards in both counties.

- A bi-annual newsletter will be produced to keep everyone updates on progress.

Governance

ICS Developing Services for Autistic People Board

SEND Assurance Board(s)

Worcestershire Autism Partnership Board

Autism Strategy Group

Herefordshire Autism Partnership Board
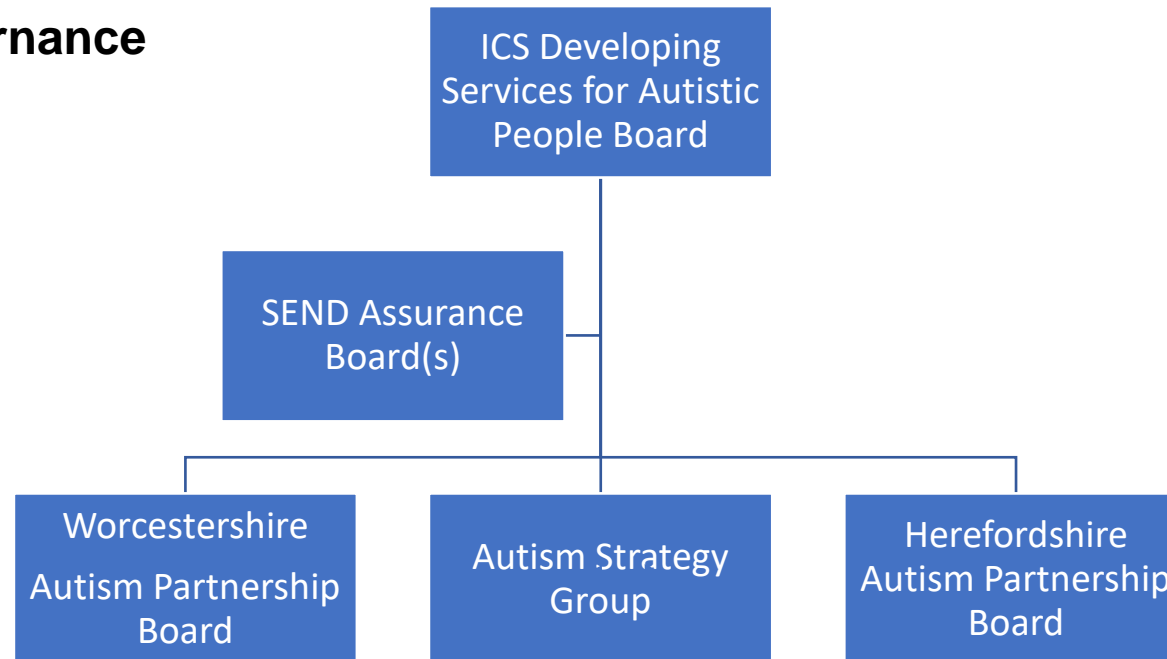
Decisions

- We would like you to sign off and endorse this strategy

- We would like you to pledge support to take forward the aims and actions within the strategy

- We would like you to consider making Oliver McGowan mandatory training mandatory for all staff within the organisations represented

- For the strategy development Adult social care commissioners have led on 3 of the priorities. The system will need to identify support to take forward:-
Priority 1 – improving understanding and acceptance autism within society
Priority 3 – supporting more autistic people into employment

![worcestershire county council logo]

HEALTH AND WELLBEING BOARD
20 FEBRUARY 2024

DRUGS AND ALCOHOL - HIGHLIGHT REPORT

Board Sponsor
Councillor Karen May, Cabinet Member with Responsibility for Health and Wellbeing

Author
Lisa McNally, Director of Public Health, Worcestershire County Council

Priorities
This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

☒Prevention & inequalities ☐Homes, Communities & Places
☒Mental Health & Wellbeing ☐Jobs & Opportunities
☒Healthy Living at All Ages

Safeguarding
This report does not have a direct impact on safeguarding children or adults.

Item for Decision, or Information & Assurance

☐Decision ☒Information/assurance

Recommendation

1. **The Health and Wellbeing Board is asked to note and receive assurance of the progress being made toward achieving the priorities of the Worcestershire Drug and Alcohol Strategy.**

Executive Summary

2. Drug related deaths have increased exponentially across England and Wales in recent years. Rates have also increased across Worcestershire and are similar to the national average. Additional government investment, alongside national and local Drug and Alcohol strategies has enabled improved local activity which has led to significant improvements in key areas including access to treatment, harm reduction and improved engagement with community drug treatment services, following prison release.

Background

3. The national drug strategy, [From Harm to Hope](#) was published in 2021 following the Dame Carol Black [Independent Review of Drugs](#). The 10-year strategy focuses on the delivery of three strategic priorities, breaking drug supply chains, delivering a world-class treatment and recovery system and achieving a generational shift in demand for drugs.

4. The [Worcestershire Drug and Alcohol strategy](#) is reflective of the national strategy and shaped to meet local requirements. The strategy focuses on four broad areas of activity Prevention (breaking supply chains), Prevention (Health and wellbeing), Treatment and Recovery. The draft strategy was presented to and subsequently agreed by the Health and Wellbeing Board in February 2023.

5. Following the publications of From Harm to Hope, the government mandated the development of Combating Drugs Partnerships (CDP), which were to be led by a Senior responsible officer (SRO), with an ambition to provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. Herefordshire and Worcestershire participate in a joint CDP, led by the Police and Crime Commissioner (PCC) as the SRO.

6. The Delivery of the Worcestershire strategy is primarily overseen by the Substance Misuse Oversight Group (SMOG), which is made up of stakeholders from across the system, and progress is reviewed quarterly.

Prevention

7. From a health and wellbeing perspective, prevention activities are considered through a lens of primary, secondary, and tertiary prevention. This encompasses a range of activities including preventing problems before they occur, and actions taken to reduce the impact of ongoing behaviours. The projects highlighted in this section primarily refer to primary and tertiary activity.

8. Evidence suggests that primary prevention activity should focus on developing social skills, including resilience, amongst young people. To support this, youth services in Worcestershire have been remodelled to enable district delivery to be shaped based on local need. The model focuses on providing universal, detached and targeted youth work. Young people engage with youth workers voluntarily, this strength of youth work supports young people's social, emotional and personal development which includes the preventative approaches described above.

9. This activity is supported by the rollout of a small grants programme for schools and youth organisations, designed to further strengthen the availability of targeted resilience building activity.

10. The approach to harm reduction (tertiary prevention) has been significantly enhanced in the previous 12 months, supported by additional government investment. The Peer Assisted Community and Knowledge (PACKs) project is led by Cranstoun service user volunteers who trained and enabled to provide harm reduction interventions to individuals that have historically been more resistant to engaging with treatment. The team have led on the development of Opioid Overdose Response Pouches, containing Naloxone and other equipment to support individuals to provide emergency first aid in the event of an overdose.

11. Training to support the delivery of harm reduction advice and the distribution of naloxone has been accessed by more than 200 professionals from a wide range of voluntary, health and care organisations. This focus on harm reduction has been of particular importance following the increased availability of synthetic opioids and the considerable risk of harm associated to them.

12. The following video provides a short summary of the project https://www.youtube.com/watch?v=w010KRowWpk

Treatment

13. To enable the delivery of From Harm to Hope, additional government investment has been received alongside ambitions to increase access to drug and alcohol treatment services and to increase the proportion of prison leavers who continue to access treatment in a community setting.

14. Similarly, to other health and care services, COVID-19 had a lingering impact upon the delivery of Drug and Alcohol treatment services. The impact of the pandemic varied across populations and disproportionally impacted some of the most marginalised members of society, including people who inject drugs. The impact of the pandemic, coupled with the pressures of additional government investment, contributed to difficulties regarding the recruitment and retention of staff across treatment providers resulting in reduced access to treatment

15. As a result, the number of adults accessing drug and alcohol treatment reduced by more than 20% in 2022/23, to 2,006. Subsequently, a series of actions were implemented including a marketing campaign and a renewed emphasis on staff recruitment, supported by Cranstoun, Public Health and the wider SMOG. This has resulted in not only a restoration of treatment numbers to pre-pandemic levels, but an increase.

16. Ensuring the provision of an integrated care pathway from prison to the community is imperative for providing the best conditions to enable individuals to recover from substance misuse. Approximately half of all acquisitive crime is associated with drug use, as such improving opportunities for recovery amongst this group reduces the likelihood of reoffending. Further, the risk to individuals of a death from drug misuse is more than 7 times more likely in the first fortnight following prison release, often linked to a reduced tolerance for opiates following a period of abstinence whilst in prison.

17. Improving engagement with community services following prison release is a key priority of the national drug strategy. Previously, engagement rates in Worcestershire have been worse than the new national average. In 21/22, 25.17% of individuals were successfully engaged with community treatment, compared to a national average of 37.35%. By the end of 22/23, engagement rates in Worcestershire had increased to 51.70%, significantly better than the England average of 42.61%.

18. Central to this improvement has been development of an integrated pathway between prison and community treatment, supported through the recruitment of assertive prison in-reach workers. The team work closely with prison based drug service staff and the prisoners themselves, focusing on building a trusting relationship and ensuring a seamless pathway from prison release to engagement with community treatment.

19. The enhanced approach to continuity of care has been further supported by the introduction of long-acting opioid substitution therapy (OST), Buvidal.   A significant benefit of Buvidal is that patients are not required to access a daily dose of OST, instead it is administered every 28 days. Feedback from patients suggested that the medicine had positive effects on their health and wellbeing, including a reduction in drug seeking behaviour. This approach has been shown to be particularly supportive with the prison leaving cohort. Access to Buvidal is currently limited to 18 service users, however discussions with medicines management colleagues are ongoing and additional government and PCC funding has been ringfenced to increase access.

20. A report published by the National Audit Office in 2023 reviewed progress against the ambitions in the national drug strategy. The report acknowledges the complexity of the subject area and the importance of taking a sustained long-term approach. It highlighted progress in the last three years in areas such as recruitment of drug workers and the development of new partnerships (e.g. CDP) whilst also citing a number of challenges including ongoing gaps in the workforce and the time required to rebuild the drug and alcohol treatment system. It also noted the lack of certainty surrounding government funding post 2025 and the challenges this presents with regards to strategic planning.

Recovery

21. The introduction of the Worcestershire Drug and Alcohol strategy, supported by additional government funding has enabled an increased focus on the development of communities of recovery. From 'Harm to Hope' further endorsed the focus on recovery communities, highlighting the importance ensuring people have meaningful activities to participate in, somewhere safe to live and a support system in the community.

22. 'Emerging Futures' support the delivery of communities of recovery in Worcestershire, enabled by people from all walks of life who all have experience of alcohol and drug problems. Their approach includes the development of recovery coaches, facilitating access to meaningful activities including, mutual aid and stable housing. They also support people with lived experience to contribute their views to strategic meetings, utilising their experience to enable service development

23. Alongside treatment, there is considerable evidence to show how employment can improve treatment outcomes and reduce the frequency and severity of relapse. From 2024/25 additional funding has been received to enable the development of an Individual Placement and Support (IPS) service for people in treatment for drug or alcohol use. The IPS service will be integrated with broader drug and alcohol treatment delivery and service users will receive intensive, individual support to help them find and sustain employment.

Impact on health disparities

24. The activities to prevent or reduce the harms associated to drug and alcohol use are targeted to individuals and communities known to experience some of the poorest health outcomes. This includes improving engagement with community treatment services following prison release and improving the availability of life saving medications such as Naloxone amongst populations at highest risk of drug related deaths

Legal, financial and HR Implications

25. There are no legal, financial or HR implications resultant from this highlight report.

Contact point and partnership working

• Andrew Boote, Head of Service for Safer Communities (Public Health) aboote@worcestershire.gov.uk

• Paul Kinsella, Senior Public Health Practitioner pkinsella@worcestershire.gov.uk

Appendices

• Appendix 1 - Worcestershire Drug and Alcohol strategy

Background Papers

26. In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

• Health and Wellbeing Board, Worcestershire Drug & Alcohol Strategy Report 14 February 2023

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HEALTH AND WELLBEING BOARD
FEBRUARY 2024

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 - 2024

Board Sponsor
Councillor Karen May, Cabinet Member with Responsibility for Health and Wellbeing

Author
Lisa McNally, Director of Public Health

Priorities
This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

☒Prevention & inequalities   ☒Homes, Communities & Places
☒Mental Health & Wellbeing   ☒Jobs & Opportunities
☒Healthy Living at All Ages

Safeguarding
This report does not have a direct impact on safeguarding children or adults.

Item for Decision, or Information & Assurance

☐Decision   ☒Information/assurance

Recommendation

1. **The Health and Wellbeing Board is asked to note the content of the DPH Annual Report.**

Executive Summary

1. Directors of Public Health have a statutory requirement to write an independent annual report on the health of their population and the Local Authority is required to publish it.

2. This year's Director of Public Health annual report has a new look. *The Healthy Worcestershire* celebrates the power of community for good health and wellbeing, and shares stories of brilliant public health work and outcomes across the County.

3. A limited number of physical copies are available to view but the report is also available online as a digital flipbook The Healthy Worcestershire: The Director of Public Health's Annual Report 2023 - 2024 (publuu.com) alongside a growing suite of community stories on our Worcestershire Insights webpage.

Main content

4. This year's Director of Public Health Annual Report has a new look. *The Healthy Worcestershire* celebrates the power of community for good health and wellbeing, shares stories of brilliant public health work and outcomes across the County.

5. Collated with help from our partners, the report includes infographic health and wellbeing data and community stories across the following topics: healthy children, young people and families; healthy adults and healthy places.

6. The public health insights and stories highlight that community is still at the heart of a healthy Worcestershire and that partnership working is key to improving health and wellbeing of our residents. Alongside a small number or printed copies, the report will be available online and will be shared with partners.

7. In the last six months we have been working with the District Councils and VCSE organisation to collate even more community stories, the community-produced videos, podcasts and stories will continue to be added to our Worcestershire Insights webpage from April 2024.

Impact on health disparities

8. The report highlights the importance of working with communities to address health inequalities and improve health outcomes.

Consideration of impact on mental health and wellbeing

9. The report shares examples of work taking place across the County that support the delivery of the Joint Local Health and Wellbeing Strategy Priority of good mental health and wellbeing.

Legal, financial and HR implications

10. There are no legal, financial or HR implications to the DPH annual report.

Contact point and partnership working

11. Specific contact for this report: Lisa McNally

12. The report content was collated with support from partners.

What makes a Healthy Worcestershire?

Director of Public Health Annual Report 2023 – 2024

worcestershire.gov.uk

worcestershire county council

What's inside *The Healthy Worcestershire?*

- Health and wellbeing data infographics

- Community stories on:

  - Healthy children, young people and families

  - Healthy adults

  - Healthy places

Read the Report here

Looking forward...

- Continue to keep up to date on our Insights webpage https://insights.worcestershire.gov.uk/

- New community produced stories coming from April 2024

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HEALTH AND WELLBEING BOARD
20 FEBRUARY 2024

BETTER CARE FUND (BCF) QUARTER 3 NATIONAL RETURN & BUDGET MONITORING

Board Sponsors
Mark Fitton & Simon Trickett

Authors
Victoria Whitehouse – Better Care Fund Commissioning Manager
Richard Stocks - Senior Finance Business Partner

Priorities
This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

☒Prevention & inequalities   ☒Homes, Communities & Places
☒Mental Health & Wellbeing   ☐Jobs & Opportunities
☒Healthy Living at All Ages

Safeguarding
This report has a direct impact on safeguarding children or adults.

The Better Care Fund supports the timely, safe and appropriate discharge of patients from the Acute and Community Hospitals. It also aims to enable people to stay well, safe and independent at home for longer, through a number of different initiatives and services and supports reductions in hospital admissions.

Item for Decision, or Information & Assurance

☐Decision   ☒Information/assurance

Recommendation

1. **The Health and Wellbeing Board is asked to note the Better Care Fund Quarter 3 national return which was submitted to NHS England on 9 February 2024 and the Quarter 3 budget monitoring position in line with national requirement submission deadlines.**

Background

2. The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires integrated care boards (ICBs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB).

Health and Wellbeing Board

3. The vision for the BCF over 2023-2025 is to support people to live healthy, independent, and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives set out in the national conditions. Worcestershire's BCF 2023 - 2025 plans have been developed in line with meeting the national conditions and ambitions to commission services that have an impact on the metrics.

BCF Quarter 3 Reporting

4. As stated in the BCF planning requirements 2023-25, the national programme informed the system of quarterly reporting recommencing in Quarter 2. For Quarter 3, the reporting template has been refreshed to include information on spending and activity to date against certain schemes as outlined in the 2023-25 BCF plan including expenditure and activity data for the Disabled Facilities Grant.

5. Worcestershire's submission has been completed and returned to NHS England on 9 February 2024 to meet the mandatory national submission deadlines and can be seen at **Appendix 1**. It was discussed at the September Health and Wellbeing Board meeting that the deadlines for the reports unfortunately are not within the timescales of the board meetings. Therefore, the reports are submitted to meet the national deadlines but are to be discussed retrospectively at the next board meeting. Actions can then be taken forward for the following quarterly reporting period. The national BCF team have acknowledged feedback from local systems regarding the reporting periods being misaligned with Health and Wellbeing Board dates. They are striving towards publishing a timetable schedule of submission dates for 2024 once the guidance has been completed.

6. The Quarter 3 reporting template collects information to ensure that the BCF plans in Worcestershire continue to meet the required national conditions.

   - National Condition 1: Plans are to be jointly agreed by the ICB and local council.
   - National Condition 2: Enabling people to stay well, safe and independent at home for longer.
   - National Condition 3: Provide the right care in the right place at the right time.
   - National condition 4: Maintaining the NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

7. The report also updates on the current local position to meet the metric ambitions developed in the plan and some narrative to highlight any challenges and achievements experienced throughout the quarter that may have impacted on the performance. In Worcestershire the report demonstrates that the system is currently on track to meet four out of the five metric targets from the data available at the time of submission. There are current challenges impacting on the residential admission's metric indicators. This remains largely based upon the local demographic, with an increase of complexities in need. Which has increased demand across all long-term accommodation-based services including extra care and supported living from all admission routes. This is alongside prolonged periods of high demand within all the hospital discharge pathways to support the flow through the urgent care system through critical pressure periods. Partners throughout the Health and Social Care system in Worcestershire will continue to scrutinize all long-term admissions to help understand routes into this sort of provision. It is important to note that although there are challenges in meeting the residential admissions indicator, the discharge to usual place of residence remains on track, in fact exceeding the target. Similarly, the reablement metric is also above the target to support the home first focus approach from the acute and community hospitals in Worcestershire. This is regardless of increased demand throughout the hospital discharge pathways.

8. Partners throughout the Health and Social Care system in Worcestershire have been working together to develop and provide further detail on the metric ambitions set for Worcestershire and how these relate to performance in other local systems. There are some barriers to this work including the late publication of data sets nationally, which result in ambitions being set on data from 21/22. Some of the metric data is also not nationally published and the ambitions are developed on an algorithm based on the demographics of the people in Worcestershire which makes it difficult to benchmark with other local areas whose demographics are often different. Further information around the metrics and benchmarking for setting the targets for reablement and residential admissions in Worcestershire can be found in **Appendix 2**.

9. Alongside reporting on the metrics performance and assurance the national conditions have been met, the report asks for information on expenditure and activity to date for specific schemes and services delivered using BCF funding. The report is only looking at data for scheme types that provided estimated outputs in the 2023/2025 plan. It also highlights any challenges or changes to the expenditure and outputs that differ from the original plan.

10. Once submitted, a review of all reports will be undertaken by regional and national Better Care Managers (BCMs) which will summarise the responses to questions in the first 4 tabs and allow them a greater understanding of where areas are on track against their plans. They will also review the implementation issues column of the spend and activity tab to gain greater understanding of the common themes among these issues. The findings from these BCM reviews, alongside the aggregation and analysis of reporting data undertaken by the BCF team, feed into a written report of the overall findings from Q3 reporting.

Additional BCF 2023/2024 Reporting

11. In addition to the Quarterly reporting, the requirement to submit monthly returns to the BCF Team continues. These reports require details of how the additional hospital discharge funding has been utilised across the hospital discharge pathways.

2023/2024 BCF Quarter 3 and Forecast Outturn

12. The BCF is forecasting a gross outturn overspend of £1.252m against a budget of £43.223m (2.9%). The overspend is isolated to increases in costs within the Pathway 1 service (£1.201m) and the Pathway 3 service (£0.051m). Increases in activity and care package price (both inflationary and in relation to acuity) are the cost drivers for the forecast overspend. The overspend will be mitigated following the utilisation of one-off funding from each party. The overspend has been forecast throughout the financial year.

13. The two discharge pathways mentioned above are currently under review to attempt to mitigate this area of overspend. The Pathway 1 forecast for the rest of the financial year assumes a maximum of 4 clients a week for a 28-day period. The operational implications of this are currently being worked through to ensure this is a sustainable approach to help reduce the overspend.

14. Further budget monitoring detail on a scheme-by-scheme basis can be seen in **Appendix 3.**

15. The Quarter 3 position includes the amounts of the additional Hospital Discharge Funding. The requirements of the grant stipulate that expenditure and funding must be reported within the BCF, and monthly returns are required to be submitted to the Better Care Fund Team detailing how the additional funding has been utilised. Worcestershire is adhering fully to this requirement.

Impact on health disparities

16. The BCF is crucial in supporting people to live healthy, independent and dignified lives. Through joining up health, social care and housing services to enable people to stay well, safe and independent at home for longer and provide people with the right care, at the right place and time. As previously highlighted, within the BCF 2023-2025 narrative plan, there is a specific section relating to how the BCF plan contributes to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics.

17. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Legal, Financial and HR Implications

18. Reporting to Health and Wellbeing Board on a quarterly basis is deemed to follow good practice guidelines.

19. The BCF is a ring-fenced grant. It has been agreed that any overspend, or underspend will be jointly attributable to NHS Herefordshire and Worcestershire ICB and Worcestershire County Council.

20. There are no HR implications within this report.

Privacy Impact Assessment

21. Non arising directly from this report

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Mark Fitton, Strategic Director – People Services
Tel: 01905 643553
Email: MFitton@worcestershire.gov.uk

Richard Stocks, Senior Finance Business Partner – Service Finance
Tel: 01905 846514
Email: Rstocks@worcestershire.gov.uk

Victoria Whitehouse, Better Care Fund Commissioning Manager
Tel: 01905 643574

Email: Vwhitehouse@worcestershire.gov.uk

Supporting Information

- Appendix 1 – Worcestershire Better Care Fund Quarter 3 Report
- Appendix 2 – Worcestershire BCF Metrics
- Appendix 3 – Worcestershire BCF Schemes 2023/2024 Monitoring

Background Papers

None

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Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

1) To confirm the status of continued compliance against the requirements of the fund (BCF)

2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans

3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics

4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%.

Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.

2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:
- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K**. Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.

HM Government

NHS England

Version 2.0

Please Note:
- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Checklist

Complete:

Health and Wellbeing Board:	Worcestershire	Yes
Completed by:	Victoria Whitehouse	Yes
E-mail:	vwhitehouse@worcestershire.gov.uk	Yes
Contact number:	01905 643574	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	Yes
If no, please indicate when the report is expected to be signed off:	Tue 20/02/2024	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:	Worcestershire		**Checklist** Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes		Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off			Yes

Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:**	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

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4. Metrics

Selected Health and Wellbeing Board: | Worcestershire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs — Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements — Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	156.9	148.4	169.2	156.5	175.5	168.3	On track to meet target	No challenges, currently on track to meet target.	We have increased our SDEC availability so is a positive in relation to future quarters.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	90.9%	90.9%	90.7%	90.4%	90.8%	91.5%	On track to meet target	No challenges, currently on track to meet target.	Slight overperformance due to revamped home first focus	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.			1,466.6		389.8	392.4	On track to meet target	No challenges, currently on track to meet target.	Nothing to Report - will look further at plan ahead of next round	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				535	2022-23 ASCOF outcome: 532.6		Not on track to meet target	Nov-23 result is 884 admissions, against target number of admissions of 777. (Nov-23 is the latest available data as this measure is run one month in arrears to allow time for purchasing)	The number of residential admissions remains significantly higher than our target. We have high demand in service, more complex needs to meet and we are regularly supporting our urgent care system	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				83.0%	2022-23 ASCOF outcome: 83.6%		On track to meet target	No challenges, currently on track to meet target.	Dec-23 result is 84.7% Despite continued pressure in the Urgent Care System, a focus on reablement outcomes with people has helped us to maintain positive performance in this	Yes

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6. Spend and activity

Selected Health and Wellbeing Board: | Worcestershire

Checklist | | | | | Yes | | Yes | | Yes | Yes

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
1	General Rehab Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£13,216,339	£9,912,254	1,704	1278	Number of placements	No	
2	Intermediate Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£1,910,814	£1,433,111	246	185	Number of placements	No	
5	Worcestershire IP Unit - Pathway 2	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£5,331,135	£3,998,351	456	342	Number of placements	No	
6	Pathway 1 (UPI)	Home-based intermediate care services	Joint reablement and rehabilitation service (to support	Minimum NHS Contribution	£7,162,446	£6,238,064	5,541	4862	Packages	No	
7	Pathway 1 (UPI)	Home-based intermediate care services	Joint reablement and rehabilitation service (to support	iBCF	£1,038,224	£904,231	803	705	Packages	No	
10	Pathway 1+	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£279,359	£307,519	35,040	39600	Hours of care (Unless short-term in which case it is packages)	Yes	Senior Management decision to put more resource into the service
11	Pathway 3 (SPOT DTA)	Residential Placements	Short term residential care (without	Minimum NHS Contribution	£229,571	£205,096	53	33	Number of beds/placements	No	
12	Pathway 3 (SPOT DTA)	Residential Placements	Short term residential care (without	iBCF	£440,218	£393,285	103	65	Number of beds/placements	No	
15	Carers	Carers Services	Respite services	Minimum NHS Contribution	£1,158,022	£868,516	244	183	Beneficiaries	No	
16	Carers	Carers Services	Respite services	iBCF	£101,978	£76,483	21	16	Beneficiaries	No	
17	Implementation of the Care Act- Additional demand for Home Care	Home Care or Domiciliary Care	Other	Minimum NHS Contribution	£2,278,115	£1,708,586	102,158	76618	Hours of care (Unless short-term in which case it is packages)	No	
18	Implementation of the Care Act- Additional demand for Home Care	Home Care or Domiciliary Care	Other	iBCF	£298,942	£224,207	13,405	10054	Hours of care (Unless short-term in which case it is packages)	No	
19	Complex Cases	Residential Placements	Other	Minimum NHS Contribution	£803,500	£602,625	15	11	Number of beds/placements	No	
20	WCES	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£1,762,000	£1,322	16,170	12435	Number of beneficiaries	No	
21	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£5,663,577	£2,841,447	570	312	Number of adaptations funded/people supported	No	
22	Disabled Facilities Grant	DFG Related Schemes	Discretionary use of DFG	DFG	£500,000	£1,040,033	500	216	Number of adaptations funded/people supported	No	
24	Investment in Care Homes	Residential Placements	Care home	Minimum NHS Contribution	£2,500,000	£1,875,000	62	58	Number of beds/placements	No	
29	Pathway 1 (UPI)	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	£930,246	£754,077	6,836	3626	Hours of care (Unless short-term in which case it is packages)	Yes	Planned outputs forecast incorrectly calculated as hours should be packages
30	Pathway 1 (UPI)	Home-based intermediate care services	Joint reablement and rehabilitation service (to support	Local Authority Discharge Funding	£497,938	£403,633	528	1941	Packages	No	
31	Pathway 2 Care Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	£14,391	£11,668	15	0	Number of placements	Yes	The costs are staff costs - planned outputs not as originally expected
32	Pathway 3 (SPOT DTA)	Residential Placements	Short term residential care (without	Local Authority Discharge Funding	£1,218,991	£988,130	106	124	Number of beds/placements	No	

33	WCES	Assistive Technologies and Equipment	Community based equipment	Local Authority Discharge Funding	£5,634	£4,566	144	108	Number of beneficiaries	No
34	Pathway 2 Discharge Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£500,000	£368,956	43	32	Number of placements	No
35	Pathway 2 Rehab Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£899,000	£663,383	57	42	Number of placements	No

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Request for further information:

1. How are the metric targets for the BCF in Worcestershire set – what information is this based on?

2. Is there wider benchmarking data/ information available to analyse and provide some comparison of how we are performing nationally and locally for each metric. This could provide an indication of whether what is being commissioned using the BCF is having an impact on the metrics? Is there a threshold target that are set nationally for the metrics that local areas are expected to achieve within?

If so, can this information be provided to give a rounded picture on the achievements and challenges being faced in the Worcestershire system and the action plans surrounding them.

Residential Admissions

This metric is described in the BCF documentation as the "rate of permanent admissions to residential care per 100,000 population (65+)". The Worcestershire target for 2023-24 is a rate of 535 admissions per 100,000 population aged 65+.

Background

This metric is based on a national measure in the Adult Social Care Outcomes Framework (ASCOF). It is the number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population) (ASCOF 2c, formerly metric 2A(2)). An admission refers to the first move into permanent care and excludes transfers. "Good" performance is low. The rationale for this metric in ASCOF is "avoiding permanent placements in residential and nursing care homes is a good indicator of maximising independence and delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential and nursing care. However, it is acknowledged that for some people drawing on care admission to residential or nursing care homes can represent an improvement in their situation. This indicator also captures efficiency. Residential and nursing care are often the most expensive forms of interventions. Relying on interventions that maximise independence - where appropriate - would represent a cost saving.". Adult social care outcomes framework 2023 to 2024: draft handbook of definitions - GOV.UK (www.gov.uk)

The metric is reported as a rate per 100,000 population. The population figure specified within the BCF documents is a different figure than that required in the ASCOF definition, so the target rate differs but the actual number of admissions is used consistently. For 2023-24 the target number of admissions is 777 or below.

Performance

	Target 2023-24	Apr-23	May-23	Jun-23	Jul-23	Aug-23
No of admissions	777	760	764	786	830	856
Population aged 65+	145,221	145,221	145,221	145,221	145,221	145,221
Rate per 100,000 population	535.05	523.34	526.10	541.25	571.54	589.45

Note: *May-23 data used as Q1 submission due to delay in report to allow for inclusion of delayed purchasing*

Target setting

The target for permanent admissions (nursing and residential) in 2023-24 is a rate of 535 admissions per 100,000 population aged 65+ and is based on 777 admissions. Setting the target for admissions is not an exact science as there are numerous factors that impact this such as the ageing population, capacity in community setting, impact of long term covid etc. For 2023-24 with the backdrop of increasing demand a decision was made to base the target on an estimated 5% increase in admissions from a baseline of 740 admissions in 2022-23. Although the rate of admissions dropped between 2022-23 and the previous year, in the last quarter of 2022-23 admissions were rising as part of a trend for an overall increase in demand for services.

Benchmarking

The most recent benchmarking data available is for 2021-22. The graphic below shows Worcestershire performance in relation to comparators (CIPFA nearest neighbours). This data is based on population figures used in ASCOF which differ from the BCF figures (as explained above), so whist the number of admissions is the same the rate is slightly different.

At a rate of 585 Worcestershire is above the comparator average (498.6) and the national average (538.5)
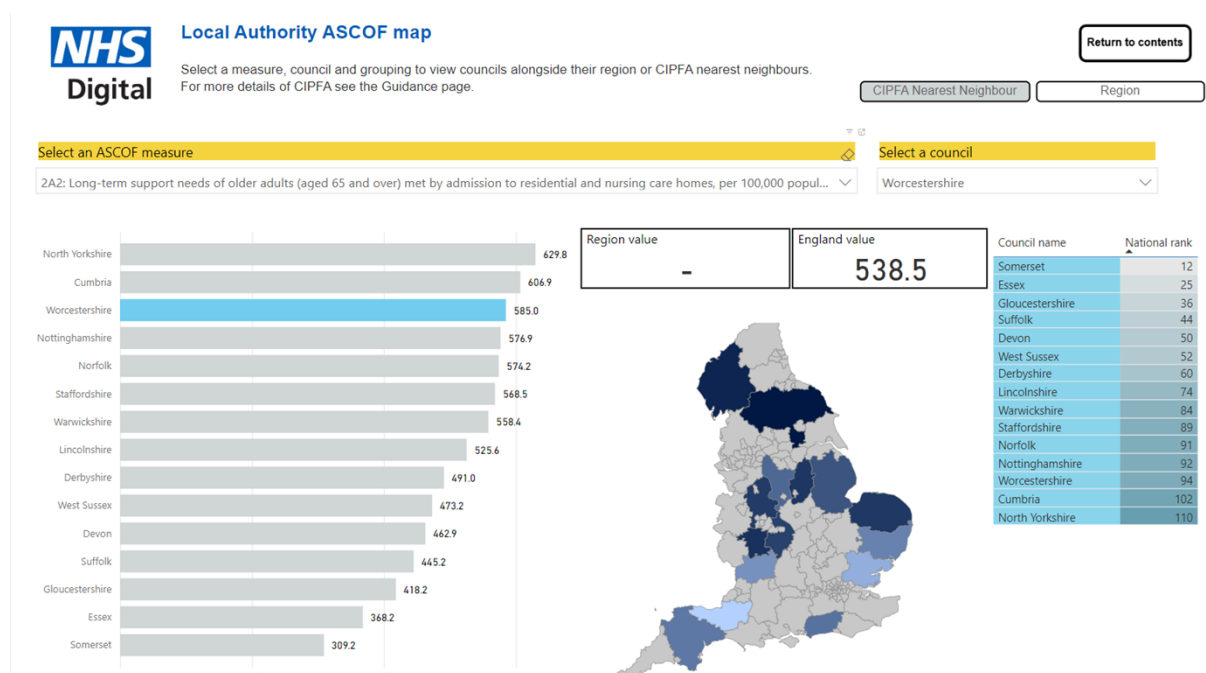
This graphic shows Worcestershire performance in relation to the West Midlands regional average (579.5):
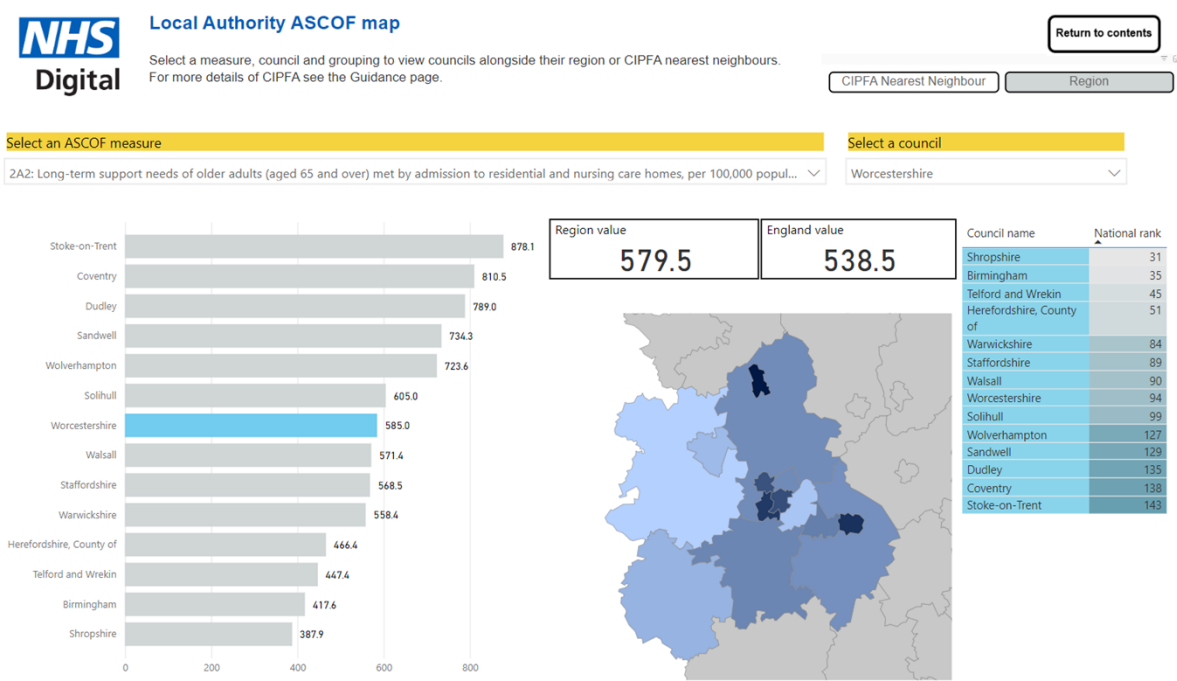
Source: Microsoft Power BI

Worcestershire does have a higher rate of permanent admission in comparison to others. This is set in the context of Worcestershire having high numbers of care homes, property owners (Deferred Payments) and Self Funders who then drop below the financial threshold for support.

All placements in permanent care homes are scrutinised to ensure that alternative, more independent options have been considered. New admissions are reviewed each month as part of the performance cycle and deep dive analysis confirms admissions are only made where absolutely essential.

Comparator results for 2022-23 have not yet been published. In 2022-23 admissions in Worcestershire (740) were lower than the previous year (804).

Reablement:

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

Background

This metric is based on a national measure in the Adult Social Care Outcomes Framework (ASCOF 2D (formerly 2B)). It measures "the proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital".

The data is reported on a 3-month basis with the final year end result being based on people discharged from hospital to a reablement service between October and December in the denominator and the number of them who are at home 91 days later, ie between January and March of that year, in the numerator.

Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at 91 days or who had died in this period are not counted in the numerator (but are included the denominator).

"There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. " Adult social care outcomes framework 2023 to 2024: draft handbook of definitions - GOV.UK (www.gov.uk)

Performance

| Target 2023-24	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
83%	81.7%	82.8%	85.8%	87.1%	85.3%	87.0%

Target setting

Target setting for this metric is based on the ambition to be on or above the performance of comparator authorities. At target setting for 2023-24, the benchmarking data available was for performance in 2021-22. The comparator average at this point was 80.8%, national average 81.8% and regional 81.2%. In 2021-22 Worcestershire's performance was 80.8% and had increased to 83.6% by Mar-23.

The target for 2023-24 was set at 83% to be above the comparator average but recognising that the acuity of people leaving hospital is increasing.

Benchmarking

Again, the most recent benchmarking data available is for 2021-22. The next graphic shows Worcestershire performance in relation to comparators (CIPFA nearest neighbours) and in the second graphic in relation to the West Midlands region.

At 80.8% in 2012-22 Worcestershire was in line with the comparator group (average 80.8%) compared to the national average 81.8% and regional 81.2%.
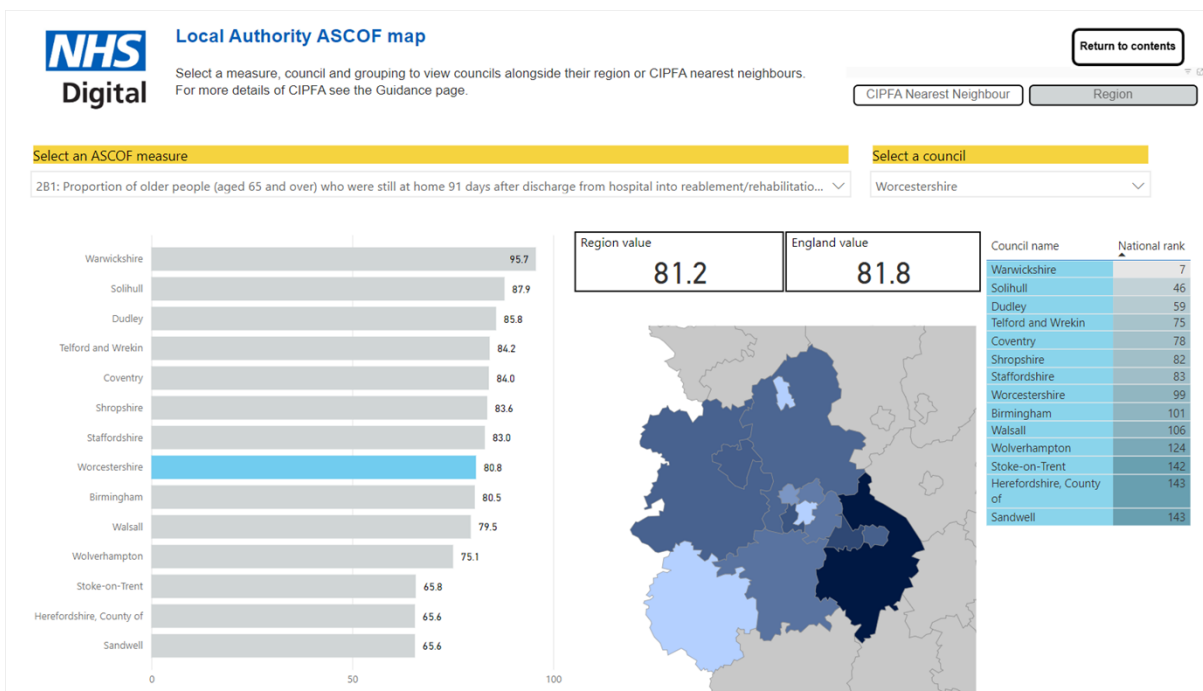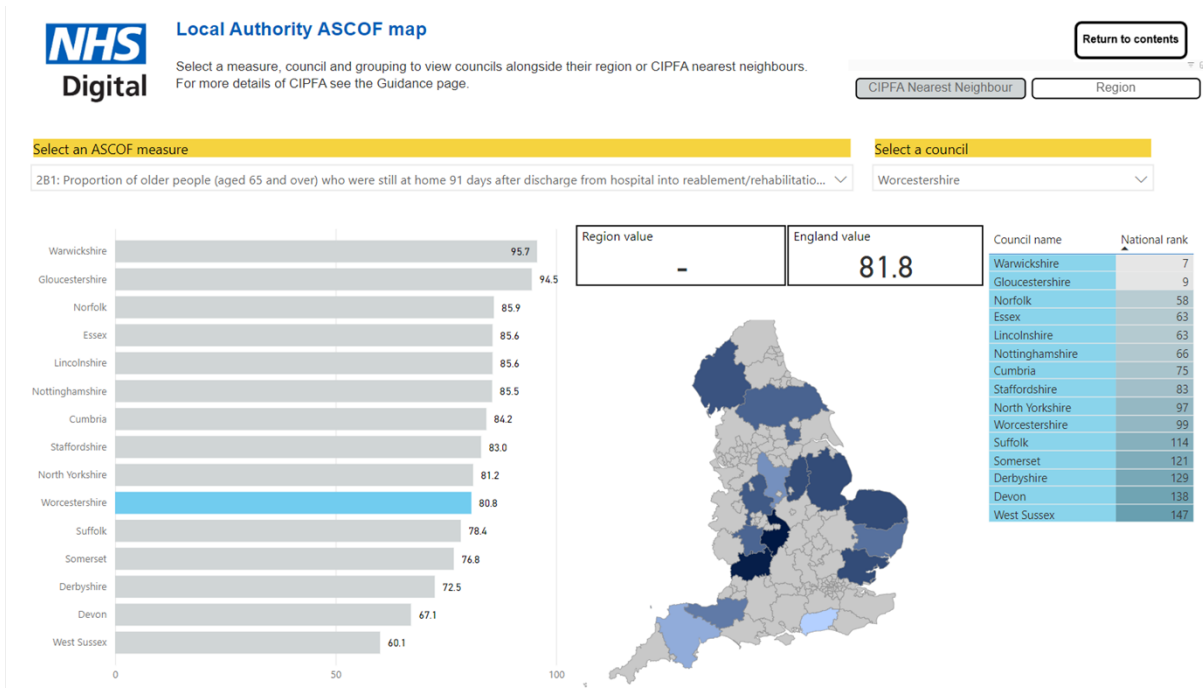
Source: Microsoft Power BI

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Better Care Fund (BCF)		23/24 Budget					

Scheme	Line in s75	BCF £	iBCF £	DFG £	Total Budget £	Forecast outturn £	HDF inome forecast £	Variance £
General Rehab Beds	Community Health Services	13,216,339	0	0	13,216,339	13,216,339		0
Intermediate Beds	Community Health Services	1,910,814	0	0	1,910,814	1,910,814		0
Neighbourhood Teams	Community Health Services	8,080,931	0	0	8,080,931	8,080,931		0
Onward Care Team	Patient Flow Centre	737,716	0	0	737,716	737,716		0
Worcestershire IP Unit- Pathway 2	Adult Recovery Services	5,331,135	0	0	5,331,135	5,331,135		0
ICB discharge Funding	Community Health Services	0	0	0	0	2,095,333	-2,095,333	0
Total — **Total**		**29,276,936**	**0**	**0**	**29,276,936**	**31,372,269**	**-2,095,333**	**0**
Pathway 1(UPI)	Adult Recovery Services	7,162,446	1,038,224	0	8,200,670	9,401,630		1,200,960
Pathway 1+	Adult Recovery Services	279,359	0	0	279,359	279,359		0
Rapid Response Social Work Team	Hospital & Rapid Response Assessment	385,683	1,263	0	386,946	386,946		0
Pathway 3 (SPOT DTA)	Beds for Admission Prevention & Patient flow	229,571	440,218	0	669,789	720,667		50,878
ASWC in Community Hospitals, Resource Centres and DtA Beds	Hospital & Rapid Response Assessment	510,286	504,000	0	1,014,286	1,014,286		0
Carers	Carers	1,158,022	101,978	0	1,260,000	1,260,000		0
Implementation of the Care Act - additional demand for Home Care	Older People Care Act Eligible Services	2,278,115	298,942	0	2,577,057	2,577,057		0
LD Complex Cases	LD Complex Cases	803,500	0	0	803,500	803,500		0
WCES	Integrated Community Equipment Service	1,762,000	0	0	1,762,000	1,762,000		0
Disabled Facilities Grant	DFCG	0	0	6,701,411	6,701,411	6,701,411		0
Social Work Alignment to GP Sugeries	Adult Recovery Services	322,816	0	0	322,816	322,816		0
NHS Investment in Care Homes	Adult Recovery Services	2,500,000	0	0	2,500,000	2,500,000		0
BCF Homelessness post	Adult Recovery Services	53,000	0	0	53,000	53,000		0
BCF Support	Adult Recovery Services	52,000	0	0	52,000	52,000		0
LA Dicharge Fund	Adult Recovery Services	0	0	0	0	2,667,200	-2,667,200	0
iBCF support	Adult Recovery Services	0	16,639,835	0	16,639,835	16,639,835		
Total		**17,496,797**	**19,024,460**	**6,701,411**	**43,222,668**	**47,141,706**	**-2,667,200**	**1,251,838**
System Support	Adult Recovery Services	0			0	-1,251,838		-1,251,838
Total Growth to be allocated		**0**	**0**	**0**	**0**	**-1,251,838**	**0**	**-1,251,838**
		17,496,797	**19,024,460**	**6,701,411**	**43,222,668**	**45,889,868**	**-2,667,200**	**0**
TOTAL BCF		**46,773,733**	**19,024,460**	**6,701,411**	**72,499,604**	**77,262,137**	**-4,762,533**	**0**

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