

# Agenda

## Health and Wellbeing Board

Date: **Monday 10 June 2024**

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Time: **2.00 pm**

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Place: **Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE**

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Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

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If you would like help to understand this document, or would like it in another format or language, please call Henry Merricks-Murgatroyd, Democratic Services on 01432 260239 or e-mail [henry.merricks-murgatroyd@herefordshire.gov.uk](mailto:henry.merricks-murgatroyd@herefordshire.gov.uk) in advance of the meeting.

# Agenda for the Meeting of the Health and Wellbeing Board

## Membership

<b>Chairperson</b>	Councillor Carole Gandy	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
<b>Vice-Chairperson</b>	Jane Ives	Managing Director, Wye Valley NHS Trust
	Stephen Brewster	VCS representative
	Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
	Ross Cook	Corporate Director for Economy and Environment, Herefordshire Council
	Kevin Crompton	Herefordshire Safeguarding Adults Board
	Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
	Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (representative of the Trust)
	Dr Mike Hearne	Managing Director, Taurus Healthcare
	Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
	David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
	Matt Pearce	Director of Public Health, Herefordshire Council
	Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
	Christine Price	Chief Officer, Healthwatch Herefordshire
	Simon Trickett	Chief Executive, NHS Herefordshire and Worcestershire ICB
	Superintendent Helen Wain	Superintendent, West Mercia Police

## Agenda

	Pages
<p><b>1. APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence.</p>	
<p><b>2. NAMED SUBSTITUTES (IF ANY)</b></p> <p>To receive details of any member nominated to attend the meeting in place of a member of the board.</p>	
<p><b>3. DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interests of interest in respect of schedule 1, schedule 2 or other interests from members of the board in respect of items on the agenda.</p>	
<p><b>4. MINUTES</b></p> <p>To approve and sign the minutes of the meeting held on 11 March 2024.</p>	7 - 16
<p><b>5. QUESTIONS FROM MEMBERS OF THE PUBLIC</b></p> <p>To receive any written questions from members of the public.</p> <p>For details of how to ask a question at a public meeting, please see:  <a href="http://www.herefordshire.gov.uk/getinvolved">www.herefordshire.gov.uk/getinvolved</a></p> <p>The deadline for the receipt of a question from a member of the public is 4 June 2024 at 5.00 pm.</p> <p>To submit a question, please email <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a></p>	
<p><b>6. QUESTIONS FROM COUNCILLORS</b></p> <p>To receive any written questions from councillors.</p> <p>The deadline for the receipt of a question from a councillor is 4 June 2024 at 5.00 pm, unless the question relates to an urgent matter.</p> <p>To submit a question, please email <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a></p>	
<p><b>7. UPDATE TO THE BOARD ON THE GOOD MENTAL HEALTH ACTION PLAN AND MENTAL HEALTH NEEDS ASSESSMENT</b></p> <p>To provide the Health and Wellbeing Board an update on the progress of the Board's strategic priority of 'Good Mental Wellbeing (GMW) throughout Lifetime.'</p>	17 - 50
<p><b>8. BETTER CARE FUND (BCF) YEAR END REPORT 2023-2024</b></p> <p>To review the Better Care Fund (BCF) year-end 2023-2024 report, as per the requirements of the programme.</p>	51 - 72
<p><b>9. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT</b></p> <p>To share the Director of Public Health Annual Report 2023 with the Health and Wellbeing Board. The focus of the 2023 report is improving health in older people, and it is titled "Ageing well in Herefordshire".</p>	73 - 106
<p><b>10. HEREFORDSHIRE AND WORCESTERSHIRE ALL AGE AUTISM</b></p>	107 - 188

**STRATEGY 2024-2029**

The purpose of this report is to update the Board on the Herefordshire & Worcestershire All-Age Autism Strategy (2024-29).

**11. WORK PROGRAMME**

To consider the work programme for the committee.

189 - 190

**12. DATE OF NEXT MEETING**

The next scheduled meeting is 16 September 2024, 14:00-17:00.

**The Seven Principles of Public Life  
(Nolan Principles)**

**1. Selflessness**

Holders of public office should act solely in terms of the public interest.

**2. Integrity**

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**3. Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

**4. Accountability**

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

**5. Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

**6. Honesty**

Holders of public office should be truthful.

**7. Leadership**

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.



## Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 11 March 2024 at 2.00 pm

### Board members present in person, voting:

Stephen Brewster	VCS representative
Darryl Freeman	Corporate Director for Children and Young People, Herefordshire Council
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
Jane Ives (Vice-Chairperson)	Managing Director, Wye Valley NHS Trust
David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
Matt Pearce	Director of Public Health, Herefordshire Council
Christine Price	Chief Officer, Healthwatch Herefordshire

### Board members in attendance remotely, non-voting:

Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (representative of the Trust)
Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
Superintendent Helen Wain	Superintendent, West Mercia Police

*Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.*

### Others present in person:

Councillor Pauline Crockett	Chairperson, Health, Care and Wellbeing Scrutiny Committee	Herefordshire Council
Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	
Henry Merricks-Murgatroyd	Democratic Services Officer	
Frances Martin	Deputy Chair WVT, Non-Executive Director – One Herefordshire Partnership	Wye Valley NHS Trust
Kristan Pritchard	Public Health Lead - Mental Health	Herefordshire Council
Emma Roberts	Head of Prevention	Hereford & Worcester Fire and Rescue Service
Julia Stephens	Public Health Lead - CYP and Sexual Health	Herefordshire Council

### Others in attendance remotely:

Harpal Aujla	Consultant in Public Health	Herefordshire Council
Hayley Doyle	Service Director - All Age Commissioning	
Marie Gallagher	Integrated Systems Lead	
Adrian Griffiths	Business Partner	

**52. APOLOGIES FOR ABSENCE**

Apologies received from: Jon Butlin, Dr Mike Hearne, and Cllr Jonathan Lester.

**53. NAMED SUBSTITUTES (IF ANY)**

Emma Roberts substituted for Jon Butlin (Hereford and Worcester Fire and Rescue Service).

**54. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**55. MINUTES**

The board approved the minutes of the meeting 4 December 2023.

**56. QUESTIONS FROM MEMBERS OF THE PUBLIC**

A question received from a member of the public and the response given, including a supplementary question and the response, attached as Appendix 1 to the minutes.

**57. QUESTIONS FROM COUNCILLORS**

A question received from a councillor and the response given is attached as Appendix 2 to the minutes.

**58. HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23**

The Independent Chair Herefordshire Safeguarding Adults Board presented a brief summary outlining the main contents of the annual report.

The Chair referenced the fall in the number of reported safeguarding concerns and asked whether this had meant that the overall number of concerns had fallen.

The Independent Chair Herefordshire Safeguarding Adults Board confirmed that this referred to the number of cases being drawn to the board's attention had fallen.

The Chair asked what could be done to get more feedback from those involved in safeguarding concern cases.

The Corporate Director Community Wellbeing responded that some feedback in relation to the outcomes of safeguarding cases is followed up. Work is being done in an attempt to gather more feedback.

The Chair asked how understanding, in relation to Making Safeguarding Personal (MSP), is being improved across the wider sector.

The Independent Chair Herefordshire Safeguarding Adults Board answered that much of this is connected to the work of Talk Community and working with partners in the voluntary sector.



The Director of Public Health noted the desire for more safeguarding training within the voluntary community sector and asked if there is still a need for that.

The Independent Chair Herefordshire Safeguarding Adults Board answered that not enough data existed on that issue.

The Cabinet Member Children and Young People added that as the outgoing Safeguarding Adults Board Chair, engaging with service users, for the last several years, a number of different ways have been tried to engage with those people. The local authority has a desire to complement and supplement its own work in attempting to engage with service users. On the voluntary community sector, raised by the Director of Public Health, the annual report was presented to HVOSS and work is ongoing as to what a training offer may look.

The Independent Chair Herefordshire Safeguarding Adults Board noted that a small team is being put into place under the principal social worker to increase capacity to get feedback from users. Some work had been done with Healthwatch to try to get feedback, however, this didn't get off the ground.

The Chief Officer Healthwatch responded that a process had to be used where the safeguarding team would get consent in mosaic at the end of their safeguarding case. However, not enough consented and access to those service users was not available.

The Vice-Chair asked about the timeliness of the report and whether it will be brought earlier in the year next year.

The Independent Chair Herefordshire Safeguarding Adults Board responded that it would be the aim of the Herefordshire Safeguarding Adults Board to bring the next annual report to the Health and Wellbeing Board in autumn. One of the main issues with report timeliness rests with national data sign-off which can take until December to occur.

The Vice-Chair asked the Chair of the Herefordshire Safeguarding Adults Board what his top worry was.

The Independent Chair Herefordshire Safeguarding Adults Board answered that his main concern rested with not knowing what was not known from potential safeguarding cases. In addition, a significant concern relates to individuals with complex needs.

The Corporate Director Community Wellbeing commented on the conversion of concerns into inquiries and whether the abuse is substantiated from those inquiries. It is important to not stop people from referring in concerns as that should be informing awareness raising and work in the voluntary community sector as to how best to respond to those concerns.

The Chair asked about the evaluation of safe voice where it has not been possible due to the lack of service user participation.

The Chief Officer Healthwatch noted that to get consent to follow up with individuals who had been going through a safeguarding process, the safeguarding team is asked to ask those individuals to consent about the process. Few individuals consented and not much more work can be done to capture them at a time when they proceeded through the process.

The Chair added that the training courses which were provided have been well-attended and underlined the positive engagement with these events.

The report recommendations were proposed, seconded, and approved unanimously.

## Resolved

### That:

**a) The Health and Wellbeing Board considers the HSAB Annual Report 2022/23 and discuss the effectiveness of the arrangements for safeguarding adults in Herefordshire.**

## 59. UPDATE TO THE BOARD ON THE BEST START IN LIFE IMPLEMENTATION PLAN

The Director of Public Health noted that the last draft for the implementation plans were brought in December for Mental Health and Best Start in Life. This is the first meeting in which an update on the progress of the implementation plan – Best Start in Life – will be presented. Updates on each implementation plan will alternate at each respective Health and Wellbeing Board meeting.

The Public Health Lead CYP and Sexual Health presented the update. The principal points included:

1. Since December, work has been ongoing with various partners to develop key targets against the actions. Lead professionals are responsible for responding to each of those targets.
2. A performance monitoring framework has been developed which focuses how performance remains on track to deliver targets, how to monitor it, and the challenges that exist.
3. For the new 0-19 service, Wye Valley Trust are the contracted provider and will be rolling out an oral health and weaning check. This will be a universal check and promotes good oral health and weaning alongside healthy eating.
4. A healthy schools and healthy tots framework is being developed and will target all primary schools and all secondary schools. Pilot settings have been identified and from September, it will be offered out to the broader school community.
5. Work is ongoing with special schools to take up supervised tooth brushing with further opportunities to extend roll-out being explored.

The Director of Public Health commented on the outcomes dashboard and highlighted the attempt to bring together nationally published data that is available through the public health outcomes framework and local indicators and metrics that are available.

The Executive Director Strategy and Integration ICB asked what made the difference with roll-out.

The Public Health Lead CYP and Sexual Health responded that strong relationships between schools and early-years providers have helped to establish communications.

The Executive Director Strategy and Integration ICB added that the framework as a whole is clear and is good to see the direct alignment to the integrated care strategy, which was signed off last year.

The Chair praised the work being done and asked where the two new dental practices, opening in April 2024, are going to be located.

The Consultant in Public Health responded that he would let the Chair know about the locations of the two new dental practices following the meeting.

The Chair asked what work is being done on immunisations in relation to children in care.

The Corporate Director CYP responded that this is picked up by the Corporate Parenting Board and there is work ongoing around immunisations and dental health checks.

The Chair asked what plans are in place to vaccinate children in hard to reach groups. The Director of Public Health answered that there are a number of programmes in place across the county including a national recall system where GP surgeries are told as to who they can contact.

The Executive Director Strategy and Integration ICB added that a lot of emphasis has been placed across both Herefordshire and Worcestershire on prevention outreach services and some services can be taken out into certain locations.

The Director of Public Health asked that an action be noted to bring back some work on prevention outreach services to the board at a future meeting.

The Vice-Chair asked whether childhood obesity had improved.

The Public Health Lead Mental Health answered that Herefordshire is following the national trend with childhood obesity having fallen slightly.

The Executive Director Strategy and Integration ICB mentioned that the correlation between deprivation and childhood obesity is almost directly linked. This is another targeted intervention group that would be useful to focus on.

The report recommendations were proposed, seconded, and approved unanimously.

## **Resolved**

### **That:**

**a) That the Board considers the reports and notes progress to date;**

**b) That the Board considers how to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.**

### Action:

1. To bring back work on prevention outreach services to the board at a future meeting.

## **60. BETTER CARE FUND (BCF) QUARTER 2 AND QUARTER 3 REPORTS 2023-2024**

The Service Director All Age Commissioning presented the item. The principal points included:

1. The Quarter 2 report focuses on a summary of changes in demand and capacity plans and provides updates against metrics. The Quarter 3 report collects the information against the metrics and ambitions in addition to an update on spend.
2. As a system, a lot of work is being undertaken against all of the BCF schemes. The focus remains on supporting people at home to avoid hospital admissions or the need for longer-term care.
3. Over the last two quarters, significant movement has been seen in relation to homecare market with increased capacity, new entrants and new providers to that homecare framework. The waiting list has reduced to only seven people last week.
4. Increased acuity is being seen with a higher number of hours required for those coming through homecare.

5. Work has been ongoing across the system with ICB colleagues around discharge to assess services.
6. Discharge to Assess 'sprint' is a significant programme of work to address challenges overseen in Discharge to Assess services including a complete review of pathways such as working with hospital teams at point of discharge, occupational therapy teams, reablement offer, and pathways through the community access team service.
7. There has been an increased commissioning capacity to work closely with Hoople to make changes and work alongside Hoople and other ICS colleagues in the re-design of the service specification for both Home First and Hillside. That work continues and will be reporting into the Discharge to Assess Board from next week.
8. Issues continue with data recording when capturing an accurate picture for Discharge to Assess data. A data specialist is being appointed who will be hosted by Taurus.
9. Work has been close with Hoople and capacity in the Home First service will begin to increase following a number of changes and consultation with staff teams delivering the reablement service via Home First.
10. The BCF partnership group has been re-established and is meeting regularly and will report directly into the Integrated Care Executive and upwards to One Herefordshire Forum in relation to governance and performance monitoring going forward.

Adrian Griffiths (Business Partner) noted that the five pools which make up the BCF are very close to break-even running up to the end of December 2023. At the end of the summer, it is likely that the year-end report will be ready and this year's refreshed plan.

The Service Director All Age Commissioning added that in terms of longer-term care for residential and nursing care, work is being done with the market to look at block book arrangements for longer-term residential and nursing care beds. There is capacity in the market to source longer-term care, but challenges remain around the affordability of that care.

The Chair asked at what stage is the decision made to determine what level of care a person requires.

The Vice-Chair responded that Discharge to Assess does not involve that decision-making in the hospital but rather at a later stage during support and those decisions are made to determine what long-term arrangements are required.

The Chair asked when would that assessment be made in relation to people with more complex needs for care.

The Vice-Chair responded that a lot of that work would be done upfront. The complexity largely exists around emergencies and those patients are ones that are more likely to get stuck in the system.

The Vice-Chair asked what, in twelve months' time, will be different from now and what are the metrics that will be measured.

The Service Director All Age Commissioning responded that the data analyst that will be hosted by Taurus will be leading on those wider metrics. There is currently an initial draft around what the dashboard should look like and that can be brought back.

The Executive Director Strategy and Integration ICB requested that a health inequality lens be applied to the dashboard.

The VCS representative asked whether the VCS is helping to deliver the plan.

The Service Director All Age Commissioning responded that there is not currently a commissioned service through the BCF delivering specifically on the Discharge to Assess services, however, work with Talk Community is done to assess all available options.

The VCS representative noted that other VCS groups such as Age UK do work that would be useful to be captured.

The Corporate Director Community Wellbeing agreed and argued that the template is very narrow and does not give the full picture. There is more work that can be done as to how all of the partners can come together beyond services which are commissioned.

**Resolved:**

**That:**

**a) The better care fund quarter two and quarter three reports for 2023/24, at appendix 1 and 2, as submitted to NHS England, be reviewed; and**

**b) The board determine any actions it wishes to recommend to secure improvement in efficiency or performance.**

**c) A broader set of metrics be measured to assess outcomes and value for money from the BCF as part of the report which comes back to the Health and Wellbeing Board.**

**d) A health inequality lens be applied to the dashboard.**

## **61. MOST APPROPRIATE AGENCY**

The Director of Strategy and Partnerships and Superintendent Helen Wain presented the item. The principal points included:

1. The MAA was implemented in April 2023 following the successful implementation in Humberside.
2. Its aim is for the police not deploying to incidents where there is no statutory duty for them to do so.
3. The interagency monitoring group brings colleagues together to look at the MAA impact and use case studies to explore whether there are gaps and whether things can be done differently.
4. There are escalation points where the police can be involved with the most appropriate response applied.
5. The national Right Care, Right Person (RCRP) policy has come into effect and underpins all of the approaches that are being sought under MAA.

**Resolved**

**That:**

**a) The Health and Wellbeing Board notes this update.**

## **62. ANY OTHER BUSINESS**

The Consultant in Public Health presented a short briefing on the association between childhood obesity and oral health and gave an update on the provision of fluoride varnishing in dental practices across Herefordshire. The principal points included:

1. There is an association between childhood obesity and oral health, however, the causation data is not available at present.
2. There is stronger evidence between adult obesity and poor oral health.
3. A lengthy discussion was had with the Oral Health Improvement Board around fluoride varnishing. Fluoride varnishing can be applied to both baby teeth and adult teeth by a dentist and the process involves the varnish having high levels of fluoride on the surface which can be applied on the teeth twice a year to prevent decay.
4. The recommendation is for children and adults, at high risk of tooth decay, to have fluoride varnishing. More can be done to publish fluoride varnishing and one of the actions taken by the Oral Health Improvement Board was to look at the data which is supplied by NHS Business Services Authority (BSA).
5. At the next Oral Health Improvement Board meeting, it will be reported as to how many dental practices are claiming for fluoride varnishing services and that will help feed into the plan for greater publication across the county.

The Public Health Lead Mental Health presented a short item on childhood obesity. The principal points included:

1. The data for 2022/23 indicates that in Herefordshire, 19% of children in reception are obese rising to 35% in Year 6.
2. There is a longstanding pattern of obesity doubling in primary school.
3. The Herefordshire proportion of overweight/very overweight/obese children has followed the English trend, with a peak seen in 2021 data and then a slight downwards trend in last year's data.

The Director of Public Health noted that there is a significant proportion of children who are overweight or very overweight. It is worrying that 1 in 2 children in Year 6 in the most deprived wards are overweight or very overweight. Positively, about 16% of children who are obese at reception year go to a healthy weight at Year 6. Therefore, whilst there are real challenges, there are some real opportunities that exist in this area.

The Executive Director Strategy and Integration ICB suggested whether there is an issue about access to unhealthy foods among certain age groups in some parts of the county.

The Director of Public Health added that obesity is a complex issue and that there are 150 different determinants of obesity. It may be useful to do some insight work in some of these areas to understand the challenges and themes that may address obesity in certain parts of the county.

The Vice-Chair asked whether there is any difference amongst uptake of those being weighed and those refusing to be weighed at school.

The Public Health Lead Mental Health responded that uptake figures are high with about 98% being weighed at school.

The Public Health Lead CYP and Sexual Health added that the Healthy Tots programme, aimed at early years nurseries, is a real opportunity where the criteria, within the framework, can be dictated. As a result, healthy eating policies can be steered in nurseries.

The VCS representative noted the 'Off to an Active Start' programme is being piloted in Worcestershire.

## **63. WORK PROGRAMME**

The board considered the work programme. The main points in relation to potential ideas for development sessions were:

1. For the development session in May, a theme on mortality in Herefordshire would be useful for the board to explore.
2. A focus on prevention would be useful.
3. There is a strong alignment between prevention and health inequalities. Community Paradigm, prevention, and health inequalities as a themed approach may be useful for a session after the May date, potentially in July.

Action:

1. To share a Doodle poll with members to confirm the May date for a Private Development Session.

#### **64. DATE OF NEXT MEETING**

The next scheduled meeting is 10<sup>th</sup> June 2024, 14:00-17:00.

The meeting ended at 4.02 pm

**Chairperson**





# **Title of report: Update to the board on the Good mental Health action plan and Mental Health Needs Assessment**

**Meeting: Health and Wellbeing Board**

**Meeting date: Monday 10 June 2024**

**Report by: Public Health Lead**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose**

To provide an update on the progress of the implementation plan for the Board's strategic priority of 'Good Mental Wellbeing (GMW) throughout Lifetime', attached as Appendix 1, and the Herefordshire Mental Health Needs Assessment.

To receive feedback on the outcomes dashboard – report attached as Appendix 2 and the Dashboard as Appendix 3

## **Recommendation(s)**

**That:**

- a) That the Board considers the reports and notes the progress to date;**
- b) That the Board considers how to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.**

## **Alternative options**

1. The board could choose not to adopt the outcomes dashboard, but this is key to demonstrating delivery of the actions set out in the implementation plan in both the shorter – and longer term and alternate evidence for doing this would need to be developed.

## **Key considerations**

2. The purpose of the GMW implementation plan is to specify the actions and activity that will improve mental wellbeing across the county.
3. There has been a considerable amount of engagement and development since the last update to the Board in December.
4. The Mental Health Needs Assessment (MHNA) epidemiological findings to date have been considered in the development of the GMW implementation plan. This includes findings from the community wellbeing survey and children & young people survey.
5. Leads from across a range of partners and including council colleagues have been identified and confirmed against the actions listed in the implementation plan.
6. Each action has been ‘tightened’ up or modified slightly to ensure that meaningful, measureable targets are able to be set.
7. Targets for each action have been set or are in the process of being set.
9. A comprehensive ‘performance monitoring framework’ has been developed and shared with the Adult Better Mental Health Partnership Board. This is the board with oversight of the plan
10. The ‘outcomes dashboard’ has been refined and develop further, although additional work with our partners is needed to ensure that the ‘actions, targets and outcomes’ sequence is aligned, with each of these being ambitious but realistic within specified timescales and measureable.
11. A revised schedule of meetings has been put in place to ensure effective oversight and governance.
12. Cross-referencing actions, targets and outcomes relating to other policies, strategies and delivery plans has been undertaken to ensure consistency and eliminate duplication.
13. There is continued commitment and enthusiasm for GMW from partners and a desire to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.
14. The community paradigm approach, or Herefordshire Together has taken submissions from across third sector organisations to allocate public health funds and support the GMW priorities.
15. The action plan (Appendix 1) has been RAG rated, with 32 actions on track, 19 with some delays/further work identified, 1 at risk and 3 complete.
16. The action plan will iteratively incorporate relevant findings of the MHNA outputs as these become available.

## Community impact

17. The purpose of the GMW implementation plan is to specify the actions and activity that will improve the wellbeing of Herefordshire residents. One of the key principles upon which the Joint Local Health and Wellbeing strategy (JLHWBS) was developed was that of involving our communities in any actions that are proposed which will be enhanced by the Herefordshire Together initiative. The plan will also support the ambitions of the Council plan.
18. The purpose of the MHNA is to collect and review data on the mental health and wellbeing of Herefordshire residents, engage with and map local stakeholders, and produce recommendations that will support the improvement of health and wellbeing, prevention of illness, and reduction of inequalities. These recommendations will be reflected in updates to the action plan.

## Environmental Impact

19. There are no general implications for the environment arising from this report; however the plan includes support to increase physical activity including through active travel which may have a positive environmental benefit.

## Equality duty

20. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
21. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
  22. The principles of equality and the reversal of health inequalities are key strands of the plan. The MHNA will provide an assessment of our system need and our ongoing engagement with a wide range of partners will also support this. The completion of an Equality Impact assessment will be considered as we progress the plan.
  23. To be effective in delivering good population outcomes and helping those most in need, the plan calls for intervention by working together at system, place, and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale.

## Resource implications

24. There are no resource implications associated with this report. However, the resource implications of any recommendations made by the HWBB will need to be considered by the responsible party in response to those recommendations or subsequent decisions.

## Legal implications

25. In accordance with Health and Social Care Act 2012, Health and Wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
26. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution.

## Risk management

<u>Risk</u>	<u>Mitigation</u>
That the community wellbeing survey and children & young people survey is not continued in order to monitor impact	Continue to raise awareness of the importance of these surveys
The children & young people's Mental Health & Emotional wellbeing partnership does not meet	The infrastructure to support childrens wellbeing and the activity within this plan will need to be reviewed

27. There are no risk implications identified emerging from the recommendations in this report. However, the delivery of these plans require system and collaborative working across all partners. Where possible, we have identified where activity is funded, but given the fiscal position across partners these will need to be kept under review.

## Consultees

28. Consultation on action planning and setting targets undertaken with the Adult Better Mental Health Partnership Board and 1HP and action leads identified. Actions and targets to be refined and developed through July and August with these groups and beyond to ensure continued engagement.

## Appendices

- Appendix 1 – GMW implementation plan  
Appendix 2 – Outcomes Dashboard covering paper  
Appendix 3 – Outcomes Dashboard

## Background papers

'None identified'.

## Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	John Coleman	Date 23/05/2024
Finance	Click or tap here to enter text.	Date Click or tap to enter a date.
Legal	S Evans	Date 22/05/2024
Communications	Click or tap here to enter text.	Date Click or tap to enter a date.
Equality Duty	Click or tap here to enter text.	Date Click or tap to enter a date.
Procurement	Click or tap here to enter text.	Date Click or tap to enter a date.
Risk	Click or tap here to enter text.	Date Click or tap to enter a date.
Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.

## Please include a glossary of terms, abbreviations and acronyms used in this report.

GMW – Good Mental Wellbeing  
JLHWBS – Joint Local Health and Wellbeing strategy  
1HP – One Herefordshire Partnership  
MHNA – Mental Health Needs Assessment



## Good Mental Health throughout Lifetime Implementation Plan 2023-2025

This draft implementation plan has been developed through engagement with the Adult Better Mental Health Partnership, Health & wellbeing board partners, and the voluntary sector. In addition, the plan considers the Best Start in Life (BSiL) delivery plan, the Herefordshire children and young people's emotional health and wellbeing plan, and H&W mental health collaborative plans. The plan will continue to evolve and develop throughout its life course.

### Cross-cutting, collaborative actions, required to underpin all transformational developments:

Actions	Review date	Responsible Service(s)	Indicators/measurements	RAG	Progress
<b>A.</b> Sign up to the National 'Prevention Concordat for Better Mental Health' initiative	Dec 2024	Herefordshire Council	Listed as signatory of the Concordat Action plan development Collaborative actions delivered	Existing resource	Early discussions taken place with regional lead Agreement in principle amongst ABMHPB
<b>B.</b> Deliver a Mental Health needs assessment	September 2024	Public health	Completed needs assessment	Existing resource	On target - Epi profile complete end May 2024 Stakeholder/service mapping next stage Recommendations sept 2024
<b>C.</b> Create a collaborative 12 month localised comms plan to include Better Health-Every Mind Matters,	March 2024	Herefordshire Council	Completed comms plan/ No. of delivered comms	Existing resource	12 month plan developed in collaboration with internal HC comms and aligned with PA comms Next step to align with external partners (group just re-established)

<b>Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing</b>					
<b>Outcome 1.1: Improve individual good mental health and resilience</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>1.1.1</b> Increase uptake of Mental Health First Aid training in the community	July 2024	Talk Community (Nikki Stroud)	No. educational staff completing MHFA training Increase awareness of MH		MHFA (2 day training) – 10 people MH champion (1 day) - 40 MH awareness ( ½ day) – 15
<b>1.1.2</b> Increase uptake of Making Every Contact Count (MECC) training and Solihull offer	Dec 2024	Public Health (Lieke)	No. completing MECC training/ No.taking up Solihull offer Increase knowledge of healthy lifestyle information and signposting support Increase workforce and parental knowledge		MECC e-learning open to all Solihull continued to deliver training, train the trainer and across educational settings
<b>1.1.3</b> Increase completion rate of Making Every Contact Count e-learning (incl.focus on 55+, MH services staff)	Dec 2024	All	No. MH services staff completing MECC e-learning No. people completing MECC e-learning		E-learning link share across ABMHPB partners to increase reach into MH services Link to frailty plan
<b>1.1.4</b> Ensure 5 ways to wellbeing is integrated primary care networks and associated care pathways (incl. Frailty focus)	Dec 2024	General practice	Comms to PCNs % residents in contact with family, friends, neighbours % patients signposted to community support		PC representation on BMHPB and discussions underway Link to frailty plan



**Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing**  
**Outcome 1.1: Improve individual good mental health and resilience**

Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
1.1.5 Support the activity of the Physical activity strategy steering group to enhance wellbeing offer	March 2024	Public Health (Isobel Newey)	Attendance at Physical activity strategy steering group meetings % physically active adults % physically active children		PH representation at PA strategy group and PA action plan development includes MW Comms plans coordinated
1.1.6 Support employers to develop a workplace mental wellbeing support offer	Dec 2025	Public health Stride (school settings)	No. employers/workplaces supported  No. employees taking up support offers/engaging with resources		Meeting with Worcs to discuss workplace offer Bid submitted – (Luke Bennett) CVD workplace NHS HC
1.1.7 Peer mentoring in secondary schools	July 2024	Talk Community (Nikki Stroud)	No. Schools engaged No. Training sessions delivered Podcast developed Staff CPD delivered		Ongoing delivery 23/24 academic year

<b>Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing</b>					
<b>Outcome 1.2: Reduce the rates of self-harm amongst young people</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>1.2.1</b> Distribute Mental wellbeing PSHE resource toolkits to schools	July 2024	CLD(Nikki Stroud)	No. schools receiving/ accessing resource toolkits		Toolkit developed Website launched Linked in to our Healthy tots & Healthy schools programme
<b>1.2.2</b> Deliver targeted physical activity interventions to improve the mental wellbeing of children and young people e.g. Active Families, Climbing for confidence, school nursing support	Dec 2025	Stride Active, Wye Valley Trust	No. interventions delivered/ No. CYP participating CYP physical activity levels Qualitative feedback and impact		Stride delivering where funds allow, need to consider longer term sustainability

<b>Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing</b>					
<b>Outcome 1.3: Reduce the rates of suicide</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>1.3.1</b> Refresh the local suicide strategy	April 2025	Public Health	Completed strategy Stakeholder engagement		Plan in place to refresh strategy Stakeholder engagement commenced
<b>1.3.2</b> Implement and roll-out a local Real time suicide surveillance system	June 2024	Commissioning/Public Health	Completed dashboard		RTSS in place RTSS lead identified RTSS monitoring and ongoing development underway
<b>1.3.3</b> Raise awareness of the issue of suicide, its	Dec 2024	H&W suicide prevention	No. distributed resources Signposting information		12 month comms plan in place Monitoring of local suicides

<b>Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing</b>					
<b>Outcome 1.3: Reduce the rates of suicide</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
causes and sources of help to those affected by either feeling suicidal or bereaved as a result of suicide.		team (Clare Evans)	Rate of Suicides (PHOF)		Promotion of support Promote training opportunities
<b>1.3.4</b> Increase uptake of bereaved by suicide support	Dec 2025	All partners	No. people bereaved by suicide accessing support		Officer lead now in post Attendance at BBS meetings, Promotion of offer where relevant
<b>1.3.5</b> Implementation of a 'safety plan' tool		Suicide prevention officer and partners	No. of services using joint 'safety plan' tool		Initial discussions taken place with partners

<b>Ambition 2: Individuals and families are able to access appropriate Mental Health information and services</b>					
<b>Outcome 2.1: Improvement in access to Mental Health advice and information</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>2.1.1</b> Undertake a Children & Young People survey	Survey commence Spring 2024	Herefordshire Council / Business Intelligence	Survey results		C&YP survey finalised C&YP survey live May
<b>2.1.2</b> Undertake a Community Wellbeing survey	Survey commence Spring 2025	Public health	Survey results		On target
<b>2.1.3</b> Complete the recommissioning of the Talk Community Directory and ensure inclusion of	April 2024	Herefordshire council Dementia partnership	Updated Talk Community Directory Dementia RoadMap		Recommissioning complete, extension applied Dementia RoadMap resource

<b>Ambition 2: Individuals and families are able to access appropriate Mental Health information and services</b>					
<b>Outcome 2.1: Improvement in access to Mental Health advice and information</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
dedicated mental health advice and information			Dedicated mental health advice and information section		
<b>2.1.4</b> Ensure all schools are aware of and consider applying for the MH lead training grant	July 2024	All	No. applications for the MH lead training grant  No. people who have completed MH lead training		78% schools taken up grant Comms shared through various channels
<b>2.1.5</b> Raise awareness of interventions that address rural isolation and loneliness	Dec 2025	Talk Community	% residents (18+) who say they feel lonely often or always;  % of residents in contact with family, friends or neighbours		Included in MW 12 month comms plan Information on Talk Community Herefordshire Together grants distributed
<b>2.1.6</b> Improve access to advice & information for those with LD	April 2025	Partnership	Uptake of MH services for those with LD		More work to be undertaken, initial discussions, exploring carried out

<b>Ambition 2: Individuals and families are able to access appropriate Mental Health information and services</b>					
<b>Outcome 2.2: Increase access to Mental Health services</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>2.2.1</b> Scope prevalence of Neurodivergent CYP in H&W to understand current and future needs	Dec 2024 Anna Swift contact	ICB	Scoping results		An understanding of the prevalence of Neurodivergent CYP in H&W
<b>2.2.2</b> Increase provision and uptake of a countywide	Dec 2025	All	No. of peer support offers		Discussions undertaken, more work required to map offer. There

<b>Ambition 2: Individuals and families are able to access appropriate Mental Health information and services</b>					
<b>Outcome 2.2: Increase access to Mental Health services</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
peer support offer in collaboration with partners					has been some new peer support offers through partners e.g. Stride peer support
<b>2.2.3</b> Ensure effective signposting to perinatal MH services	June 2024	Public Health/Service provider	No. referrals to perinatal MH services		Discussion with perinatal team, part of MHNA PH part of perinatal H&WB group
<b>2.2.4</b> Implement relevant actions from C&YP emotional health and wellbeing transformation plan	Dec 2024	C&YP emotional health and wellbeing group	Review implementation progress of transformation plan actions		Concern, lacking engagement from C&YP EH&WB group
<b>2.2.5</b> Mental Health screening outreach for farming communities	June 2025	Talk Wellbeing	No. people referred to talking therapies No take up screening		Talk wellbeing approach PH Bid submitted incl workplace health (OHID funds) VCSE offer
<b>2.2.6</b> Improve access to advice, information and support for veterans	November 2024	Defence Medical Welfare Service  Royal British Legion Admiral Nurse Service	No. people supported by DMWS  No. of people supported RBL AN Service		Improved experiences of healthcare and to support recovery from illness  Help veterans and their families to access support in their local area  Royal British Legion Admiral Nurse service offers specialist support and advice to families caring for people living with dementia

<b>Ambition 2: Individuals and families are able to access appropriate Mental Health information and services</b>					
<b>Outcome 2.3: Improve the physical health of individuals with mental illness</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>2.3.1</b> Increase uptake of physical health checks among those living with serious mental illness (and reduce variation) ensuring appropriate signposting and provision of support to access services	TBC - Dec 2026	Public Health/Health check provider	% adults with SMI with completed physical health checks		** Health checks for those with SMI Health watch research HLTS support for Oakhouse & 27a
<b>2.3.2</b> Decrease smoking among people with a mental health condition by working with providers of MH services and smoking cessation services to ensure effective support	Dec 2026	Public Health	% people with a MH condition who smoke/engage services/quit attempt and successfully quit		HLTS new service funding in place Dedicated service offer developed
<b>2.3.3</b> Pilot physical activity interventions for people living with dementia to enable them to get physically active and socialise	Pilot start autumn 2023 Dec 2024	Public Health/Halo & Herefordshire Dementia Partnership	No. pilot physical activity interventions  No. people living with dementia participating in pilots		Pilot started and going very well 30 people attending Ambition to build on this across other PCN areas Collaboration currently being explored
<b>2.3.4</b> Review referral management between teams to reduce gap in eligibility and ensure smooth transitions	June 2025 Supported in part by MHNA	Public Health/Service providers MEAM	Referral management review		Initial conversations taken place.

<b>AMBITION 3: People feel safe from harm in their community</b>					
<b>Outcome 3.1: Increase Community Mental Health Support</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>3.1.1</b> Produce and implement a Comms plan aimed at reducing Mental Health stigma	MH Coms plan developed March 2024	All Comms	Completed Comms plan No. of delivered Comms		12 month comms plan developed, including focus on loneliness, stigma and wellbeing Next step to liaise with partnership group
<b>3.1.2</b> Pilot Mental Health support in different settings when out of hours	Dec 2026	Community organisations	Implement and review pilot of out of hours mental health support provision		Reviewing current activity will include through needs assessment
<b>3.1.3</b> Implement relevant actions from BSiL implementation plan	Dec 2024	BSiL / Public Health link	Review implementation progress of transformation plan actions		Continue to liaise with BSiL lead Julia and overlay plans

<b>Ambition 3: People feel safe from harm in their community</b>					
<b>Outcome 3.2: Improve partnership working</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>3.2.1</b> Undertake a review of Talk Community	April 2024	Herefordshire Council	Completed Talk Community review		Review complete Review available ***
<b>3.2.2</b> Deliver a range of initiatives through the Safer Communities Fund to support early help and tackle the root causes of crime	June 2024	Herefordshire Council Police and Crime Commissioner	Increase in level 2 early help support  How safe or unsafe do people feel when outside in their local area after dark? (Community Wellbeing survey)		Safer community initiatives delivered Linked in to Police rep, next phase of delivery underway (Leominster)
<b>3.2.3</b> Continue to review approach of the 'most appropriate agency' policy across organisations to deal with problems or concerns	Policy development Dec 2026	ICB	Review and implementation of 'most appropriate agency' policy		Process agreed, ICB to feed back to BMHPB
<b>3.2.4</b> Deliver the priorities of the community safety partnership to keep people safe from harm e.g. violence against women, domestic abuse	Jan 2025	Community Safety Partnership	Community Safety Strategic Assessments		Ongoing - Priorities delivered as held by CSP



**Ambition 3: Individuals and families are able to access appropriate Mental Health information and services**  
**Outcome 3.3 : Improvements to surroundings**

Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	Resource	Action targets
3.3.1 Create a tool which allows policymakers to examine impact of their proposals decision making on mental health	Dec 2026	Public Health / planning	Engagement with planning teams  Creation of new tool		Support MH with healthier place policies Secondment of Planning officer into PH team now taken place to progress this work

**Ambition 4: People feel connected in their communities**  
**Outcome 4.1: Increase access and knowledge of community support**

Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
4.1.1 Invest £75,000 into a community solutions initiatives to create meaningful connections for people to improve their emotional wellbeing	January 2024	Better Mental Health Partnership Children and Young People Partnership	Wellbeing Community networks		Herefordshire together, Grants live (Jan) Grants allocated (April)
4.1.2 Support the youth officer pilot support within diabetes/ epilepsy WVT service	June 2024	WVT (Mark Weston)	No. patients engaged		PH supported bid development
4.1.3 Improve signposting and awareness of local community groups (e.g. support groups, activity groups, clubs) via different	December 2025	All	No. people participating in local community groups  No. Comms		Ongoing – Talk community, campaigns/promotions

<b>Ambition 4: People feel connected in their communities</b>					
<b>Outcome 4.1: Increase access and knowledge of community support</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
channels (e.g. social prescribers, town notice boards)			% residents who give unpaid help to any group(s), club(s)  % CYP who took part in some form of volunteering outside school/college		

<b>Ambition 4: People feel connected in their communities</b>					
<b>Outcome 4.2: Reduce loneliness &amp; social isolation</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>4.2.1</b> Promote volunteering opportunities available via Herefordshire Wellbeing Ambassadors and Strong Young Minds Champions	December 2024	Community organisations Sharon Amery	% residents who give unpaid help to any group(s), club(s)  % CYP who took part in some form of volunteering outside school/college		Exploring current offer
<b>4.2.2</b> Continue to support the health trainers, wellbeing teams and talk wellbeing to develop community activity and link people into activities	December 2025	Healthy Lifestyle trainer service, Talk wellbeing and PCN wellbeing teams	No. health trainers  No. people referred into activities Health trainer feedback		Services currently being delivered

<b>Ambition 4: People feel connected in their communities</b>					
<b>Outcome 4.2: Reduce loneliness &amp; social isolation</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>RAG</b>	<b>Progress</b>
<b>4.2.3</b> Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing	December 2025	All	No. Comms promoting local designated wildlife sites/ visits/foot traffic to wildlife sites  No.activities available  CYP wellbeing scores on the Stirling Children's wellbeing scale (CYP QoL survey)		Herefordshire together grants delivered PA strategy and campaign plan support and collaboration with HWT activity underway
<b>4.2.4</b> Support local befriending schemes to reduce loneliness & social isolation	December 2025	Public Health/Community organisations	No. people participating Proportion of residents who say they feel lonely often or always; Percentage residents in contact with family, friends or neighbours most days		Campaigns/promotion Herefordshire together grant awards Talk Community activity Engaging with primary care
<b>4.2.5</b> Implement Rambler wellbeing walks programme	Sept 2025	Public Health	No. Walks registered No. walk leaders		Toolkit purchased, training underway Programme implementation ongoing
<b>4.2.6</b> Support Rotherwas historic & nature walks	December 2024	<a href="mailto:Rotherwasthenandnow@outlook.com">Rotherwasthenandnow@outlook.com</a> historic walks Nature walks	Number of walks Number of participants		QR codes in place around Rotherwas to enable self-guided walks by Dec 2024; programme of walks undertaken between April and Dec 2024

<b>Ambition 4: People feel connected in their communities</b>					
<b>Outcome 4.3: Increase community activity offer</b>					
<b>Actions</b>	<b>Target/review date</b>	<b>Responsible Service(s) and reporting leads</b>	<b>Indicators/measurements</b>	<b>Resource</b>	<b>Action targets</b>
<b>4.3.1</b> Continue to invest in the children and young people's community eating disorder team	June 2024	ICB	No. patients engaged  Healthy eating and drinking data (CYP QoL survey)		Public Health rep at Eating disorder working group
<b>4.3.2</b> Support the Sustainable Food Places approach and the opportunities created by 'food'	December 2024	Public Health	Review implementation of plans		Bronze award achieved Action plan 2024/25 under development
<b>4.3.3</b> Increase volunteering opportunities	December 2025	All	No. of volunteering opportunities		Herefordshire together grants support this. Ongoing
<b>4.3.4</b> Promote and develop existing activities around arts and culture as part of the national creative health initiative	December 2025	Public Health	Leisure and physical activity data (CYP QoL survey)		Herefordshire together grants awarded. Hereford art trail Public Health engagement with leisure
<b>4.3.5</b> Personalised Support for older people incl. those with complex needs	Dec 2024	Herefordshire Dementia partnership	No. activities for older people with complex needs		Continue to enhance community wellbeing resources to support older people with complex needs including people affected by dementia: 5 Meeting Centres across Herefordshire by June 2025 6 Memory Cafes by June 2025 Increase network of CRISP and Singing for the Brain across the county

<b>RAG Rating Key</b>					
	Not started	On track	Some issues / delay	Attention required / at risk	Complete



## Appendix 2

### Outcomes Dashboard - update

The purpose of the dashboard is to monitor the long-term progress of the Good Mental Wellbeing throughout Lifetime activity of the Health and Wellbeing Strategy. In this context, long-term means a year or more.

The JLHWBS itself defines four Good Mental Wellbeing throughout Lifetime ambitions, grouped into 12 desired outcomes. These reflect the positive changes we want to see. Since the last update in Dec 2023, we have developed and detailed 48 indicators to best measure those outcomes.

### Selecting indicators and setting targets

Some outcomes can be measured directly (e.g. 1.2 Reduce rates of self-harm amongst young people), while others need to be approximated indirectly (e.g. 2.1 Improvement in access to Mental Health advice and information). The best indicators are those that most directly measure the outcome desired, have data over many years to see trends and variation over time, and allow comparison with other similar areas in order to benchmark performance appropriately (comparing apples with apples). High-quality indicators have been prioritised based on these criteria.

Our ambition is to set targets for each indicator via the Adult Better Mental Health Partnership Board and the Children and Young Peoples Emotional Health and well-being group. Targets are likely to be selected from the comparator data already documented. This has a number of advantages. The comparator data not only indicate what is realistic to achieve, but what has *actually* been achieved elsewhere; for example, in local authorities similar to our own, other local authorities in our region, or in England as a whole.

Suggestions for changes to indicators are appropriate and welcome and will be judged against the criteria for a high-quality indicator as part of their consideration for inclusion. We currently have over two indicators per outcome. Experience shows that too many indicators can confuse more than enlighten and we should resist a perpetually growing list.

### How will we see change?

Short-term change, over less than a year will, be visible through progress against the actions listed in the implementation plan. This can be thought of as activity.

Longer-term change, over a year or more, will be visible through movement in the 48 indicators listed in the dashboard. This can be thought of as the outcome or impact of the shorter-term activity.

### Next steps

- Targets to be set and added to dashboard via the Adult Better Mental health partnership board (June)

- Feedback and finalisation of the current indicator set (June/July 2024)
- Ongoing indicator monitoring phase for Good Mental Wellbeing throughout Lifetime ambitions (annual review/update)
- Feedback on frequency of reporting back to H&WBB, we propose an annual update.



## Good Mental Wellbeing Throughout Life Outcomes Dashboard

### [Herefordshire custom fingertips profile](#)

*Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing*

AMBITION 1: PEOPLE FEEL SATISFIED WITH LIFE AND HAVE A POSITIVE SENSE OF PERSONAL WELLBEING			
Outcomes	<b>1.1 Improve self-reported individual good mental health and resilience</b>	<b>1.2 Reduce the rates of self-harm amongst young people</b>	<b>1.3 Reduce the rates of suicide</b>
Indicators	1.1a Proportion of adults with good mental wellbeing 1.1b Proportion of adults with poor mental wellbeing 1.1c Proportion of adults with high self-reported anxiety 1.1d Proportion of primary school children with low/medium mental wellbeing 1.1e Proportion of secondary / FE pupils with low/medium mental wellbeing 1.1f Proportion of primary school pupils with low resilience scores 1.1g Proportion of secondary school/FE pupils with low resilience scores	1.2a Hospital admissions as a result of self-harm 10-14 years 1.2b Hospital admissions as a result of self-harm 15-19 years 1.2c Hospital admissions as a result of self-harm 20-24 years 1.2d Self-reported self-harm amongst CYP	1.3a Suicide rate (all persons) 1.3b Emergency Hospital Admissions for Intentional Self-Harm – all ages

Outcome Indicator (s)	Indicator Source	Time Period	Next release	Herefordshire Baseline*	Region	England	Nearest Neighbour High**	Nearest Neighbour Low	Target year 1 (2024)	Target year 5 (2028)	Target year 10 (2033)
1.1a Proportion of adults with good mental wellbeing	Herefordshire Community Wellbeing Survey	2023	t.b.c (due Jan 2025)	37	n/a	n/a	n/a	n/a			
1.1b Proportion of adults with poor mental wellbeing	Herefordshire Community	2023	t.b.c (due Jan 2025)	8	n/a	n/a	n/a	n/a			

	Wellbeing Survey										
1.1c Proportion of adults with high self-reported anxiety	Herefordshire Community Wellbeing Survey	2023	t.b.c (due Jan 2025)	24	n/a	n/a	n/a	n/a			
1.1d Proportion of primary school children with low/medium mental wellbeing	<a href="#">Herefordshire CYP Quality of Life Survey</a>	2021	2024	25	n/a	n/a	n/a	n/a			
1.1e Proportion of secondary / FE pupils with low/medium mental wellbeing	<a href="#">Herefordshire CYP Quality of Life Survey</a>	2021	2024	48	n/a	n/a	n/a	n/a			
1.1f Proportion of primary school pupils with low resilience scores	<a href="#">Herefordshire CYP Quality of Life Survey</a>	2021	2024	19	n/a	n/a	n/a	n/a			
1.1g Proportion of secondary school/FE pupils with low resilience scores	<a href="#">Herefordshire CYP Quality of Life Survey</a>	2021	2024	38 Secondary 26 FE	n/a	n/a	n/a	n/a			
1.2a Hospital admissions as a result of self-harm 10-14 years	<a href="#">Fingertips-HES</a>	2022/23	2025	436.9	288.3	251.2	546.9	96.4			
1.2b Hospital admissions as a result of self-harm 15-19 years	<a href="#">Fingertips - HES</a>	2022/23	2025	538.0	442.4	468.2	1,533.8	269.1			
1.2c Hospital admissions as a result of self-harm 20-24 years	<a href="#">Fingertips - HES</a>	2022/23	2025	126.2	209.1	244.4	1,122.5	126.2			
1.2d Proportion of self-reported self-harm amongst secondary & FE pupils	Herefordshire CYP Quality of Life Survey	2021	2024	10 (S): 3(M)/15 (F) 10 (FE)	n/a	n/a	n/a	n/a			
1.3a Suicide rate (all persons)	<a href="#">Fingertips – ONS data</a>	2020/22	2025	11.7	10.7	10.3	15.6	7.1			
1.3b Emergency Hospital Admissions for Intentional Self-Harm – all ages	<a href="#">Fingertips – HES</a>	2021/22	2025	151.0	150.9	163.7	397.5	102.9			

\*Red, amber green ratings. Where available, baseline figures for Herefordshire are colour coded Green, Amber or Red, representing significantly better, the same, or worse performance than the England average respectively. Blue is where there is a significant difference but the difference is not better or worse.

\*\* Figures from ([CIPFA](#)) local authorities most similar to ours are included where available, otherwise region high/low are included

AMBITION 2 : INDIVIDUALS AND FAMILIES ARE ABLE TO ACCESS APPROPRIATE MENTAL HEALTH INFORMATION AND SERVICES			
Outcomes	<b>2.1 Improvement in access to mental health advice and information</b>	<b>2.2 Increase access to mental health services</b>	<b>2.3 Improve the physical health of individuals with mental illness</b>
Indicators	2.1a Hits to the mental health related pages of the Talk Community online directory 2.1b Hits to the Herefordshire Council ' <a href="#">Stay healthy: mental wellbeing</a> ' page 2.1c Hits to the Herefordshire & Worcestershire Health & Care Trust ' <a href="#">urgent help</a> ' page 2.1d Hits to the Talking Therapies <a href="#">local support</a> page	2.2a Estimated dementia diagnosis rate (aged 65 and older) 2.2b Percentage of CYP under 19 with eating disorders seen within 4 weeks (routine) - interim measure 2.2c NHS Talking Therapies - percentage of people receiving first treatment appointment within 6 weeks of referral 2.2d NHS Talking Therapies – percentage of people receiving first treatment appointment within 18 weeks of referral	2.3a Premature mortality in adults with severe mental illness (SMI) 2.3b Smoking prevalence in adults with a long term mental health condition (18+) 2.3c Uptake of physical health checks among adults with SMI

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Outcome Indicator (s)	Data Source	Time Period	Next release	Herefordshire Baseline	Region	England	Nearest Neighbour High	Nearest Neighbour Low	Target year 1 (2024)	Target year 5 (2028)	Target year 10 (2033)
2.1a Hits to the mental health related pages of the Talk Community online directory	Herefordshire Council - Talk Community	2023/24	2025	<a href="#">Mental health and emotional wellbeing</a> = 289	n/a	n/a	n/a	n/a			
2.1b Hits to the Herefordshire Council ' <a href="#">Stay healthy: mental wellbeing</a> ' page	Herefordshire Council	2023/24	2025	128	n/a	n/a	n/a	n/a			
2.1c Hits to the Herefordshire & Worcestershire Health & Care Trust ' <a href="#">urgent help</a> ' page	Herefordshire & Worcestershire Health and Care NHS Trust	2023/24	2025		n/a	n/a	n/a	n/a			
2.1d Hits to the Talking Therapies <a href="#">local support</a> page	Herefordshire and Worcestershire	2023/24	2025		n/a	n/a	n/a	n/a			

	Health & Care NHS Trust										
2.2a Estimated dementia diagnosis rate (aged 65 and older)	<a href="#">Fingertips – NHS Digital</a>	2023	2024	53.9	60.3	63.0	71.2	48.5			
2.2b Percentage of CYP under 19 with eating disorders seen within 4 weeks (routine) - interim measure	<a href="#">NHS Mental Health Dashboard</a>	Q3 2023/ 24	Q4 2023/24	95.0(NB = H&W ICB)	71.0 (Midlands)	79.4	n/a	n/a			
2.2c NHS Talking Therapies - percentage of people receiving first treatment appointment within 6 weeks of referral	<a href="#">NHS Mental Health Dashboard</a>	Q3 2023/ 24	Q4 2023/24	98.56	87.0 (Midlands)	90.6	n/a	n/a			
2.2d NHS Talking Therapies – percentage of people receiving first treatment appointment within 18 weeks of referral	<a href="#">NHS Mental Health Dashboard</a>	Q3 2023/ 24	Q4 2023/24	99.71	97.0 (Midlands)	98.4	n/a	n/a			
2.3a Premature mortality in adults with severe mental illness (SMI) (rate per 100,000)	<a href="#">Fingertips - Mental Health Services Data Set (MHSDS)</a>	2018/ 20	2024	79.3	110.7	103.6	117.8	55.9			
2.3b Smoking prevalence in adults with a long term mental health condition (18+)	<a href="#">Fingertips - GPPS</a>	2022/ 23	2025	27.8	24.6	25.1	33.0	17.1			
2.3c Uptake of physical health checks among adults with SMI	<a href="#">NHS Digital Physical-Health-Checks</a>	2023	2024	2,915 (NB = H&W ICB)	n/a	n/a	n/a	n/a			

### AMBITION 3: PEOPLE FEEL SAFE FROM HARM IN THEIR COMMUNITY

Outcomes	3.1 Increase community mental health support	3.2 Improve partnership working	3.3 Improvements to surroundings
Indicators	3.1a Attended contacts with community and outpatient mental health services, per 100,000 3.1b Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs)	3.2a New referrals to secondary mental health services, per 100,000 (<18 yrs) 3.2b New referrals to secondary mental health services, per 100,000 (all ages) 3.2c The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. 3.2d The proportion of clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health.	3.3a Proportion of secondary school pupils who feel safe when outside in their local area after dark 3.3b Proportion of FE students who feel safe when outside in their local area after dark 3.3c Proportion of adults (18+) who feel safe when outside in their area after dark 3.3d Proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation 3.3e Access to green space - average number of parks or public gardens or playing fields within 1,000 m radius (urban & rural)

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Outcome Indicator (s)	Data Source	Time Period	Next release	Herefordshire Baseline	Region	England	Nearest Neighbour High	Nearest Neighbour Low	Target year 1 (2024)	Target year 5 (2028)	Target year 10 (2033)
3.1a Attended contacts with community and outpatient mental health services, per 100,000	<a href="#">Fingertips - MHSDS</a>	2019/20		30,071	29,868	30,674	36,797	16,928			
3.1b Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs)	<a href="#">Fingertips - MHSDS</a>	2019/20		19,782	21,238	28,395	54,706	7,544			
3.2a New referrals to secondary mental health services, per 100,000 (<18 yrs)	<a href="#">Fingertips - MHSDS</a>	2019/20		4,670	7,522	6,977	13,008	2,967			
3.2b New referrals to secondary mental health services, per 100,000 (all ages)	<a href="#">Fingertips - MHSDS</a>	2019/20		5,845	8,430	6,897	7,488	4,321			

3.2c The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health.	<a href="#">Fingertips – National Drug Treatment Monitoring System</a>	2020/21		80.4	67.7	71.0	87.1	54.7			
3.2d The proportion of clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health	<a href="#">Fingertips - National drug treatment monitoring system</a>	2020/21		75.0	80.4	80.4	93.9	70.8			
3.3a Proportion of secondary school pupils who always or usually feel safe when outside in their local area after dark	Herefordshire CYP Quality of Life Survey	2021	2024	41	n/a	n/a	n/a	n/a			
3.3b Proportion of FE students who always or usually feel safe when outside in their local area after dark	Herefordshire CYP Quality of Life Survey	2021	2024	49	n/a	n/a	n/a	n/a			
3.3c Proportion of adults (18+) who feel safe when outside in their area after dark	Herefordshire Community Wellbeing Survey	2023	t.b.c (due Jan 2025)	73	n/a	n/a	n/a	n/a			
3.3d Proportion of adult in contact with secondary mental health services who live in stable and appropriate accommodation	<a href="#">Fingertips - ASCOF</a>	2020/21		56	48	58	84	18			
3.3e Access to green space – average number of parks or public gardens or playing fields within 1,000 m radius (urban & rural)	<a href="#">ONS – Access to gardens and public green space in Great Britain</a>	2021		3.59	2.12	4.43	t.b.c	t.b.c.			

### AMBITION 4: PEOPLE FEEL CONNECTED TO THEIR COMMUNITY

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AMBITION 4: PEOPLE FEEL CONNECTED TO THEIR COMMUNITY			
Outcomes	<b>4.1 Increase access to, and knowledge of, community support</b>	<b>4.2 Reduce loneliness and social isolation</b>	<b>4.3 Increase the community activity offer</b>
Indicators	4.1a Proportion of adults who agree that if they needed help, there are people in their local community who are there for them 4.1b Proportion of 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known 4.1c Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	4.2a Proportion of adults (18+) who often or always feel lonely 4.2b Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) 4.2c Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs) 4.2d Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) 4.2e Social Isolation: percentage of adult social care users who have as much social contact as they would (65+ yrs)	4.3a Proportion of adults (18+) who have given unpaid help to a group, club or organisation in the past 12 months 4.3b Proportion of primary school pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 5 4.3c Proportion of secondary school pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 5 4.3d Proportion of FE pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 4

Outcome Indicator (s)	Data Source	Time Period	Next release	Herefordshire Baseline	Region	England	Nearest Neighbour High	Nearest Neighbour Low	Target year 1 (2024)	Target year 5 (2028)	Target year 10 (2033)
4.1a Proportion of adults who agree that if they needed help, there are people in their local community who are there for them	Herefordshire Community Wellbeing Survey	2023	t.b.c (due Jan 2025)	78	n/a	n/a	n/a	n/a			
4.1b Proportion of 16 to 17 year olds not in education, employment or	<a href="#">Fingertips - Department for Education</a>	2022/23	2025	4.3	5.2	5.2	7.9	1.4			

training (NEET) or whose activity is not known												
4.1c Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	<a href="#">Fingertips - ASCOF</a>	2020/21		72.6	66.7	66.1	72.6	55.8				
4.2a Proportion of adults (18+) who often or always feel lonely	Herefordshire Community Wellbeing Survey	2023	t.b.c (due Jan 2025)	6	n/a	n/a	n/a	n/a				
4.2b Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)	<a href="#">Fingertips - ASCOF</a>	2021/22	2025	27.7	29.4	28.0	42.1	16.0				
4.2c Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs)	<a href="#">Fingertips - ASCOF</a>	2021/22	2025	32.4	30.3	28.8	40.9	16.7				
4.2d Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	<a href="#">Fingertips - ASCOF</a>	2022/23	2025	53.2	47.1	44.4	53.2	38.4				
4.2e Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs)	<a href="#">Fingertips - ASCOF</a>	2022/23	2025	51.0	44.6	41.5	54.4	30.3				
4.3a Proportion of adults (18+) who have given unpaid help to a group, club or organisation in the past 12 months	Herefordshire Community Wellbeing Survey	2023	t.b.c (due Jan 2025)	41	n/a	n/a	n/a	n/a				
4.3b Proportion of primary school pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 5: a) parks or open spaces, b) sports club or class (not school lessons or just watching, c) art, craft, dance, drama,	Herefordshire CYP Quality of Life Survey	2021	2024	a) 72 b) 48 c) 26 d) 24 e) 22	n/a	n/a	n/a	n/a				



film making group, d) swimming e) music group or lessons											
4.3c Proportion of secondary school pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 5: a) parks or open spaces, b) sports club or class (not school lessons or just watching, c) swimming d) cinema/theatre e) music group or lessons	Herefordshire CYP Quality of Life Survey	2021	2024	a) 73 b) 45 c) 19 d) 16 e) 13	n/a	n/a	n/a	n/a			
4.3d Proportion of FE pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 4: a) parks or open spaces, b) sports club or class (not school lessons or just watching, c) music group or lessons d) swimming	Herefordshire CYP Quality of Life Survey	2021	2024	a) 61 b) 24 c) 10 d) 8	n/a	n/a	n/a	n/a			

Table 1 Summary Outcomes and Indicators list (A3)

<b>AMBITION 1: PEOPLE FEEL SATISFIED WITH LIFE AND HAVE A POSITIVE SENSE OF PERSONAL WELLBEING</b>			
<b>Outcomes</b>	<b>1.1 Improve self-reported individual good mental health and resilience</b>	<b>1.2 Reduce the rates of self-harm amongst young people</b>	<b>1.3 Reduce the rates of suicide</b>
<b>Indicators</b>	1.1a Proportion of adults with good mental wellbeing 1.1b Proportion of adults with poor mental wellbeing 1.1c Proportion of adults with high self-reported anxiety 1.1d Proportion of primary school children with low/medium mental wellbeing 1.1e Proportion of secondary / FE pupils with low/medium mental wellbeing 1.1f Proportion of primary school pupils with low resilience scores 1.1g Proportion of secondary school/FE pupils with low resilience scores	1.2a Hospital admissions as a result of self-harm 10-14 years 1.2b Hospital admissions as a result of self-harm 15-19 years 1.2c Hospital admissions as a result of self-harm 20-24 years 1.2d Self-reported self-harm amongst CYP	1.3a Suicide rate (all persons) 1.3b Emergency Hospital Admissions for Intentional Self-Harm – all ages
<b>Outcomes</b>	<b>2.1 Improvement in access to mental health advice and information</b>	<b>2.2 Increase access to mental health services</b>	<b>2.3 Improve the physical health of individuals with mental illness</b>
<b>Indicators</b>	2.1a Hits to the mental health related pages of the Talk Community online directory 2.1a Hits to the mental health related pages of the Talk Community online directory 2.1b Hits to the Herefordshire Council 'Stay healthy: mental wellbeing' page 2.1c Hits to the Herefordshire & Worcestershire Health & Care Trust 'urgent help' page 2.1d Hits to the Talking Therapies local support page	2.2a Estimated dementia diagnosis rate (aged 65 and older) 2.2b Percentage of CYP under 19 with eating disorders seen within 4 weeks (routine) - interim measure 2.2c NHS Talking Therapies - percentage of people receiving first treatment appointment within 6 weeks of referral 2.2d NHS Talking Therapies – percentage of people receiving first treatment appointment within 18 weeks of referral	2.3a Premature mortality in adults with severe mental illness (SMI) 2.3b Smoking prevalence in adults with a long term mental health condition (18+) 2.3c Uptake of physical health checks among adults with SMI
<b>Outcomes</b>	<b>3.1 Increase community mental health support</b>	<b>3.2 Improve partnership working</b>	<b>3.3 Improvements to surroundings</b>
<b>Indicators</b>	3.1a Attended contacts with community and outpatient mental health services, per 100,000 3.1b Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs)	3.2a New referrals to secondary mental health services, per 100,000 (<18 yrs) 3.2b New referrals to secondary mental health services, per 100,000 (all ages) 3.2c The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. 3.2d The proportion of clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health.	3.3a Proportion of secondary school pupils who feel safe when outside in their local area after dark 3.3b Proportion of FE students who feel safe when outside in their local area after dark 3.3c Proportion of adults (18+) who feel safe when outside in their area after dark 3.3d Proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation 3.3e Access to green space – average number of parks or public gardens or playing fields within 1,000 m radius (urban & rural)
<b>Outcomes</b>	<b>4.1 Increase access to, and knowledge of, community support</b>	<b>4.2 Reduce loneliness and social isolation</b>	<b>4.3 Increase the community activity offer</b>
<b>Indicators</b>	4.1a Proportion of adults who agree that if they needed help, there are people in their local community who are there for them 4.1b Proportion of 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known 4.1c Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	4.2a Proportion of adults (18+) who often or always feel lonely 4.2b Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) 4.2c Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs) 4.2d Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) 4.2e Social Isolation: percentage of adult social care users who have as much social contact as they would (65+ yrs)	4.3a Proportion of adults (18+) who have given unpaid help to a group, club or organisation in the past 12 months 4.3b Proportion of primary school pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 5 4.3c Proportion of secondary school pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 5 4.3d Proportion of FE pupils who that they went to the following in their free time outside school in the last 4 weeks. Top 4



# Title of report: Better Care Fund (BCF) year end report 2023-2024

**Meeting: Health and Wellbeing Board**

**Meeting date: Monday 10 June 2024**

**Report by: Service Director All Ages Commissioning**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose**

To review and retrospectively approve the better care fund (BCF) year-end 2023-2024 report, as per the requirements of the programme.

## **Recommendation(s)**

### **That:**

- a) The Better Care Fund (BCF) 2023-2024 year-end template at appendix 1, as submitted to NHS England, be reviewed and retrospectively approved by the board.**

## **Alternative options**

1. The board could decline to sign off the submission. It is a national requirement that quarterly reports are signed off by the Health and Wellbeing Board (HWBB). The content of the return has already been approved by the council's Corporate Director for Community Wellbeing and Herefordshire & Worcestershire Integrated Care Board (HWICB) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines. The HWBB does not always align with national deadlines, however this gives the board an opportunity to review and provide feedback.

## Key considerations

2. The better care fund provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Herefordshire and Worcestershire Integrated Care Board (HWICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Adult Social Care Discharge Fund (ASCDF).
3. The National BCF team determines national reporting requirements on the overall BCF programme, with quarterly reports being submitted to NHS England (NHSE) and Health and Wellbeing Boards.
4. The year-end template requires confirmation that the BCF national conditions continued to be met throughout the year, confirmation of actual income and expenditure in BCF section 75 agreements for 2023-24 (covering the whole of the BCF plan including the Adult Social Care Discharge Fund monies), details of significant successes and challenges during the year. There is often a relatively short window of time between NHSE publishing the reporting templates and the national submission date. The deadline for the year end 2023-2024 performance return has already passed (22 May 2024) and therefore the board is requested to note the completed template (**appendix 1**), following its submission to NHS England.
5. The Year-End template (**appendix 1**) consists of several elements:
  - i) Confirmation that National Conditions have been met
  - ii) Metrics and Performance
  - iii) Income and Expenditure Actuals
  - iv) Spend and Activity
  - v) Hospital Discharge Activity
  - vi) Community Activity
  - vii) Feedback on the impact of the BCF
6. Herefordshire has reported that all of the national conditions, as listed below, have been met.
  - i) A jointly agreed plan
  - ii) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
  - iii) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
  - iv) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.
7. Key achievements for 2023-24 included a system agreement to utilise BCF funding to create a Bridging team within the Community Integrated Response Hub (CIRH). Organisations worked together to embed a process where patients could be discharged to their usual place of residence whilst waiting for reablement capacity. This enabled the system to ensure that

patients' needs were being met (including access to therapy and the commitment of a reablement care plan) without delay.

8. 2023/2024 saw our system create a Discharge to Assess (D2A) Board. The board, chaired jointly between health and social care enabled system partners to work together on a jointly agreed improvement plan for D2A.
9. The reduction of the use of spot purchased beds created a challenge in 2023/24, however by working together to ensure better triage at discharge, improvements are starting to be made.
10. 16 D2A block care home beds (6 residential and 10 nursing) were commissioned from the care home market from January to March 2024 to support increased demand for discharges over the winter. The beds were well utilised supporting 29 additional discharges.
11. Herefordshire's performance was below target in relation to Avoidable Admissions (non-elective) at year-end showing 212 against a target of 151 (lower number of admissions required for this target); this was linked to activity growth in urgent and emergency care (UEC) which has contributed to the increase in unplanned admissions.
12. High levels of activity are being supported by community teams to reduce admissions. A care home admissions pathway has been developed including joint working with Primary Care.
13. The percentage of people who are discharged from acute hospital to their normal place of residence was 91% against a target of 91.4%. There was an initial challenge with discharge to Discharge to Assess (D2A) pathways however the position improved over the year with developments with system partners working together to address. Improvements linked to D2A pathway work has supported meeting the target.
14. All Age Commissioning have been working to ensure the care provider market across Herefordshire is able to support discharge from pathways, enabling more patients to be discharged home for reablement support.
15. Emergency hospital admissions due to falls in people aged 65 and over showed a full year figure for 2023-24 of 1696; the target of 1372 therefore was not met. Recruitment into therapy posts across the health and social care system in Herefordshire continues to be difficult; successful recruitment would see a shorter wait time for falls and fall prevention clinics. Plans have been put in place to encourage recruitment. The Community Integrated Response Hub (CIRH) and Urgent Community Response (UCR) services are now linked into the falls responder service to support joint working.
16. Herefordshire reported as being not on track to meet the target of 484 placements with a year-end figure of 521.6 per 100,000 population for the rate of permanent admissions to residential care per 100,000 (65+). The care home market in Herefordshire remains vibrant, with the market significantly geared in relation to self-funders. This proves challenging in relation to the ability of the council to commission care at or near its standard fee rates resulting in average costs of placements being higher than other councils in the West Midlands region. The council is also seeing an increase in the number of self-funders requiring support from the council as a result of their funds having depleted.

17. High numbers of people being discharged from hospital into bedded care, in addition to capacity issues in the home care market to support onward move home has also proved challenging in relation to longer term support requirements.
18. Reablement performance did not meet target in 2023/24, 70.3% of people remained at home after 91 days following hospital discharge support by Reablement, the target was 80%. A high number of people overstaying their initial service period has impacted capacity within the Home First service and high levels of sickness impacted on capacity around hospital discharges. Overstays have started to drop due to new providers on the council framework. It was established that the rota pattern being used was unsuitable and caused capacity to be limited at times with non-digital scheduling relying on geographical knowledge. A new rota system has been implemented to suit service delivery needs.
19. There was no specific oversight for 91 days data recording, which allowed data to be missed or recorded incorrectly. A Scheduling Coordinator post has been recruited, to oversee discharges, referrals and 91 day reviews.
20. The Spend and Activity and Hospital Discharge Activity elements of the BCF return show that levels of activity for hospital discharge were higher than planned, and this is borne out by expenditure compared to plan in the expenditure return. Herefordshire continues to use high amounts of short-term residential and nursing care home beds for discharge to assess.
21. The Community Activity return shows the increasing demand for urgent community response provided by Wye Valley NHS Trust.

### **Community impact**

22. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and HWICB continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.
23. Talk Community brings together community, third sector and statutory services to connect with peers and share ideas and experiences within the local Primary Care Network (PCN) areas; working with communities to identify and address issues that affect them, increase sustainability of communities by facilitating the development of partnerships and collaborative approaches and helping identify any gaps in provision.

### **Environmental Impact**

24. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
25. Whilst this is a report regarding programme delivery and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

## Equality duty

26. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
27. The council and HWICB are committed to equality and compliance with the public sector equality duty. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
28. Whilst this paper is not seeking any project specific decisions, the year-end report provides an overview of performance in relation to services funded by the BCF. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.
29. Commissioned services funded by the BCF take into account arrangements to assess and consult on how functions impact on protected characteristics. Services are undertaken in a manner which respects individuality of service users, patients etc. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF.

## Resource implications

30. In 2023-24 the BCF provided Herefordshire with total funding of £29.115m.
31. The Better Care Fund provides funding to health and social care services including NHS Community Services, Talk Community, social care provision and integrated discharge services. The largest area of spend is services that support discharge from hospital (£17.4m). This is the first year for which One Herefordshire Partnership has delegated authority for planning and delivery of the Better Care Fund.
32. Prior to application of the risk sharing provisions, the Better Care Fund overspent by £0.220m. The overspending was primarily on services that support hospital discharge, driven by high use of care home beds and home care hours purchased from the market to facilitate discharges from hospital. This spending was offset by underspending in Talk Community and in social care services, particularly staffing vacancies in locality social work teams.

33. The section 75 agreement (s75) between the statutory partners, Herefordshire and Worcestershire ICB and Herefordshire Council, includes provisions for how overspending or underspending in each pooled budget will be managed. In practise, the statutory partners manage the financial outturn through netting-off overspending and underspending between pools, before managing any residual overspend or underspend.

**Table 1: BCF Final Outturn**

Better Care Fund Expenditure Summary 2023/24						
2023/24 Pooled Budget Financial Plan		Final Outturn Prior to Risk Share Adjustment (Month 12 – March)			Net Additional Contributions to Mitigate Variance	
Pooled Fund	2023/2024 Plan Value	Forecast Outturn	Variance to Plan		Herefordshire Council Community Wellbeing	Herefordshire & Worcestershire ICB
Mandatory Transfer to Adult Social Care	£6,874,214	£6,972,261	£98,047	1.43%	£98,047	
NHS Commissioned Out of Hospital Services	£9,114,213	£9,114,215	£2	0.00%		
Disabled Facilities Grant	£2,466,616	£2,466,616	£0	0.00%		
Improved Better Care Fund	£6,782,841	£6,470,496	(312,345)	(4.60%)	(£312,345)	
Adult Social Care Discharge Fund	£1,998,716	£2,122,196	£123,480	6.18%	£61,740	£61,740
Better Care Fund Reserve	£1,879,060	£2,189,647	£310,587	16.53%	£304,792	£5,795
<b>TOTAL</b>	<b>£29,115,660</b>	<b>£29,335,432</b>	<b>£219,772</b>	<b>0.75%</b>	<b>£152,235</b>	<b>£67,535</b>

### Financial Outlook for 2024/25

34. The current BCF plan covers two financial years 2023/24 and 2024/25. A full new BCF plan is not required for 2024/25, but the plan must be refreshed and resubmitted to NHS England for approval, this includes revision of the financial plan and a new capacity and demand plan for community services and hospital discharge services.
35. The deadline for submission is 10 June 2024, a working group of One Herefordshire partners has been convened to draft the refreshed plan and complete the mandated planning template. The report will be presented to the Health and Wellbeing Board at the September meeting.

**Table 2: Confirmed Better Care Fund Financial Allocations for 2024/25**

Better Care Fund Financial Plan 2024/25 – Summary by Funding Stream				
Better Care Fund Mandatory Contributions	Source of Funding	2023/24 Grant Values £	2024/25 Total Changes in Funding £	2024/25 Total Grant Values £
Mandatory Transfer to Adult Social Care	DHSC	£6,874,214	£389,082	£7,263,296
NHS Commissioned Out of Hospital Services	DHSC	£9,114,213	£515,862	£9,630,075
Disabled Facilities Grant	DLUHC	£2,268,653	£205,882	£2,474,535
Improved Better Care Fund	DLUHC	£6,782,841	£0	£6,782,841
Adult Social Care Discharge Fund - LA	DHSC	£950,944	£633,962	£1,584,906
Adult Social Care Discharge Fund - NHS	DHSC	£1,047,772	£1,174,171	£2,221,943
<b>TOTAL Mandatory Values</b>		<b>£27,038,637</b>	<b>£2,918,959</b>	<b>£29,957,596</b>

36. Funding for the Better Care Fund has increased by £2.9m for 2024/25. However, funding of £2.3m utilised in 2023/24 is not available in 2024/25; the BCF underspend reserve was fully depleted by planned spending in 2023/24, and no Local Authority Urgent and Emergency Care Funding has been announced for 2024/25.
37. The net effect of the changes is an increase of £0.6m in funding. This increase in funding is not sufficient to meet inflationary increases in existing services funded by BCF, so savings plans will



be required along with changes to the composition of the pooled budgets. An initial estimate, based on rolling forward the 2023/24 expenditure plan and adjusting for known changes and known or estimated inflationary increases, indicates that savings of circa £1.1m will be required to produce a balanced financial plan, with system partners working together to achieve this.

## Legal implications

38. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Integrated Care Boards to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.
39. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
40. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
41. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the health and wellbeing board as well as the HWICB, which represents the NHS side of the equation
42. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 and 276 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The parties entered into a section 75 agreement in exercise of those powers under and pursuant of the NHS Regulations 2000.
43. The iBCF is paid directly to the council via a Section 31 grant from the Department of Levelling Up, Housing and Communities (DLUHC). The Government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and will be spent on adult social care. The council are legally obliged to comply with the grant conditions set.

## Risk management

44. The board is invited to review the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.

Risk / Opportunity	Mitigation
Failure to achieve national metrics ambitions.	A robust process for monitoring activity on a monthly basis is in place and will be monitored through the Integrated Care Executive (ICE).
Increasing demand due to the demography of expected older age population.	A number of the schemes include both areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the council continues to lead on development with communities.
Overspend, particularly on discharge	The council and HWICB work with One

Risk / Opportunity	Mitigation
capacity.	Herefordshire Partnership to revise and improve the service model for Discharge to Assess to be recurrently sustainable.

## Consultees

45. The content of the year-end report has been provided by partners within One Herefordshire Partnership, HWICB, WVT, Hoople Ltd and appropriate internal Herefordshire Council staff.

## Appendices

Appendix 1 – better care fund year-end 2023-24 template

## Background papers

None identified.

## Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	John Coleman	Date 23/05/2024
Finance	Wendy Pickering	Date 28/05/2024
Legal	Sam Evans	Date 22/05/2024
Communications	Luenne featherstone	Date 22/05/2024
Equality Duty	Harriet Yellin	Date Click or tap to enter a date.
Procurement	Marie Gallagher on behalf of Procurement (agreed with Governance team due to staff absence in procurement team)	Date 25/05/2024
Risk	Jo Needs	Date 23/05/2024
Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.

**Please include a glossary of terms, abbreviations and acronyms used in this report.**

Acronym	Description
BCF	Better Care Fund
iBCF	Improved Better Care Fund
1HP	One Herefordshire Partnership
HWICB	Herefordshire & Worcestershire Integrated Commissioning Board

<b>Acronym</b>	<b>Description</b>
<b>EIA</b>	Equality Impact Assessment
<b>EOY</b>	End of Year
<b>D2A</b>	Discharge to Assess
<b>DHSC</b>	The Department of Health and Social Care
<b>DFG</b>	Disabled Facilities Grant
<b>DLUHC</b>	Department for Levelling Up, Housing and Communities



## Better Care Fund 2023-24 Year End Reporting Template

### 1. Guidance for Year-End

#### 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 and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). An addendum to the Policy Framework and Planning Requirements has also been published, which provides some further detail on the end of year and reporting requirements for this period.

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 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 can be used by local areas, including ICBs, local authorities/HWBs and service providers, to further understand and progress the integration of health, social care and housing on their patch. BCF national partners will also use the information submitted in these reports to aid with a bigger-picture understanding of these issues.

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](mailto: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 spend 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.

3. 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 latest BCF plans required areas to set stretching ambitions against the following metrics for 2023-24:

- 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 Westmorland and Cumbria (due to a change in footprint).

#### 5. Income and Expenditure

The Better Care Fund 2023-24 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Additional Discharge Fund.

##### Income section:

- Please confirm the total HWB level actual BCF pooled income for 2023-24 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
  - In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.
  - The template will automatically pre populate the planned expenditure in 2023-24 from BCF plans, including additional contributions.
  - If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2023-24 in the yellow boxes provided, **NOT** the difference between the planned and actual income. Please also do the same for the ASC Discharge Fund.
- Please provide any comments that may be useful for local context for the reported actual income in 2023-24.

#### 6. 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 year-end.

**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 K.** Enter the amount of spend to date on the scheme.

- **Outputs delivered to date in column N.** Enter the number of outputs delivered to date. 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 P and Q.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

### 7.1 C&D Hospital Discharge and 7.2 C&D Community

When submitting actual demand/activity data on short and intermediate care services, consideration should be given to the equivalent data for long-term care services for 2023-24 that have been submitted as part of the Market Sustainability and Improvement Fund (MSIF) Capacity Plans, as well as confirming that BCF planning and wider NHS planning are aligned locally. We strongly encourage co-ordination between local authorities and the relevant Integrated Care Boards to ensure the information provided across both returns is consistent.

These tabs are for reporting actual commissioned activity, for the period April 2023 to March 2024. Once your Health and Wellbeing Board has been selected in the cover sheet, the planned demand data from April 2023 to October 2023 will be auto-populated into the sheet from 2023-25 BCF plans, and planned data from November 2023 to March 2024 will be auto-populated from 2024-25 plan updates.

In the 7.1 C&D Hospital Discharge tab, the first half of the template is for actual activity without including spot purchasing - buying individual packages of care on an 'as and when' basis. Please input the actual number of new clients received, per pathway, into capacity that had been block purchased. For further detail on the definition of spot purchasing, please see the 2024-25 Capacity and Demand Guidance document, which can be found on the Better Care Exchange here: <https://future.nhs.uk/bettercareexchange/view?objectID=202784293>

The second half is for actual numbers of new clients received into spot-purchased capacity only. Collection of spot-purchased capacity was stood up for the 2023-24 plan update process, but some areas did not input any additional capacity in this area, so zeros will pre-populate here for them.

Please note that Pathway 0 has been removed from the template for this report. This is because actuals information for these services would likely prove difficult for areas to provide in this format. However, areas are still expected to continue tracking their PO capacity and demand throughout the year to inform future planning.

### 8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2023-24 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

#### Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2023-24
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality

#### Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2023-24

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally. The 9 points of the SCIE logic model are listed at the bottom of tab 8 and at the link below.

[SCIE - Integrated care Logic Model](#)



**Better Care Fund 2023-24 Year End Reporting Template**

2. Cover

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.

Health and Wellbeing Board:	Herefordshire, County of	
Completed by:	Marie Gallagher / Adrian Griffiths	
E-mail:	Marie.Gallagher1@herefordshire.gov.uk / adrian.griffiths2@herefordshire.gov.uk	
Contact number:	01432 260345 / 01432 383809	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Mon 10/06/2024	<< Please enter using the format, DD/MM/YYYY

Checklist	
Complete:	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	

When all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.



	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. I&E actual	Yes
6. Spend and activity	Yes
7.1 C&D Hospital Discharge	Yes
7.2 C&D Community	Yes
8. Year End Feedback	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top



**Better Care Fund 2023-24 Year End Reporting Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Herefordshire, County of

Has the section 75 agreement for your BCF plan been finalised and signed off? If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes
<b>Confirmation of National Conditions</b>		
<b>National Conditions</b>	<b>Confirmation</b>	<b>If the answer is "No" please provide an explanation as to why the condition was not met in the year:</b>
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

<b>Checklist Complete:</b>
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Herefordshire, County of

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				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator: 2.3i)	145.0	141.0	154.0	151.0	Not on track to meet target	212 - UEC activity growth has contributed to the increase in unplanned admissions.	Care Home Practitioners Primary Care pilot for care home admission avoidance. High levels of activity are being supported by community teams to reduce these admissions including Urgent Community Response and Long Term Condition services. Care Home admission avoidance pathway has been developed in Q3 to include joint working with primary care.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.8%	91.9%	91.7%	91.4%	On track to meet target	91% - Initial challenge with discharge from D2A pathways but system working has improved this position.	Improvements linked to D2A pathway work has supported the meeting of this target. Specifically ASC Commissioning work to ensure provider market able to support discharge from pathways. This is enabling more patients to be discharged home for reablement support. Process changes in Integrated Discharge Team with support from therapy is contributing to us being able to ensure reablement capacity is available for those who need it and prevents unnecessary transfers to bedded capacity, due to no capacity in Pathway 1.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,372.0	Not on track to meet target	Q4 (592) 1696 full year. UEC activity growth has contributed to the increase in unplanned admissions. Recruitment into therapy posts continues to be difficult; successful recruitment would see a shorter wait time for falls and fall prevention clinics. Plans in place to encourage recruitment.	Falls responder service supports this group of patients and activity remains steady. Further work to do to ensure maximising capacity. Q4 - Community Integrated Response Hub and Urgent Community Response service are now linked with this service to ensure joint working.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				484	Not on track to meet target	Performance remains above targeted level of activity with 521.6 placements per 100,000 population compared with a target of 484 placements per 100,000 population. The Care home market in Herefordshire remains vibrant, with the market significantly geared in relation to self-funders, with the county being a destination for affluent people to move to in later life. This proves challenging in relation to the ability of the council to commission care at or near its standard fee rates resulting in average costs of placements being higher than other Councils in the West Midlands region. The council is also seeing an increase in the number of self-funders requiring support from the council as a result of their funds having depleted. High numbers of people being discharged from hospital into bedded care, in addition to capacity issues in the home care market to support onward move home has also proved challenging in relation to longer term support requirements.	Despite the challenges outlined, activity in 2023/24 at 521.6 has remained fairly static with a 0.77% increase from the previous year. A D2A system wide review during 2023/24, changes to therapy services, increased capacity in the Home care market and improvements in delivery of home based D2A support are starting to evidence improvements in system flow should support more people to return home following a hospital episode.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				80.0%	Not on track to meet target	at 31st March 2024 70.3%. High number of ASC overstay impacted capacity within the service. High levels of sickness impacted on capacity around hospital discharges. Previous rota pattern unsuitable and caused capacity to be limited at times. Non-digital scheduling relied on geographical knowledge. No specific oversight allowed for 91 days to be missed or recorded incorrectly.	Scheduling Coordinator post to oversee discharges, referrals and 91 days reviews implemented. Input of KPI targets for staff to be working towards. New ways of assessing and reviewing to ensure continual progression with clinics. Implementation of digital service (April 24). Overstays have dropped due to new providers on Framework with the council. Adoption of a new rota pattern to suit service delivery needs.

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2023-24 Year End Reporting Template**

**5. Income actual**

Selected Health and Wellbeing Board:

Herefordshire, County of

**Income**

		2023-24	
Disabled Facilities Grant	£2,466,616		
Improved Better Care Fund	£6,782,841		
NHS Minimum Fund	£15,988,427		
<b>Minimum Sub Total</b>		<b>£25,237,884</b>	
		<b>Planned</b>	<b>Actual</b>
NHS Additional Funding	£0		£2
LA Additional Funding	£0		£1,975,349
<b>Additional Sub Total</b>		<b>£0</b>	<b>£1,975,351</b>
		<b>Planned 23-24</b>	<b>Actual 23-24</b>
<b>Total BCF Pooled Fund</b>		<b>£25,237,884</b>	<b>£27,213,235</b>

		Actual	
Do you wish to change your additional actual NHS funding?	Yes		£2
Do you wish to change your additional actual LA funding?	Yes		£1,975,349

		Additional Discharge Fund	
		<b>Planned</b>	<b>Actual</b>
LA Plan Spend	£950,944		£1,012,684
ICB Plan Spend	£1,047,772		£1,109,512
<b>Additional Discharge Fund Total</b>		<b>£1,998,716</b>	<b>£2,122,196</b>
		<b>Planned 23-24</b>	<b>Actual 23-24</b>
<b>BCF + Discharge Fund</b>		<b>£27,236,600</b>	<b>£29,335,431</b>

		Actual	
Do you wish to change your additional actual LA funding?	Yes		£1,012,684
Do you wish to change your additional actual ICB funding?	Yes		£1,109,512

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24

Considerable additional funding invested in purchasing care home and home care services to facilitate hospital discharge

**Expenditure**

	<b>2023-24</b>
Plan	£27,038,637
Do you wish to change your actual BCF expenditure?	Yes
Actual	£29,335,431

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24

Considerable additional funding invested in purchasing care home and home care services to facilitate hospital discharge

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Herefordshire, County of

Checklist													
Yes													
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	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.
52	Support for Hospital Discharge	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£2,363,048	£2,087,813	£2,412,321	1,322	525	636	Packages	No	HomeFirst
52	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£373,147	£312,983	£454,609		35	48	Number of placements	No	Hillside
52	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£1,003,305	£752,479	£1,003,305		50	66	Number of placements	No	LICU
52	Support for Hospital Discharge	Residential Placements	Short-term residential/nursing care for someone	Minimum NHS Contribution	£0	£0	£0		-	0	Number of beds/placements	No	
57	Carers Support	Carers Services	Respite services	Minimum NHS Contribution	£32,733	£24,550	£32,733	20	15	20	Beneficiaries	No	Acorns
57	Carers Support	Carers Services	Respite services	Minimum NHS Contribution	£266,049	£199,537	£266,049	288	113	151	Beneficiaries	No	St Michaels
60	Community Health Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£5,618,768	£4,214,076	£5,618,768	657	546	772	Number of placements	No	WVT CH Beds
33	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£2,268,653	£1,701,490	£2,466,616	165	124	165	Number of adaptations funded/people supported	No	DFG
152	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	IBCF	£252,344	£189,258	£252,344		13	16	Number of placements	No	LICU
152	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	IBCF	£70,289	£0	£0		-	0	Number of placements	No	Hillside
154	Social Care Services	Residential Placements	Other	IBCF	£163,728	£212,543	£263,509	57	65	87	Number of beds/placements	No	Shared Lives
401	Support for Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Local Authority Discharge Funding	£222,364	£619,198	£899,262		69	95	Number of placements	No	Hillside
401	Support for Hospital Discharge	Home-based intermediate care services	Reablement at home (accepting step up and step	Local Authority Discharge Funding	£217,605	£119,377	£156,751	120	198	248	Packages	No	Bridging Service

**Better Care Fund 2023-24 Capacity & Demand EOY Report**

**7.1. Capacity & Demand**

Selected Health and Wellbeing Board:

Herefordshire, County of

Estimated demand - Hospital Discharge		Prepopulated from plan:								Q2 Refreshed planned demand				
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Service Area	Metric													
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	68.76	70.08	58.96	57.36	61.96	66.08	61.64	67	68	45	62	55	
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	30.007	25.632	28.74	29.085	29.617	27.24	26.018	28	24	34	37	28	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	17.993	15.368	17.26	17.915	18.383	15.76	14.982	17	15	20	24	17	

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	19.53	15.75	22.68	13.23	22.68	19.53	17.64	23.94	25.83	23.94	21.42	15.12
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	15	24	15	15	24	18	21	26	11	19	17	18
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	18	33	17	17	25	19	22	27	11	31	28	26

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	8	17	11	19	11	10	16	28	22	20	12	17
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	26	14	19	24	11	13	22	14	26	10	16	17

**Checklist**

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board:

Herefordshire, County of

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	86	67	76	69	63	78	69	86	82	88	89	79
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Planned demand. Number of referrals.	22	28	29	33	31	30	24	26	38	36	22	38

Actual activity - Community		Actual activity:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	378	389	463	360	492	513	525	537	508	718	604	727
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	11.47	9.25	13.32	7.77	13.32	11.47	10.36	14.06	15.17	14.06	12.58	8.88
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	36	30	39	33	41	41	31	32	33	31	45	41

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2023-24 Year End Reporting Template**

**8. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

**Part 1: Delivery of the Better Care Fund**  
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Good working relationships between Health and Social Care are already well-established and continue through the BCF.
2. Our BCF schemes were implemented as planned in 2023-24	Agree	A number of schemes are funded through the BCF in Herefordshire. Throughout the year all schemes have been implemented.
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	We continue to develop services and work in an integrated way creating opportunities for a continued focus to effectively meet individual outcomes.

**Part 2: Successes and Challenges**  
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	23/24 saw our system create a Discharge To Assess Board. This board is chaired jointly between health and social care and is a space for system partners to come together to work on a jointly agreed improvement plan. The Board also allows for a monthly update and review of BCF finances and ensures that we are all working together to improve all aspects of our system and ensuring we maximise opportunity for Value For Money
Success 2	8. Pooled or aligned resources	To support Pathway 1, the system agreed to utilise BCF funding to create a bridging team to support the system whilst improvements were made in the commissioning/provider markets. Wye Valley Trust and Herefordshire Council along with our provider, worked together to embed a process where patients could be discharged to their usual place of residence whilst waiting for reablement capacity. This enabled both organisations to ensure that patient needs were being met (including access to therapy and the commencement of reablement care plan) without delay.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	3. Integrated electronic records and sharing across the system with service users	There continue to be challenges with using separate systems across the system but work has continued to remove some of these barriers (including access to each others systems for relevant staff).
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	The reduction of the use of spot purchased beds has been a challenge in 23/24, however by working together to ensure triage at discharge is improved and reducing the need for pathway 2 bedded capacity, we are starting to show signs of improvement. Commissioning have been heavily involved in supporting the development of frameworks to ensure flow out of DZA pathways.

**Checklist Complete:**

Yes
Yes
Yes
Yes
Yes
Yes
Yes

**Footnotes:**

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
- Other







## **Title of report: Director of Public Health Annual Report**

**Meeting: Health and Wellbeing Board**

**Meeting date: 10 June 2024**

**Report by: Director of Public Health**

### **Classification**

Open

### **Decision type**

This is not an executive decision

### **Wards affected**

(All Wards);

### **Purpose:**

To share the Director of Public Health Annual Report 2023 with the Health and Wellbeing Board. The focus of the 2023 report is improving health in older people, and it is titled "Ageing well in Herefordshire".

### **Recommendation(s)**

- 1. That the board note the content of the report, and for board members to share with respective organisations and networks to consider the recommendations contained within.**

### **Alternative options**

2. No alternatives were considered as the Director of Public Health Annual Report is a statutory document and forms an aspect of the strategic planning process for protecting and improving the health and wellbeing.

## Key considerations

3. Since 1988 the Directors of Public Health (DPH) have been required to publish an annual report on the health of their population, this can be an overview assessment or based on a specific theme.
4. The annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.
5. The annual report remains a key method by which the DPH is accountable to the population they serve.
6. The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following:
  7. Contribute to improving the health and well-being of local populations
  8. Reduce health inequalities.
  9. Promote action for better health through measuring progress towards health targets.
10. Assist with the planning and monitoring of local programmes and services that impact on health over time.
11. The Public Health Annual Report is the DPH's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.
12. Each year a theme is chosen for the annual report. Therefore, it does not encompass every issue of relevance, but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice (health improvement, health protection or healthcare public health), an overarching theme, such as health inequalities, or a particular topic such as mental health or cancer.
13. For the 2023 report, the topic of ageing well was identified and highlights the following:
  - a. In Herefordshire, a significant proportion of the population are over the age of 65, with the numbers of over 85 year olds rising rapidly.
  - b. Although people in Herefordshire are living longer lives, these years are not always spent in good health. With older age comes an increasing probability of an accumulation of chronic diseases that significantly impact on people's quality of life and are a large financial expense for health and social care.
  - c. Those aged 65 years and older are more likely to live in the most rural areas creating particular challenges with the delivery of services, where travel times and access issues, such as public transport, are a barrier.
  - d. We have a collective responsibility to ensure that our residents continue to live independent, healthy, purposeful and connected lives in older age.
  - e. The development of ill health in older age is not inevitable. There are many actions that can be taken by individuals and society to prevent or delay the onset of disease and maximise healthy life expectancy.
  - f. This report presents the challenges we face with an ageing population, but also the action we can take as individuals and communities to improve our health as we age. It also showcases some examples of the local services and initiatives available to support health in older age.

## **Community Impact**

14. In accordance with the adopted code of corporate governance, Herefordshire Council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review. Topics selected for scrutiny should have regard to what matters to residents.

## **Environmental Impact**

15. There are no general implications for the environment arising from this report

## **Equality duty**

16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Facilitate good relations between persons who share a relevant protected characteristic and persons who do not share it.

17. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. It is likely that the annual report will have a positive impact in organisations carrying out their equality duties as age is a protected characteristic and the report raises awareness of ageing well and reduce inequalities amongst this population group

## **Resource implications**

18. There are no resource implications associated with this report. The resource implications of any recommendations supported by the HWB will need to be considered by the responsible party in response to those recommendations or subsequent decisions.

## **Legal implications**

19. Health and Wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.

20. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.

21. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution.

### **Risk management**

22. There are no risk implications identified emerging from the recommendations in this report

### **Consultees**

23. Community and stakeholder engagement is not a requirement of the Director of Public Health Annual Report, although the following people have either been involved in the production of the document or consulted:

Emma Lydall (Public Health Registrar), Claudia Ciurleo (GP Registrar), Abigail Marshall (Sustainability Project and Promotions Officer), Charlotte Worthy (Intelligence Team Unit Manager),

### **Appendices**

Appendix 1 – Director of Public Health Annual Report 2023

# The Director of Public Health Annual Report 2023

## Ageing Well in Herefordshire

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## Foreword from Herefordshire's Director of Public Health



Welcome to Herefordshire's Director of Public Health annual report. This year I have chosen to focus on ageing well in Herefordshire. This report allows us to look at the challenges and opportunities associated with ageing well in the county and the factors that affect our health and wellbeing as we age. It is also an opportunity to showcase some examples of the local services and initiatives available to support health in older age.

In Herefordshire, a significant proportion of the population is over the age of 65, with the number of over 85 year olds rising rapidly. Improved living and working conditions, reduced smoking rates and improved healthcare have all contributed to increasing how long we live from generation to generation. The fact that people are living longer now than in previous generations is something we should be proud of. However, although people in Herefordshire are living longer lives, these years are not always spent in good health. We have a collective responsibility to ensure that our residents continue to live independent, healthy, purposeful and connected lives in older age.

Whilst Herefordshire has a wealth of natural assets that greatly support the wellbeing of our residents, the dispersed and rural population causes challenges for the delivery of public services. As a county, Herefordshire has the fourth lowest population density in England, with 82,700 homes and 186,100 residents scattered across 842 square miles. Half of all residents live in areas classified as rural, with two in five living in the most rural village and dispersed areas. Furthermore, those aged 65 years and older are more likely to live in the rural areas creating particular challenges for the delivery of services where travel times and access issues, such as public transport, are a barrier.

The development of ill health in older age is not inevitable. There are many straightforward actions that can be taken by individuals and society to prevent or delay the onset of disease and maximise the years we spend in good health. This report highlights the challenges we face as an ageing population, but also the action we can all take to improve our health as we age.

**Dr Matt Pearce**  
**Director of Public Health**

### Acknowledgements:

Emma Lydall, Public Health Registrar  
Claudia Ciurleo, GP Registrar  
Abigail Marshall, Sustainability Project & Promotions Officer

Charlotte Worthy, Intelligence Unit Team Manager  
Richard Wilding, Intelligence Analyst

# 1. The growth of Herefordshire's ageing population

There are approximately 53,000 people aged over 65 living in Herefordshire, representing over a quarter of the local population. Herefordshire's population is older than the average for West Midlands and England as a whole, with a higher proportion of people aged over 65 and lower proportions of younger working age adults and children. The older population has grown significantly over recent years and this trend is set to continue, with a 34% increase in over 65's by 2040<sup>1</sup>.

A large proportion of people migrate away from urban areas of the UK before they reach older age. The result is that rural areas, such as Herefordshire, age much faster than more urban areas. Herefordshire itself shows a similar geographical distribution of older people, with higher concentrations of older people in rural sub-localities. Figure 1 shows how the distribution of older people is projected to change over time across the county.

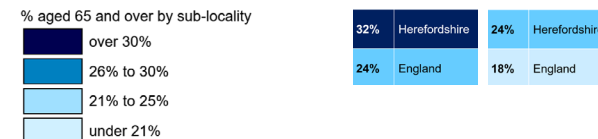
In Herefordshire, 31% of households are single occupancy and half of these are people over 65, equating to 28% of all those aged over 65 living alone<sup>3</sup>. Herefordshire is often compared to other rural counties such as Devon and Cornwall, but Herefordshire's population is spread over a larger area, further increasing the potential for social isolation and poorer access to services.

The 2021 Census found that amongst Herefordshire respondents aged 65 and over, 97% identified as 'White British', 2% identified as 'Other White' and 0.7% identified as 'Asian, Mixed, Black or other ethnic group'<sup>3</sup>.

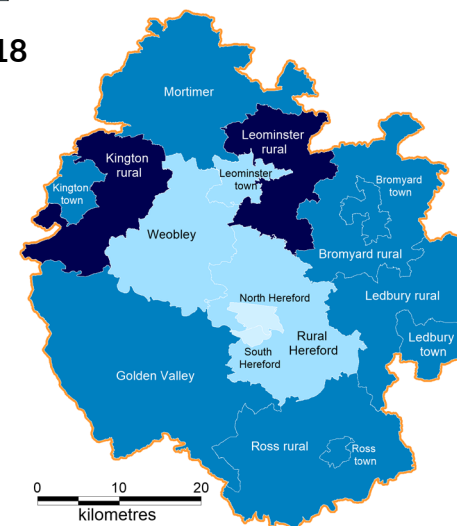
In line with the Equality Act (2010), the census considers people who assess their day-to-day activities as limited by long-term physical or mental health conditions or illnesses as disabled. The 2021 Census found that amongst Herefordshire respondents aged 65 and over, 67% were 'not disabled'; 18% were 'disabled - day-to-day activities limited a little'; and 15% were 'disabled - day-to-day activities limited a lot'<sup>3</sup>.

In the UK, through the 20th century and at the start of the 21st century, life expectancy (how long we are expected to live) at birth increased fairly rapidly, from an average of 46 years in the early 1900s to around 80 years by 2011. This was due to reductions in mortality rates, influenced by improvements in living standards and infectious disease control. However, since 2011, improvements in mortality rates have slowed, causing life expectancy gains to stall. Nationally, life expectancy was reduced in 2020-22, but this is likely to be a temporary effect of the COVID-19 pandemic<sup>4</sup>.

## Proportion of >65 year olds by sub-locality in Herefordshire



2018



2038

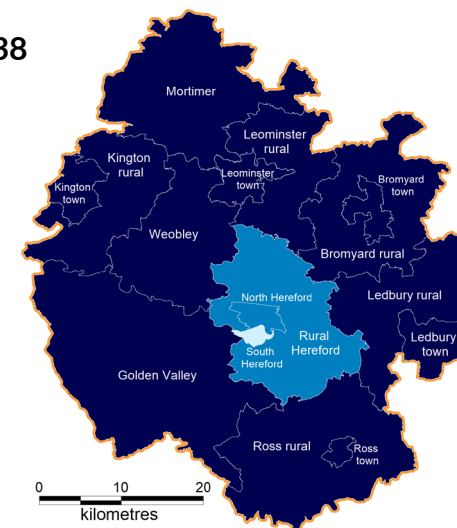


Figure 1: Proportion of over 65's by sub-locality in Herefordshire<sup>2</sup>



In Herefordshire, the average life expectancy at birth is significantly higher than the national average in England. The current life expectancy in Herefordshire is 80 years for males (78.9 years in England) and 83.4 for females (82.8 years in England)<sup>5</sup>. Another useful measure to help us understand if our health is improving, is healthy life expectancy. Healthy life expectancy is defined as 'a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health'.

In Herefordshire, the average healthy life expectancy at birth is 64.2 years for males and 66.3 for females. This compares favourably to the healthy life expectancy in England, which is 62.4 for males and 62.7 years for females.. Healthy life expectancy at birth in England has decreased in both males and females in 2020-2022 when compared to 2011-2013.<sup>5</sup>

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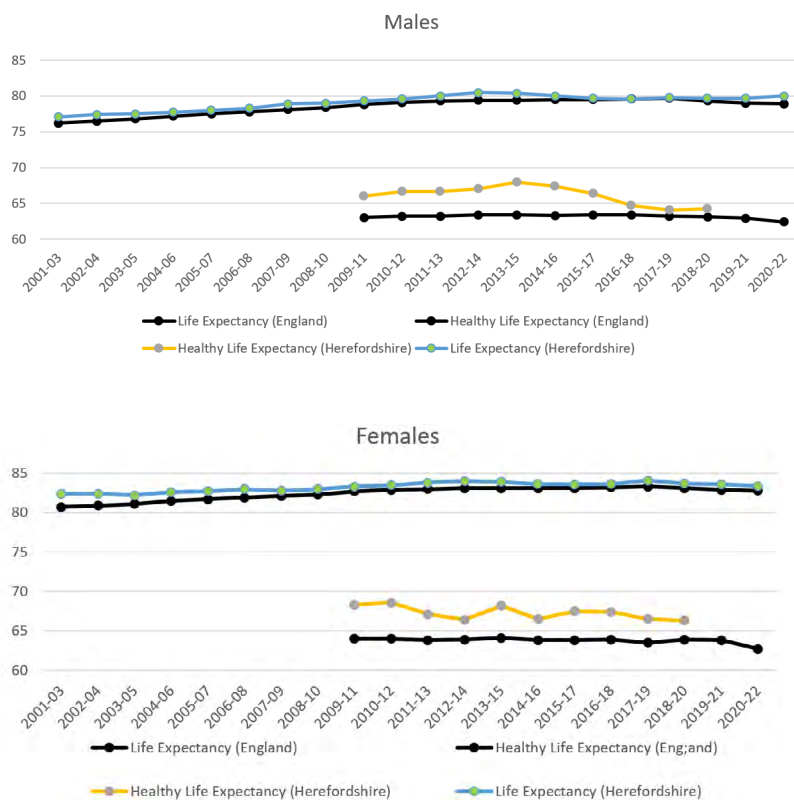


Figure 2 shows that although life expectancy in Herefordshire has increased over recent decades, the same trend is not apparent with respect to healthy life expectancy, which means that more people are spending more years of their lives in poor health – approximately 16 years for both males and females are spent in ill health.

Although females in Herefordshire experience more years in good health than the national average, there has been a downward trend in healthy life expectancy since regular reporting for this metric began in 2009-2011. For males, there has been a downward trend in healthy life expectancy in recent years, such that their healthy life expectancy is no longer significantly higher than the national average. As part of the Government levelling up agenda, there is a national ambition to improve healthy life expectancy by 5 years by 2035.

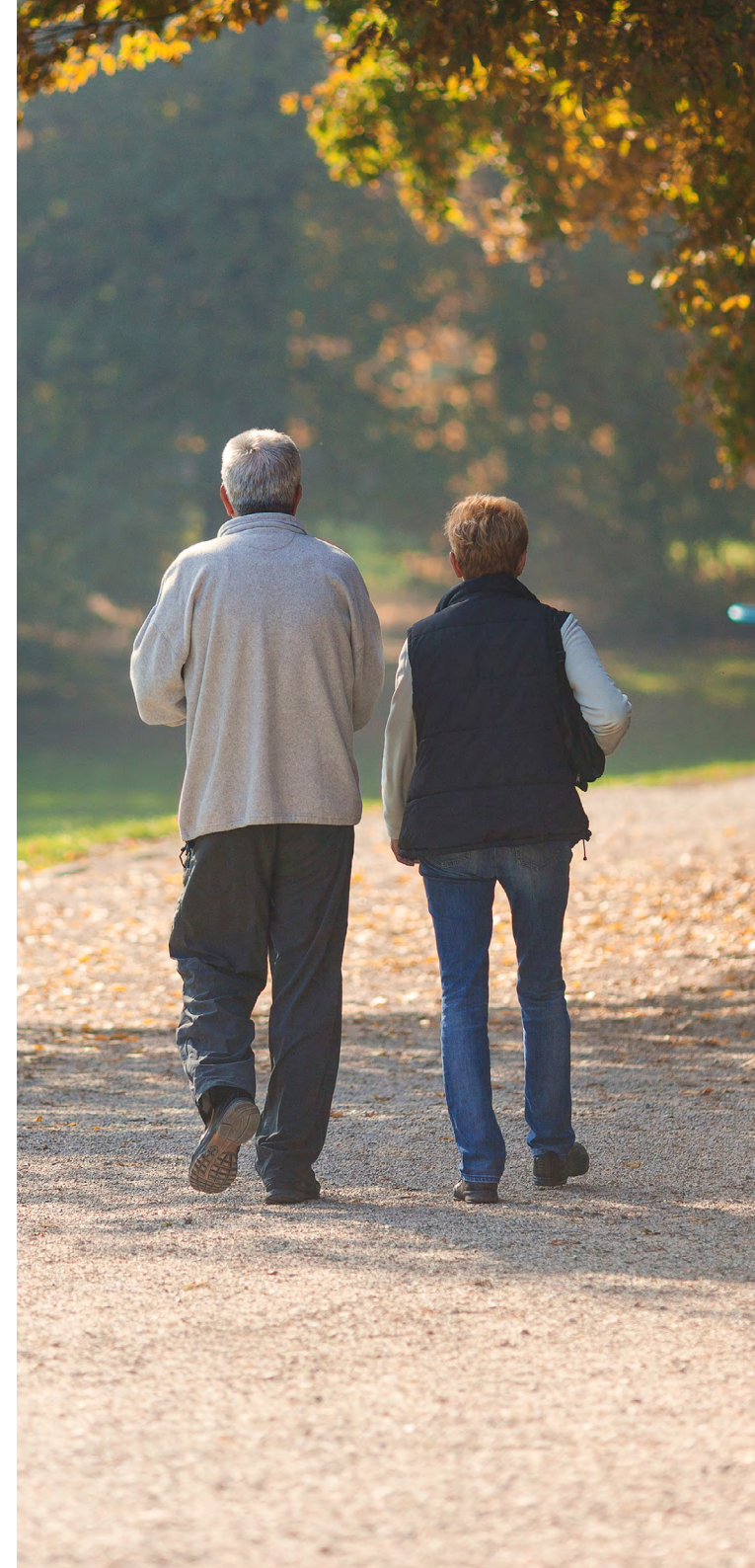


Figure 2: Life expectancy and healthy life expectancy trends in Herefordshire and England<sup>5</sup>

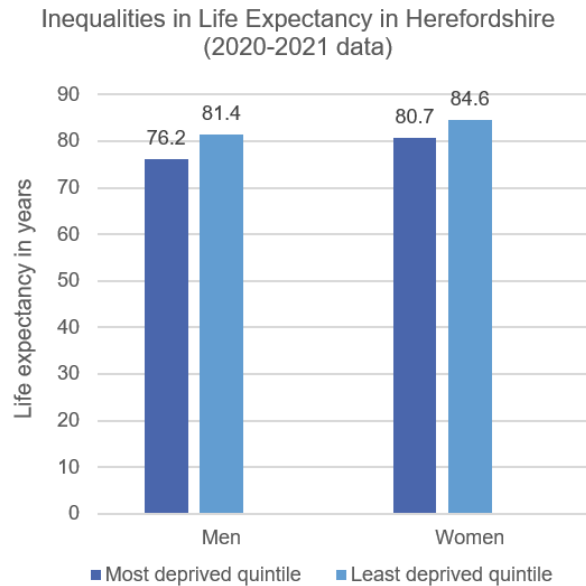


Figure 3: Life expectancy in the most and least deprived 20% of Herefordshire<sup>6</sup>

As we work and live longer, how long we spend in good health (our healthy life expectancy), becomes increasingly important.

Healthy life expectancy also varies significantly by area. Figure 4 shows the average healthy life expectancy for the 20% most and least deprived LSOAs in Herefordshire. Female healthy life expectancy at birth in the most deprived areas of Herefordshire was 3.4 years fewer than in the least deprived areas in 2009 to 2013; for males it was 3.1 years fewer.

People experience more ill health as they get older, but many long term health conditions are preventable and are affected by the social and economic environments that we live in. This is demonstrated by a significant gap in life expectancy between the most and least deprived areas of Herefordshire (figure 3).

The main conditions contributing to the gap in life expectancy between the most deprived and least deprived areas in Herefordshire are circulatory diseases, cancers and respiratory diseases, accounting for 58.5% of the gap in males and 53.5% in females<sup>6</sup>. We know that many of these conditions are preventable by reducing harmful behaviours such as smoking, inactivity, poor diet and excessive consumption of alcohol. These factors are often more common amongst people living in poorer areas.

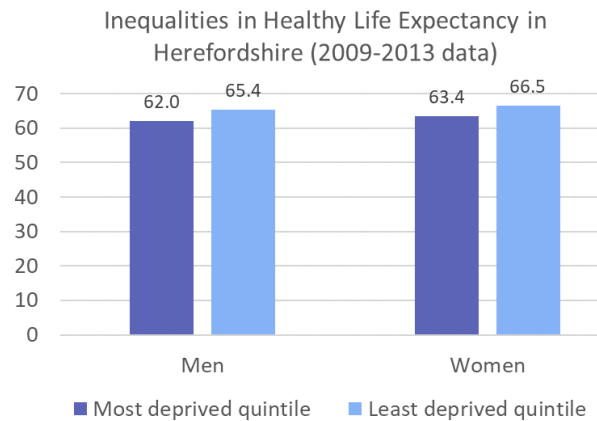


Figure 4: Healthy life expectancy in the least and most deprived 20% of Herefordshire<sup>7</sup>



## 2. Health Challenges

### Long Term Health Conditions

Long term conditions or chronic diseases are conditions for which there is currently no cure that are managed with drugs and other treatment, for example, diabetes, chronic obstructive pulmonary disease, chronic kidney disease and hypertension. With older age comes an increasing likelihood of an accumulation of chronic diseases, sometimes called multi-morbidity.

Not only can long term conditions significantly impact on people's quality of life, treating these conditions can be a large financial expense for health and social care. It is estimated that for every £1 spent on health and social care in the UK, 70p is spent supporting those with long term conditions<sup>8</sup>. Furthermore, people with long-term conditions account for about 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days<sup>9</sup>. Preventing the occurrence of some long term conditions will not only improve quality of life, but it will also help manage the finite resources across our health and care system.

Long term conditions are more common in older people (58% of people over 60 years compared to 14% under 40 years) and in more deprived groups. People in the poorest social class have a 60% higher prevalence than those in the richest social class and 30% more disease severity<sup>10</sup>. Of 53,000 Herefordshire GP registered patients over the age of 65, 38,000 (71.7%) have one or more long term condition<sup>11</sup>.

Number of people with long term conditions aged >65 in Herefordshire

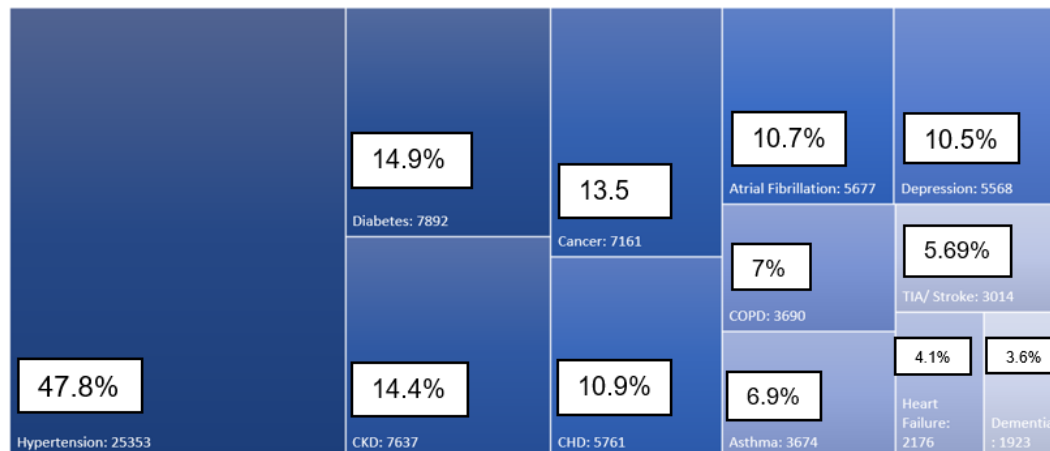


Figure 5: Current prevalence of long term conditions in over 65s registered with a Herefordshire GP<sup>11</sup>



### NHS Health Checks



The NHS Health Check is a mandatory national screening programme, available every five years to those aged 40-74, who are not on a disease register.

The NHS Health Check can help to detect risk of disease early, in order to prevent the development of diseases and maximise our health as we grow older. By detecting risk and offering interventions to reduce them, a range of medical conditions can be delayed or prevented, including type 2 diabetes, stroke, heart disease, dementia and kidney disease.

Throughout 2023/24 in Herefordshire;

- 22,607 people have been invited for a NHS Health Check. This is more than 20% of the total eligible population, meaning that all of the eligible population will receive an invitation over a five-year period.
- 6,460 people have received a NHS Health Check, meaning that our uptake for 2023/24 is currently above the national average.

All those receiving a NHS Health Check receive follow up support, and where necessary, appropriate clinical intervention.

These long-term conditions were chosen as they represent the most commonly recorded long-term conditions in those 65 and over in Herefordshire<sup>11</sup>. Half (47.8%) of all diagnoses are for hypertension which is a key risk factor for cardiovascular disease.

Figure 6 shows the number of people aged 65 and over in Herefordshire, who are recorded as having hypertension (high blood pressure), diabetes, chronic kidney disease (CKD) and cancer in 2023. These proportions have been applied to the population estimates in Herefordshire up to 2040.

In 2023, there were 25,353 people over the age of 65 in Herefordshire with hypertension, but using crude estimations, this is predicted to increase to 32,684 people by 2040. The number of people with diabetes, CKD and cancer is also predicted to rise over this time period.

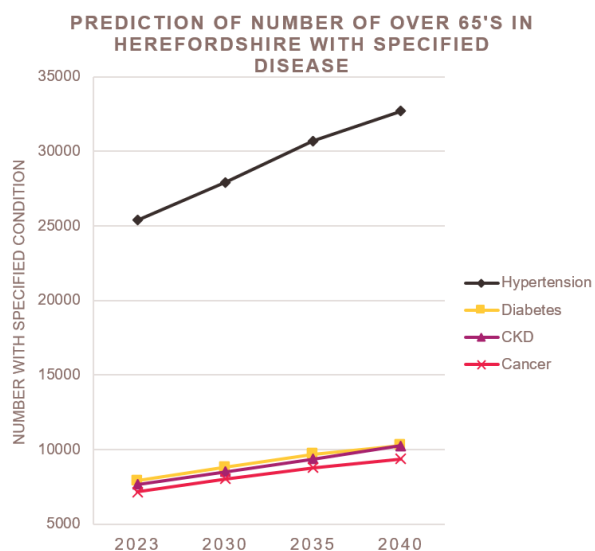


Figure 6: Current and projected number of diagnoses for the most common long term conditions in those 65 and over in Herefordshire.<sup>1, 11</sup>

(Note that these data are crude estimations that assume the current proportion of over 65s diagnosed with these conditions will remain the same going forward.)

Figure 7 shows the projected number of residents whose daily activities are limited by having a long term condition, which is also predicted to increase each year.

The increased number of people with long term conditions will impact upon residents' health and wellbeing, as well as having wider impacts on the healthcare and social care sectors.

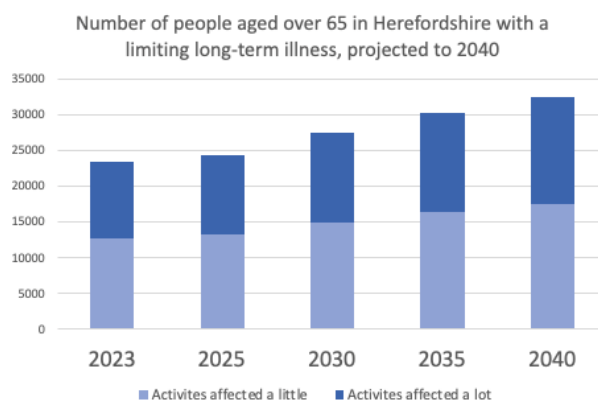


Figure 7: Projected proportion of Herefordshire residents aged 65 and over with a limiting long-term illness<sup>1</sup>



Figure 8 uses data collected from Herefordshire registered patients and shows how the proportion of patients with long-term conditions increases with age, along with the number of long-term conditions patients live with<sup>11</sup>. Data shows that one in four 35 year olds have a long term condition, increasing to 1 in 2 by the age of 60-years.

Evidence suggests that people living with multiple long term conditions are at greater risk of poorer outcomes such as increased mortality, lower quality of life, and greater use of health and social care services, including unplanned admissions. They also face challenges in navigating the health and care system and managing their health, and are generally less satisfied with the care they receive. Most health conditions that cause disability are not inevitable, they can be prevented or the onset delayed through our health behaviours, our relationships, our communities and our environment. If we can prevent or delay the onset of these chronic conditions, we can age better, with not just an increase in life expectancy, but an increase in the years we spend in good health. Intervening early to reduce exacerbations and complications is often termed secondary prevention. If we can identify a condition early, outcomes are far better and the impact on a person's life is much reduced.



Research has found that most people with multiple long term conditions have one or more of the risk factors that significantly impact on people's health, including smoking, poor diet, physical inactivity and excessive alcohol consumption. 60% of those with multiple long term conditions have four or more risk factors<sup>12</sup>. This highlights the importance of primary prevention even for those who already have a long term condition, in order to prevent the development of multiple conditions.

## Frailty and falls

Having an ageing population means that more people are at risk of frailty, falls and fractures. Frailty is generally characterised by issues like reduced muscle strength and fatigue. Frailty is often associated with multi-morbidity, and around 10% of people aged over 65 live with frailty nationally. This figure rises to between 25% and 50% for those aged over 85<sup>13</sup>. It is estimated that 4,600 older people with frailty are living in the community in Herefordshire and this is expected to increase by 28% by 2025 to around 5,900. There are also estimated to be around 18,600 people with pre-frailty living in the community in Herefordshire.

Falls are a preventable cause of loss of independence, morbidity and mortality. Older adults have the highest risk of falling, with 30% of people aged over 65 and half of those over 80, falling once a year or more<sup>14</sup>. In Herefordshire, 7,840 (14.8%) of >65's were recorded as having a fall in the last year<sup>11</sup>. In 2021/22, 785 people aged over 65 in Herefordshire had an emergency hospital admission due to falls (1,552 per 100,000 people). Herefordshire's admissions for falls in the over 65's were significantly better than the national average of 2,100 per 100,000 people<sup>15</sup>.

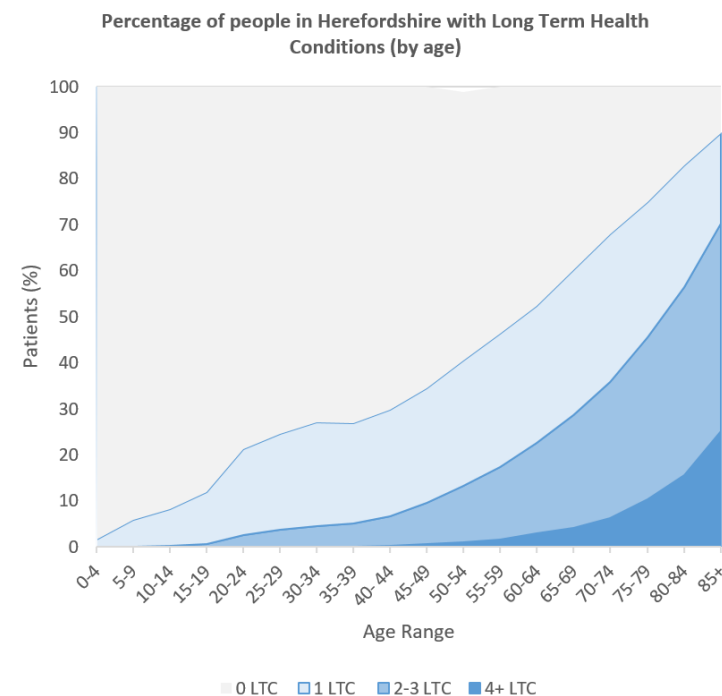


Figure 8: Percentage of people in Herefordshire with long term conditions by age<sup>11</sup>

Having a fall has a devastating human cost through the loss of independence, confidence, pain and distress. The costs to health and social care are also substantial, with approximately £6 million spent by the NHS on treating falls each day<sup>14</sup>, in addition to other costs associated with social care.

Based on population projections, we can estimate the future number of admissions we might expect to see due to falls in Herefordshire (Figure 9).

Over the next 15 years, we will likely see a marked increase in admissions for those over 80, which will place further pressure on our local health and care services.

## Healthcare

For the 53,000 residents aged over 65 in Herefordshire, the average number of GP contacts per year is 11, whereas the average number of GP contacts per year for those aged less than 65 years is 5. In the over 65 age group, 44,000 (83%) people have had 12 or more contacts with their GP Practice in the last year<sup>11</sup>. This demand is expected to rise as our older population grows.

Nationally, it has been acknowledged that there are currently not enough GP's to meet the ever-increasing demands on primary care and increasing complexity of health issues in an ageing population. Nationally, there is the equivalent of one full-time GP for every 2,994 patients, compared to one for every 2,110 patients in Herefordshire. However, the number of patients per full-time equivalent GP has risen significantly since 2019, placing additional demand on Primary Care services. If demand continues to rise, this may worsen the ability of our residents to access GP appointments and make it less likely that individuals will be able to see the same GP over a long period of time. UK research has shown that being able to see the same GP leads to fewer deaths, fewer hospital visits and use of over-stretched emergency services, and less cost for the NHS<sup>16</sup>.

## Social Care

The requirement for care home placements for over 65s in Herefordshire is also predicted to rise. In 2018, 1,150 older adults in the county required a care home placement, but this is predicted to rise to 2,650 by 2038<sup>2</sup>.

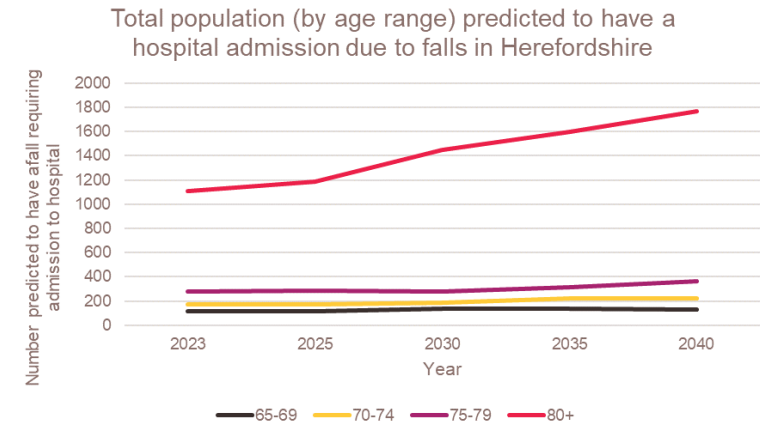


Figure 9: Hospital admissions due to falls in Herefordshire by age<sup>1</sup>



As potential demand increases, so will the proportion of people living with dementia in Herefordshire, and particularly in care homes. Figure 10 shows the projected number almost doubling from 1,200 in 2016 to 2,300 in 2036<sup>2</sup>. If the demand for care home places continues to increase as predicted, there is a risk that there may be too few places for those who need care.

Older people may face increasing isolation, and input from unpaid carers is likely to become greater. Herefordshire Council's Care Commissioning Team are planning ahead to increase provision of care home places, particularly for those with dementia, and will conduct a review of alternative housing options that maximise independence. They will also implement strategies to reduce social isolation and support people to remain at home for longer, utilising home aids and adaptations, new technologies and community assets.

For individuals with assessed care and support needs, a range of services can be provided, either in an individual's own home, the community, or in a care home. Wherever possible, the council will provide care in an individual's usual place of residence. However, in some circumstances, a move to a different housing environment may be required, in which on-site support is available on a 24-hour basis (sometimes called Extra Care Housing or Retirement Villages). For those with more substantial needs, 24 hour support is available within designated care home settings across the County.



## Spotlight on Dementia

Dementia is a group of related symptoms which affects how the brain functions. The majority of older people do not develop dementia. Dementia prevalence in the UK is estimated to be approximately 3% for those aged 70-74 and 11% at 80-84<sup>17</sup>, and therefore should not be considered an inevitable part of ageing.

Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large. Dementia affects each person in a different way, depending upon the underlying causes, other health conditions and the person's cognitive functioning before becoming ill. As the disease progresses, the need for help with personal care increases.

People with dementia may not be able to recognise family members or friends, develop difficulties moving around, lose control over their bladder and bowels, have trouble eating and drinking and experience behaviour changes such as aggression that are distressing to the person with dementia, as well as those around them.

For family members and caregivers, dementia can be challenging to manage, both emotionally and practically. Providing care for a loved one with dementia can be time-consuming, stressful, and costly, and may lead to caregiver burnout and other negative outcomes. At the community level, dementia can have significant economic impacts. The cost of caring for individuals with dementia can be high, and as the population ages, the prevalence of the condition is expected to increase, placing an even greater burden on health and social care.

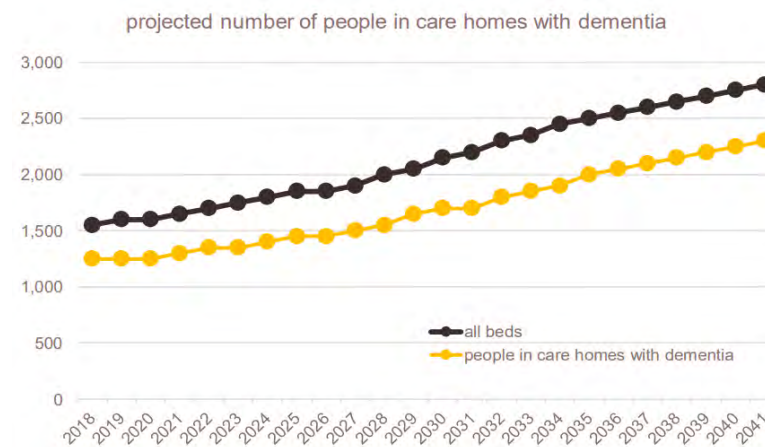


Figure 10: Projected rise in the number of people living with dementia in care homes<sup>2</sup>

In Herefordshire it is estimated that there are 3,200 older adults with dementia and this is expected to rise to over 5,500 by 2040<sup>18</sup>. The estimated dementia diagnosis rate in Herefordshire is 53.9%, significantly below the national target of 66.7%, and lower than the average rate for England (63%). It is therefore very likely that current and projected rates are an under-estimation of the true burden of this disease.

Improving the rates of dementia diagnosis is important to ensure people get the care and support they need. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

88 Figure 11 shows the number of people in different age groups that are currently projected to develop dementia.

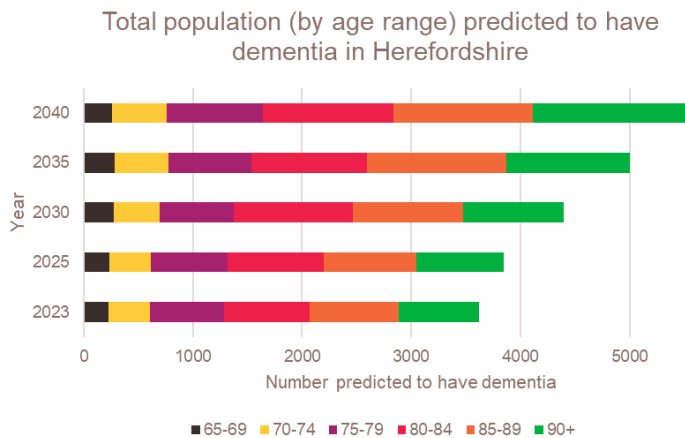


Figure 11: Number of people over 65 predicted to have dementia in Herefordshire<sup>1</sup>

(Based upon 2018 population projections from the Office for National Statistics and 2014 disease prevalence estimates produced by the Alzheimer's Society.)



## Herefordshire Dementia Festivals

Two successful Dementia Festivals have taken place in Herefordshire, the first in October 2022 and the second in March 2023. They aimed to build awareness and ensure we focus on what matters most to people living with the condition and their carers. Over 100 members of the public and 66 professionals attended the first festival. Feedback from professionals indicated that the festival had led to some changing their practice to make their services more accessible.



The second festival was led by people with a diagnosis of dementia and their carers. People living with dementia presented their experiences of getting a diagnosis and living with the condition and carers also presented their experiences of caring for a loved one with dementia. Over the two days, 80 people affected by dementia attended, along with 45 professionals.

Feedback from those who attended the festivals said that they:

*Promoted awareness and respect for patient individuality*

*Helped people stay connected and engaged*

*Enabled people to work together and share ideas*

*Reminded us to focus on what matters most to the person*



### 3. Factors affecting ageing well

The development of health conditions associated with older age is not inevitable. There are many straightforward actions that can be taken by individuals and society to delay or prevent the onset of disease and maximise healthy life expectancy. To identify these, it is first helpful to understand some of the main factors that affect our health as we age.



#### Feel Good For Life

Feel Good for Life Hereford runs weekly sessions at HALO Leisure Centre, each session includes low-impact physical activity and a social activity.

Feel Good for Life Hereford launched in November 2023 and as of February 2024, 36 people have registered for the programme in Hereford, including 19 living with dementia and/or long term complex needs or disability, and 17 unpaid carers. There is currently a waiting list due to its popularity and capacity constraints.

*"The exercises are good. I suffer from anxiety and depression and don't often go out, so I am not as flexible as I used to be. But these are adaptable and I'm able to keep up."*

*"Last week he did not want to go out of the house and his general engagement levels were 0 out of 5. After being at the first session, the smile is back on his face and his engagement level is 5 out of 5 - thank you!"*

*"I'm here with my father-in-law. He's lived here (in Hereford) all his life, but when he was diagnosed (with dementia), it became harder for him to go about his normal routine. He was at home more and getting very down. It's nice for us to get out and do other things. It's not always easy, but we try to do as much as we can. This session is new for us, but the exercises are good and he likes the toning suite. The coffee helps too!"*





## Factors affecting ageing well: Healthy Behaviours

Our health behaviours play a key role in how well we age. Being physically active, eating a healthy, balanced diet, not smoking and moderating alcohol consumption can make a big difference to health in later life, increasing the proportion of life spent in good health. There is a great deal of evidence about how making healthy choices can enhance health and wellbeing in older age and that it is never too late to adopt healthy behaviours and add years to life and life to years.



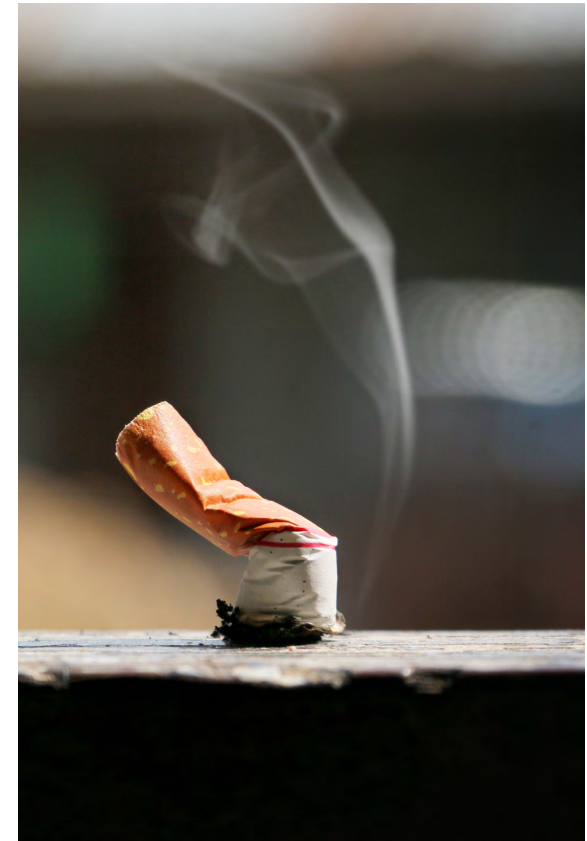
### Smoking

Smoking is the UK's most common cause of cancer deaths and chronic obstructive pulmonary disease - the name given to a group of irreversible lung conditions that cause breathing conditions. Smoking is also a major cause of heart disease, stroke and heart failure, and it increases the risk of dementia. Due to people who smoke generally dying sooner than those that don't, smoking rates are lowest among people aged 65 and over. However, those who smoke in older age, smoke a higher number of cigarettes per day than other age groups. The harms of smoking disproportionately affect the poorest in our communities and are a major cause of health inequalities in older people. In Herefordshire, 3,253 (6%) residents over 65 are recorded as smokers<sup>11</sup>.

The National Institute for Health and Care Excellence (NICE) recommends that smoking cessation advice is available to all smokers, regardless of age. However, evidence suggests that older smokers are less likely to be offered support to stop smoking than younger smokers<sup>19</sup>. Quitting smoking at any age reduces the risk of developing smoking-related disease and increases life expectancy. Herefordshire is one of the first phase locations for 'swap to stop'. This scheme aims to provide the residents of Herefordshire a vape offer, which enhances our existing stop smoking services, reaching segments of the population at greater risk of smoking and smoking related disease.

In October 2023, the Government published the *Stopping the Start* command paper outlining a series of legislative and funding programmes to tackle smoking. This includes a commitment to increase capacity of stop smoking services and support more people to quit smoking<sup>20</sup>

Herefordshire will also be supporting the delivery of 'Stopping the Start', a five year strategy to support the government's target to be smokefree by 2030 (prevalence of 5% or less). The national goal of this scheme is to increase number of people setting quit attempts nationally to 193,908. There are currently 393 people setting quit attempts in Herefordshire, but by the end of year one, there is an aim to reach 550 people, with this increasing to 1,335 people in year five.



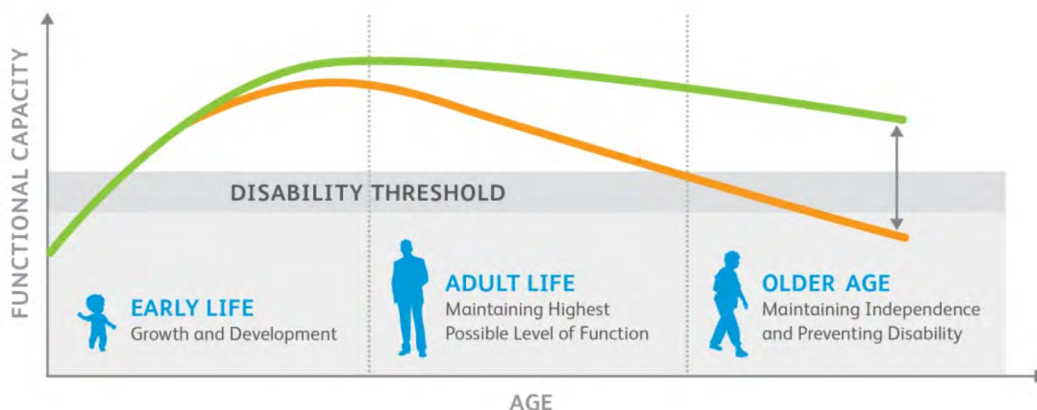


## Physical Activity

Physical activity is vitally important to enable people to maintain mobility and independence in older age. Regular physical activity reduces the risk of falls and of developing major conditions, such as cardiovascular disease, type 2 diabetes and cancer. Physical activity also supports good mental health and wellbeing.

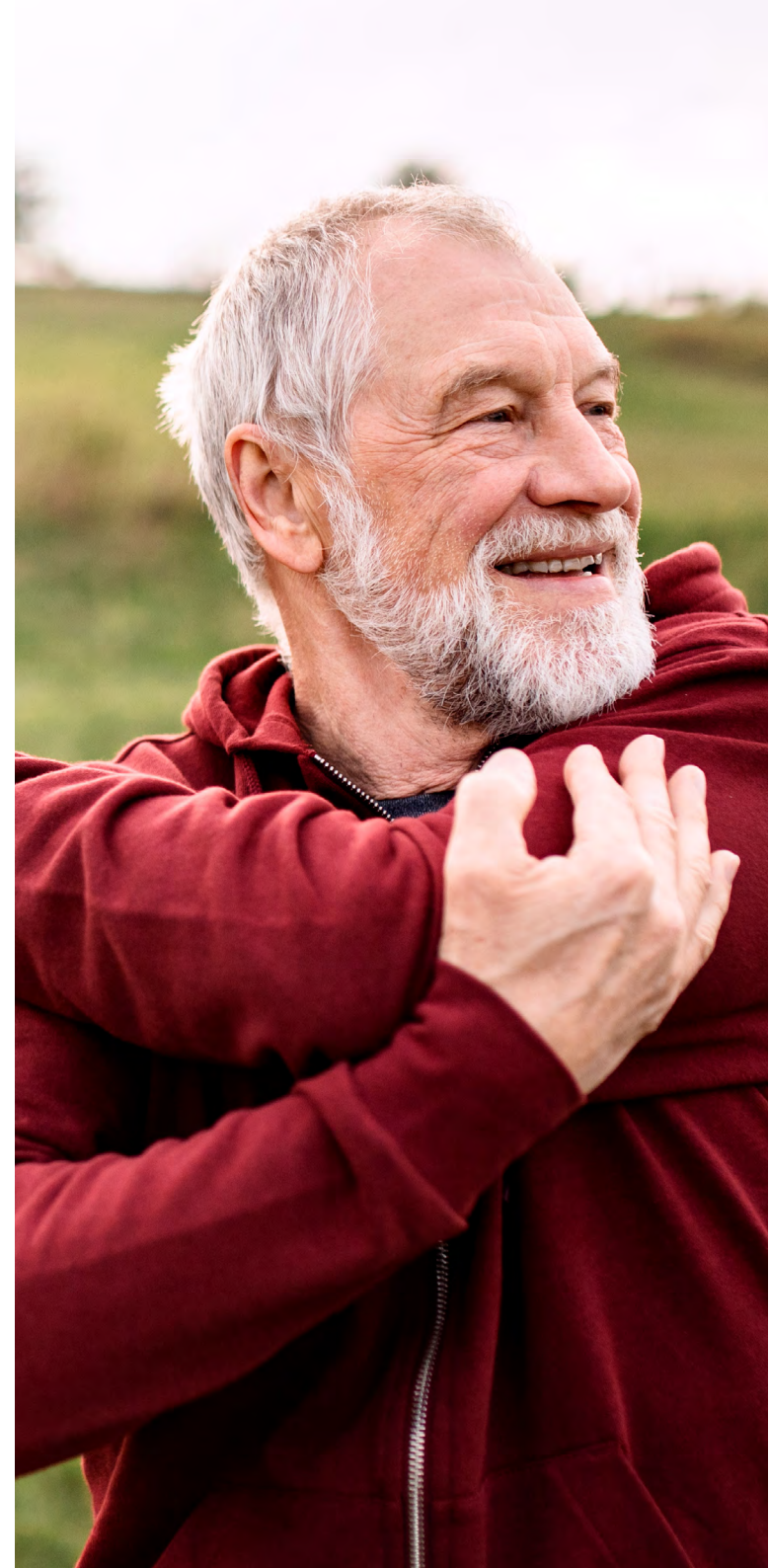
There is a misconception that as people age, they should 'slow down' and 'rest' and this is reflected in the data showing that people tend to become less active as they get older, with physical activity levels the lowest amongst our oldest age groups. However, research has found that it is never too late to start to be active, and that being active can impact on bone strength and muscle mass, and reduce the risk of osteoporosis, falls, fractures and frailty<sup>21</sup>. After the age of 30, muscle mass decreases by 5-8% per decade and by age 70, this more than doubles, to 15% per decade<sup>22</sup>. Given the breadth of benefits that being active has for health, it is often referred to as the 'miracle drug'<sup>23</sup>.

Functional capacity refers to an individual's ability to perform everyday activities that are necessary for health and wellbeing, such as being able to pick up an object off the floor, stand up without using armrests, or climb stairs. Figure 12 shows how functional capacity changes with age. Having a sedentary lifestyle accelerates our loss of functional capacity as we grow older (shown by the orange trajectory). However, maintaining strength and muscle mass through physical activity, results in higher functional capacity and, therefore, independence in older age (shown by the green trajectory).



Source: Adapted from Kalache, A., Kickbush, I. A Global Strategy for Healthy Ageing. World Health, 1997 50(4):5.

Figure 12: Functional capacity change with age in physically active (green) and sedentary (orange) individuals<sup>24</sup>



It is recommended that older adults aim to do 150 minutes of moderate intensity aerobic activity per week and strength and balance activities twice a week, but any physical activity is better than none.<sup>23</sup>

Walking is often overlooked as a form of exercise, even though it's simple, free and one of the easiest ways to get more active, lose weight and become healthier. With over 2,000 miles of footpaths through beautiful countryside in Herefordshire, walking can provide a good opportunity to improve stamina, burn excess calories and improve health.

06



Figure 13: Physical activity guidelines for adults and older adults<sup>23</sup>



## Halo Exercise Referral Scheme



Halo Exercise Referral Scheme supports individuals to exercise in their safe and friendly centres across Herefordshire. Following referral, individuals will have a one-to-one appointment with an instructor and a personalised activity plan to suit the individual's age and ability.

Michael has some health anxiety and other health challenges. A Practice Nurse referred him to the Wellbeing Service for support. After a few sessions with a Health Coach, Michael's confidence had grown and he consented to be referred to the Halo Exercise Referral Scheme. Michael is now attending his local gym once a week for the first time in his life and really enjoys training on the various equipment available.

In order to attend the local gym, Michael had to come out of his comfort zone and overcome his anxiety.

*I am quite satisfied that I am making progress and am keen to continue!"*

Michael has not only become fitter but has started to connect socially with other attendees.



### Healthy Eating and Healthy Weight

Eating a nutritious diet can delay the onset of diseases. Consuming at least five portions of fruit and vegetables each day reduces the risk of hypertension, chronic heart disease and stroke. Poor diet and being overweight increase the risk of conditions such as cardiovascular disease, diabetes and cancer.

Maintaining a nutritious diet as we age is important for our overall health. The recommended intake of carbohydrates, sugar, fibre, fat, and salt remains similar to younger adults. However, a recent UK dietary survey indicated that older adults fail to meet the recommendations for intake of fruit, vegetables, fibre, and oily fish, with evidence of low intakes of vitamin A, vitamin D, riboflavin, and folate and excessive intake of saturated fat, sugar and salt. Older adults are at high risk of Vitamin D deficiency, regardless of race or ethnicity. Vitamin D is important for bone and muscle strength, so it is advised that 10mcg (400IU) supplements are taken daily between October and March. Those at the highest risk of deficiency, such as housebound adults or those that cover their skin when outdoors, should take a supplement daily throughout the year.<sup>22</sup>

The most widely used measure of obesity is the Body Mass Index (BMI), defined as weight divided by the square of height (kg/m<sup>2</sup>). A person is classified as 'obese' if their BMI is 30 or higher, and 'overweight' if their BMI is between 25 and 30. The majority of older adults are now overweight or obese. In England, the prevalence of overweight and obesity is highest among adults aged 45 to 74, with 73% of adults aged 65 to 74 living with overweight or obesity<sup>25</sup>. Given current rates of high BMI in younger people, we can expect an even greater proportion of older people to live with overweight and associated health conditions for many years to come. The promotion of healthy diets early on in life, as well as supporting older people to achieve a healthy weight, is therefore essential for maintaining good population health.

Figure 14 shows that of those residents in Herefordshire over the age of 65 with a recorded BMI in their patient record (50,801), 33,035 (65%) residents are overweight or obese<sup>11</sup>.

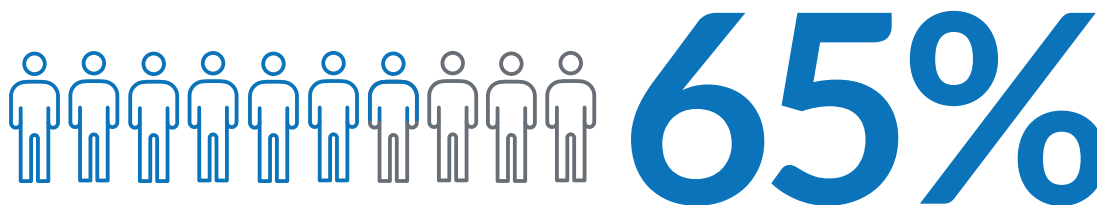


Figure 14: Nearly 65% of Herefordshire residents over the age of 65 are overweight or obese



## Alcohol

Alcohol is a risk factor for many major conditions including cancers, cardiovascular disease and liver disease. Alcohol can also exacerbate age-related health concerns such as cognitive impairment and increase the risk of falls. Older adults are more likely to experience health conditions due to high levels of alcohol consumption over many years. In addition, some older adults start to develop harmful drinking behaviour in older age, sometimes associated with bereavement or mental health difficulties.

The Health Survey for England in 2021 found that across all age groups a higher proportion of men reported drinking alcohol in the last week (61%) than women (49%) and men were also more frequently drinking at higher risk levels (over 14 units per week). The proportions who reported drinking in the last week were higher in the oldest age group (49% of those aged 75 and over) than the youngest age group (37% of those 16-24), however, the oldest age group (aged 75 and over) were the least likely to drink over 14 units per week.

Older people are less able to process alcohol and are more likely to be taking prescribed medicines that could interact with alcohol, placing them at greater risk of alcohol-related harm. Nationally, 24% of all alcohol-related hospital admissions occur among patients aged between 65 and 74<sup>26</sup>. Individuals in more deprived areas are disproportionately affected by alcohol-related harms, despite drinking alcohol at similar or lower levels than those living in less deprived areas.

Older people may experience barriers to seeking support from alcohol treatment services as incidents such as alcohol-related falls may be attributed to frailty. Alcohol treatment services are often targeted towards younger people and this may contribute to a reluctance for older people to seek support.



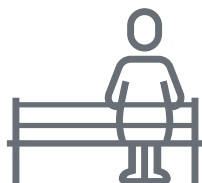
## Factors affecting ageing well: Social Connections

Being connected to others is also important for health and happiness in later life. Positive social connections with family, friends, colleagues and communities provide a sense of belonging and contribute to good physical health. Being socially active may also reduce the risk of developing dementia. Loneliness and social isolation can have as negative an impact on health as chronic long term conditions such as diabetes and hypertension.

Although people can experience loneliness at any time during their life, older people are particularly vulnerable as their social connections change with age and circumstances such as retirement, caring responsibilities and bereavement. Older people may have different experiences of social connectedness, depending on where they live and their financial resources, which can create health inequalities.

People living in the most disadvantaged areas experience greater levels of poverty, and the link between social isolation and poverty appears to be stronger among older people than working age adults. Poverty can mean that some older people may be unable to afford the cost of transport to attend social activities or visit friends and family.

Social connections are enhanced by a wide range of community assets that include good transport links, green spaces, community groups, and learning, employment and volunteering opportunities.



### Social Isolation and Loneliness

Social isolation and loneliness have been linked to increased risk of heart disease and stroke, type 2 diabetes, depression and anxiety. According to research, the health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day. Social isolation and loneliness have even been estimated to shorten a person's life span by as many as 15 years<sup>27</sup>.

In Herefordshire, 31% of households are single occupancy and half of these are people over 65, equating to 28% of all those aged 65 and over<sup>3</sup>. Herefordshire is also a very rural county, which further increases the potential for social isolation.

Nationally, 10-13% of older people report being lonely, and the percentage of those who report loneliness increases in those aged over 60<sup>28</sup>. The 2023 Herefordshire Community Wellbeing Survey reported that around 1 in 5 (18%) adults felt lonely 'some of the time' or 'often/always'<sup>29</sup>.

Although isolation and loneliness are closely linked, it is important to recognise that people can be isolated but not lonely and vice-versa. Local data show that only 76 people over 65 in the county have been recorded by GP practices as lonely or isolated<sup>11</sup>, which shows that increased recognition and identification of this is needed.





## Carers

Unpaid carers often provide help and support to their family and friends. They are an extremely important asset for the wellbeing of many older people, as well as to the health and social care sector. The 2023 Community Wellbeing Survey found that 21% of Herefordshire adults provided some level of unpaid care, equating to over 35,000 residents<sup>29</sup>. However, unpaid carers are at risk of having worse health outcomes themselves. Although the reasons behind this are complex, it has been attributed to the stress of the caring role and difficulty accessing healthcare services themselves around their caring commitments.

In 2021/22, 32.4% of carers aged over 65 in Herefordshire were found to have had as much social contact as they would like, with the average in England recorded as only 28.8%, putting them at high risk of loneliness and social isolation<sup>30</sup>. In a 2021 GP survey, over half (51%) of carers avoided making a GP appointment, compared to 40% of non-carers<sup>31</sup>.

In Herefordshire, [Crossroads Together](#) offer practical support for unpaid carers who look after someone with a disability or life affecting illness. Herefordshire Carers help to keep carers connected, as well as organise trips and social events for carers. The [Talk Community Directory](#) also has information to support carers, together with a directory of activities, events and services. Visit [Talk Community Directory - Looking after someone section](#).

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## Digital Literacy

The internet and digital technology has transformed how we work, communicate, learn, and access information. But many people do not have access to the internet or are unable to use it. This can contribute to loneliness and involuntary social isolation and can make it difficult to access important health information and local services. Local data has found that 88% of adults in Herefordshire regularly access the internet for non-work purposes. Those aged over 65 in Herefordshire are less likely to use the internet regularly compared with other age groups, with 25% reporting they do not access the internet regularly. A third of those over 65 who do not use the internet reported that they did not possess the skills to use it<sup>32</sup>.

Telecare is a monitoring service that offers remote support to elderly, disabled and vulnerable people who live alone in their own homes, by providing them with an alarm worn on a pendant. The 2022 Telecare Users' Survey found that 49% of Telecare users in Herefordshire do not use the internet<sup>32</sup>.







### Age-friendly employment and volunteering

Throughout our lives, having purpose and enjoyment in what we do brings great benefits to our wellbeing. Older people have rich life experiences and much to offer for the benefit of our communities. For older people, paid work and/or volunteering can provide opportunities to make social connections and boost self-esteem, but for many, this is only possible if they are in good health. Staying in work, volunteering or joining a community group can help people to stay physically and mentally active for longer.

Older people have a wealth of skills and intergenerational work is a great way to break down barriers between groups of people. It is important that employers understand the value of older people and the many benefits they can bring to the workplace. In the UK, more than one in nine (11.5%) are now working past their 65th birthday, representing 1.43 million people. This illustrates the importance of older workers to the economy.

When it comes to retirement, many people do not have clear ideas of how they want to spend their time and this may lead to lower levels of purpose. People with higher levels of purpose are more proactive in taking care of their health, they have better impulse control, and engage in healthier activities. Research on the transition into retirement has found that those who had difficulties moving into retirement were more likely to have poor health behaviours and have a decline in both mental and physical health<sup>33</sup>.



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### Acknowledging older people as assets

Older people are assets to our communities. Their life experiences provide them with valuable skills and knowledge to enhance local community connections, build resilience and improve wellbeing at individual and community levels. As our older population grows, this will increase the number of people we can draw on to improve health and wellbeing, as all age groups can benefit from the skills, experience and knowledge of older members of the community.

Social capital can be defined as a shared sense of identity in a community, values and trust developed through social relationships. Older people can support the development of strong social capital in themselves and their communities through volunteering, caring, education and employment. Having strong social capital can support individuals' resilience to and recovery from illness.



## Factors affecting ageing well: Environment

In order for older people to maintain their independence and quality of life, we need to ensure the environment is suitable for them. The built environment can promote physical and mental health in older adults by providing opportunities for exercise and safe active travel, and by making social activities more accessible to people with some degree of disability. Suitable housing is also vital, as homes that are cold, damp, prone to overheating, unsafe, or unsuitable for the needs of older people contribute to the development and exacerbation of many long-term health conditions.



### Excess cold and heat

In Herefordshire, there is a higher rate of fuel poverty and lower energy efficiency compared to nationally. Due to the rurality of the county, only 69% of properties are connected to mains gas, compared to 87% nationally<sup>34</sup>.

Older people often spend more time at home than younger people, and adults over 60 are the group most likely to be living in a cold home during the winter months. Older people are more vulnerable to the detrimental health effects of both excess heat and cold temperatures within their homes, as they are less able to regulate their body temperatures. Cold homes are known to contribute to excess winter deaths. Homes that overheat in the summer can also exacerbate many long term conditions and this is predicted to increase with climate change.



### Unsafe homes

Home aids and adaptations can improve quality of life for older people who are losing mobility. Housing adaptations can reduce difficulties with washing and bathing, using the toilet, getting dressed and eating. Over twice as many houses in Herefordshire (25%) are reported to have a serious hazard, compared to 12% in England<sup>34</sup>.

In 2021, fall hazards were more prevalent in Herefordshire houses than nationally (9% compared to 7%) and this was more likely in privately owned or rented properties than social housing<sup>34</sup>. Falls can have major impacts on the health and wellbeing of older people, both physically and mentally, as they can greatly affect the confidence of older people to leave their homes due to fear of falling.

In Herefordshire there is a relatively high proportion of older homes- 39% were built pre-1990, which is nearly 5 times the national average<sup>34</sup>. Older homes are more likely to be listed buildings, which may pose barriers in gaining permission for adaptations. Making small changes to homes could help to maintain independence for longer and reduce the use of the NHS and social care<sup>35</sup>.



## Herefordshire Coffee and Memory bus (CAMBUS)



The CAMBUS is an outreach initiative that delivers well-being support to communities and enables improved access to services, information, and advice. It can sometimes be difficult for people to access support services or to find out about what is available to them, so this initiative aims to take that support and information to people where they are, reaching our more remote and smaller communities.

As well as providing advice, the CAMBUS provides the opportunity for a drink and chat with others. It delivers Living Well Roadshows and takes food bags and warmth supplies into rural communities. The CAMBUS is operated by Dementia Matters Herefordshire and works with Age UK and Talk Community Hubs.



### Transport and mobility

Transport and mobility are key to healthy ageing. Being able to get to shops, services and to see friends and family enables older people to have a good quality of life. However, in later life, mobility needs may change and older people may start to face some challenges in how they get around. They may lose the ability to drive safely and therefore, having a public transport system which meets the needs of older people is important for independence, especially in more rural areas, such as Herefordshire.

How we get around also influences our health as we age, with an increasing body of evidence suggesting that walking, cycling and the use of public transport all contribute to better health outcomes. Sustainable transport policies promote the use of public transport, which is often combined with walking or cycling, and is less polluting than car travel. However, in a largely rural area, where amenities are more difficult to access, this may be difficult to achieve without consideration of how to ensure that the environment and transport options are age friendly.

A poorly designed environment and unpredictable public transport services can reduce older people's ability to access activities and remain independent. Sometimes the design of public spaces, such as a lack of benches and public toilets, the condition of pavements, lack of pedestrian crossings, and a lack of appropriate signage or maps can reduce the ability of older people to walk to places. When planning and designing outdoor spaces and buildings, there are ways to ensure that the environment is supportive for people as they move into later life. The WHO toolkit for policy makers and planners provides guidance on developing, implementing and evaluating age friendly policies and interventions<sup>37</sup>.

Herefordshire Council are currently developing long term plans for the county for housing and transport, which provides a timely opportunity to ensure that these plans reflect environments and infrastructure that support older people to age well.



## 4. How can Herefordshire support older people?



### Call to action: Individuals and Communities

**Seek support to live healthier** - Our lives are often unhealthier than we think, which can dramatically increase our chances of becoming ill later in life, but it's never too late to make positive changes and there is information and help available. We currently have 77 fantastic Talk Community Hubs in Herefordshire, offering up to date health and wellbeing information and connecting people to services, groups and activities within their local community or across the county.

**Move more and often** - keeping active is one of the best ways to reduce our risk of developing health conditions. Think of ways you could incorporate exercise as part of social life and the activities of daily living. It's never too late to start!

**Consider volunteering or learning a new skill** - Volunteering is a great way to get involved within your local community, meet new people, learn new skills and help make a difference. You can offer as much or as little of your time as you like and there's something for everyone, regardless of skills and abilities. There are over 1,500 voluntary and community groups across Herefordshire, which rely on help and support from volunteers.

**Consider joining a community activity** - Have a look at what's available in your local community, as there may well be a group or club you'd be interested in joining. Talk Community Hubs connect people to services, groups and activities within their local community or across the county.

There is a wealth of support, activities, and opportunities in Herefordshire, but finding out about them can be difficult, especially for those who do not use the internet or are socially isolated.

**TALK COMMUNITY**  
DIRECTORY

Talk Community provides a directory of local services, which can be found here:

[Directory Search - Talk Community Directory.](#)

If you'd like to find out more about how you can help yourself, how you can help your community or how your community can help you, you can also get in touch with the **Talk Community Helpline on 01432 260027.**



Age UK Herefordshire & Worcestershire and Age UK Worcester, Malvern Hills & Hereford Localities provide a range of services to support older people living in Herefordshire to improve and sustain their financial, physical and mental wellbeing.

**Visit:** <https://www.ageuk.org.uk/herefordshireandworcestershire/>  
<https://www.ageuk.org.uk/worcester-malvern-hills/>

**Improve your computer skills** - If you don't already use a computer or electronic communicational device Herefordshire libraries offer free computer and internet access at most of their sites.

**Be aware of the potential triggers for loneliness** - For example, bereavement, being a carer, lacking transport or having a low income. If you are in contact with older people, ask them if they would like to know more about how to make social connections and help them to find out what is available in their local community.

**Get advice on equipment and adaptations to help keep your home safe** - There's lots of specialist equipment and gadgets available which can help you remain safe and independent with everyday tasks such as washing, dressing, cooking, moving around your home or being out and about. There's support available, to help you make the right decisions for your needs. Herefordshire Council's Occupational Therapy Team provide independent advice and guidance on equipment provision, along with assessments of your individual needs. Contact Herefordshire Council on 01432 260101 or [ASCAdviceandReferralTeam@herefordshire.gov.uk](mailto:ASCAdviceandReferralTeam@herefordshire.gov.uk).

**Get advice on keeping warm in cold weather** - Keep Herefordshire Warm provide free energy efficiency advice for residents in Herefordshire, including potential funding support for those with broken boilers, no central heating or insulation.

To request advice, contact Keep Herefordshire Warm on 0800 6771432.

**Develop age-friendly employment policies** - These should enable older people to continue in paid employment for as long as they wish, including:

- Flexible working
- Age-positive hiring
- Ensuring everyone has the health support they need
- Encouraging career development at all ages
- Considering how jobs can be adapted or assistive technology used to support people in their employment when needed
- Supporting employees to ensure transition to retirement is well planned





## Call to action: Public Services

**Make every contact count (MECC)** – We need prioritise disease prevention in order to improve an individual's quality of life. Health and social care professionals have an invaluable opportunity to offer advice to help older people take up and maintain healthy behaviours and to signpost them for further support. A short online MECC course is free and can be accessed here [Making Every Contact Count \(MECC\) - Talk Community Directory](#)

**Increase uptake of NHS Health Checks** – These are an important way in which we can detect a person's risk of diseases and intervene to prevent further health problems. NHS Health Checks are available, once every five years, to those aged 40-74, who are not on a disease register. Health and social care staff can play an important role in providing NHS Health Checks and/or encouraging individuals to take up this offer.

**Work together to provide holistic and personalised care** - Currently, the medical profession is organised around single diseases and medical specialities. However, the reality is that a growing number of older people are developing multiple medical conditions (multi-morbidity). The result is that many older people attend multiple appointments with various medical specialists, for what can be a predictable cluster of conditions. These patients often receive many different medications that may not be helpful when taken together. A closer integration of services providing care to older people will be necessary to respond to the rise in multi-morbidity and ensure that patients are treated in a holistic way, to personalise their treatment in a way that is best suited to them.

**Publicise support available for older people** - Organisations should seek the views of older service users on how to publicise and deliver their services to all older adults, including those who do not use the internet.

**Increase support for the voluntary and community sector** - Voluntary and community sector organisations have a vital role in addressing the health and social care needs of communities. They often provide vital services to vulnerable and underserved communities, often through innovative and cost effective ways. Consideration should be given to understand and strengthen the role of the voluntary and community sector to improve health, well-being and care outcomes amongst the seldom heard.



Image provided by Age UK Worcester, Malvern Hills & Hereford Localities, showing participants at a Sheds Together Bromyard session, located at The Hope Centre. These sessions offer a safe, welcoming environment for older people to meet, socialise and learn/share practical skills.

**Promote volunteering opportunities for older people in the local community** – Use methods such as fliers, posters and the local press alongside digital promotion.

**Undertake community engagement with older people early in the planning of local developments**  
Herefordshire Council have collated data on the age profiles of the respondents to consultations in 2022 and have found that older adults engaged the most. They have also run a series of face-to-face 'roadshow' consultation events in locations across the county, to better engage people that are not able to travel.

**Develop detailed guidance around the design of age-friendly spaces and communities** - This could incorporate aspects of the age-friendly outdoor spaces and buildings checklist from the World Health Organisation. Visit [National programmes for age-friendly cities and communities \(who.int\)](https://www.who.int/nmh/initiatives/age-friendly-cities)

**Create dementia friendly public places** - Make efforts to create a dementia-friendly environment. This can include reducing noise and distractions, providing clear signage, and ensuring that spaces are accessible and safe for individuals with dementia. The Alzheimer's Society provide a wealth of resources with specific tips and ideas to help different types of organisations consider how they can make their individual services more accessible.

Visit: [Tips to make your organisation more dementia-friendly | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/resources/tips-to-make-your-organisation-more-dementia-friendly).

**Maximising our collective resources** - Explore how public sector organisations can further align and pool resources to support people to live healthy, independent lives and improve outcomes for the population as a whole.



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# Title of report: Herefordshire and Worcestershire All Age Autism Strategy 2024-2029

**Meeting: Health and Wellbeing Board**

**Meeting date: Monday 10 June 2024**

**Report by: Community Wellbeing Corporate Director**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose**

The purpose of this report is to update the Board on the Herefordshire & Worcestershire All-Age Autism Strategy (2024-29).

## **Recommendation(s)**

**That:**

- a) The Board considers the reports and notes progress to date
- b) The Board considers how to ensure that all partnership organisations are clearly sighted on the strategy and cross references it with their own plans

## **Alternative options**

Do nothing. This is not recommended because the strategy was approved by Cabinet on 28 March and the priorities outlined will need support to enable further progress to be made.

## **Legislative Context**

1. The Autism Act 2009 [Autism Act 2009 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2009/38/section/1) is currently the only disability-specific legislation in England. The Act requires the Government to introduce and keep under review an 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 \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/94444/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026-gov.uk).
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2. 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.
3. 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.”
4. 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.
5. The Health and Social Care Act 2022 requires all CQC registered providers to undertake Mandatory Autism Training.

## Background

6. The Herefordshire & Worcestershire All-Age Autism Strategy received Cabinet approval on 28 March 2024.
7. Prior to this in September 2022, initial work started to progress an all-age strategy, in line with the National Autism Strategy, for the Integrated Care System (ICS) in Herefordshire and Worcestershire.
8. Initial co-production work identified seven priorities listed below; six included in the national strategy and an additional priority of ‘Keeping Safe’:
  - i. Improving understanding and acceptance of autism within society
  - ii. Improving autistic children and young people’s access into education and support positive transitions into adulthood
  - iii. Supporting more autistic people into employment
  - iv. Tackling health and care inequalities for autistic people
  - v. Building the right support in the community
  - vi. Improving support in criminal and youth justice systems
  - vii. Keeping Safe
9. A workstream lead was identified for each of the seven priorities who led the co-production and collated the information for each priority. Workstream leads were from across the ICS including Herefordshire Social Care Commissioners, Head of Additional Needs for Herefordshire Council Children and Young people, Worcestershire Adult Social Care Commissioners, All-Age Disability Lead for Worcestershire Children’s First, NHS ICB Commissioners, and the Head of Criminal Justice for West Mercia Police.
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 included in the appendices.

11. This information has been collated with a short summary of “what we know” for each priority, high level aims and key actions included in the strategy.
12. Co-production work will continue through the development of annual implementation plans, progressing and monitoring the actions.
13. The version of the strategy document included within the appendices is currently with the ICB design team to make into a more attractive, user-friendly document. There will also be an easy read version.

## Key Messages

14. There are a significant number of key findings and required actions set out in the strategy document. The strategy is ambitious, however it should be noted that a significant number of actions relate specifically to statutory duties according to the legislation set out in points 1-4.
15. The strategy sets out a description of each of the priorities, high level aims and actions in addition a number of themes which have been highlighted within each of the seven priorities.
16. At the ICS Learning Disability and Autism Programme Assurance Board in January 2024 it was agreed that cross cutting themes were the key points of the strategy to work on first: a) Support / advocacy b) Carers c) Mental health d) Reasonable Adjustments
  - Many Autistic People need **support/advocacy** to access mainstream services or navigate systems.
  - **Carers** have voiced concerns that 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.
  - The plan is to continue the multi-agency approach taken with this strategy to plan the best way for carers to get the support that they need.
  - Some Autistic people are not getting the right support for their **mental health** needs. The strategy sets 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. The intention is to use the 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.
  - Organisations need to make **reasonable adjustments**. A key action is 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.

## Implementation and Monitoring Progress

17. The next stages of planning are now underway with each priority lead working with stakeholders to co-produce an annual implementation plan based on the high level aims

and actions identified within the strategy document. This will include how success will be evaluated.

18. Progress will be monitored at the ICS Developing Services for Autistic People Board (name and terms of reference to change with a dedicated focus on the autism strategy implementation) including all workstream leads, people with lived experience and carers and chaired by the ICS Autism Champion. This will report into the ICS Learning Disability and Autism Programme Assurance Board and annual reports will be presented to the Health and Wellbeing Boards in both counties.
19. In addition to the ICS wide governance, there will be additional oversight within Herefordshire, with regular progress updates reported into the Herefordshire Autism Partnership Board and the SEND Assurance Board.
20. A communications plan will include a bi-annual newsletter to be produced for all stakeholders to be distributed across all channels in the two counties.

## **Community impact**

- 20 The autism strategy aims to deliver positive outcomes in a number of different areas across local communities which includes health inequalities, support into employment, support for people in the criminal justice system and building the right support for autistic people in the community.
- 21 Herefordshire's Joint Health and Wellbeing Strategy 2023-33 sets out how the Council and its local partners plan to address the health and wellbeing needs of its population and is a key jointly owned document that promotes collective action.
- 22 The key themes of the Health and Wellbeing Strategy align closely with priorities set out within the autism strategy. This includes enabling the best start in life for children and good mental wellbeing throughout life. Additional priorities addressed in both strategies include
  - Improve access to local services
  - Good work for everyone
  - Support for people with complex vulnerabilities

## **Environmental impact**

23. Whilst this activity will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's environmental policy.
24. The Council provides a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors, there is a shared strong commitment to improving the environmental sustainability and achieving carbon neutrality in Herefordshire.

## **Equality duty**

- 25 The decision does not discontinue any service and has no detrimental impact to eligible service users under Section 149 of the Equality Act 2010.
- 26 The Council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of

opportunity and foster good relations. An Equality Impact Assessment is attached at Appendix 4 has been completed.

- 27 The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. All partners are aware of their statutory requirements in regards to equality legislation.
- 28 This proposal will contribute to providing support and improving the quality of life to autistic people of all ages including those with protected characteristics.

### **Resource implications**

- 29 There is a training implication to ensure that all appropriate staff receive the Oliver McGowan mandatory training.
- 30 There is a resource implication in that all stakeholders will need to work together 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.
- 31 There is a potential financial implication to deliver some of the actions. These will be developed as business cases where appropriate.

### **Legal implications**

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

### **Risk management**

- 33 Further work to implement the strategy is required with support across the Council needed to ensure progress is made within Herefordshire communities.
- 34 Without consistent support and engagement from a wide range of public, voluntary and private sector partners, there is a risk that the Council will not be able to deliver the intended improvements and outcomes for autistic people and their carers.

<b>Risk</b>	<b>Mitigation</b>
Sufficient resources to implement the strategy are not available.	The next stages of the process will identify work already underway which will contribute; key resources; robust governance and further engagement across the Council
Key stakeholders do not engage productively with this strategy	We will mitigate this by building relationships between partners, through further engagement and priority area focussed working groups.

## Consultees

- Herefordshire Autism Partnership Board
- Community Wellbeing Cabinet Member
- Community Wellbeing Corporate Director
- Children and Young People Corporate Director
- SEND Assurance Board
- Herefordshire Social Care Commissioners
- Head of Additional Needs for Herefordshire Council Children and Young people, Worcestershire Adult Social Care Commissioners
- Worcestershire Autism Partnership Board
- All-Age Disability Lead for Worcestershire Children's First
- NHS ICB Commissioners
- Head of Criminal Justice for West Mercia Police.

## Appendices

Appendix 1: Herefordshire and Worcestershire All Age Autism Strategy 2024-2029

Appendix 2: Survey Response Data 2023

## Background papers

None

**Please include a glossary of terms, abbreviations and acronyms used in this report.**

- Special Educational Needs and Disabilities (SEND)
- Integrated Care System (ICS)



- National Health Service Integrated Care Board (NHS ICB)



## Appendix 1

### Herefordshire and Worcestershire Joint All Age Autism Strategy 2024 - 2029

#### Glossary

Term	Definition
<b>ADHD</b>	
<b>Advocacy (informal)</b>	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.
<b>Autism Friendly Schools Standard</b>	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).
<b>All-Party Parliamentary Group on Autism (APPGA)</b>	
<b>Autism</b>	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.
<b>Autism Partnership Board</b>	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.
<b>Autistic People</b>	People of ALL ages who have a formal diagnosis of autism, self-identify as autistic or may be autistic and do not know.
<b>Carer/s</b>	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 and cannot cope without their support. The care they give is unpaid.
<b>Commissioners</b>	Understand, plan and secure health and/or social care services for the local population.
<b>Emotionally Based School Avoidance (EBSA)</b>	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.
<b>Education Health and Care Plan (EHCP)</b>	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.
<b>Education Health and Care Assessment/EHC Assessment</b>	A needs assessment carried out by the Local Authority for children and young people who may need an EHCP.
<b>Graduated Response</b>	Special Educational Needs (SEN) support is also known as the Graduated Response.
<b>Health and Wellbeing Boards</b>	The Health and Wellbeing Boards bring together the organisations responsible for improving health and wellbeing and reducing health inequalities for each county.
<b>Integrated Care System (ICS)</b>	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.
<b>Herefordshire and Worcestershire Integrated Care Board (ICB)</b>	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.

<b>H&amp;W ICS Developing Services for Autistic People Programme Board</b>	This Board leads on the development of services for autistic people across Herefordshire & Worcestershire and ensures that the developments proposed in the Learning Disability and Autism 3 Year Plan are delivered.
<b>LeDeR strategy/programme</b>	<a href="#">Learning from the lives and deaths - people with a learning disability and autistic people Herefordshire and Worcestershire Strategy 2022-2025</a> 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.
<b>Looking to the future plan</b>	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.
<b>Masking (also referred to as camouflaging)</b>	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.
<b>National Autism Prevalance Tool</b>	A tool that helps understand the estimated population of autistic people in each county.
<b>Oliver McGowan Mandatory Training (OMMT) Programme</b>	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).
<b>Reasonable adjustments</b>	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.
<b>Reasonable Adjustment Digital Flag (RADF)</b>	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: <a href="#">Reasonable Adjustment Flag case study (based on pilot version of the flag) - NHS Digital</a>
<b>Special Educational Needs (SEN) support</b>	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 ( <a href="#">taken from SENDIASS</a> ).

### 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 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 \(autism.org.uk\)](https://www.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 \(autism.org.uk\)](https://www.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 \(autism.org.uk\)](https://www.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:

- **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 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.

- **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.

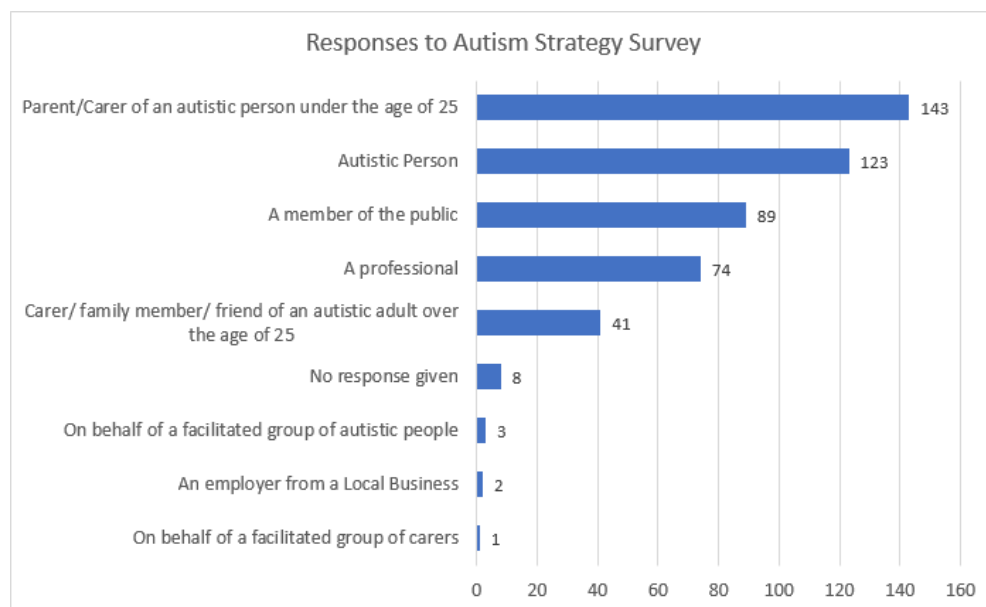
We hope you enjoy reading our strategy! We will issue regular newsletters setting out progress on our strategy.

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



\*Please note, respondents 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

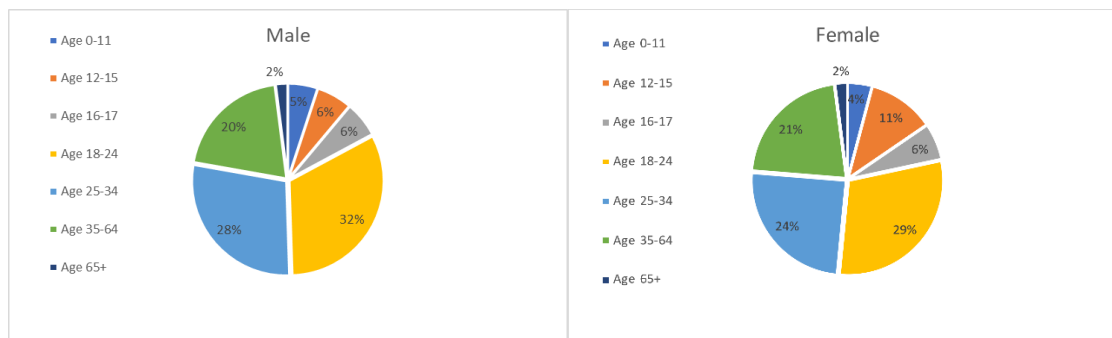
## Worcestershire

	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

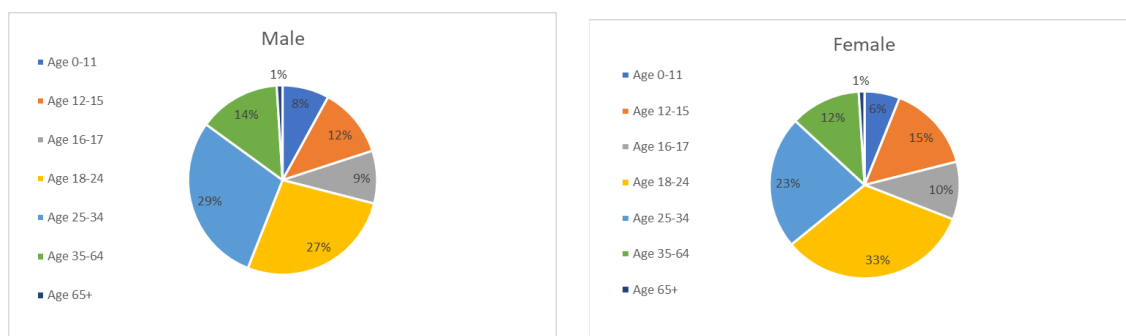
A review of our primary care data shows that in comparison with the national estimates of prevalence, only 40% of autistic people are currently recorded on the health system in Worcestershire and 29% in Herefordshire. This is likely to change over the lifespan of this strategy with national changes in 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.

## 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 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.

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.

### 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%)
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.
- 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 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.

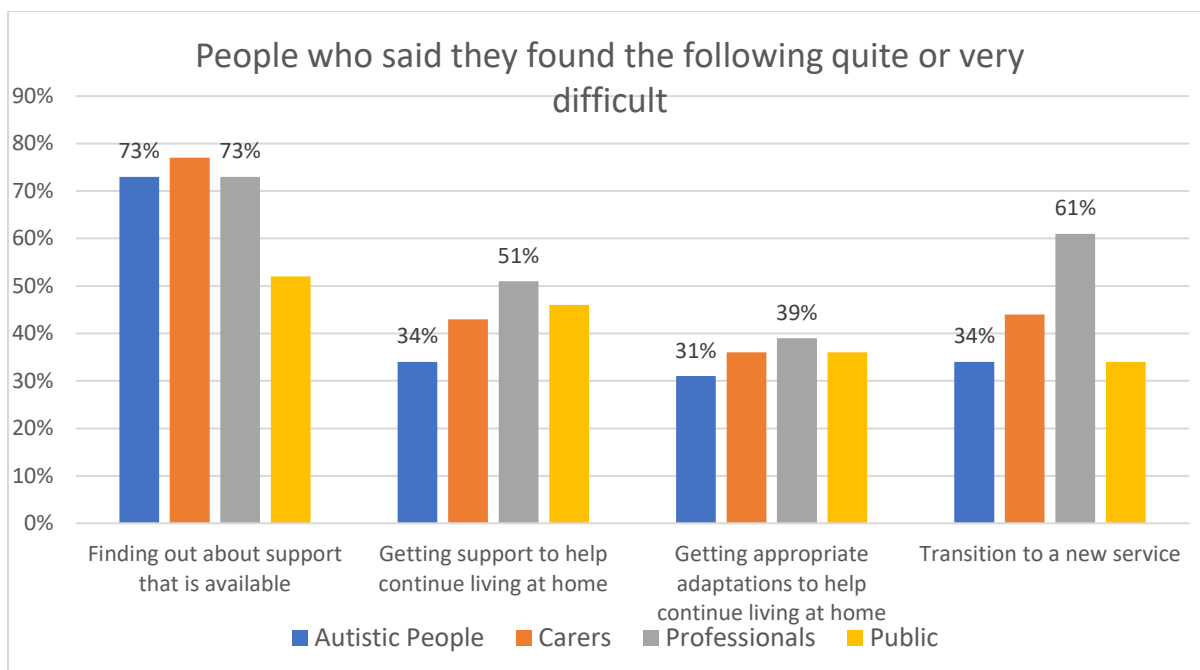
### **Key Actions**

- 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.



### **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.
- 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.

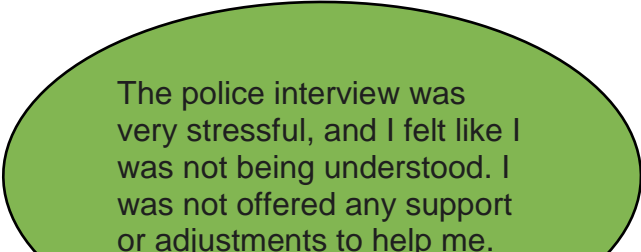
### What do we know?

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.

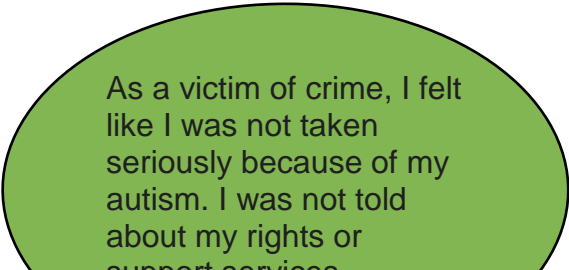
Autistic people who were suspects were more likely to experience negative experiences, such as being arrested for minor offences and being treated unfairly by the police.



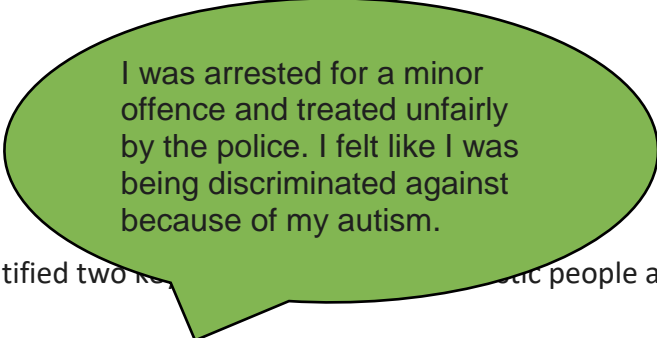
The police interview was very stressful, and I felt like I was not being understood. I was not offered any support or adjustments to help me.

23

135



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.

Respondents also identified two key issues that 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.

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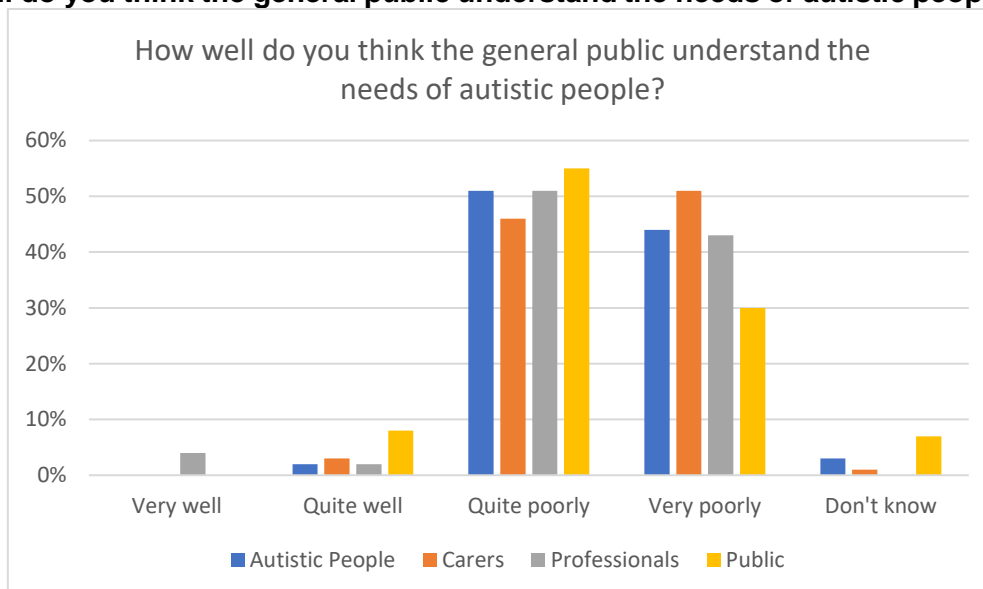


## Appendix 2 – Survey Response Data

### Priority 1 – Improving understanding and acceptance of autism within society

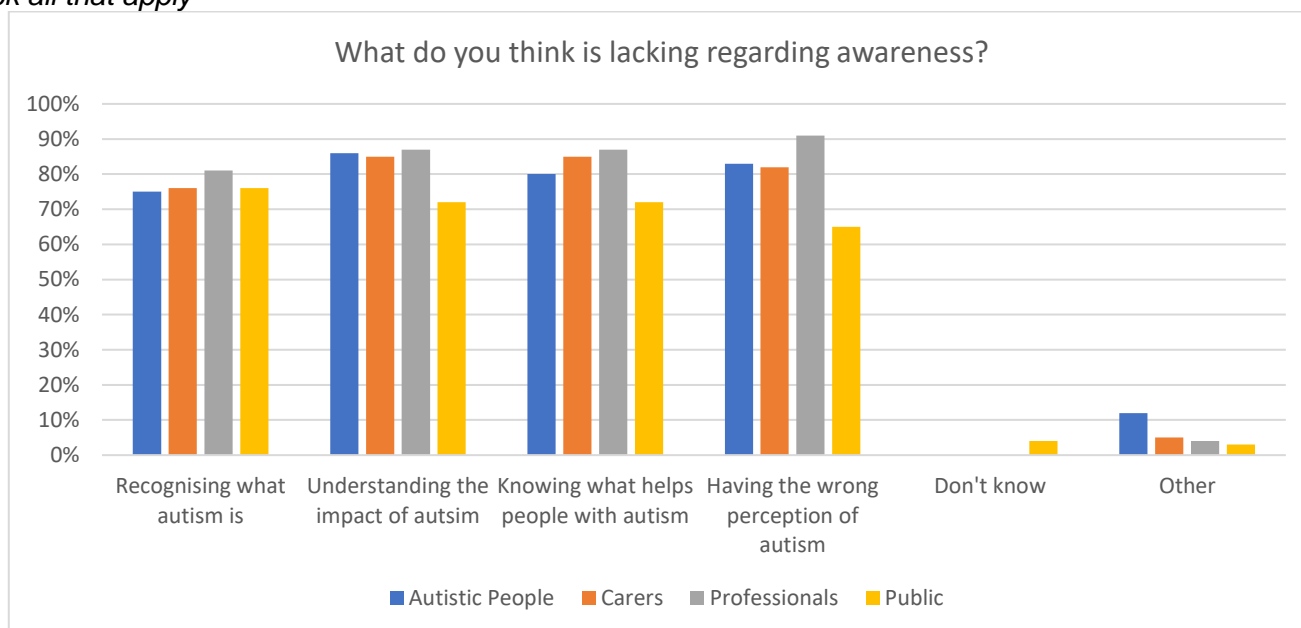
353 people said they wanted to answer questions about Priority 1

#### 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



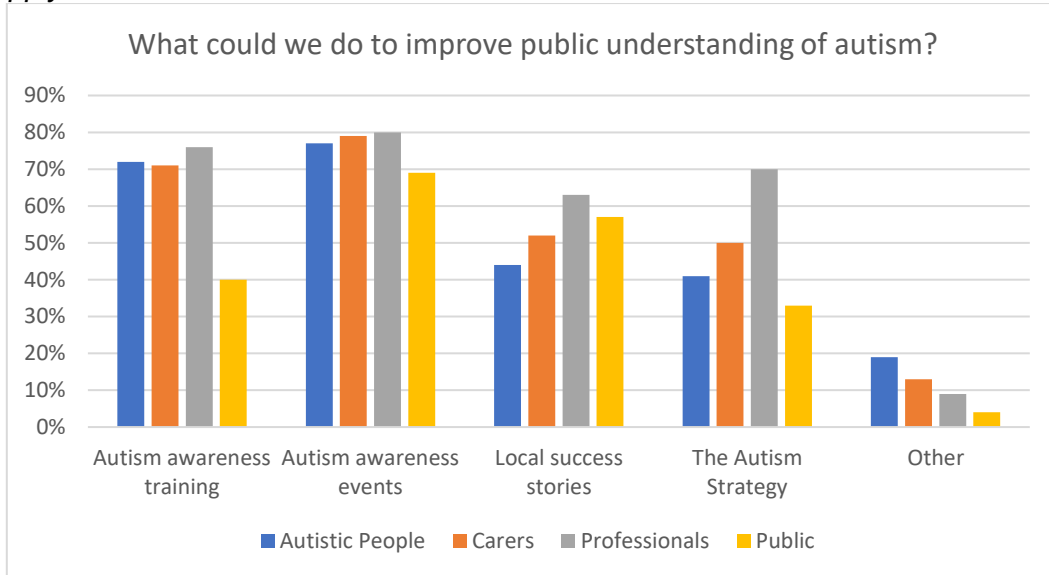
49 comments were made

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

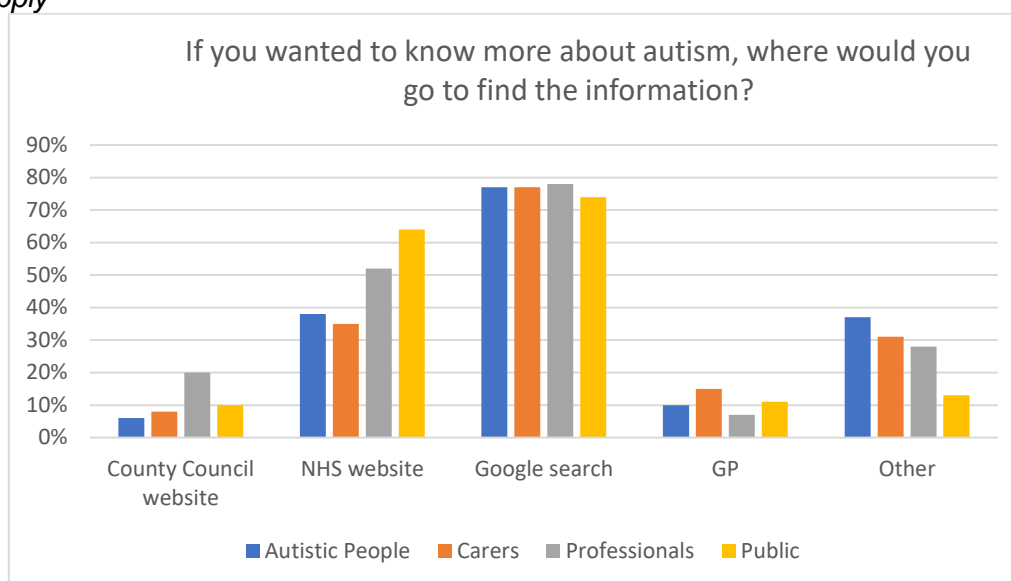
Theme	Number of Comments
Case studies/autism ambassadors at events and training - people with diagnosis telling their stories and how they can be successful with the right support	15
Better understanding, support, (mandatory) training and toolkits and adjustments in the workplace	12
National emphasis 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 be 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?**

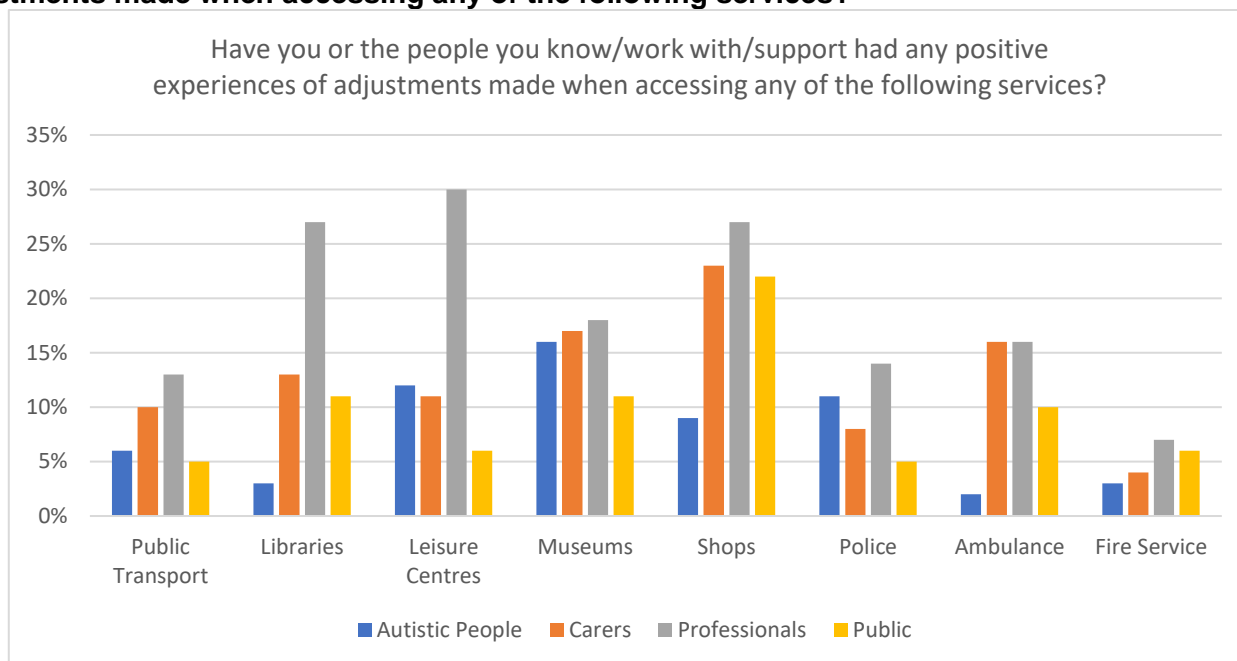
*Tick all that apply*



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?**



**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

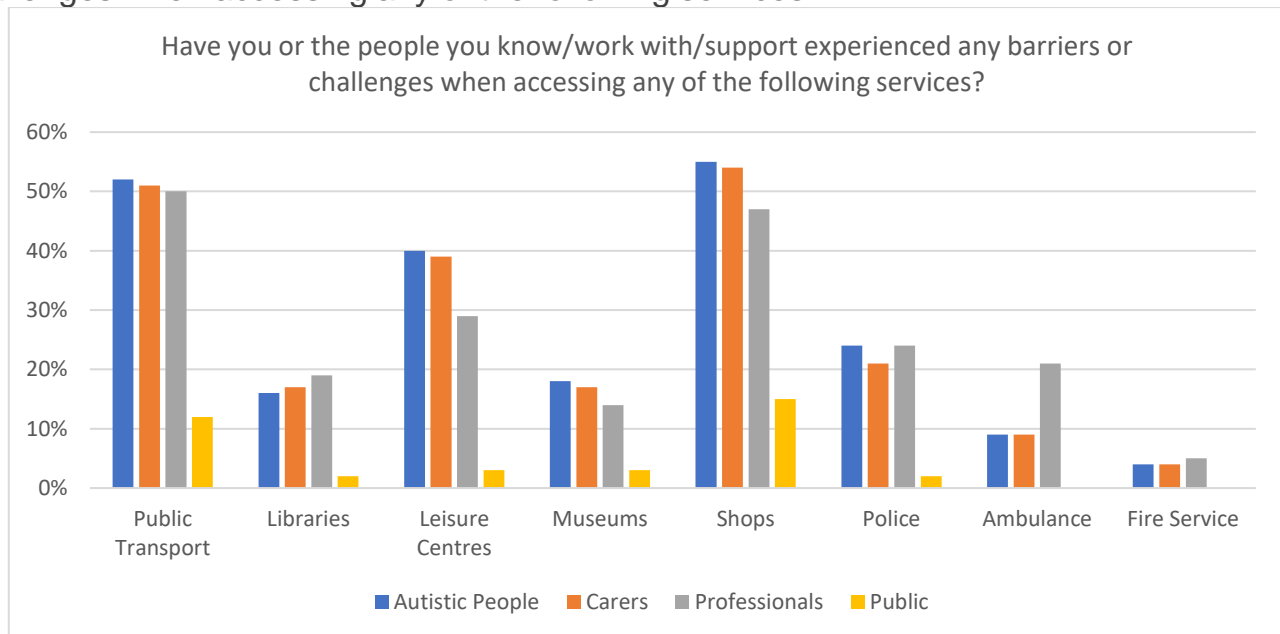
Theme	Number of Comments
Treated with kindness, understanding, patience, dignity and time	20
Staff are helpful, aware and make allowances	13
Training has been widened to include neurodivergent people	10
Clear instructions given	2
Staff don't make judgements	2

**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 left

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

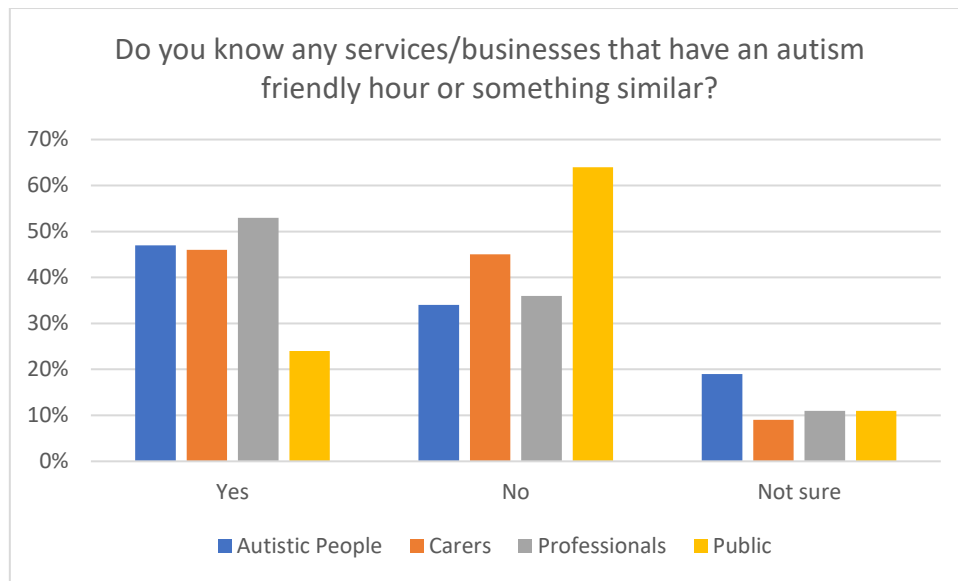
**Q42** What would make accessing these services better?

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?**

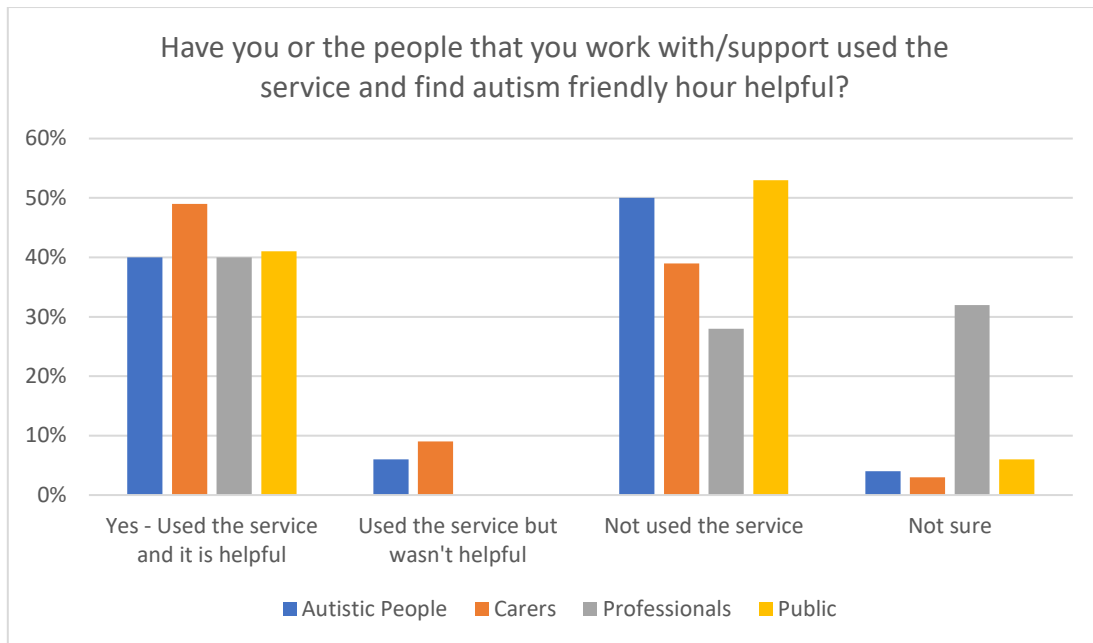


**Please give details**

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?**

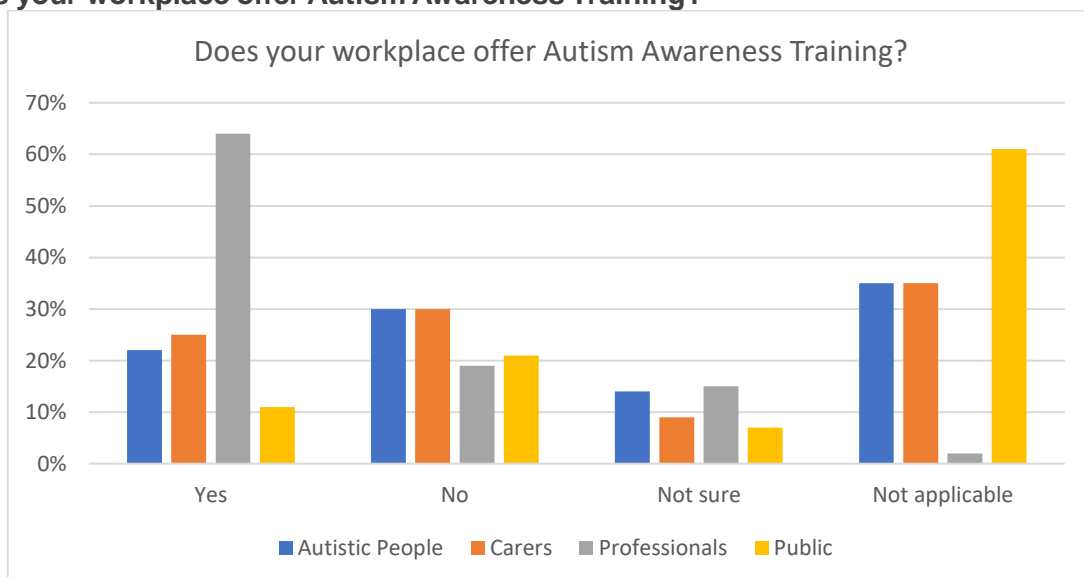


**Do you have any comments about why this is or isn't helpful?**

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

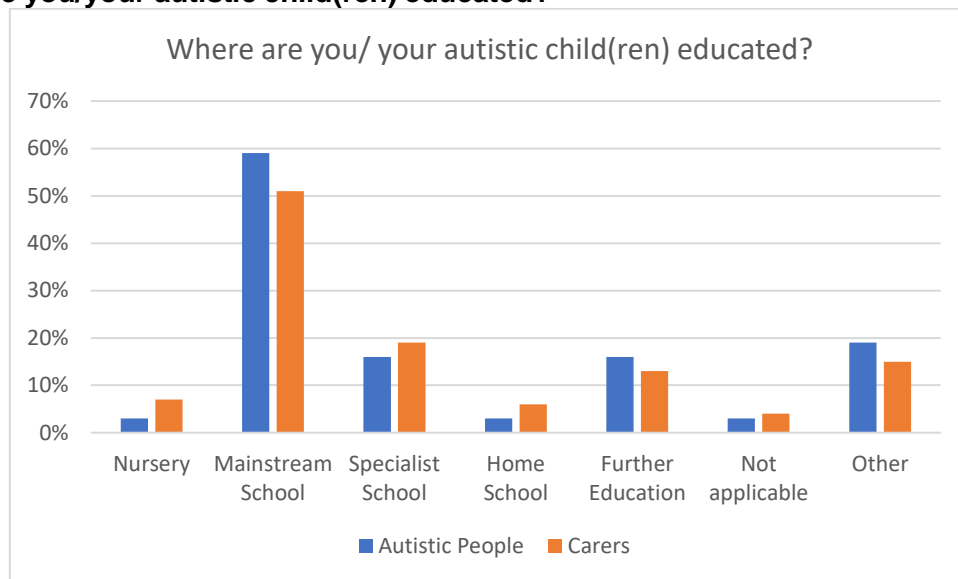


Schools/colleges/universities	11
Local Authority/Government Department	10
Online courses	8
Charities, youth trusts	5
Is a training provider	4
Training and awareness undertaken provider not stated	4
In person training courses	2
Training given to foster carers	2

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?**

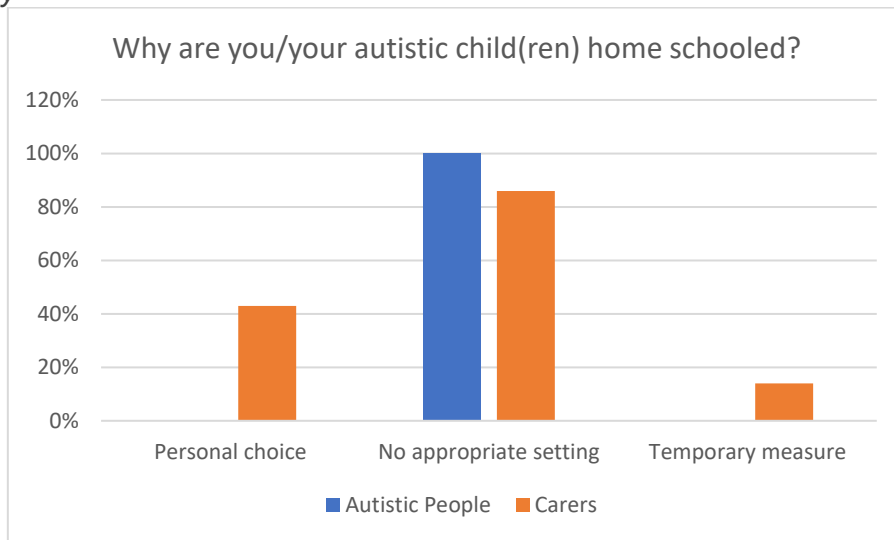


26 Comments were made

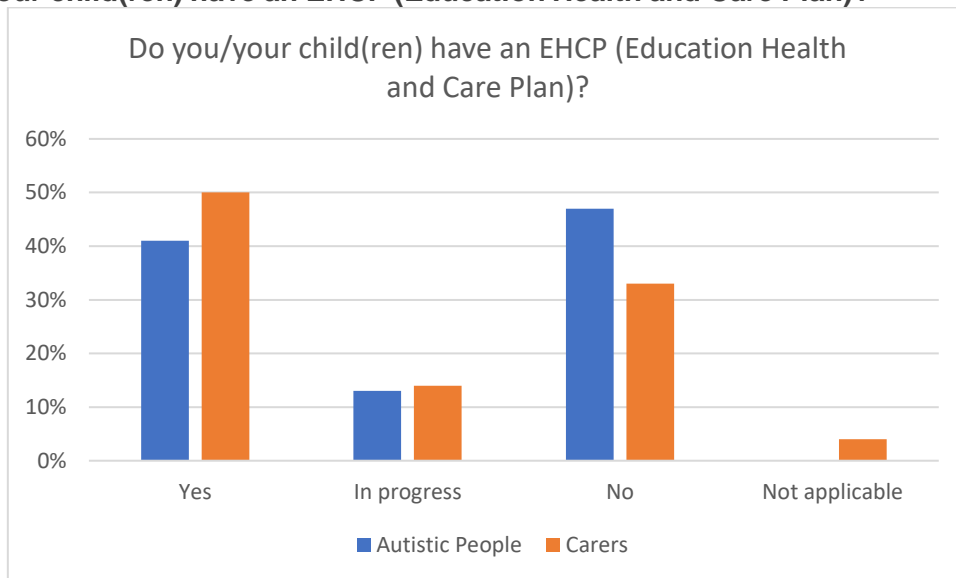
Theme	Number of comments
No Schooling	9
Private School	5
Sixth Form/ College	3
Alternative Provision	3
Home School	2
EOTAS	2
Online Education	1
Autism Base	1
MET/ Hospital School	1
Other comments	1

**Q54 Why are you/your autistic child(ren) home schooled?**

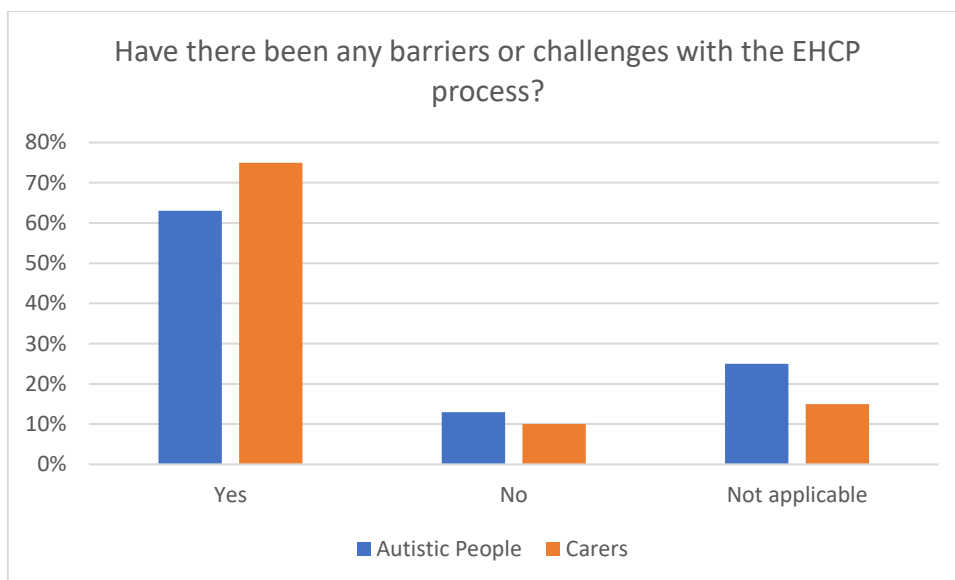
Select all that apply



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



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

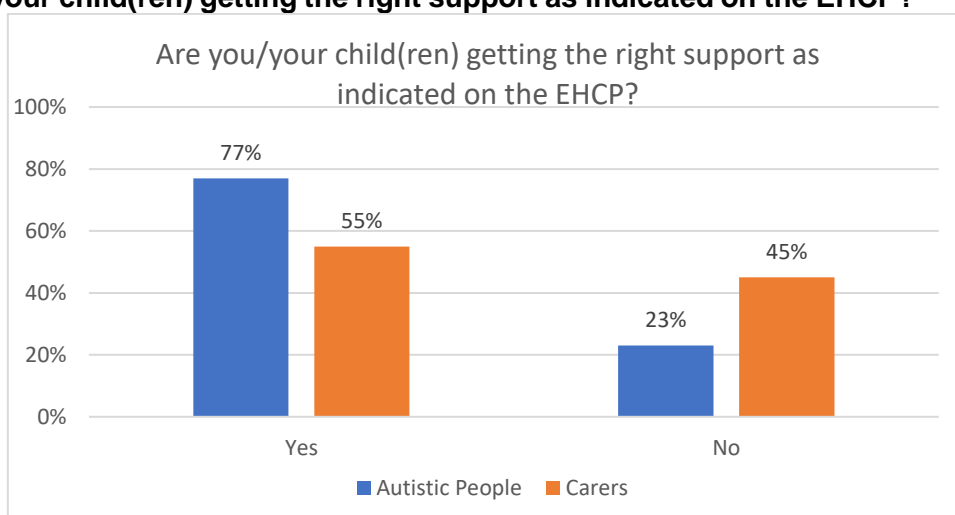


**Q57 Please describe the barriers/ challenges.**

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?**

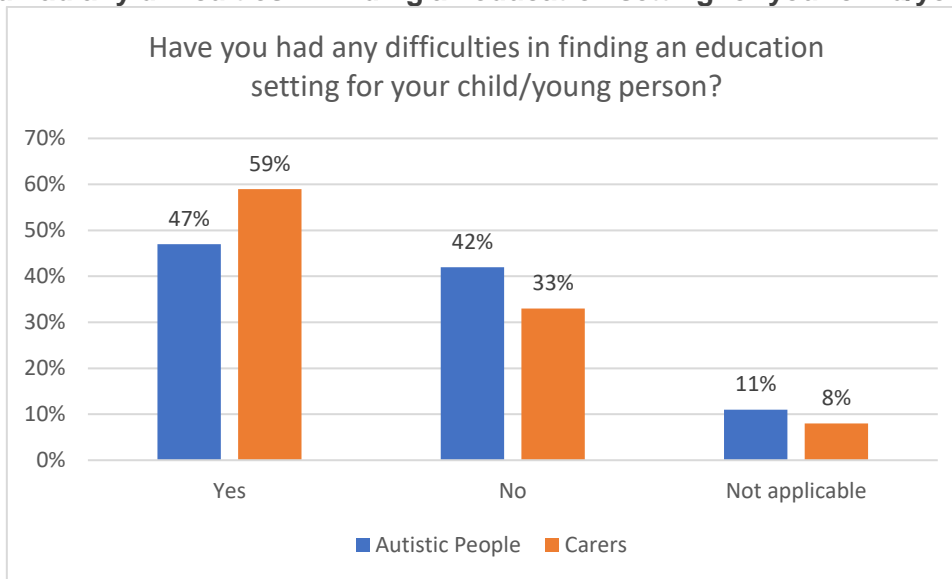


**Q59 Please detail the barriers**

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?**



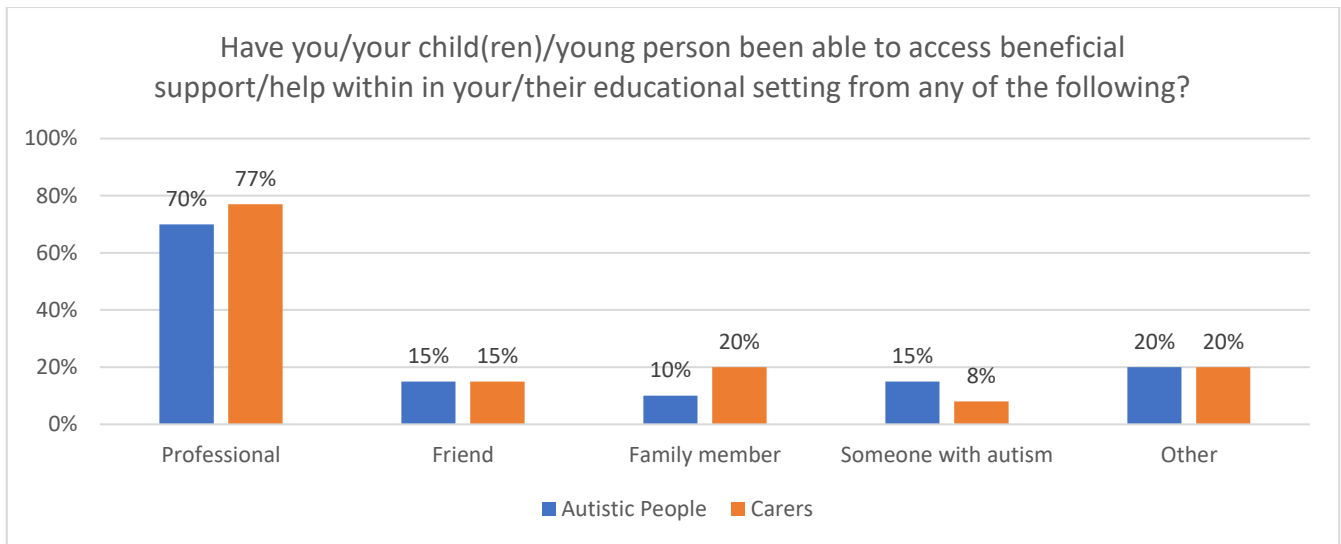
**What would have made it easier?**

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*

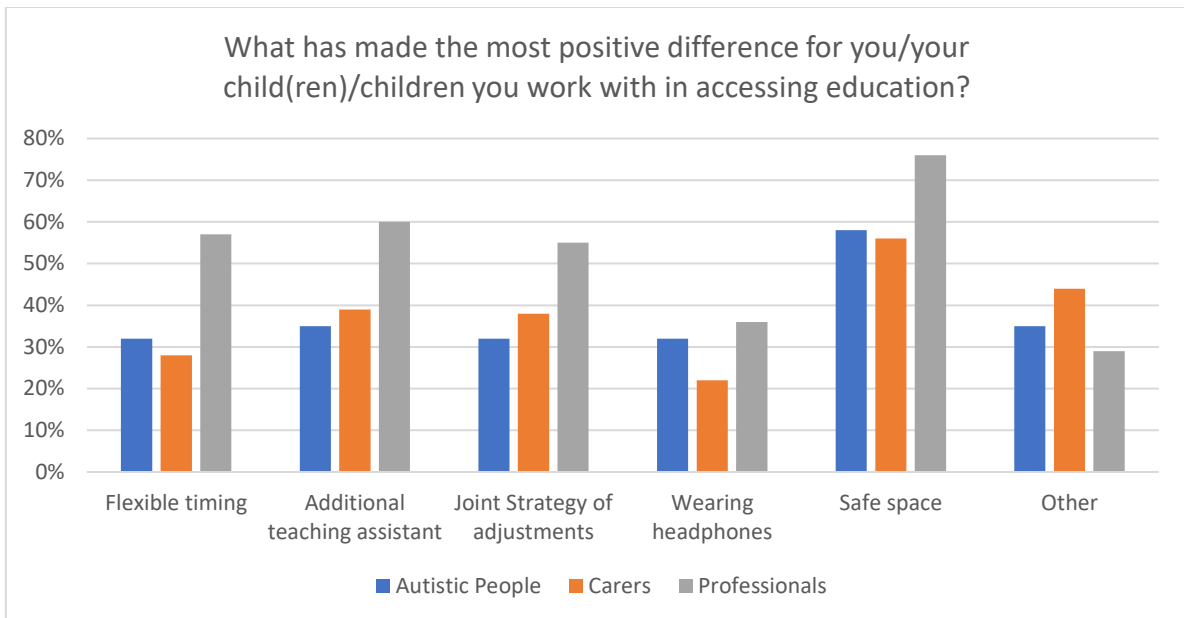


**Q62 Would you like to give any more information about the beneficial support received in an educational setting?**

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

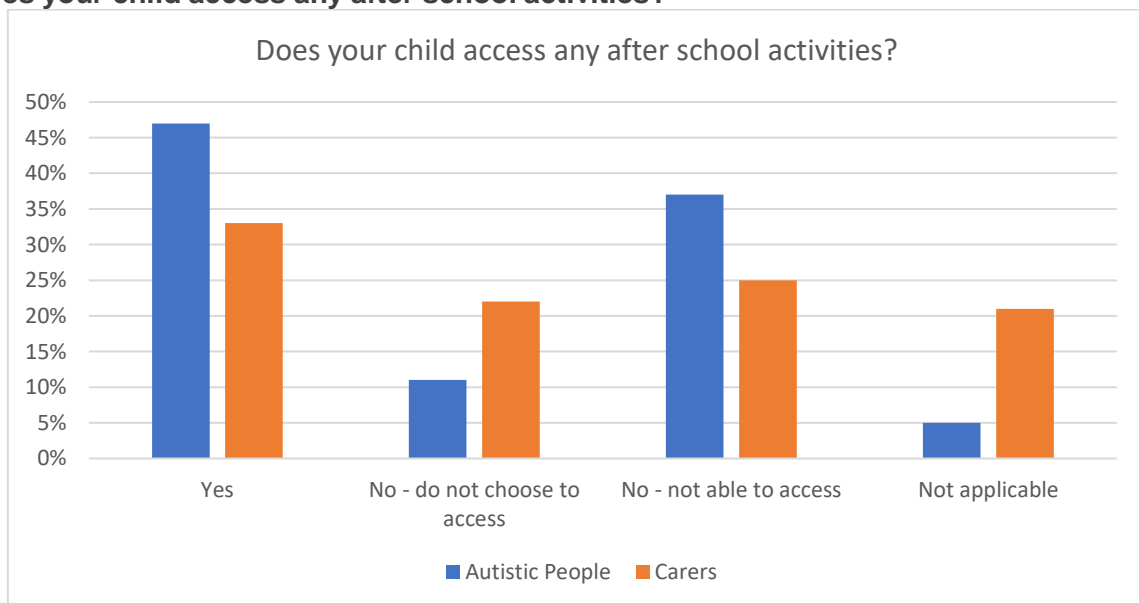
**Q63 What has made the most positive difference for you/your child(ren)/children you work with in accessing education?**



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

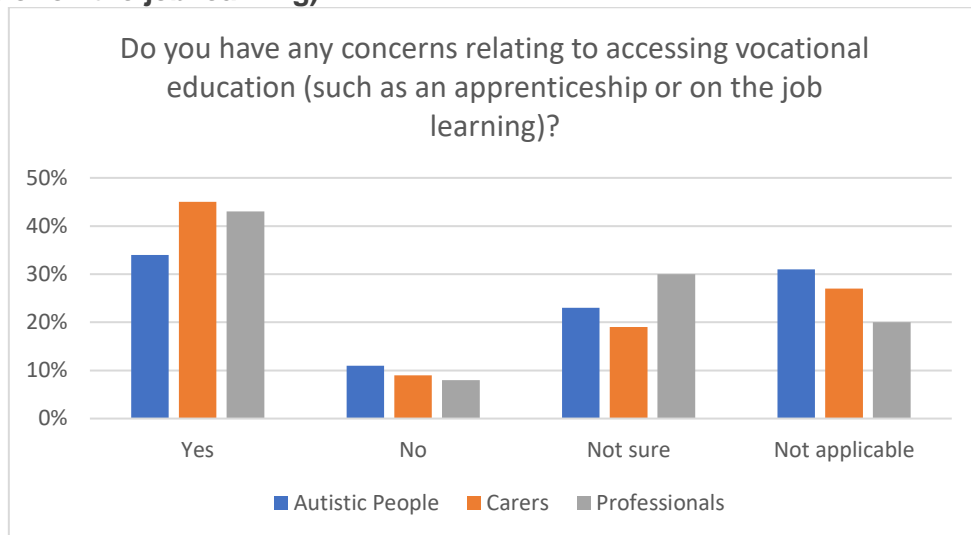
Theme	Number of comments
Not available	8
Anxiety/ Mental health	8
Other	8
Not allowed to attend/ excluded	3
Bullying or not being 'accepted'	3
Cost	1
Exhausted/ overwhelmed after the day	1
Would need additional support	1

### 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)?**

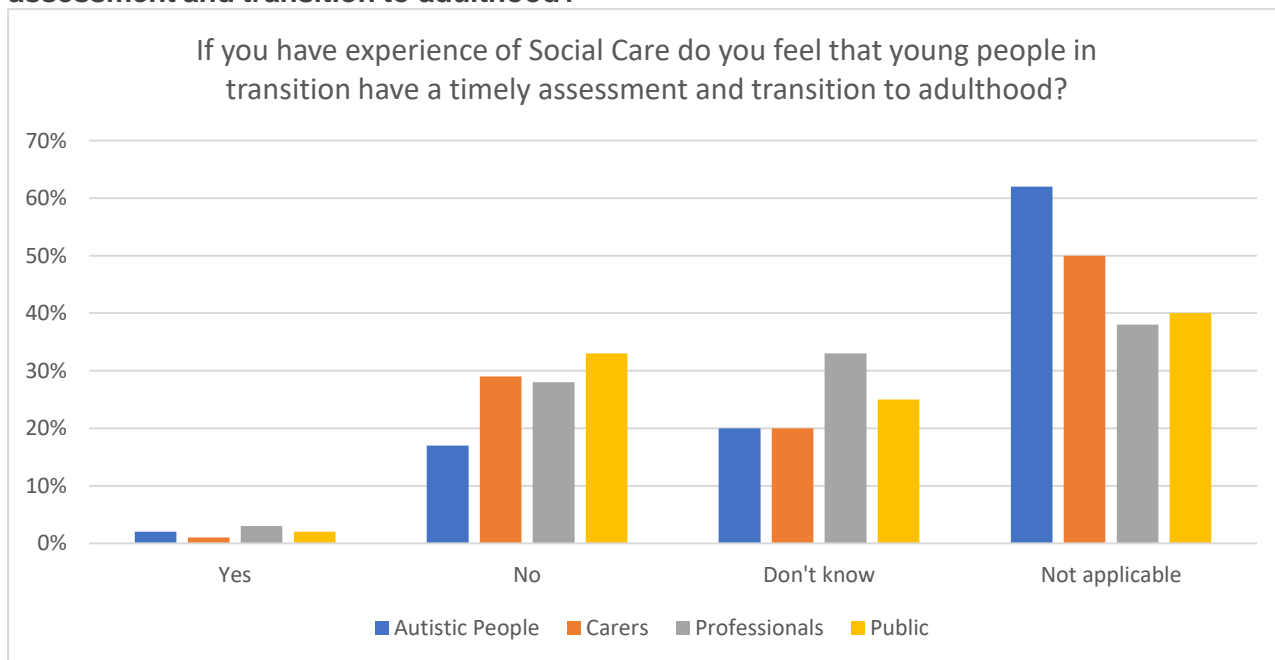


**Please can you describe your concerns**

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
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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?**

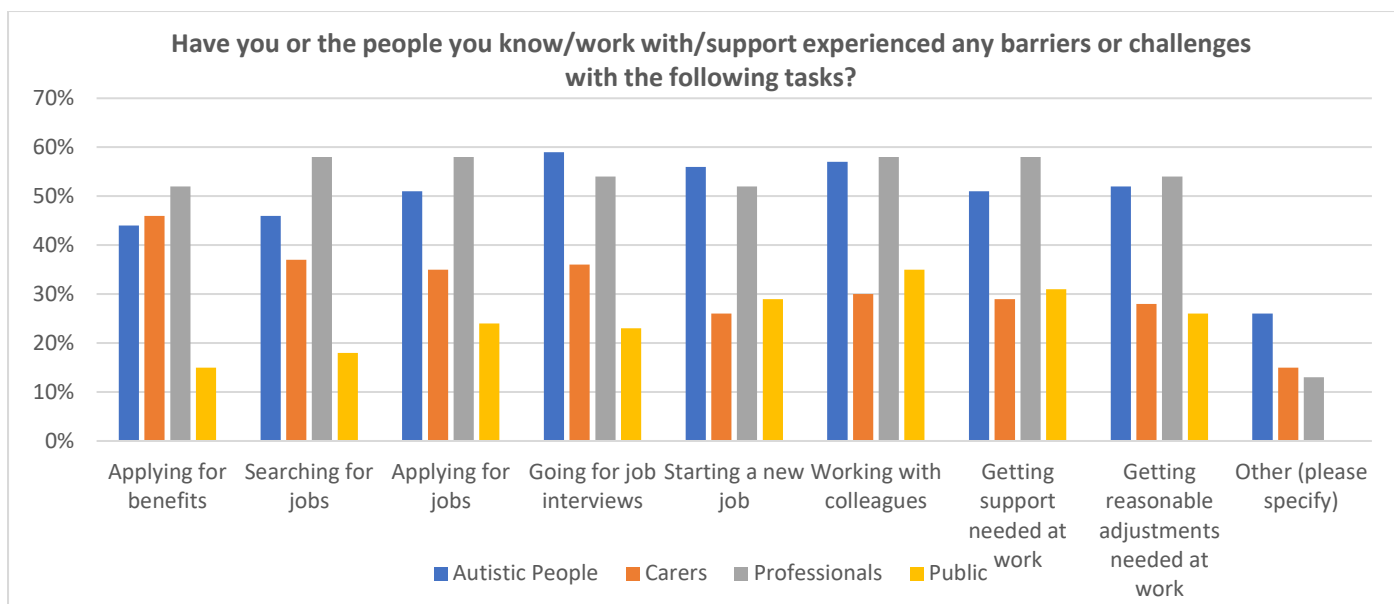
147 Comments were made

<b>Theme</b>	<b>Number of comments</b>
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?**



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

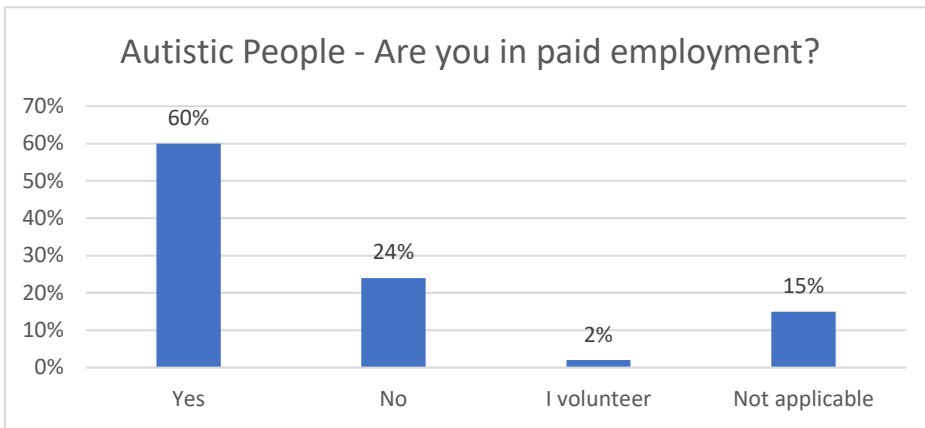
Themes	Number of comments
Supportive manager/ employer	5
Training/ autism awareness	4
Peer support	4
Making colleagues aware of adjustments and reasons	3
Supportive, friendly colleagues	3
Other	3

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

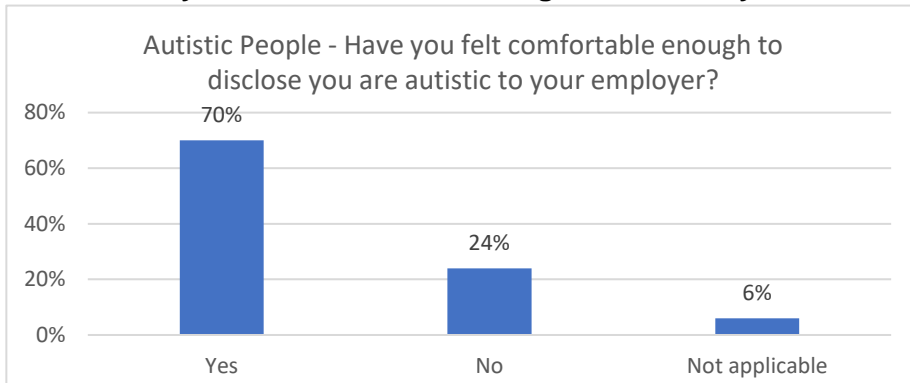
33 Comments were made

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?



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

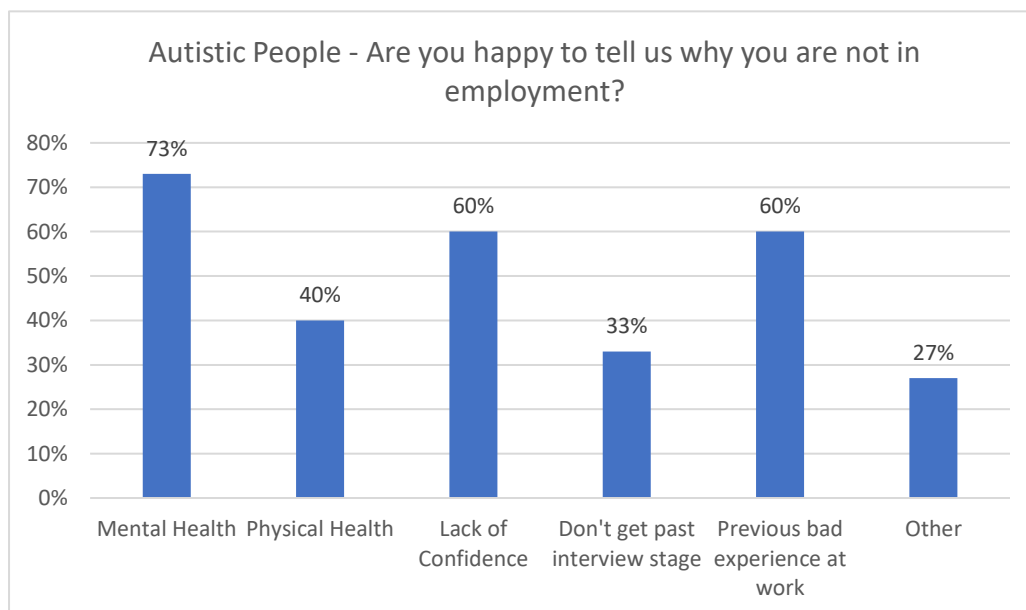


**Q87 When were you last in employment?**

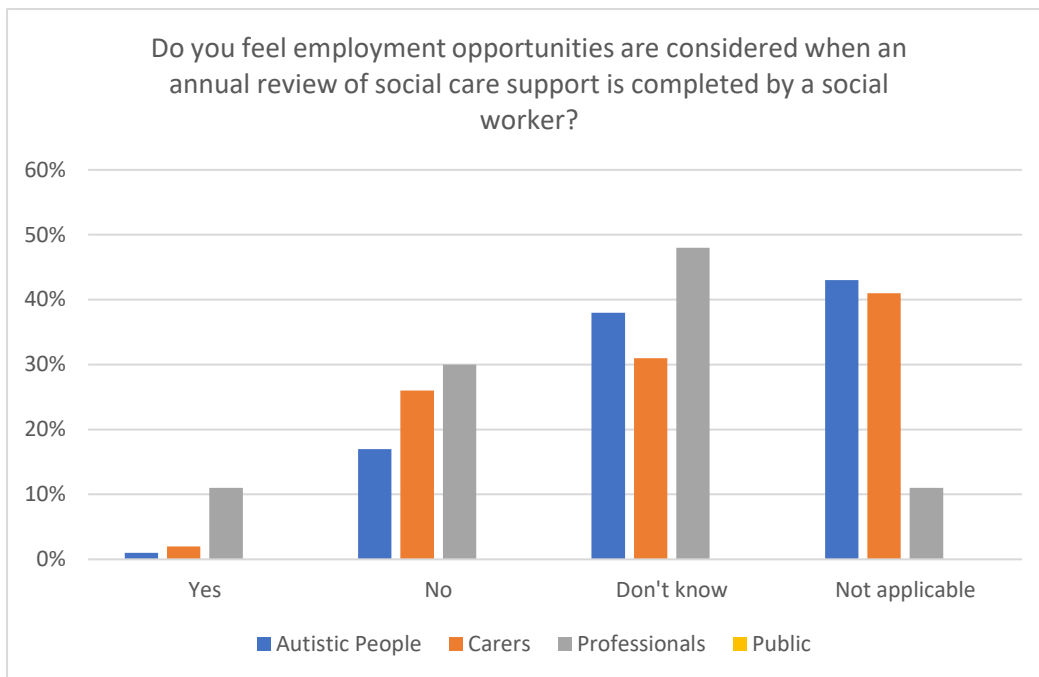
11 Comments were made

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.*)



**Q92 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?**

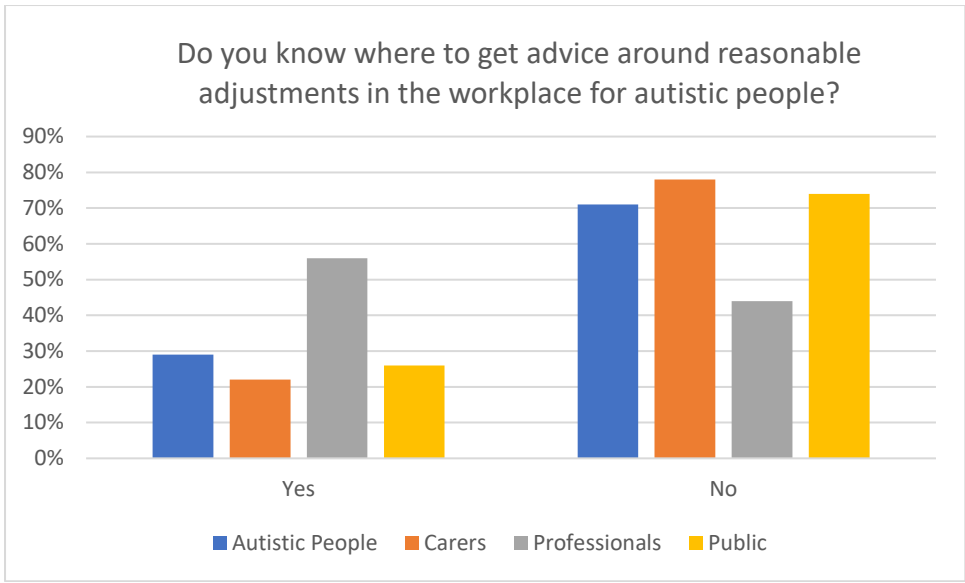


**Q94 Please give details.**

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

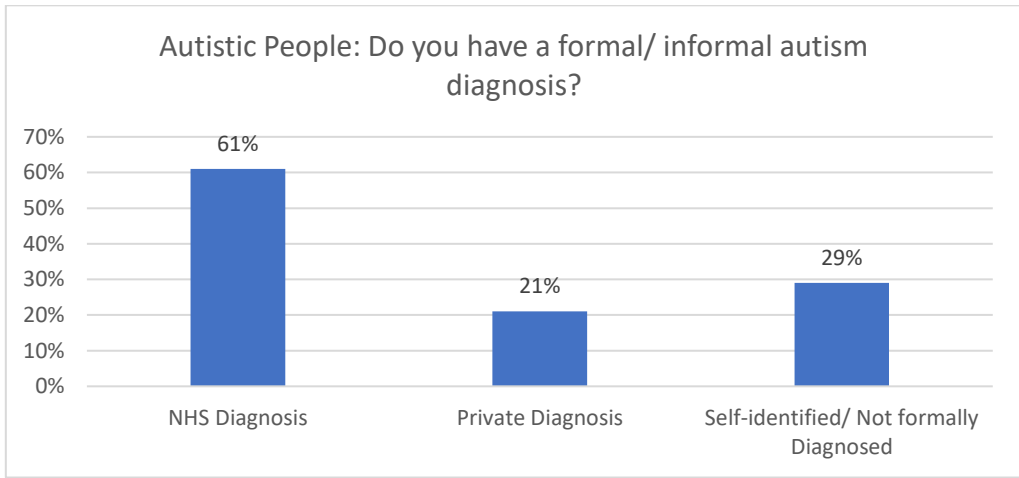
**Q95 Do you know where to get advice around reasonable adjustments in the workplace for autistic people?**



Priority 4 – Tackling health and care inequalities for autistic people

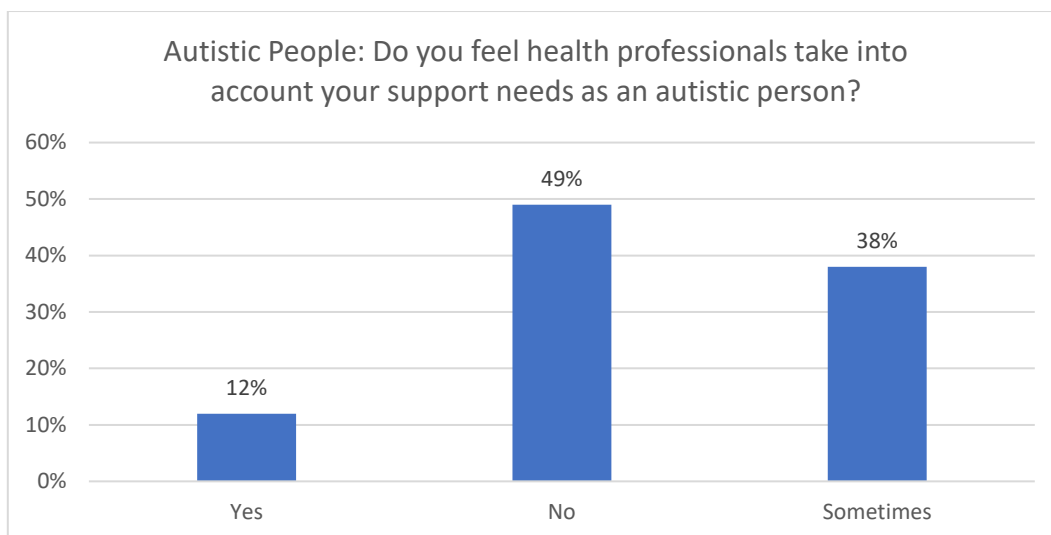
267 people said they wanted to answer questions about Priority 4

**Q96 Do you have a formal/ informal autism diagnosis?**



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





**Q98 Can you tell us more about what is taken into account**

27 comments were made

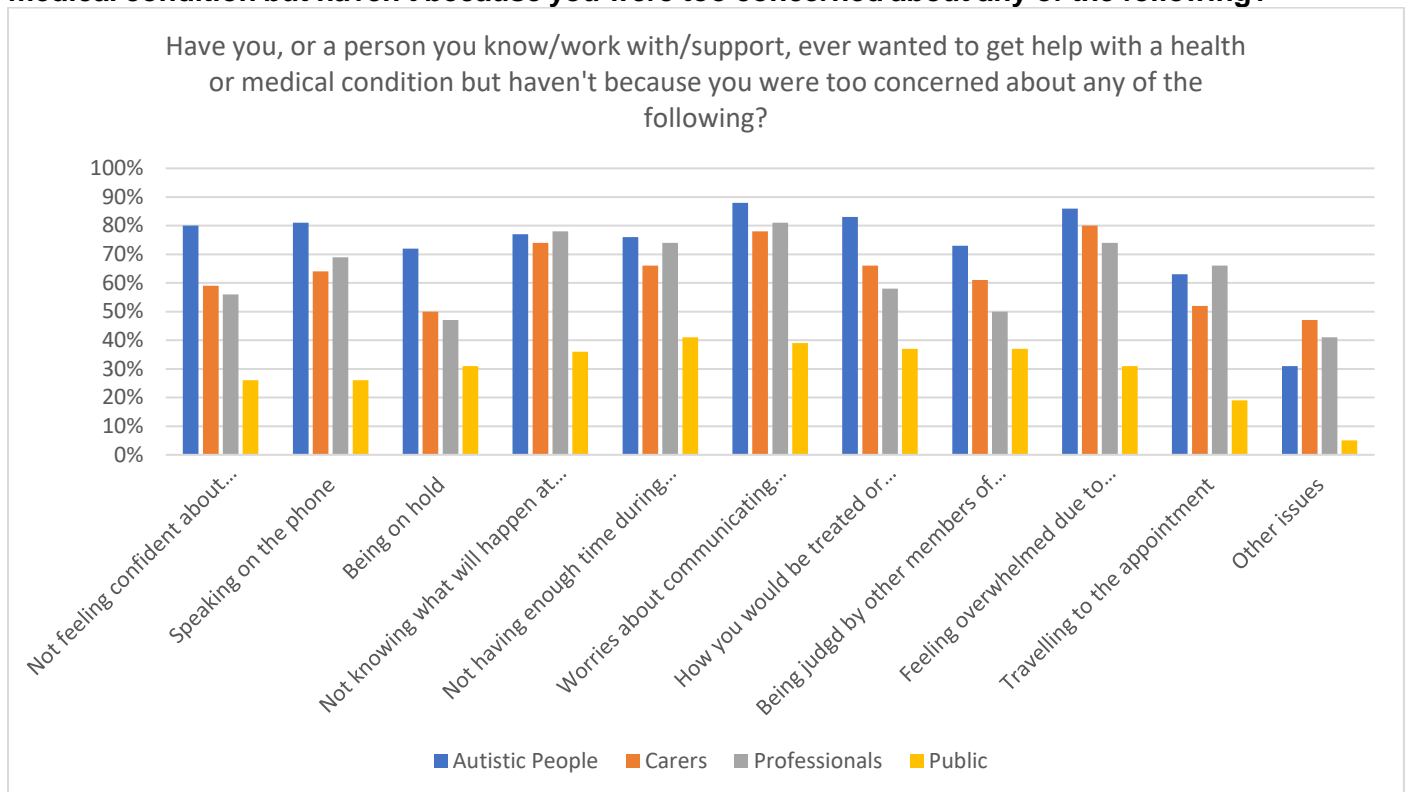
Themes	Number of comments
Other	9
Inconsistent adjustments	6
General positive experience	5
Using an alternative method of contact	4
Allow another person in appointment	3
Give time & check I understand	3
Good communication	1

**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?**



**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

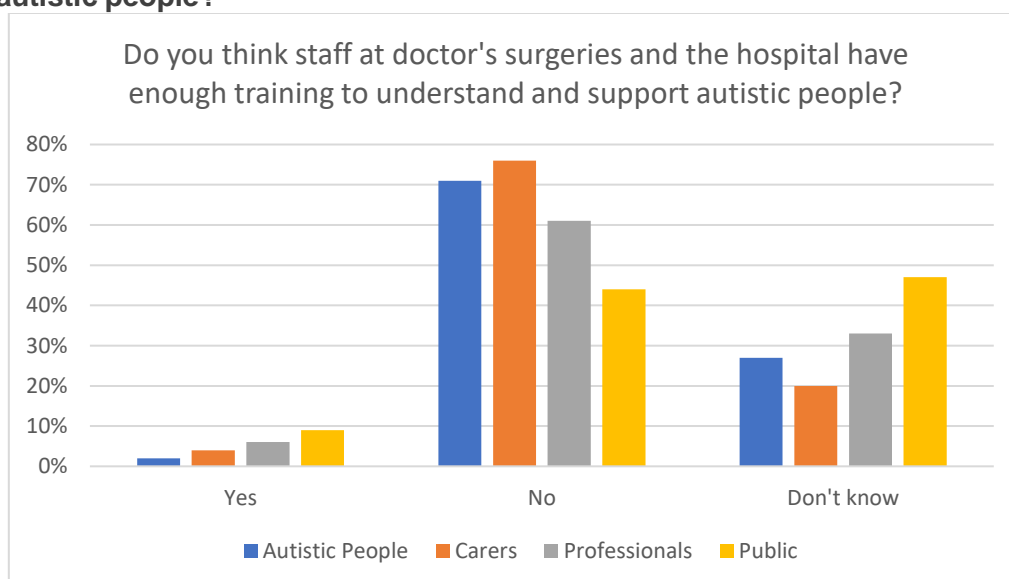
Someone allowed to talk to GP on behalf	12
Better timekeeping	12
Clear communication	10
Choice of appointment time/ location	9
Professional knows the person has autism in advance	8
Individual response (not all treated the same)	6
Appointment room/ environment	6
No music (on hold or in waiting room)	5
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.**

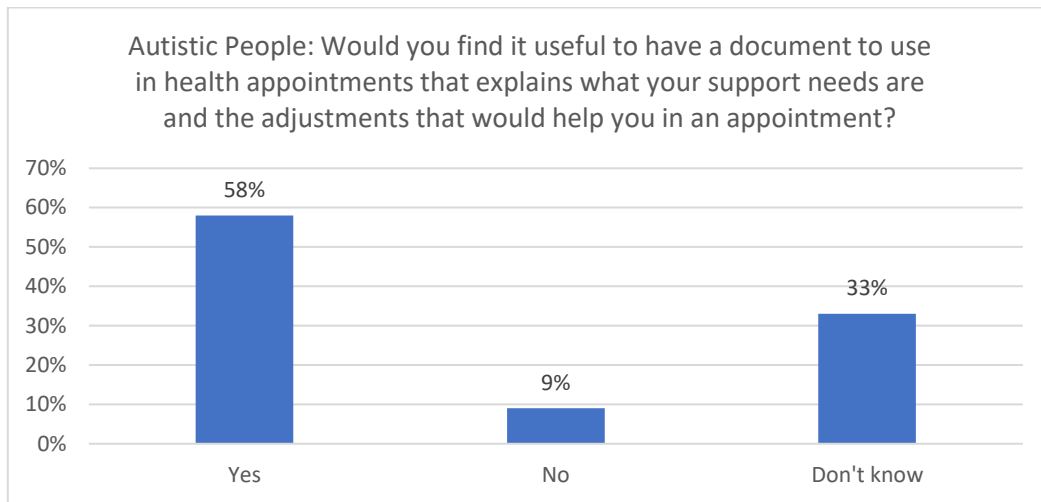
119 comments were made

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

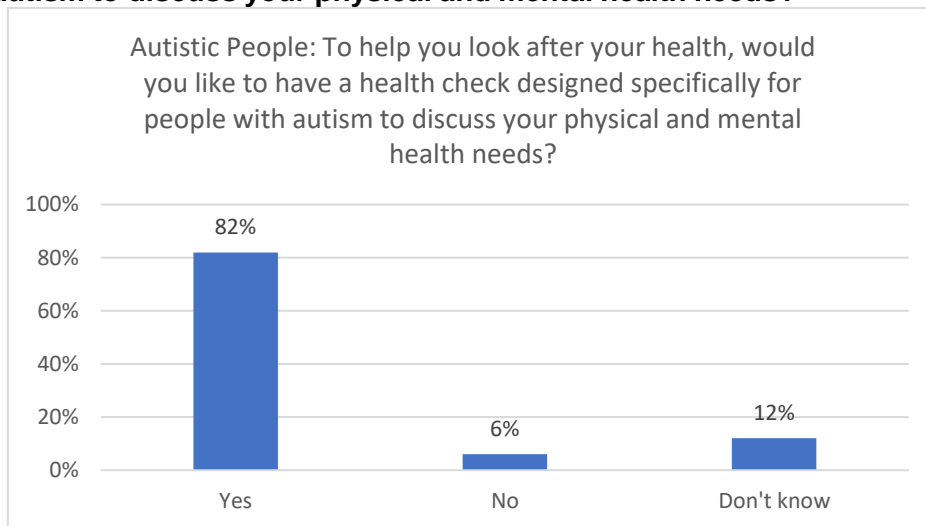
**Q103 Do you think staff at doctor's surgeries and the hospital have enough training to understand and support autistic people?**



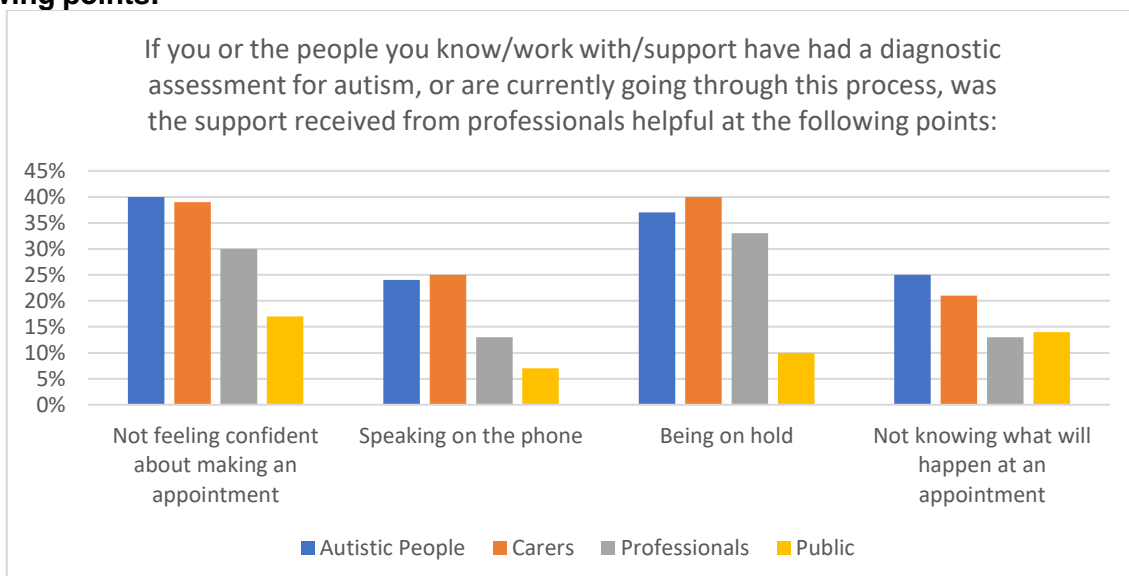
**Q104 Would you find it useful to have a document to use in health appointments that explains what your support needs are and the adjustments that would help you in an appointment?**



**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?**



**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:**



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

86 comments were made

<b>Themes</b>	<b>Number of comments</b>
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

<b>Themes</b>	<b>Number of comments</b>
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

<b>Themes</b>	<b>Number of comments</b>
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**?

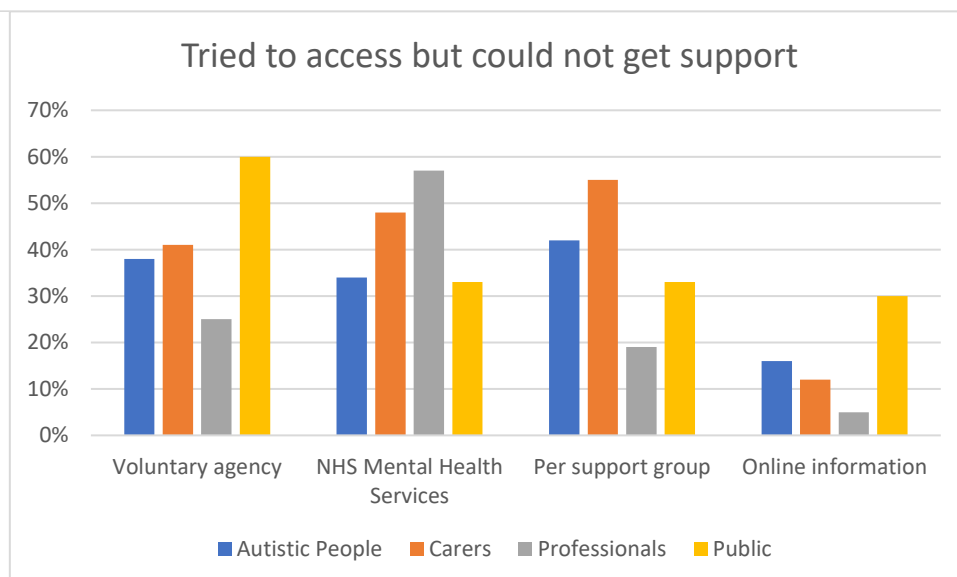
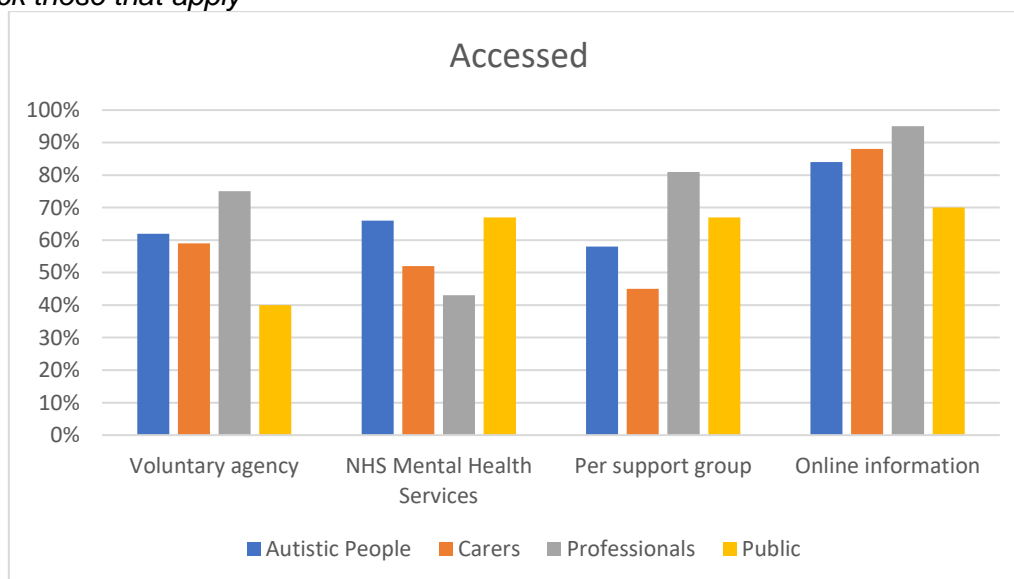
110 comments were made

<b>Themes</b>	<b>Number of comments</b>
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*



**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

<b>Themes</b>	<b>Number of comments</b>
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?**

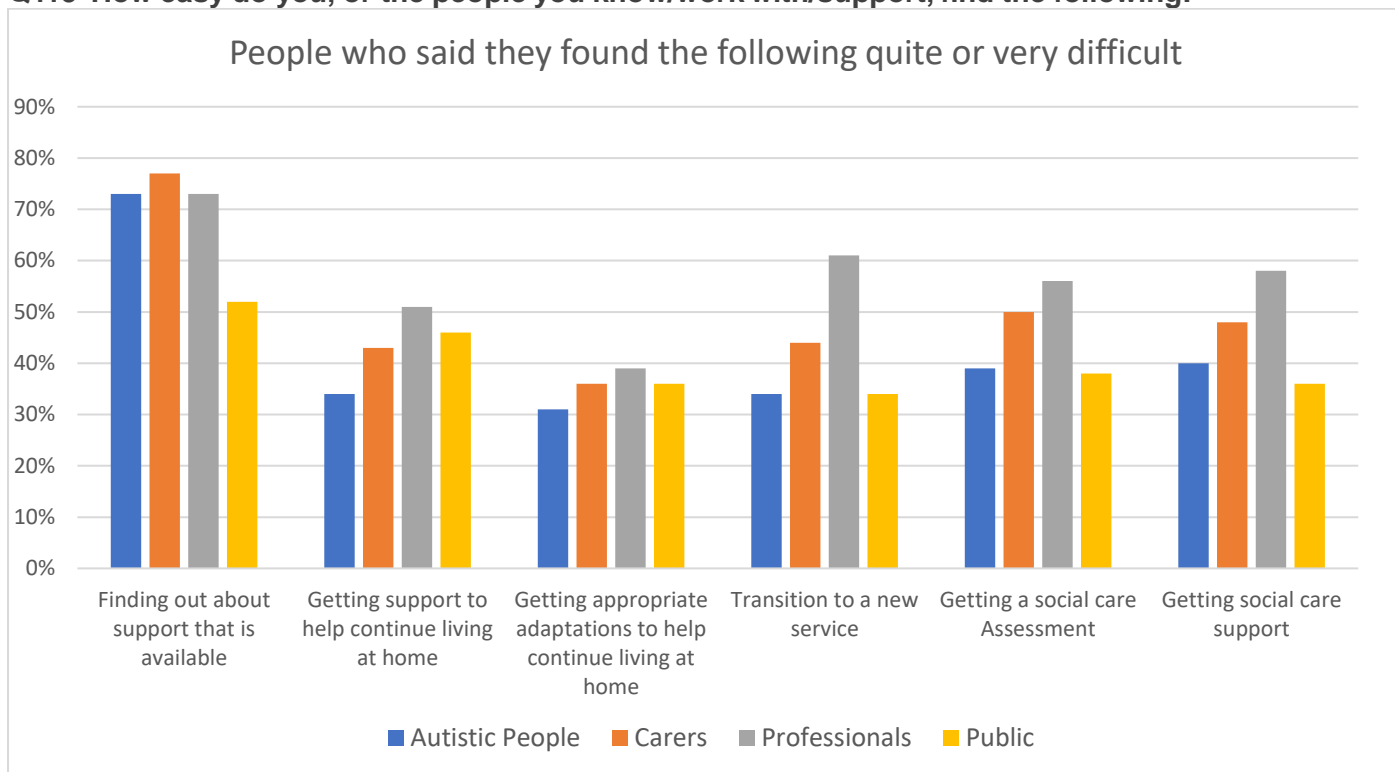
130 comments were made

<b>Themes</b>	<b>Number of comments</b>
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

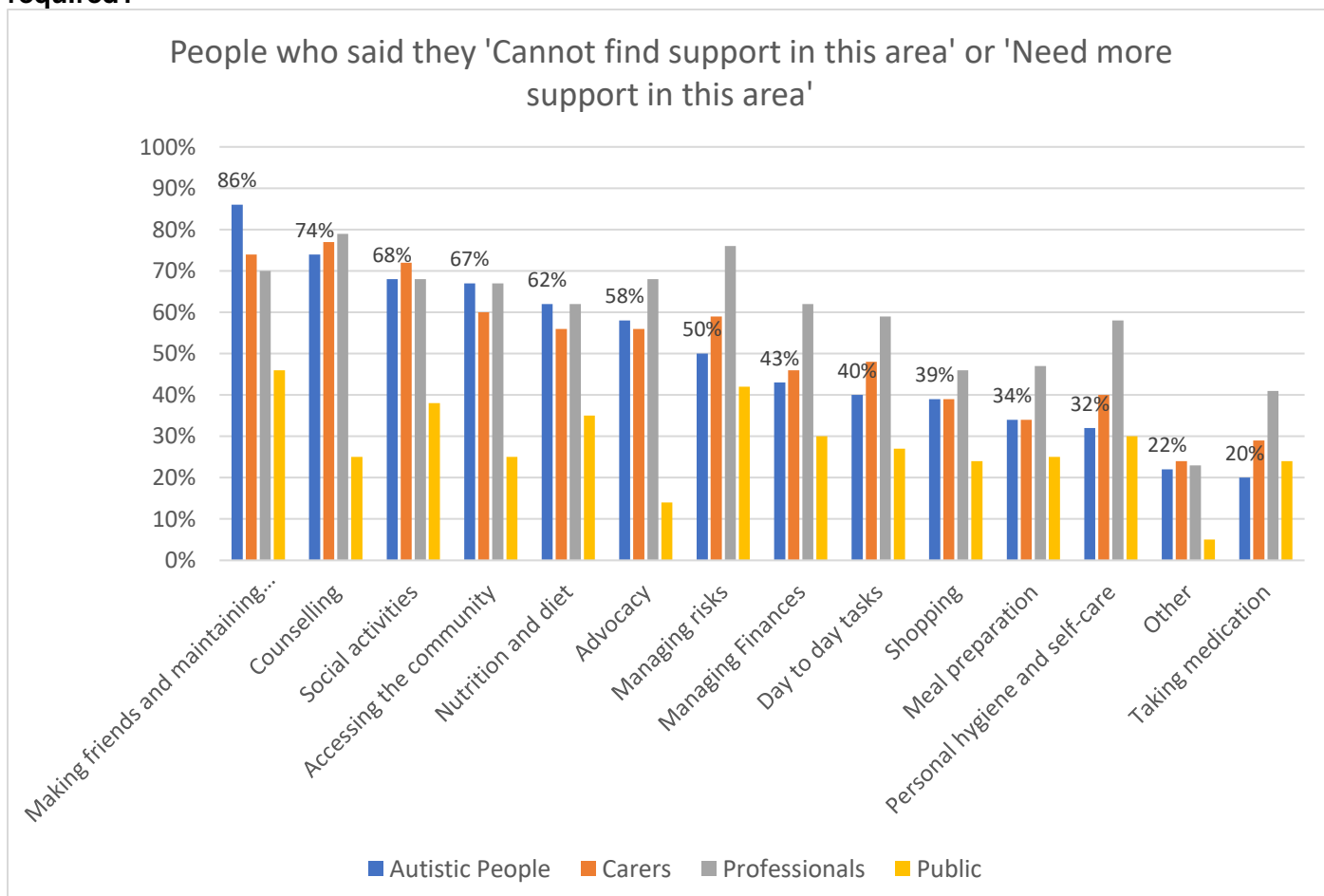
Priority 5 – Building the right support in the community

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:**



**Q116 How well are you or the people you know/work with/support supported in the following areas if required?**





29 Comments were made

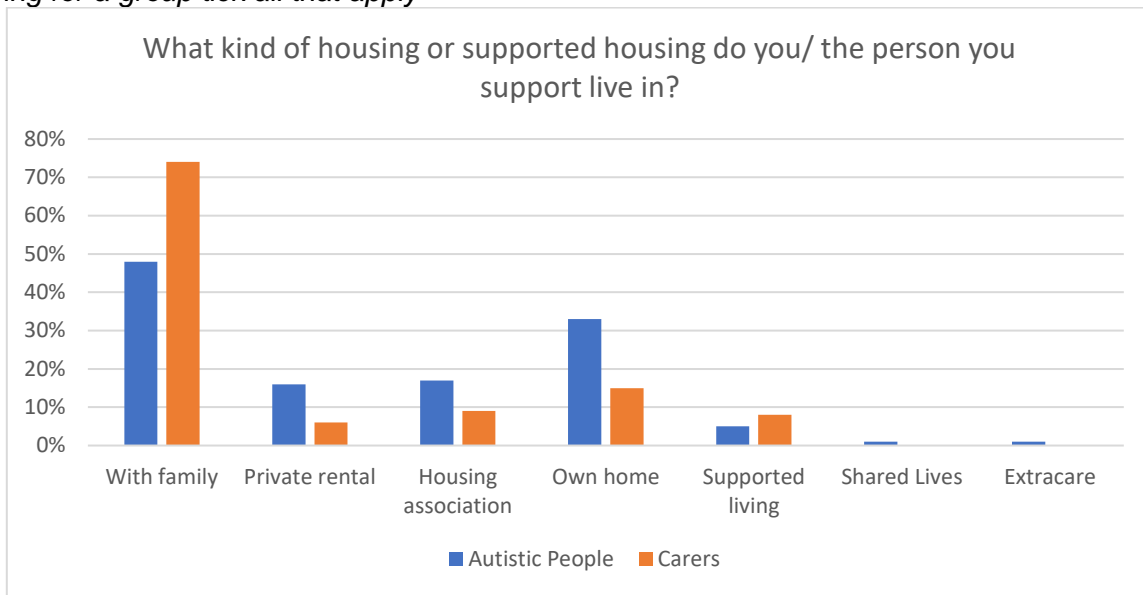
<b>Theme</b>	<b>Number of comments</b>
Parents/ family provide support	10
Other	5
More support needed	4
Housing	4
Worries as child gets older	3
Education/ career	2
Residential/ care home provide support	2
Health	2

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

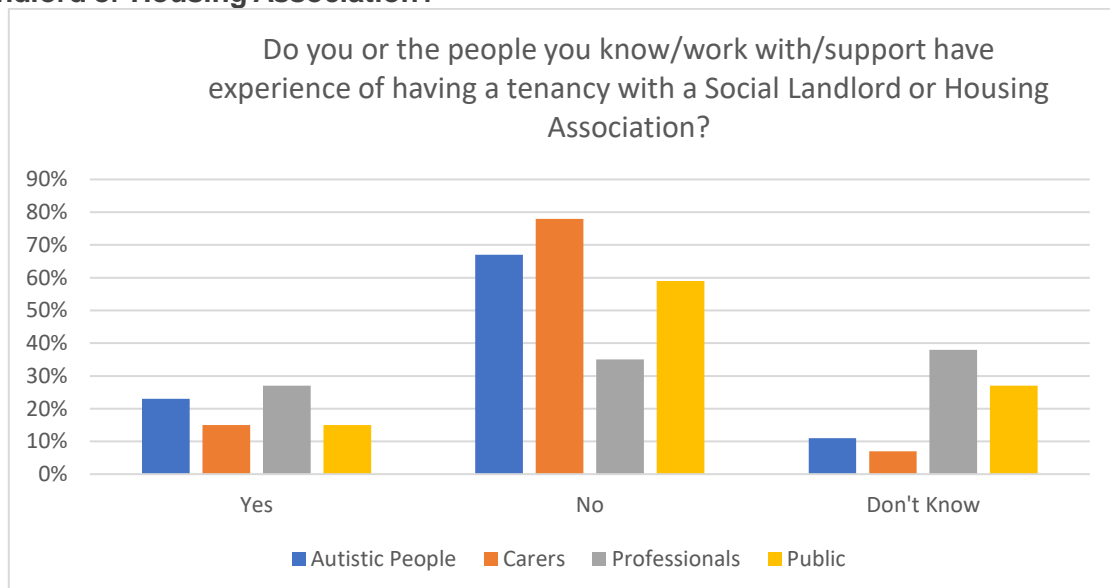
100 Comments were made

<b>Themes</b>	<b>Number of comments</b>
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

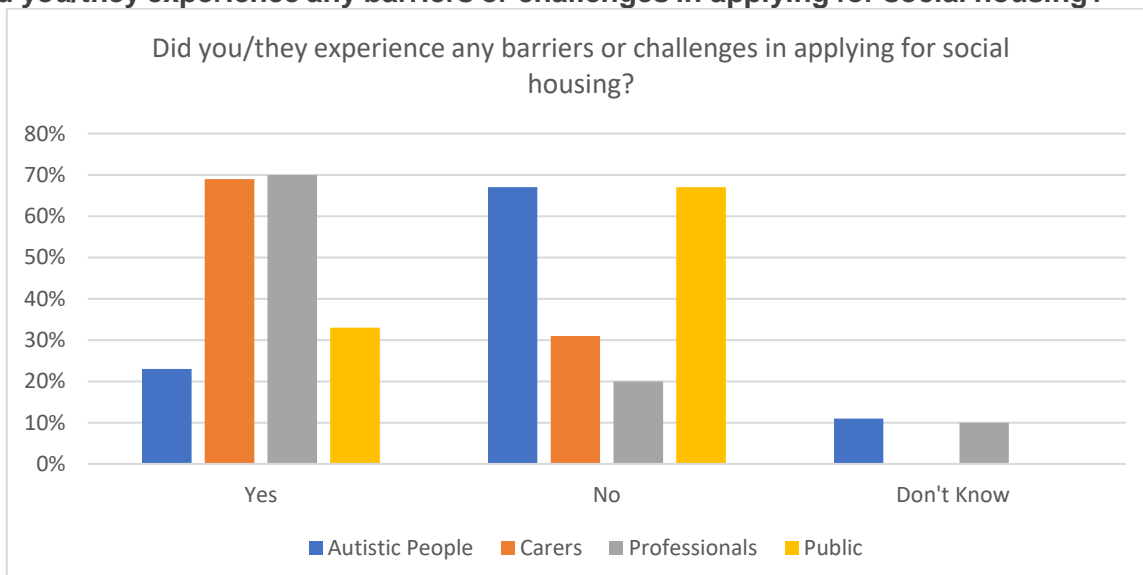
**Q118 What kind of housing or supported housing do you/ the person you support live in?**  
*If answering for a group tick all that apply*



**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?**

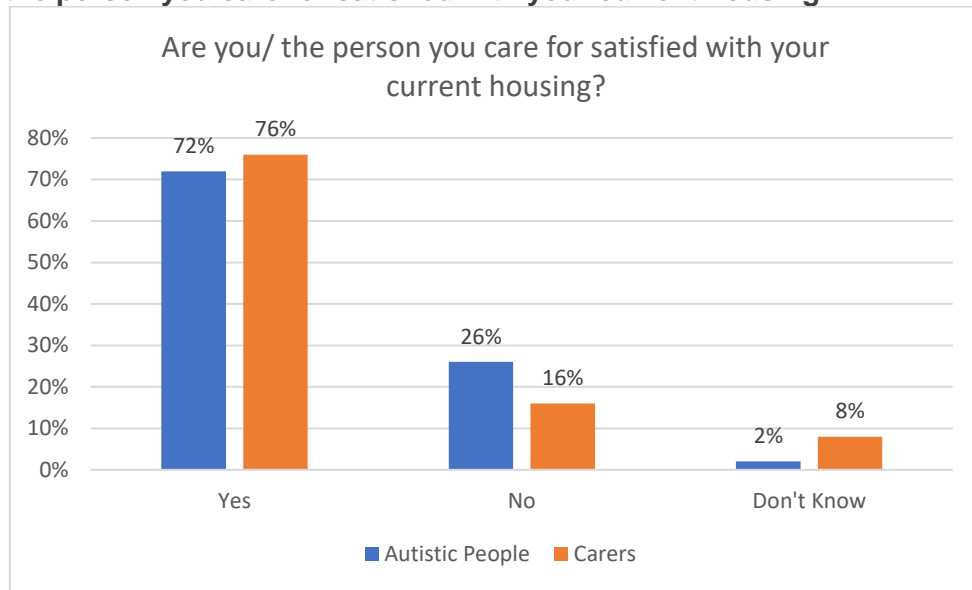


**Q121 What barriers or challenges did you/they have?**

26 Comments were made

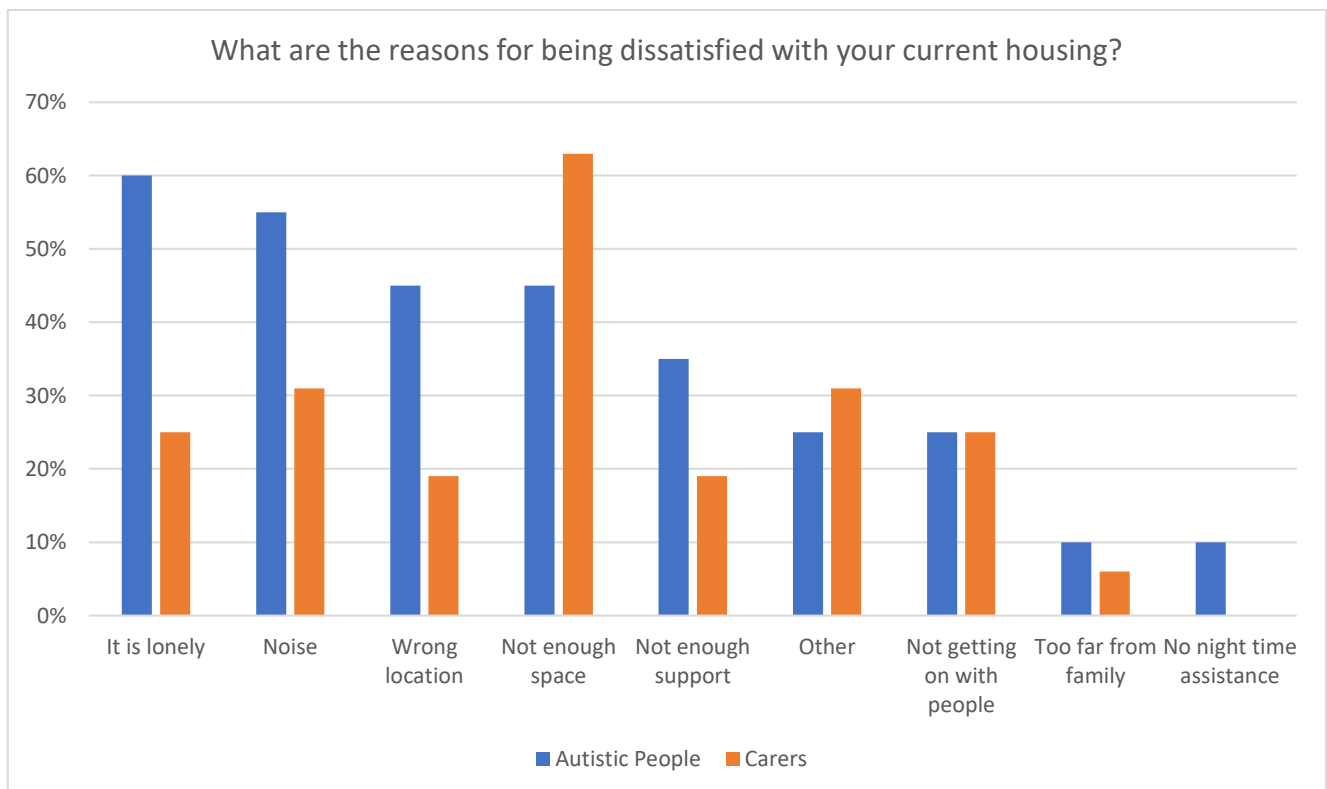
Themes	Number of comments
Knowledge/ understanding of autism	7
Need for reasonable adjustments	6
Application process/ communication is stressful/ difficult	6
Challenges related to system rather than autism	5
Lack of support	4
Other	4
Lack of communication	1
Waiting times	1

**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?**

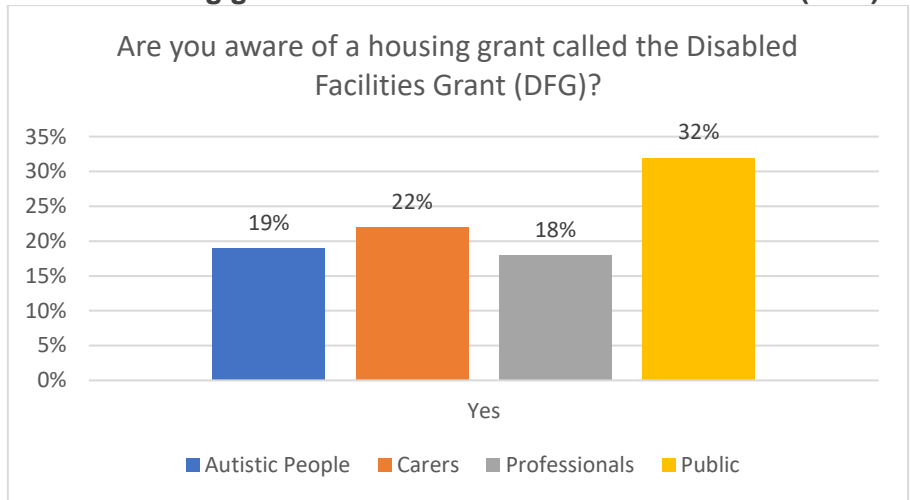
*Tick all that apply*



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?**

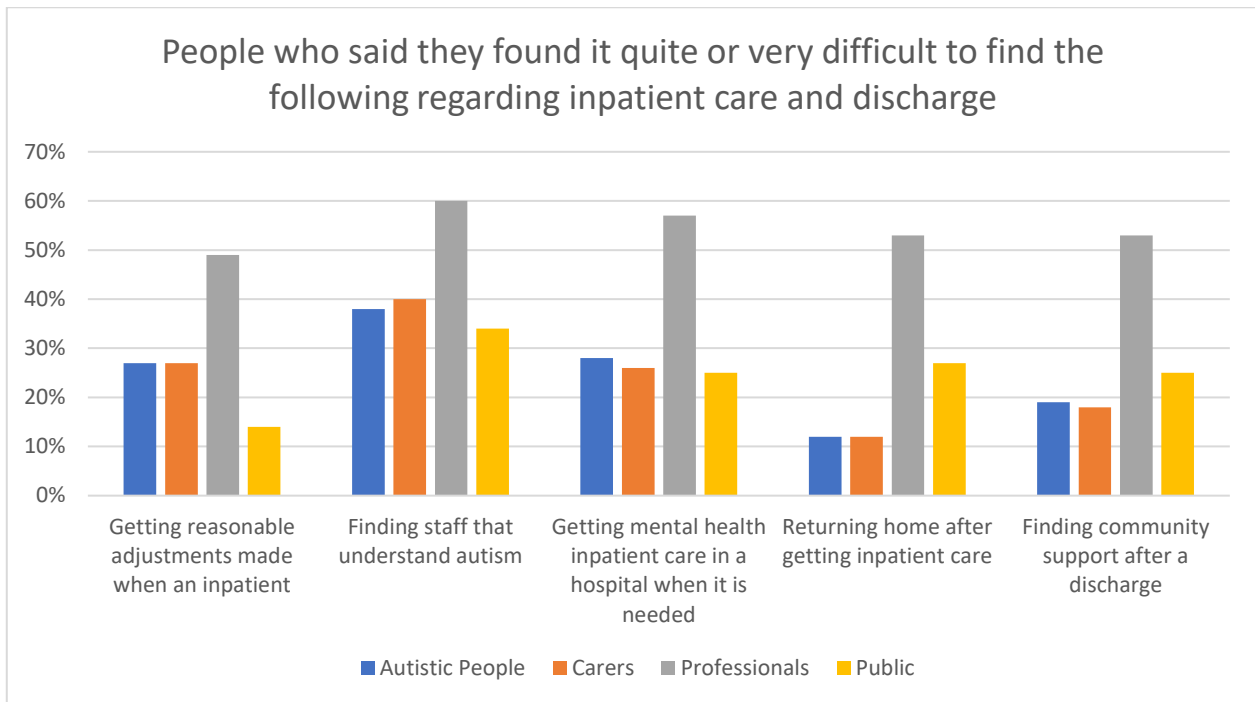


**Q126 If you applied for it and were not successful, what was the reason?**

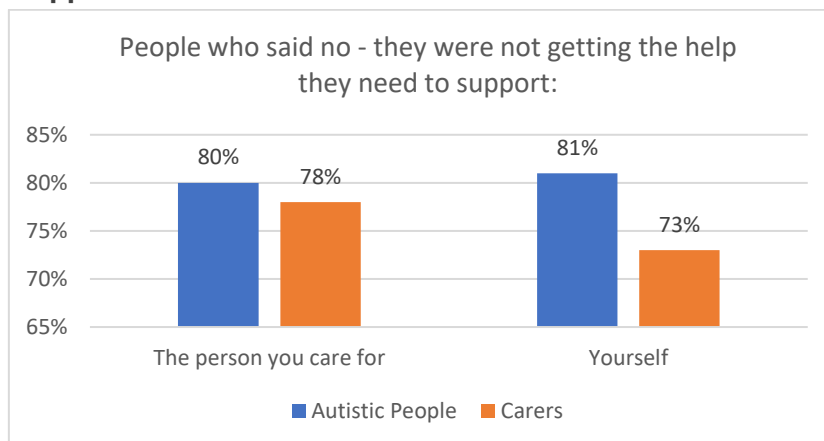
6 Comments were made

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?**



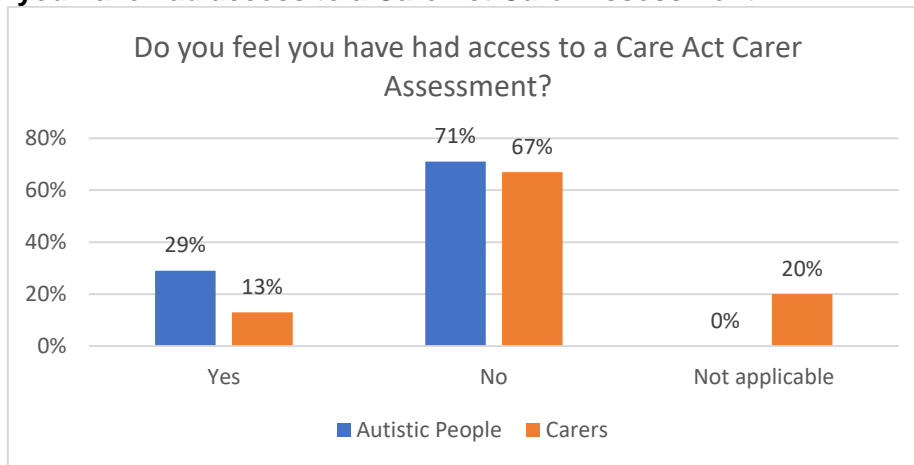
**Q128 If you are a parent or carer of an autistic person, regardless of their age, do you feel you get the help you need to support:**



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?**



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?**

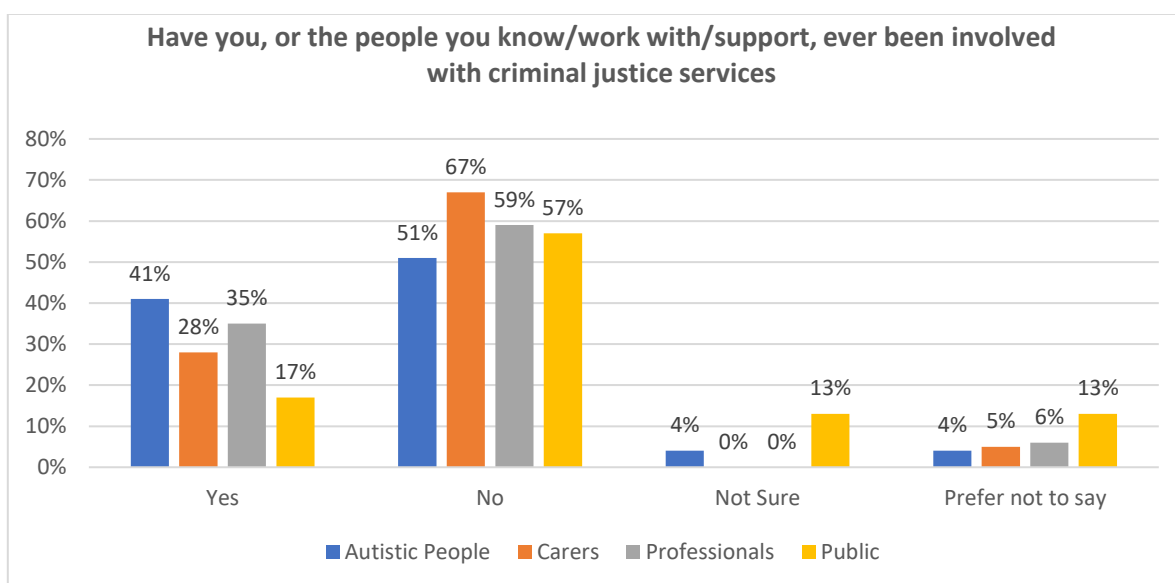
68 Comments were made

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

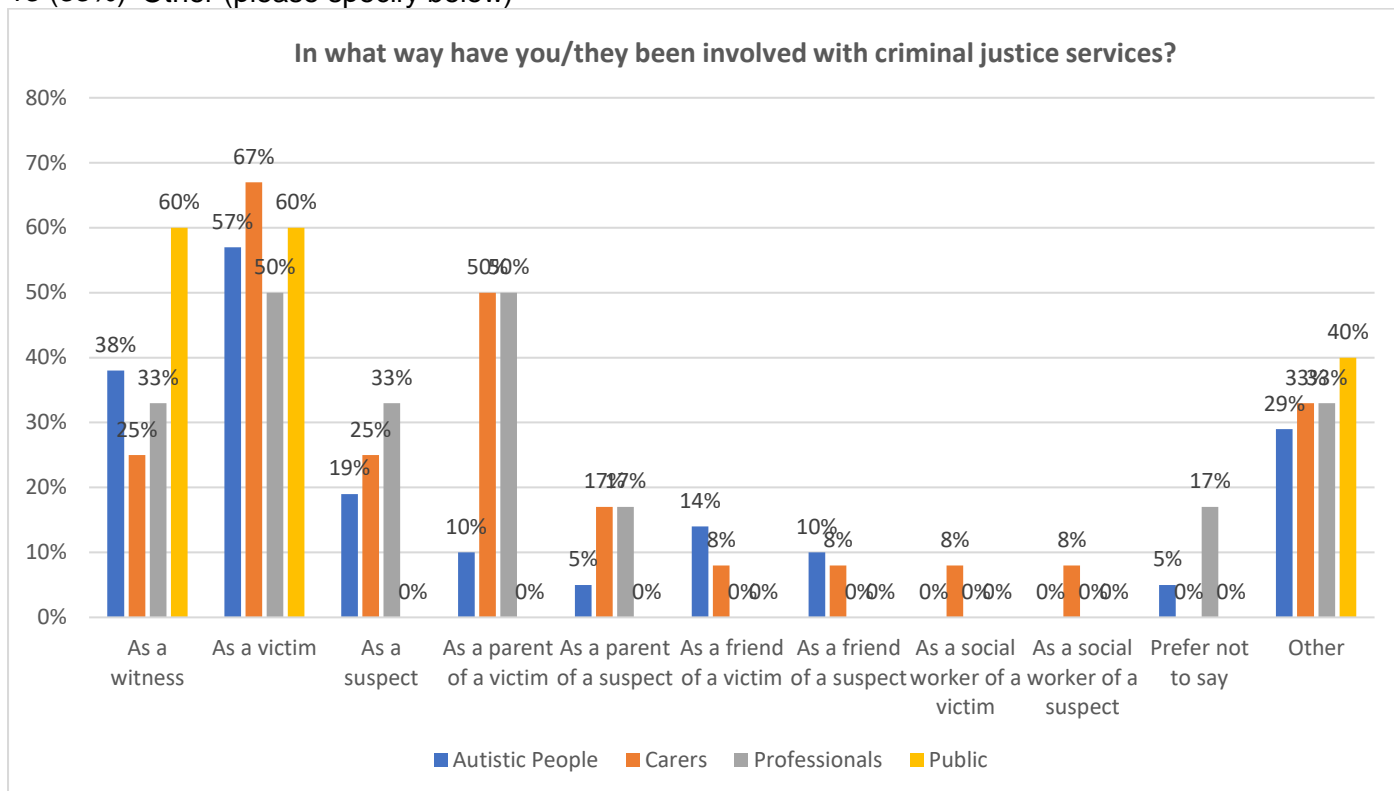
**Q133 Have you, or the people you know/work with/support, ever been involved with criminal justice services (e.g. police, court, witness, victim of crime)?**



**Q134 In what way have you/they been involved with criminal justice services?**

Please select all that apply

13 (33%) Other (please specify below)

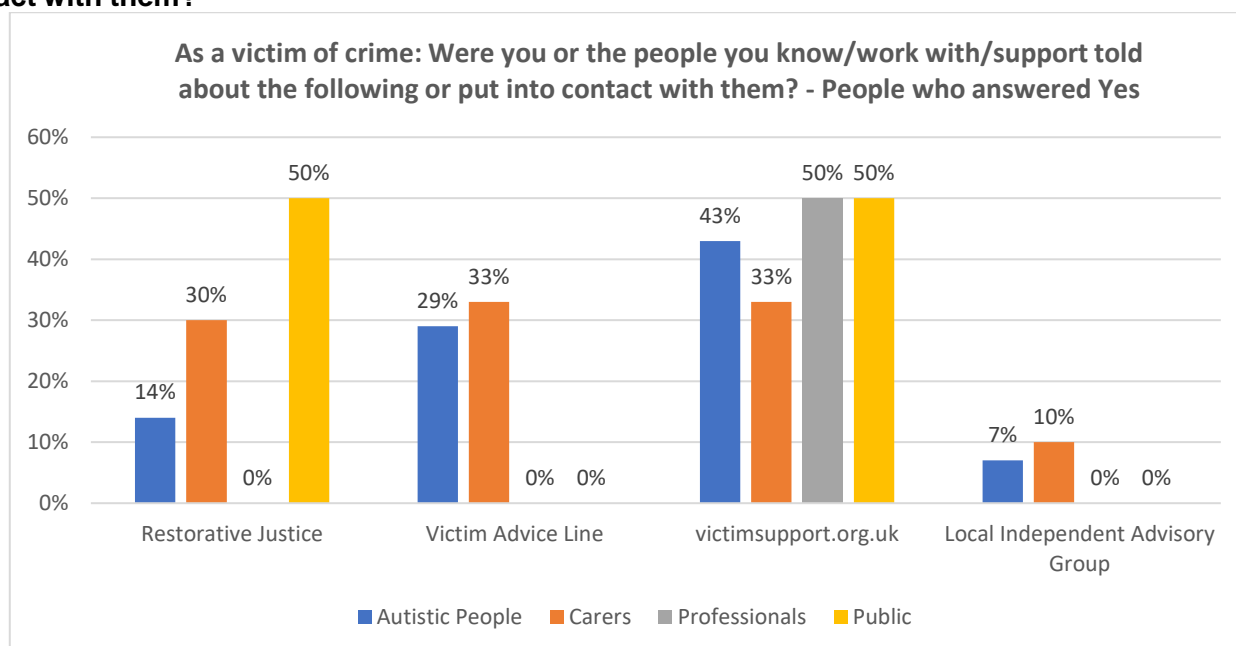


11 comments were made

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

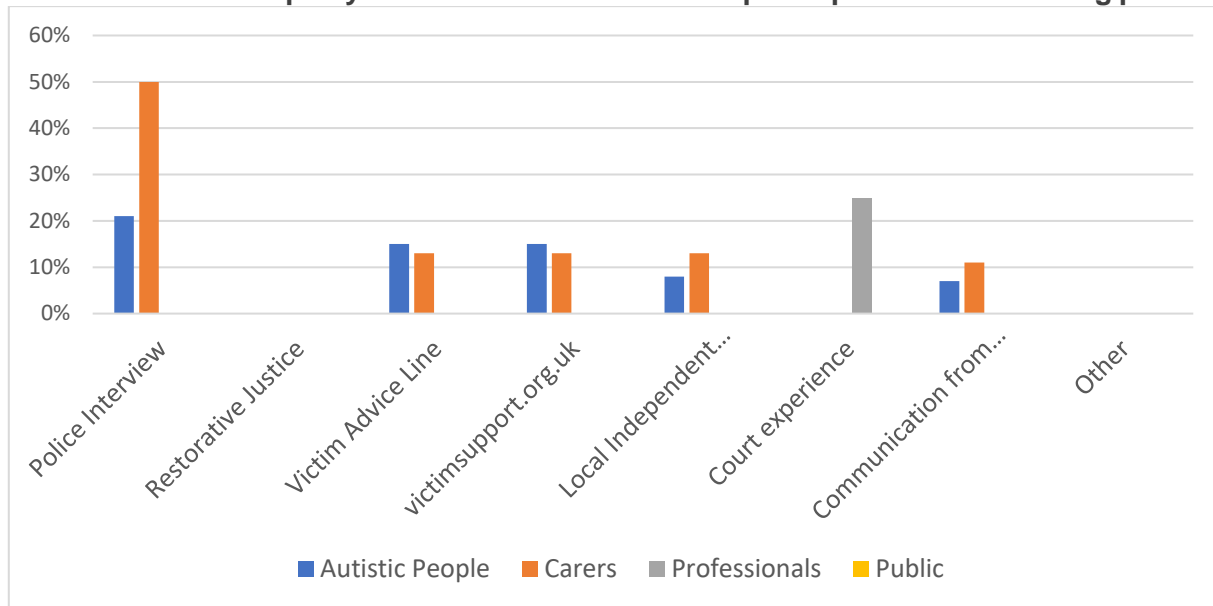
**As a victim of crime:**

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





**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?**

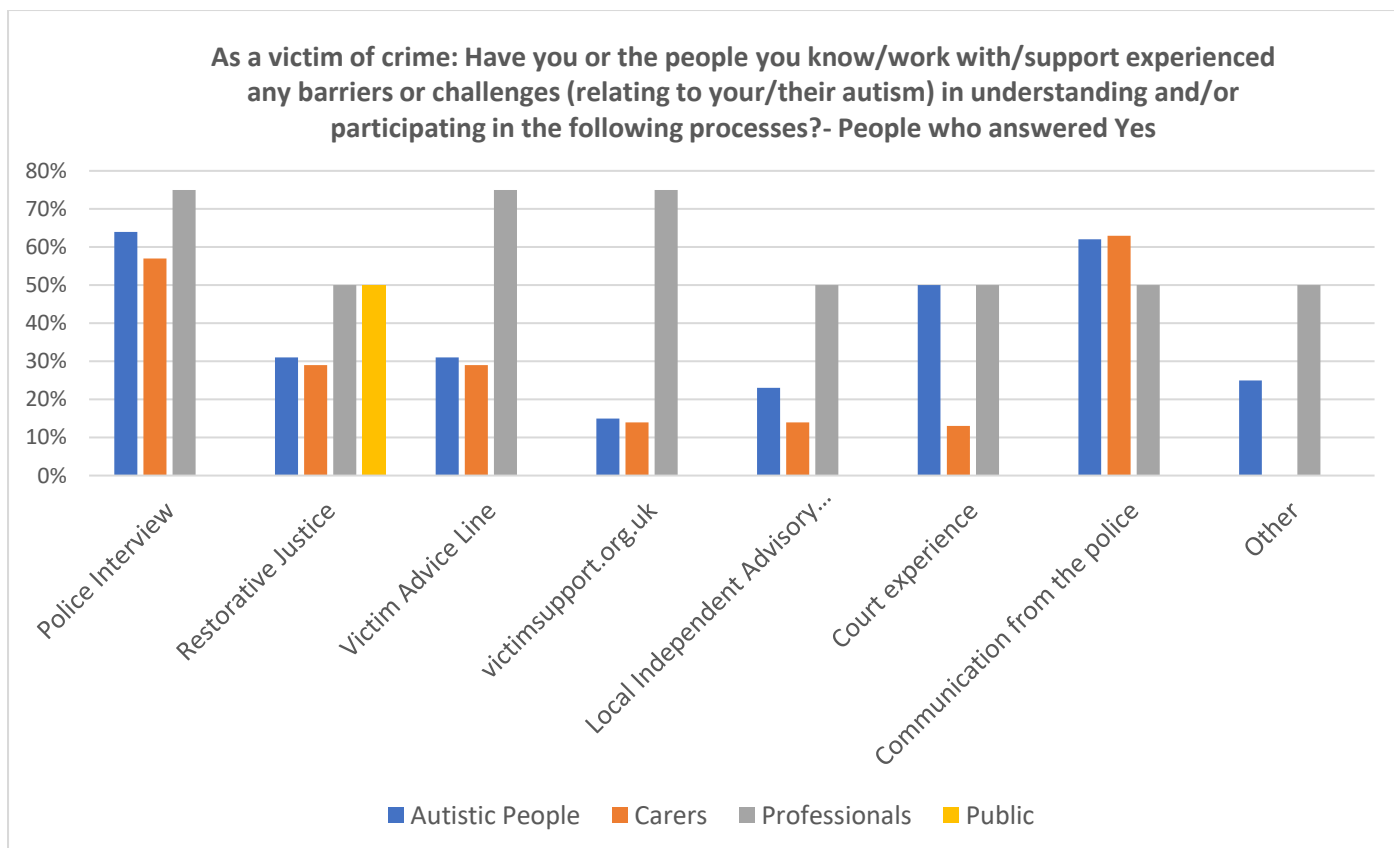


**Q137 Please outline any positive experiences**

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?**



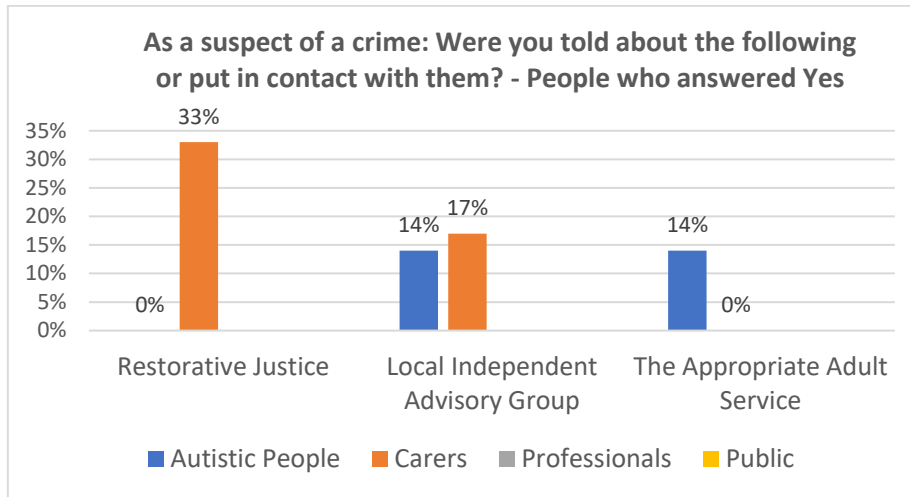
**Q139 What could have made it better?**

15 comments were made

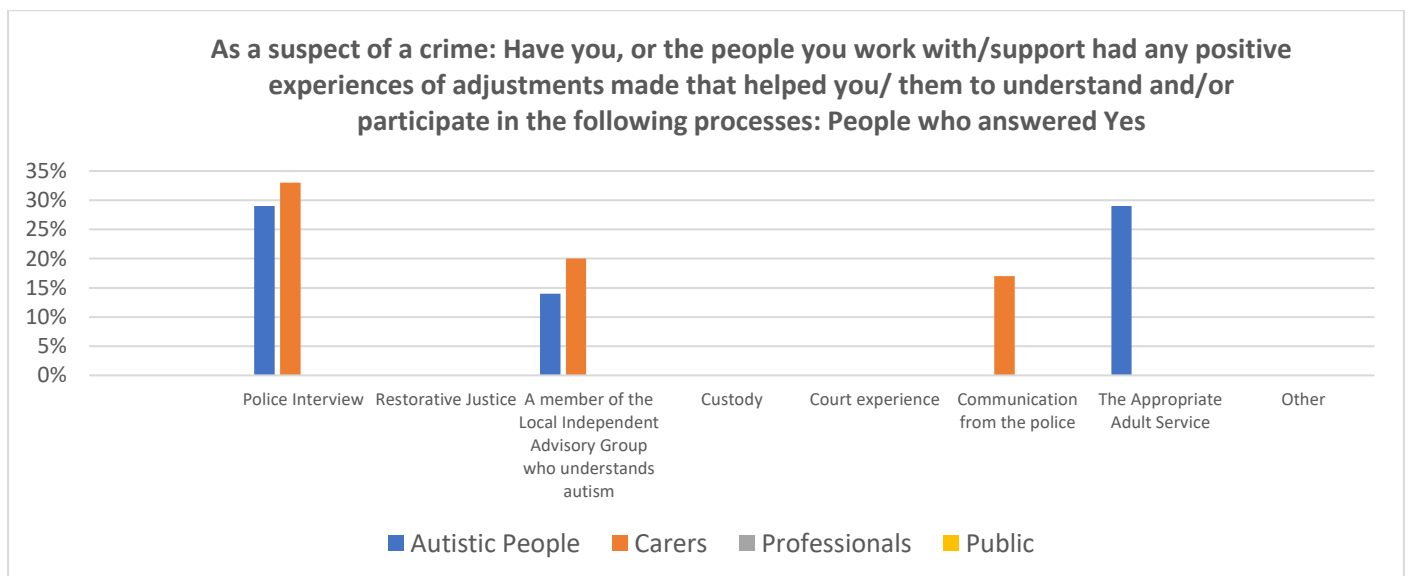
Themes	Number of comments
Better communication	6
Being more understanding	4
Appropriate adjustments	4
More knowledge of autism	3
Other	2

As a suspect of a crime:

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



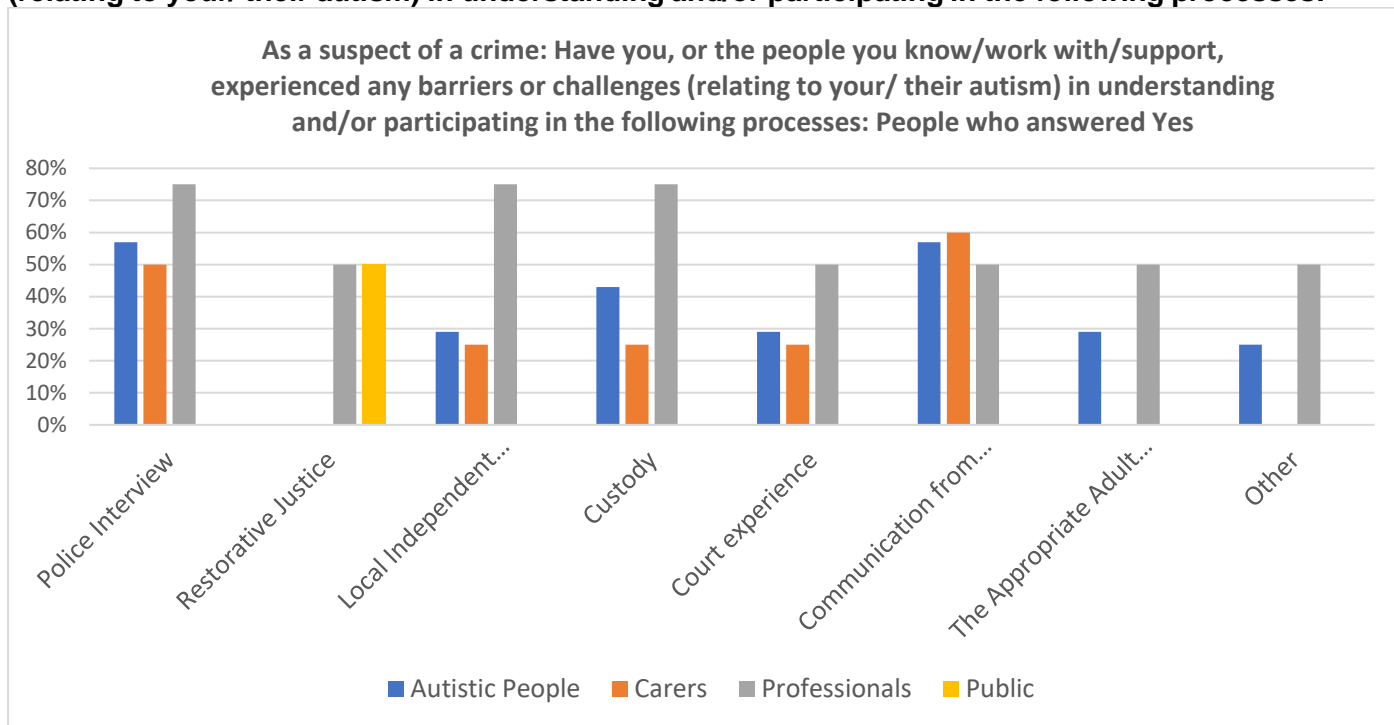
**Q141 Have you, or the people you work with/support had any positive experiences of adjustments made that helped you/ them to understand and/or participate in the following processes:**



**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:**



**Q144 What could have made it better?**

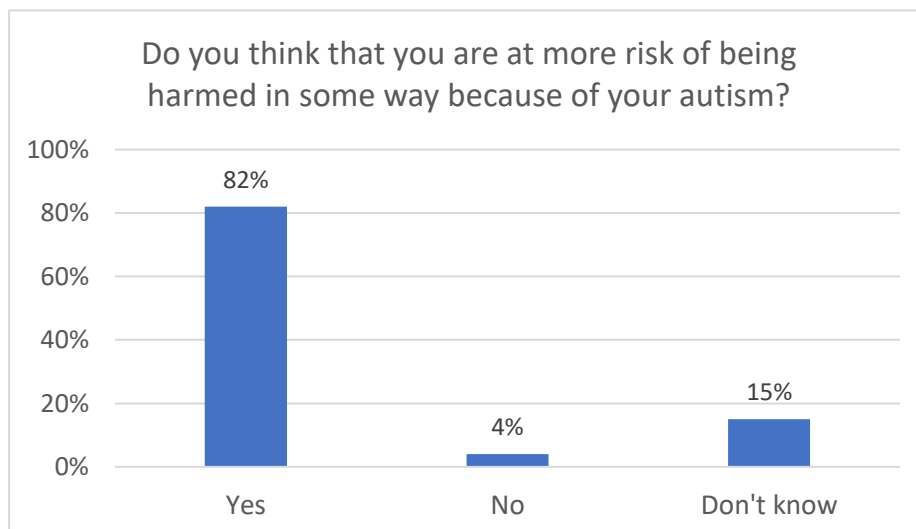
7 comments were made.

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?**



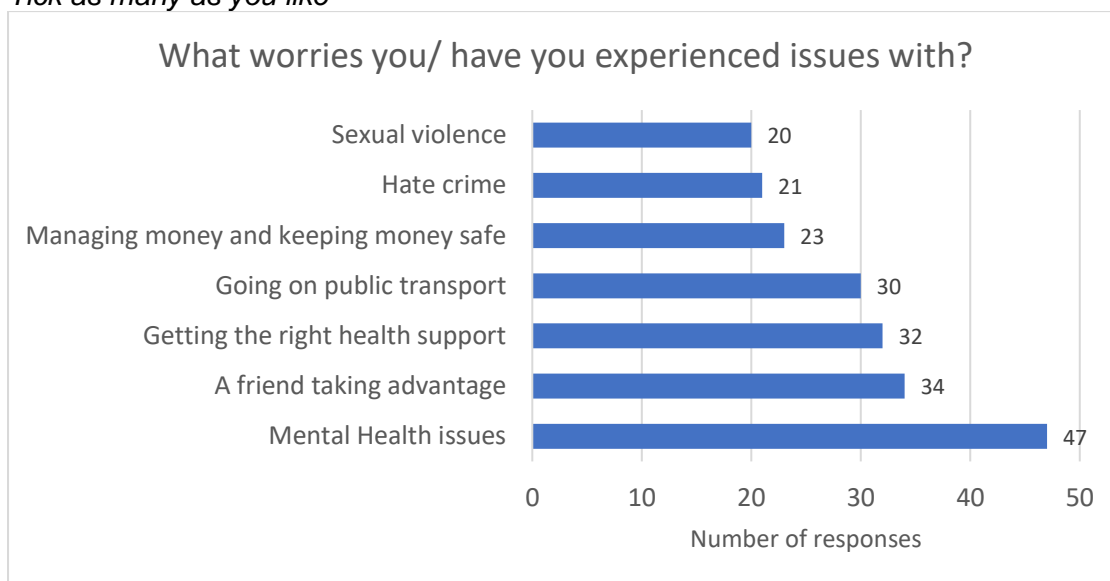
**Q146 If yes, please give details?**

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

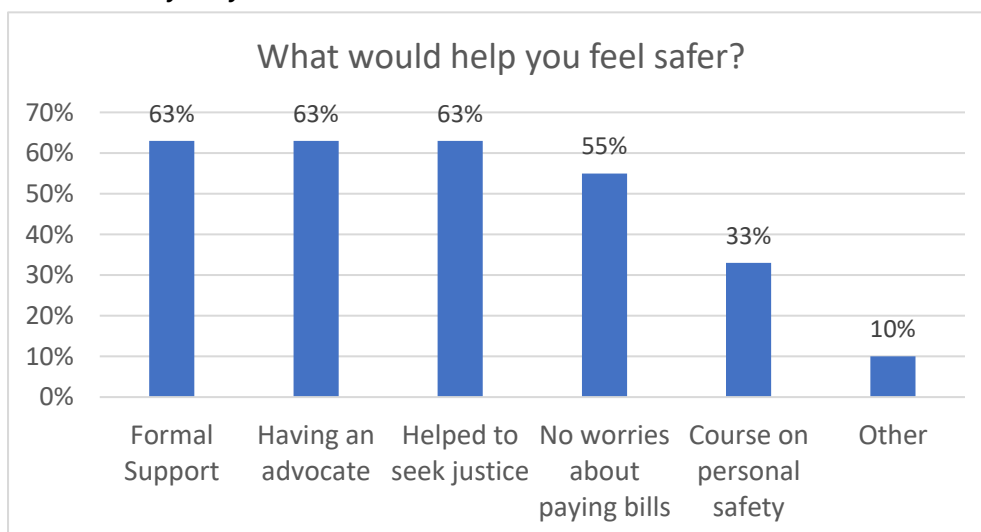
**Q147 What worries you/ have you experienced issues with?**

*Tick as many as you like*



**Q148 What would help you feel safer?**

*Tick as many as you like*



Health and Wellbeing Board Forward Plan 2024/25

AGENDA ITEM	REPORT FROM	FREQUENCY	PURPOSE	ACTIONS
<b>11 March 2024 – Public Board</b>				
Herefordshire Safeguarding Adults Board report	Kevin Crompton	Annual	Information	
HWB Delivery Plans: Best Start in Life	Matt Pearce	Quarterly	Information	
Better Care Fund progress update	Marie Gallagher	Ad-hoc	Information	
Most Appropriate Agency	West Mercia Police	Ad-hoc	Information	
<b>15 May 2024 - Private Development Session</b>				
<b>10 June 2024 – Public Board</b>				
HWB Delivery Plans: Mental Health and Mental Health Needs Assessment	Matt Pearce/Public Health	Quarterly	Information	
Autism Strategy	Sally Wilson	Ad-hoc	Information	
DPH Annual Report	Matt Pearce	Annually	Information	
Better Care Fund Annual Report	Marie Gallagher	Annually	Information	
<b>17 July 2024 – Herefordshire Health and Wellbeing Board Conference Event</b>				
<b>16 September 2024 – Public Board</b>				
HWB Delivery Plans: Best Start in Life	Matt Pearce	Quarterly	Information	
Rural Deprivation	Matt Pearce	Ad-hoc	Information	
Herefordshire Health Inequalities Strategy 2023-26 Update	TBC	Annually	Information	
Physical Activity Strategy Update	TBC	Annually	Information	
Oral Health Improvement Board Update	Harpal Aujla	Annually	Information	
Tobacco Control	Luke Bennett and Harpal Aujla	Ad-hoc	Information	
Community Safety Partnership Update – including priorities	Helen Wain	Ad-hoc	Information	
<b>21 October 2024 - Private Development Session</b>				
<b>9 December 2024 – Public Board</b>				
HWB Delivery Plans: Mental Health	Matt Pearce	Quarterly	Information	
Domestic Abuse Strategy	Kayte Thompson Dixon and Hannah McSherry	Ad-hoc	Information	
<b>23 January 2025 - Private Development Session</b>				

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