



Health and Wellbeing Board

Date Monday 25 September 2023

Time 9.30 am

Venue Committee Room 2, County Hall, Durham

Business

Part A

Items which are open to the Press and Public

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held 28 July 2023 (Pages 5 - 22)
5. Membership of County Durham Health and Wellbeing Board:
(Pages 23 - 32)
Report of the Head of Legal and Democratic Services, Durham County Council.
6. Health and Social Care Integration:
Verbal update from the Corporate Director of Adult and Health Services, Durham County Council and Director of Integrated Community Services.
7. County Durham Together: (Pages 33 - 46)
Report and Presentation of the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council.
8. Think Autism in County Durham: (Pages 47 - 88)
Report and Presentation of the Corporate Director of Adult and Health Services and the Corporate Director of Children and Young People's Services, Durham County Council.

9. County Durham Health and Wellbeing Board Work Programme:
(Pages 89 - 94)
Presentation of the Interim Strategic Manager, Partnerships,
Neighbourhoods and Climate Change, Durham County Council.
10. Such other business as, in the opinion of the Chairman of the
meeting, is of sufficient urgency to warrant consideration
11. Any resolution relating to the exclusion of the public during the
discussion of items containing exempt information

Part B

Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information)

12. Pharmacy Applications:
Report of the Director of Public Health, Durham County Council.
 - a) No Significant Change Relocation. (Pages 95 - 104)
 - b) ICB Community Pharmacy Letter. (Pages 105 - 110)
13. Such other business as, in the opinion of the Chairman of the
meeting, is of sufficient urgency to warrant consideration

Helen Bradley
Head of Legal and Democratic Services

County Hall
Durham
15 September 2023

To: The Members of the Health and Wellbeing Board

Councillors C Hood (Chair), T Henderson and R Bell

J Robinson	Adult and Health Services, Durham County Council
J Pearce	Children and Young People's Services, Durham County Council
A Healy	Public Health, County Durham Adult and Health Services, Durham County Council
L Hall	Regeneration, Economy and Growth, Durham County Council
M Laing (Vice-Ch)	Director Integrated Community Services
Dr J Carlton	North East and North Cumbria Integrated Care Board
D Gallagher	North East and North Cumbria Integrated Care System
S Jacques	County Durham and Darlington NHS Foundation Trust
M Graham	Harrogate and District NHS Foundation Trust
L Robertson	North Tees and Hartlepool NHS Foundation Trust
P Sutton	South Tyneside and Sunderland NHS Foundation Trust
L Taylor	Tees, Esk and Wear Valleys NHS Foundation Trust
C Cunnington- Shore	Healthwatch County Durham
A Petty	Office of the Durham Police and Crime Commissioner
P Innes	County Durham and Darlington Fire and Rescue Service

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Friday 28 July 2023** at **9.30 am**

Present:

Members of the Committee:

Councillors T Henderson and R Bell and J Robinson, J Pearce, A Healy, M Smith, M Laing, L Taylor, C Cunnington-Shore, C Williams and S Burns

1 Election of Chair

Moved by Councillor T Henderson, **Seconded** by Councillor R Bell and

Resolved:

That Councillor C Hood be elected as Chair of the Board for the ensuing year.

2 Election of Vice-Chair

Moved by C Cunnington-Shore, **Seconded** by Councillor R Bell and

Resolved:

That M Laing be appointed Vice-Chair of the Board for the ensuing year.

M Laing in the Chair

The Chair asked Feisal Jassat, to speak in relation to his new appointment. F Jassat thanked the Chair and noted he had been appointed as Lay Member for Engagement for the County Durham Care Partnership. It was noted that discussion was currently taking place with regard to the governance arrangements for the role to become a member of the Health and Wellbeing Board. He noted he welcomed the role of working with colleagues on the Board.

3 Apologies for Absence

Apologies for absence were received from Councillors C Hood, L Hall, Dr J Carlton, D Gallagher, S Jacques, S Lamb, L Robertson, P Sutton, A Petty and P Innes.

4 Substitute Members

There were the following substitutes: S Burns for D Gallagher; M Smith for L Hall; and Chris Williams for P Innes.

Councillor R Bell left the meeting at 9.40am

5 Declarations of Interest

There were no Declarations of Interest.

6 Minutes of the meeting held 10 May 2023

The minutes of the meeting held on 10 May 2023 were agreed as a correct record and signed by the Chair.

7 Annual Performance Update

The Board received an update presentation from the Corporate Equality and Strategy Manager, Stephen Tracey on Annual Performance in respect of the Joint Health and Wellbeing Strategy 2021-23 (JHWS) (for copy see file of minutes).

The Corporate Equality and Strategy Manager updated the Board in respect of healthy life expectancy and noted that the overarching message was that lots of organisations contributed to addressing the issue and that there was not one single programme. He noted that broadly trends had not changed significantly, though it was noted that the gap of life expectancy of women in County Durham compared to the England average had narrowed, the gap having halved over the last 10 years. It was noted that there was still an overall lower life expectancy in County Durham compared to the England average.

In respect of smoking prevalence and the number of women smoking during pregnancy, the Corporate Equality and Strategy Manager noted that while the number had come down in County Durham, it was still higher than national levels. In reference to unemployment, and specifically closing the gap between the general population and those with a long term physical or mental condition, there had been some improvement in closing that gap. The Corporate Equality and Strategy Manager added that in respect of healthy weight in children and young people, 90 percent of children in County Durham aged 4-5 years old and 79 percent of children aged 10-11 years old were of a healthy weight. He noted that there had been an increase in suicide rate nationally over the last 10 years and explained that the figures were significantly higher in County Durham compared to national figures.

The Corporate Equality and Strategy Manager noted the Better Health at Work Award had been rolled out to 76 employers in the county, with an aim to improve health and wellbeing interventions at work and added that Durham County Council (DCC) had maintained their “excellent” award rating. He concluded by noting that as well as overseeing the health and care contribution to health and wellbeing and the strong links to the wider determinants of health, the new Joint Local Health and Wellbeing Strategy (JLHWS) would focus on the four priorities of the Health and Wellbeing Board for 2023-28, namely:

- Making smoking history
- Enabling healthy weight for all
- Improving mental health, resilience, and wellbeing
- Reducing alcohol harms

A Healy thanked the Corporate Equality and Strategy Manager and noted that this wrapped up the previous strategy and set out the four areas of focus, for the new Joint Local Health and Wellbeing Strategy. She added that the links to the wider determinants of health included areas to work alongside partners, with the pandemic and austerity also impacting. The Chair noted that, in his opinion, it was not acceptable for the United Kingdom, as sixth largest economy in the world, to have the health statistics it did and added that there was a lot of work to do in areas such as encouraging people to exercise.

Resolved:

- (i) That the key messages and detailed analysis relating to the JHWS 2021-25 key objectives be noted;
- (ii) That the Board consider where further action may be required to improve specific outcomes, in light of the new outcomes for the recently approved JLHWS 2023-28.

8 Health and Wellbeing Board Annual Report

The Board received a Joint Report of the Corporate Director of Adult and Health Services, Corporate Director of Neighbourhoods and Climate Change and the Director of Public Health in respect of the Health and Wellbeing Annual Report, presented by the Interim Strategic Manger - Partnerships, Julie Bradbrook (for copy see file of minutes).

The Board noted that the report followed that from the Corporate Equality and Strategy Manager and was the eighth Health and Wellbeing Board Annual Report over the last 10 years, noting no reports produced in 2019/20 or 2020/21 due to the pressures of the COVID-19 pandemic response. The Interim Strategic Manger - Partnerships explained that during the last 12 months there had been delivery against the strategic priorities detailed in the JHWS, including several case studies. She reiterated that the report drew the JHWS 2021-23 to a close, to be replaced by the JLHWS 2023-28 as agreed by the Health and Wellbeing Board on 10 May 2023.

The Interim Strategic Manager - Partnerships reminded the Board that during the pandemic, the Board had been the Local Outbreak Engagement Board for managing the response to COVID-19, acting in that capacity until May 2022. She explained that in July 2023, the North East and Cumbria Integrated Care Board (NENC ICB) replaced the 8 Clinical Commissioning Groups (CCGs) to become the statutory NHS Organisation for 13 Local Authority areas, including County Durham. She added that the ICB was now a key member of the Health and Wellbeing Board and worked closely in terms of the NENC ICB's place-based teams for County Durham.

The Interim Strategic Manager - Partnerships noted that the Board, together with County Durham Together Partnership had continued to champion the approach to wellbeing across the County Durham Partnership. She noted the new JLHWS 2023-28 focussed on four areas identified in the Joint Strategic Needs and Assets Assessment (JSNAA) which had the biggest impact upon local outcomes and health inequalities, namely: tobacco; alcohol; weight; and mental health. It was added that the JLHWS would inform a focussed effort across the system, incorporating the wider determinants of health, to achieve the Health and Wellbeing Board vision that *'County Durham is a healthy place where people live well, for longer'*.

The Board noted reference to the links with such wider determinants such as housing, poverty and the Inclusive Economic Strategy and activities taking place, such as those over the school holidays, 'Fun with Food'.

It was reiterated that housing was a key determinant to health and wellbeing and the Board noted that in June 2022, the Warm and Healthy Homes Project received a national 'Energy Champions of the Year' award for working with GP surgeries to contact patients who have cold related illness and providing help in terms of servicing, repair, replacement boilers, home insulation and support with reducing energy bills.

The Interim Strategic Manager - Partnerships noted that a Health Needs Assessment had been undertaken to review the approach to promoting healthy and independent lives for those residents who were over 50 years old, and to close the gap in life expectancy between County Durham and England. She reiterated that the Board had agreed a new direction with the JLHWS in terms of the four areas of focus:

- Making smoking history
- Enabling healthy weight for all
- Improving mental health, resilience, and wellbeing
- Reducing alcohol harms

The Interim Strategic Manager - Partnerships concluded by noting that the report reflected upon the last 10 years, celebrated the achievements, and set out the focus of the Board moving forward.

The Chair thanked the Interim Strategic Manager - Partnerships and the thanks of Councillor C Hood to all Board Members and Officers for their work over the last 12 months, the report being testament to the breadth of the work of the Board, with several cross-cutting issues, such as housing, that impacted both the public, private and voluntary sectors.

Councillor T Henderson asked what mechanisms were in place to showcase the good work of the Board and to share learning with partners. The Interim Strategic Manager - Partnerships noted that there were many different organisations within multi-agency meetings and that in terms of the wider determinants, there was good integration within the county. She added that the report would be published to the website and publicised, with partners encouraged to share and talk about the work of the Health and Wellbeing Board. Councillor T Henderson noted that in the past the Council and NHS had received some criticism, however, the opinion was now generally positive, and the report demonstrated that things were heading in the right direction.

The Corporate Director of Adult and Health Services, Jane Robinson asked if there were any specific communications planned in terms of awareness raising. The Interim Strategic Manager - Partnerships noted that the report was scheduled to go to Cabinet in September and communications would follow that meeting.

The Director of Public Health, Amanda Healy noted it was a very good report and that the case studies were especially welcomed, a good example being the flu-clinic at Horden in demonstrating how to deliver locally and where different to the national contract, with 27 2-3 year olds having been vaccinated. The Chair agreed that having those human stories helped to emphasise that the work and bring the report to life.

Resolved:

- (i) That the Board note and agree the contents of its Annual Report 2022/23 and authorise publication.
- (ii) That the timeline and next steps outlined in the report be noted.

9 Health and Social Care Integration

The Board received an update presentation from the Corporate Director of Adult and Health Services and the Director of Integrated Community Services, Michael Laing (in the Chair) on progress relating to Health and Social Care Integration (for copy see file of minutes).

The Corporate Director of Adult and Health Services updated the Board on the Care Quality Commission (CQC) inspections of integrated services, reminding Board members of a recent development session in June which looked at how the Board would contribute to the assessment process. It was noted that an update and feedback from the session would be shared with the Board at its meeting in September. In terms of inspections, it was noted that five Local Authorities had been used as pilot authorities, with feedback from those Local Authorities expected in October, following Government feedback in August. It was noted that the Director of Integrated Community Services and Corporate Director of Adult and Health Services gave Cabinet and update on the introduction of Local Authority assessment by the Care Quality Commission.

The Chair noted that discussions as regards the Joint Committee would begin next week, that 'teams around the patient' was a very good review, led by the Strategic Programme Manager Integration, Paul Copeland.

Resolved:

That the update be noted.

10 Draft Joint Forward Plan

The Board received a report of the Joint Head of Integrated Strategic Commissioning, NENC ICB, DCC, Sarah Burns on the NENC ICB Draft Joint Forward Plan (for copy see file of minutes).

It was noted that a Joint Forward Plan was a requirement of ICBs and NHS Trusts and should align with other plans and strategies, including the Integrated Care Partnership Strategy and the NHS Operating Plan. It was noted that the Board had the opportunity to feedback on the plan before final publication in September 2023, with stakeholder engagement and presentation at local groups and Overview and Scrutiny Committees.

The Interim Strategic Manager - Partnerships noted she would support the Joint Head of Integrated Strategic Commissioning in responding on behalf of the Board mid-August, noting sign off by the Chair, Councillor C Hood.

Resolved:

That the Health and Wellbeing Board review the draft plan and a response on behalf of the Board be produced by the Joint Head of Integrated Strategic Commissioning, supported by the Interim Strategic Manager - Partnerships, signed off by the Chair and submitted by the end of August.

11 Reducing Alcohol Related Harm in County Durham

The Board received a Joint report of the Corporate Director of Adult and Health Services and the Director of Public Health in relation to Reducing Alcohol Related Harm in County Durham (for copy see file of minutes).

The Director of Public Health noted the next update report to the Board, would be aligned to the new strategy, to include cases studies. She added there had been changes at the partnership level, now under a new 'Combating Drugs and Alcohol Partnership', which would feed into the Health and Wellbeing Board and Safe Durham Partnership (SDP). It was explained that the Police and Crime Commissioner (PCC), Joy Allen had chaired the drugs partnership and the addition of alcohol was very important. It was noted the Board focussed on alcohol at a population level, with the SDP looking at treatment, crime and the supply of drugs.

The Director of Public Health noted that there was a high level of alcohol use in the North East and in County Durham, and reminded the Board of the work of Balance. She noted while the risks around alcohol were known, the impact of COVID-19 had impacted, with a rise in alcohol use, with levels in County Durham being higher than the regional and national levels.

It was noted that mortality and hospitalisations were higher, as were cases of liver disease. It was noted that alcohol misuse was still a taboo to an extent and the work of Balance with the alcohol industry was important. The Director of Public Health noted the work in respect of alcohol harm reduction, including: 'drink coaches'; work with children and young people 'what's the harm'; Balance and the North East Ambulance Service (NEAS) 'fuel to the fire' in relation to the impact on NEAS service as a result of assaults on NEAS staff. The Board were reminded of the work in terms of public health campaigns relating to alcohol, drink/drug spiking and the Drug and Alcohol Service (DAS), working with other appropriate partners and departments, such as Housing Services and Licensing

The Chair noted that feedback from Councillors and Partners was that the issue of alcohol was cross-cutting, and a lot of work was ongoing, in particular as regards town centres.

Councillor T Henderson asked if alcohol services addressed the needs of those who were under 18 years old and whether there were examples of support available in schools. The Director of Public Health noted that Balance worked with parents and noted that the DAS had a dedicated section looking at children and young people affected by drinking within their family. She noted that they also went into schools and there was a joint post with Durham University in relation to targeted work. She added there was close work with Durham Constabulary. She explained that some activities were funded by the alcohol industry, and those were looked at in terms of whether they represented advertising.

The Corporate Director of Adult and Health Services noted that the work of Balance was impactful, similar to that of Fresh, and noted Fresh had several cases studies that help to promote awareness of tobacco harms. The Director of Public Health noted that the work in taking tobacco had been established longer and noted there would be relevant case studies as more people came forward and share their stories and she would feedback to Balance in this regard.

Councillor R Bell entered the meeting at 10.10am

Councillor R Bell recalled a presentation as regards alcohol harms, which had noted alcohol consumption in the Teesdale area. He noted that there was often a 'middle-aged, middle-class' drinker that perhaps was consuming too much alcohol and asked if there was any evidence of areas where there were particular problems as it was difficult to target an audience if they are in effect a 'quiet harm'. The Director of Public Health noted all data was being updated and would be broken down geographically across County Durham. She noted that this could show links to issues such as availability and low-cost alcohol, such issues being exacerbated by other issues such as poverty.

She noted additional information could be provided at the next update. Councillor R Bell noted that many people underestimate how much they are drinking and will give their doctor the answer they think they think their doctor wants. The Director of Public Health noted that even where people are not self-reporting, there is evidence in terms of alcohol admissions to hospital and alcohol related diseases.

The Chair noted the shift from drinking in pubs to purchasing alcohol at off-licences and drinking at home, noting the impact on health linking to the Board and in terms of crime and anti-social behaviour linking with the SDP. The Director of Public Health noted that there were operational groups in terms of both of those areas and they were coordinated, using the best channels as necessary. She noted the SDP looked at where Police powers could be used, looking at where alcohol was being supplied for example and added that had Minimum Unit Pricing (MUP) been introduced in England, this could have had an impact in tackling alcohol related harm.

Resolved:

- (i) The content of the report and progress made during 2022/23 to reduce the harms from alcohol within our communities be noted.
- (ii) That the Board maintain their support of the new Combating Drugs and Alcohol Partnership Strategic and Operational Boards and help to increase multi-agency working to support the delivery of all planned objectives, making alcohol harm reduction everybody's business.
- (iii) That the Board support the need for Balance to follow in similar footsteps to Fresh and be funded by all 12 Local Authorities in the North East to ensure that there is an ongoing media presence available to address the needs of the population across the North East.

12 Improving Health Literacy in County Durham

The Board received a Joint Report and presentation of the Corporate Director of Adult and Health Services and the Director of Public Health in relation to Improving Health Literacy in County Durham, presented by the County Durham Together (CDT) Strategic Manager, Kirsty Wilkinson (for copy see file of minutes).

The Board noted current levels of health literacy in County Durham and learned as regards giving people the skills, knowledge and information in order to be able access and understand health and social care information. It was explained as regards partnership working in terms of how partners communicated, and it was noted that it was a priority for the NENC ICB, within their Healthier and Fairer Workstream.

The CDT Strategic Manager noted good practise in terms of coproduction and that it was not just making documents 'accessible' as many health-related documents were very difficult to understand.

She noted the development of a high-level policy, priorities in line with the JLHWS four priorities, pilot scheme within Family Hubs with co-checks in terms of health.

Councillor T Henderson noted the report indicated that those with limited health literacy were more likely to use emergency services and less likely to manage long-term health conditions. He noted that this resulted in higher health and social care costs and emphasised the importance of tackle the issue, given the impact upon limited resources. The CDT Strategic Manager agreed.

Councillor R Bell noted the importance of targeted communications and asked how we were ensuring that what had been communicated to patients had been understood, for example in terms of instructions for next steps, follow up appointments, medication advice and so on. The CDT Strategic Manager noted that it was important for those dealing with patients to have training around how to talk to people, in terms of techniques to help impart information in different ways to suit individuals.

The Corporate Director of Adult and Health Services asked if this would look at processes, for example where multiple letters are sent out to a person, sometimes with contradictory information. The CDT Strategic Manager noted there were links with the Joint Head of Integrated Strategic Commissioning in terms of empowering staff to make changes and improvements, noting what was within our circle of control. The Joint Head of Integrated Strategic Commissioning noted that it was recognised that people sometimes cannot attend appointments and, in some cases, people could not access services at all. The Chair noted that it was important to make processes and procedures more understood, as well as documentation being easier to understand.

Resolved:

- (i) That the contents of the report be noted.
- (ii) That the link between improving health literacy and achieving the priorities of the Health and Wellbeing Board be recognised.
- (iii) That the profile of health literacy within the Council and across Partners is raised.
- (iv) That a steering group is formed, reporting to County Durham Together, to oversee the development of a health literacy improvement plan.

13 Better Care Fund Plan

The Board received two reports of the Director of Integrated Community Services on the Better Care Fund, presented by the Strategic Programme Manager Integration, Paul Copeland (for copy of report see file of minutes).

The Strategic Programme Manager Integration noted the first of the reports related to the Better Care Fund year end performance for 2022/23 and explained that was for information, having been submitted to NHS England on 23 May 2023, with the Vice-Chair having signed off the report 19 May 2023 on behalf of the Board. He noted key points/metrics included: unplanned/avoidable hospital admissions; discharge to normal place of residence; residential admissions; and re-enablement.

In relation to the second report, it was noted this set out the Better Care Fund Plan 2023-25 and this set out issues including: policy requirements; national conditions for BCFs; metrics; BCF Work Programmes; and timetables for planning and assurance. It was noted that the Plan had been signed off on behalf of the Board by the Vice-Chair on 27 June 2023 in order to meet submission deadlines.

The Chair noted there had been excellent feedback in terms of the narrative provided within the reports by the Strategic Programme Manager Integration, and he thanked him for his work.

Councillor R Bell asked if there were any different funding pots allocated and any judgement that could be used in spending funds in other areas as felt necessary. The Strategic Programme Manager Integration noted there were conditions applied to each funding stream. Councillor R Bell asked if those funding streams were proportional and flexible. The Joint Head of Integrated Strategic Commissioning noted they were as flexible as they could be, within the conditions attached.

The Corporate Director of Adult and Health Services echoed the thanks of the Chair to the Strategic Programme Manager Integration for all his work. She noted that paragraph 15 of the Better Care Fund Plan 2023-25 report relating to BCF Work Programmes was very important in terms of systems and being able have a positive impact upon local people and their lives.

Resolved:

- (i) That the contents of the reports be noted.
- (ii) That the Board agree to receive future updates in relation to BCF performance.
- (iii) That the Board endorse the BCF Plan for 2023-25 for County Durham.

14 Poverty Strategy and Action Plan

The Board received a report and presentation of the Corporate Director of Resources on the Poverty Strategy Action Plan, presented by the Assessments and Awards Manager, Patrick Hetherington (for copy of report see file of minutes).

The Board noted the Poverty Strategy Action Plan had been produced in 2015 and reviewed in 2022 with a vision '*to work together so fewer people will be affected by poverty and deprivation in the County*'. It was explained that the four objectives of the plan were:

1. Use intelligence and data to target support to low-income households.
2. Reduce the financial pressures on people facing or in poverty.
3. Increase individual, household and community resilience to poverty.
4. Reduce barriers to accessing services for those experiencing financial insecurity.

The Assessments and Awards Manager noted that the Poverty Strategy Action Plan had been agreed in November 2022, however, it had been approximately one year since it had been developed. He added that more recent developments had included some people in full-time employment now struggling financially, and he noted the plan must therefore evolve to support people as situations change.

Councillor T Henderson asked as regards how the Poverty Action Steering Group aligned to the Child Poverty Working Group. The Assessments and Awards Manager noted it was incorporated within the Poverty Action Steering Group.

Councillor R Bell asked as regards information available to residents facing increasing financial pressures, whether there was a central resource, and how Councillors could help support that work. The Assessments and Awards Manager noted that the DCC website was kept as up to date as possible with the Council's Welfare Rights Team providing excellent advice and information. He added there were links with Citizens' Advice and the Department for Work and Pension.

The Director of Public Health noted the need to join up the work in relation to health and wellbeing and poverty and asked how as Boards the Poverty Action Steering Group and Health and Wellbeing Board could push that. She also asked as regards local actions, and any push/advocacy for regional/national actions. The Assessments and Awards Manager noted that he, or the Head of Transactional and Customer Services, Victoria Murray, along with Councillor A Shield as the Portfolio Holder would be happy to attend any meetings as necessary.

He added there was a wealth of information available through the Durham Insights website. The Assessments and Awards Manager noted answers being sought nationally as regards the Household Support Fund and supported housing.

Resolved:

That the contents of the report and presentation be noted.

Councillor T Henderson left the meeting at 11.00am

15 Physical Activity Strategy, Moving Together in County Durham

The Board received a report of the Corporate Director of Adult and Health Services on the Physical Activity Strategy, Moving Together in County Durham, presented by the Public Health Strategic Manager, Mick Shannon (for copy of report see file of minutes).

The Public Health Strategic Manager noted the vision, mission and core principles of the strategy and noted that physical inactivity was the fourth leading risk factor for early death.

He explained that during COVID-19 many people had taken up walking as a 'guilty pleasure' and noted that while it was important in terms of physical activity, the benefits to mental health from such activity was also very important. He noted that the UK Chief Medical Officers had noted that "*If physical activity were a drug, we would refer to it as a miracle cure...*".

The Public Health Strategic Manager explained the report referred to five priority areas identified from consultation:

1. Children and young people moving together.
2. Community wide (empowering local communities to move more in their daily lives)
3. Active travel and planning
4. Health and social care
5. Moving Together Champions

The Public Health Strategic Manager noted the importance of working with community and voluntary sector partners as well as working with County Durham Together Teams in terms of identifying barriers to physical activity, noting some of the most disenfranchised being those in health and social care settings.

Councillor R Bell asked how our own Council and NHS staff were encouraged and supported in terms of physical activities, especially in light of the increase in working from home. The Public Health Strategic Manager noted that a newly appointed Public Health Practitioner would be focussing on working on Health and Wellbeing and explained that there was consultation with DCC staff as regards what types of activities they would wish to participate in. He noted examples such as the relaunch of 'walk-leaders' and the 'Couch to 5k' schemes. He agreed that working from home meant it was very easy to sit in one position for long periods of time and noted the availability of the 'My Wellness' app for staff, with 'live classes' available via the app. The Chair noted activities such as the Community Nursing Team Sports Day held at the Spennymoor Offices.

Resolved:

That the Physical Activity Strategy, Moving Together in County Durham and its recommendations/action plan be agreed and approved for publication.

16 Healthwatch County Durham Annual Report and Work Plan

The Board received an update from the Chair of Healthwatch County Durham and Board Member, Chris Cunnington-Shore on the Healthwatch County Durham Annual Report and Work Plan (for copy of report see file of minutes).

Chris Cunnington-Shore began by introducing and thanking Gail McGee, Project Lead from Healthwatch County Durham for all her hard work culminating in the Annual Report.

Chris Cunnington-Shore explained that Healthwatch looked to where it could make a difference and he thanked the 25 volunteers that helped Healthwatch in its work, contributing 260 days over the last year. He noted the impact of COVID-19 on the work of Healthwatch and the increased use of social media and e-bulletins to help share information on health and social care issues.

Chris Cunnington-Shore noted that the Annual Report has been accepted by the Healthwatch Board and had been published on 30 June and shared with Healthwatch England. He reminded the Board that Healthwatch was the consumer champion for health and social care. He added that Healthwatch went out into communities to help formulate priorities and noted that four published reports on areas that people had wished to see improvements in, namely: Home Care Services; 'Over to you', looking at public priorities; 'So here's the thing', looking at Children and Young People's Mental Health; and patient view on access to GP led services.

He explained that the top three areas where people had sought advice and signposting from Healthwatch had been: GP services; dental services; and hospitals. It was explained that mental health had been the topic of most concern to people.

Chris Cunnington-Shore explained that the work programme and priority areas for 2023-24 included: public engagement around hospital discharge; waiting list impact for elective surgery; mental health – maintaining an overview of the Transformation Programme and evaluating its effectiveness; health inequalities within access to GP services' barriers to health and care services within seldom heard groups; and gathering real case evidence in relation to ongoing issues with dentistry.

Chris Cunnington-Shore noted that three staff members had left Healthwatch County Durham, with three new staff having taken up positions. He noted one recent recruit had a background in mental health which was very good in supporting the issues as previously referred to. He emphasised that Healthwatch would continue to focus on Place and would reinforce this with the NENC ICB. He reiterated that Healthwatch would continue to represent the views of our county, maintaining their voice, working with partners for the best outcomes for people.

The Chair thanked Chris Cunnington-Shore and noted that Councillor C Hood as Chair of the Board had wished to pass on his thanks and that of the Board to Healthwatch and their volunteers in providing an effective voice for the people of County Durham.

Resolved:

- (i) That the Healthwatch County Durham Annual Report and Workplan be noted.
- (ii) That the Board provide comment on future work areas to ensure further alignment to the JLHWS.

17 Health and Wellbeing Board Campaigns

The Board noted a presentation from the Director of Public Health on the following public health campaigns (for copy of presentation see file of minutes). The Board noted that questions could be directed to the Director of Public Health should any members require additional information on the key campaigns.

The Director of Public Health reminded the Board that all 12 Local Authorities in the region funded Fresh and Balance, which worked to address the impact of tobacco and alcohol on ill health, harm to communities and fuelling health inequalities. She noted that a major issue was to reach into our communities and impact and bring home the harm that can be caused, noting an example being 29 percent of manual workers were smokers. The Board watched a video featuring the story of Cathy Hunt, a DCC Councillor, who was a former smoker who had been diagnosed with lung cancer and had half a lung removed in 2015. She underwent surgery when the cancer returned and has now had a kidney removed having been diagnosed with kidney cancer. The Board felt the video was very powerful and Cathy gave a strong message of the importance that it was never too late to stop smoking.

Resolved:

That the information contained within the presentation be noted.

18 Housing Strategy Consultation

The Board received a presentation of the Corporate Director of Regeneration, Economy and Growth, delivered by Housing Manager, Marie Smith (for copy, see file of minutes).

The Housing Manager set out the vision and priorities of the Housing Strategy 2024 and explained as regards the timescales and next steps in the consultation, with the Principles and Priorities Paper being consulted upon through to 18 August, the Draft Strategy being out for consultation October and November, with adoption of the Strategy in Spring 2024.

The Chair noted that Neville Chamberlain and Aneurin Bevin had both been Minister for Health and Housing, demonstrating that there has long been an understanding that the issues were linked. The Housing Manager noted the reference made by the Assessment and Awards Manager to the lack of affordability in the housing market. The Director of Public Health noted that the consultation period on the Principles and Priorities Paper ended during August recess and suggested that a response on behalf of the Board be submitted. The Interim Strategic Manager - Partnerships noted she would pull together a response on behalf of the Board. The Housing Manager noted that there had been good feedback from the Area Action Partnerships.

Resolved:

- (i) That the information contained within the presentation be noted.
- (ii) That the Interim Strategic Manager - Partnerships provide a response on behalf of the Board in relation to ongoing consultation.

19 Exclusion of the Public

That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Act.

20 Pharmacy Applications

The Board considered a report of the Director of Public Health which presented a summary of Pharmacy Applications received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (for copy see file of minutes).

Resolved:

That the report be noted.

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Health and Wellbeing Board

25 September 2023

Membership of County Durham Health and Wellbeing Board



Report of Helen Lynch, Head of Legal and Democratic Services, Durham County Council

Electoral division affected:

None

Purpose of Report

- 1 To seek the views from members of the Board on inviting additional representatives to become voting members of the Health and Wellbeing Board (HWB).

Executive Summary

- 2 The Joint Local Health and Wellbeing Strategy (JLHWS) 2023-28 was agreed by the HWB in May 2023. The strategy has:
 - a) Fewer, clearer priorities with focused action
 - b) Clear links between priorities and delivery of the vision
 - c) Clear alignment and influencing of system plans, with a life course approach and wider determinants underpinning each priority
 - d) Measures through which impact of the JLHWS can be monitored
- 3 Ultimately the JLHWS focuses on the areas that prevent it from achieving its vision that '**County Durham is a healthy place where people live well for longer**'.
- 4 The JLHWS follows a life course approach with a focus on the wider determinants of health (social, economic, and environmental factors into which we are born) that impact on how long people are likely to live, the health conditions that they may experience and the level of health and social care available to them. These all impact on people's health, for example diet, alcohol consumption, support networks, education and employment opportunities, poverty, living conditions, health care services, and housing.

- 5 To ensure opportunities to work collaboratively for the good of our communities are maximised, and to strengthen our relationship with partners who will support the wider influences on health, it is recommended that representation from the following organisations as voting members on the HWB would assist in supporting the wider influences on health to improve people's wellbeing, reduce health inequalities and achieve better outcomes:
- a) Durham University representative
 - b) Voluntary Community Sector representative
 - c) County Durham Care Partnership (CDCP) lay member for engagement
 - d) Economic Partnership representative
- 6 In addition, work has also been undertaken to strengthen partnership links with the Environment and Climate Change Partnership and the Health and Wellbeing Board.

Recommendations

- 7 The Health and Wellbeing Board is requested to:
- a) Agree that a representative from Durham University is invited to become an additional voting member of the Health and Wellbeing Board
 - b) Agree that a representative from Durham Community Action is invited to become an additional voting member of the Health and Wellbeing Board
 - c) Agree that the County Durham Care Partnership lay member for engagement is invited to become an additional voting member of the Health and Wellbeing Board
 - d) Agree that the Corporate Director of Regeneration, Economy and Growth nominates an Economic Partnership representative to attend HWB meetings
 - e) Note the work that has been undertaken to strengthen partnership links between the Environment and Climate Change Partnership and the Health and Wellbeing Board.

Background

- 8 The Health and Social Care Act 2012 required all upper tier local authorities to establish HWBs. The County Durham HWB was formally established as a committee of Durham County Council in April 2013.

Development of the JLHWS 2023-28

- 9 The Joint Local Health and Wellbeing Strategy (JLHWS) 2023-28 was agreed by the HWB in May 2023.
- 10 The JLHWS follows a life course approach with a focus on the wider determinants of health (social, economic, and environmental factors into which we are born) that impact on how long people are likely to live, the health conditions that they may experience and the level of health and social care available to them. These all impact on people's health, for example diet, alcohol consumption, support networks, education and employment opportunities, poverty, living conditions, health care services, and housing.
- 11 We often think of health as being defined by access to and quality of health care and while this is important, it accounts for as little as 15% of the health and wellbeing of a population. The County Durham Care Partnership is directly responsible for health and social care services in County Durham and is a subgroup of the HWB.
- 12 Behavioural risk factors, such as what we eat, how often we are physically active, whether we smoke or drink alcohol (and if so, how much), all have a huge effect on our state of health and wellbeing. Achieving and maintaining a healthy lifestyle can be challenging for many within our population, and it is not just down to individual choice. Decisions about food, exercise, smoking, and drug and alcohol use are often influenced by other factors including family and social networks, education, poverty, and culture. These healthy behaviours/risk factors account for 40% of our health and wellbeing. The HWB has oversight and influence over these behavioural risk factors.
- 13 The conditions in which we are born, grow, live, work and age have a much greater impact on health outcomes. These are known as the 'wider determinants' which help to build good health, and account for approximately 45% of our health and wellbeing.

- 14 Our other strategic partnerships, and their plans, which focus on things such as poverty, employment, education, safety of our neighbourhoods, the quality of our homes and the environment we live in, play a key role which will support improving and protecting people's health by ensuring good health is a key factor in these plans. The HWB will work with other partnerships on the factors that make up health and wellbeing.
- 15 To ensure opportunities to work collaboratively for the good of our communities are maximised, it is acknowledged that we can look at further avenues to strengthen our relationship with partners who will support the wider influences on health to improve people's wellbeing, reduce health inequalities and achieve better outcomes.

County Durham Environment and Climate Change Partnership (ECCP)

- 16 The Environment and Climate Change Partnership (ECCP) has refreshed its structure to strengthen the focus of the Partnership to improve the delivery of the ECCP's vision for 'a better County Durham: sustainable communities, resilient to climate change, richer in nature.'
- 17 One of the strategic priorities of the refreshed ECCP is to develop opportunities to increase collaboration with the Health and Wellbeing Board. Aligned to this, the new Joint Local Health and Wellbeing Strategy looks to strengthen the relationship with partners who support the wider influences on health.
- 18 Amanda Healy, Director of Public Health is a statutory member of the HWB and has now been invited to become a member of the ECCP. This will ensure the relationship between Health and the Environment is strengthened.

Health and Wellbeing Board membership

- 19 Article 16 of the Constitution of the Council outlines the rules for governing the HWB and includes its composition, role and function.
- 20 As required in the Health and Social Care Act 2012, the composition of the HWB Board is as follows:
 - Representatives nominated by the Leader of the Council (currently):
 - a) Portfolio Holder for Adult and Health Services
 - b) Portfolio Holder for Children and Young People's Services
 - c) Portfolio Holder for Finance
 - Representation from NENC Integrated Care Board
 - A Local Healthwatch representative
 - Corporate Director of Adult and Health Services

- Corporate Director of Children and Young People’s Services
- Director of Public Health

21 In addition, it has also been agreed that nominated representation from each of the following attend as non-statutory, voting members of the Board:

- Operational Director, Harrogate and District NHS Foundation Trust
- Executive Director of Planning and Business development, South Tyneside and Sunderland NHS Foundation Trust
- Director of Operations, Tees, Esk & Wear Valleys NHS Foundation Trust
- Chief Nurse and Director of Patient Safety and Quality, North Tees & Hartlepool NHS Foundation Trust
- Chief Executive, County Durham and Darlington NHS Foundation Trust
- Chief of Staff, Office of the Police and Crime Commissioner
- Director of Integrated Community Services, County Durham Care Partnership
- Assistant Chief Fire Officer, County Durham and Darlington Fire and Rescue Service
- Corporate Director of Regeneration, Economy and Growth (nominated representative is Strategic Manager for Housing)

22 In accordance with legislation additional members may be appointed and the Health and Social Care Act states that “at any time after a HWB is established, a local authority must, before appointing another person to be a member of the Board under s194 (2)(g), consult the Health and Wellbeing Board”.

Durham University

23 Durham University has ten research institutes that bring together staff to work collaboratively, across departments and with external partners to develop new ways of thinking that contribute positively to societal change.

24 Health at Durham is a university wide strategic programme of world leading research, education, engagement and impact. This looks at three interconnected ways of framing health:

- a) Individuals and health
- b) Communities, place and health
- c) Environments, ecology and health

- 25 Public Health have had a long history of positive engagement in connection with health service research with Durham University.
- 26 If agreed, Charlotte Clarke, Executive Dean, Social Sciences and Health of Durham University will be invited to become a member of the Health and Wellbeing Board.

Durham Community Action

- 27 Durham Community Action (DCA) works with and for communities across County Durham. They apply their knowledge and expertise within the VCS into sector led networks, and multi-agency partnerships in County Durham, the North East and nationally. Through championing the interests of our local VCS, they work to influence and help shape public sector policy, and the design and commissioning of local services.
- 28 This reflects the Health and Wellbeing Board's County Durham Together approach, adopting the County Durham Wellbeing Principles and focusing on how we work with communities.
- 29 If agreed, Kate Burrows, Executive Director, Durham Community Action will be invited to become a member of the Health and Wellbeing Board.

County Durham Economic Partnership (CDEP)

- 30 Amy Harhoff, Corporate Director of Regeneration, Economy and Growth is a member of the HWB; however, it was agreed at the Health and Wellbeing Board meeting on 27 November 2019 that the Strategic Manager for Housing would be identified as their nominated housing sector representative to attend HWB meetings.
- 31 The economy and employment are key determinants of health. The Inclusive Economic Strategy has now been agreed and a delivery plan is currently being developed to support the work of the Strategy.
- 32 The Corporate Director of Regeneration, Economy and Growth has identified the Head of Economic Development Regeneration, Economy and Growth to attend HWB meetings. This post also attends the Economic Partnership so would be a conduit between the two Partnerships.

County Durham Care Partnership (CDCP) lay member for engagement

- 33 A lay member for engagement has recently been recruited to the County Durham Care Partnership.

- 34 The role of the County Durham Care Partnership lay member for engagement is to enhance the decision making of the Partnership as a whole and help ensure that:
- a) public and patient/customer views are heard, and their expectations understood and met as appropriate
 - b) ensure that the CDCP builds and maintains an effective relationship with Healthwatch County Durham and draws on existing patient/customer and public engagement and involvement expertise; and
 - c) the CDCP has appropriate arrangements in place to secure public and patient/customer involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.
- 35 In addition, this would show a clear sign to any future CQC inspection of our support for lay involvement at a place-based level.
- 36 The postholder must demonstrate a commitment to upholding the Nolan Principles of Public Life along with an ability to reflect them in their leadership role and the culture of the CDCP.
- 37 The CPCP is a subgroup of the Health and Wellbeing Board and responsible for health and social care services in County Durham. These services which prevent and treat illness and maintain health and wellbeing and includes services which support with day-to-day life for people who live with illness and disability and as people age, are a key component, along with health behaviours and the wider determinants of health, of the Joint Local Health and Wellbeing Strategy
- 38 The job description notes that as part of the role, the lay member of engagement will be a member of the Health and Wellbeing Board.
- 39 If agreed, Feisal Jassat, County Durham Care Partnership, Lay Member for Engagement, will be invited to become a member of the Health and Wellbeing Board.

Conclusion

- 40 The proposed changes will ensure we continue to work collaboratively for the good of our communities, and strengthening our relationships with partners who support the wider influences on health will help us to improve people's wellbeing, reduce health inequalities and achieve better outcomes.

41 Extended and strengthened membership of the HWB will ensure that partner representation is aligned to the priorities of the Board as outlined in the JLHWS 2023-28, and the vision for Durham 2035.

Other useful documents

- Joint Local Health and Wellbeing Strategy 2023-28
- Vision for Durham 2035

Author

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Appendix 1: Implications

Legal Implications

The Health and Social Care Act 2012 required all upper tier local authorities to establish HWBs.

The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the abolition of Clinical Commissioning Groups and the establishment of statutory Integrated Care Systems from July 2022, taking over CCG commissioning functions. The changes in the national landscape are reflected in the JLHWS 2023-2028.

Finance

No implications

Consultation

The additional members were suggested as part of the JLHWS 2023-28 consultation process.

Equality and Diversity / Public Sector Equality Duty

No implications

Climate Change

No implications

Human Rights

No implications

Crime and Disorder

No implications

Staffing

HWB members would be expected to attend HWB meetings and development sessions across the year

Accommodation

No implications

Risk

No implications

Procurement

No implications

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Health and Wellbeing Board

25 September 2023

County Durham Together



Report of Jane Robinson, Corporate Director of Adult and Health Services, DCC

Amanda Healy, Director of Public Health, DCC

Councillor Chris Hood, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To update the Health and Wellbeing Board on the developments of County Durham Together.
- 2 The report also enlists the support of the members of the Health and Wellbeing Board to work towards the County Durham Together ambitions in the work they do collectively and as individual partners.

Executive summary

- 3 County Durham Together has been reviewed and refreshed with a new vision to work with communities, especially those most in need, making sure they are at the heart of decision making, building on their existing skills, knowledge, experience and resources to support everyone to thrive and to live happy, healthy and connected lives.
- 4 There are a number of ambitions underpinned by the County Durham Approach to Wellbeing, which the Health and Wellbeing Board has already adopted, and workstream groups which are in the process of being established to achieve the ambitions.

- 5 County Durham Together will support the Health and Wellbeing Board by developing and providing “the tools” to help implement the Joint Local Health and Wellbeing Strategy (JLHWS) strategic approach. The CDT Partnership can also act as a critical friend for strategies, policies and initiatives facilitated by the Board. CDT can also support the development of the Approach to Wellbeing as an assurance framework for the work of the Board.
- 6 County Durham Together will not be able to achieve its ambitions in isolation. County Durham Together asks that all partners and partnerships embody the ethos and values of County Durham Together in the work that they do individually and collectively. By doing so, both partnerships will be able to achieve their ambitions together.

Recommendation(s)

- 7 Health and Wellbeing Board is recommended to:
 - (a) Note the contents of the report,
 - (b) Support and champion the developments of County Durham Together and recognise how the approach can support the Health and Wellbeing Board to attain its priorities,
 - (c) Agree to the further development of the County Durham Approach to Wellbeing as an assurance tool for the Health and Wellbeing Board and its composite organisations to use in day-to-day work.

Background

- 8 The County Durham Together Partnership was originally established in 2021 during the COVID-19 pandemic. At the time, its main purpose was to retain the learning from the pandemic and to build on the work of the Prevention Steering Group.
- 9 We have recently reviewed and refreshed County Durham Together taking into consideration the current and future challenges faced by communities and organisations across County Durham. This review and refresh has given us opportunity to move towards new and different ways of working across the county with a more community centred focus which, evidence shows, is an important element in helping to reduce the persistent and worsening health inequalities we see in County Durham.

Vision and ambitions

- 10 County Durham Together is about working with communities, especially those most in need, making sure they are at the heart of decision making, building on their existing skills, knowledge, experience and resources to support everyone to thrive and to live happy, healthy and connected lives.
- 11 Underpinning the vision are several ambitions founded on the County Durham Approach to Wellbeing:
- 12 Working better together

To understand opportunities for:

- joining up data and intelligence to better understand and respond to local needs,
- pooling resources and joint commissioning,
- identifying and maximising the impact of existing assets and resources while reducing duplication,
- streamlining pathways “step up and step down” of support,
- streamlining community engagement, participation, and involvement,
- securing a more sustainable voluntary and community sector.

13 Doing with not to/Sharing Decision Making

- Changing our relationship with communities to ensure they have a more equal voice in decisions that affect them, and greater say over the design of policies, services and initiatives.

14 Being Asset Focussed

- Proportionately targeting our collective resources to the people and communities that need them the most, building on existing community assets and resources,
- Considering the economic, environmental, and social aspects of our impact on communities to boost social value and build community wealth,
- Working with statutory services to develop strength and asset-based approaches to working with communities.

15 Empowering our communities

- Ensuring that they have up to date information to help themselves and each other,
- Ensuring that the voice of County Durham is heard in regional forums including new and emerging forums such as the Integrated Care Board,
- Ensure that people living in vulnerable circumstances are protected.

16 Building resilience

- Work with services and communities to raise awareness of issues such as domestic abuse, debt, social isolation and loneliness to equip people to recognise where people need help at early stages and know where to access the support they need,
- Develop a skilled and sustainable workforce (including the voluntary workforce) who are able to meet the needs of residents at the first point of contact and triage into statutory services swiftly as required,
- Improve pathways between communities, voluntary and community sector and public sector services to connect people to help and support people at the earliest opportunity so they access support which builds resilience and self-reliance and prevents the need for crisis intervention.

- 17 To facilitate achieving the ambitions, a number of workstreams are beginning to be established (see governance below).

Governance

- 18 County Durham Together is accountable to the County Durham Partnership and sits alongside the other partnerships. County Durham Together is an enabler to help all partnerships and organisations to achieve their own ambitions by becoming more community focussed, building on assets and improving the involvement of communities in decision making.
- 19 The Partnership meets on a bi-monthly basis and is chaired by Jane Robinson, Director of Adult and Health Services. The vice-chair is Amanda Healy, Director of Public Health and there are representatives from many partners including County Durham and Darlington Fire and Rescue Service, Durham Constabulary, Durham Community Action, Karbon Homes (as a representative from the housing sector) and Durham University.
- 20 A multi-agency steering group was established in August 2023 to drive forward the work of County Durham Together and is in the process of finalising its terms of reference and developing an action plan.
- 21 There are several new workstreams which are in the process of development to facilitate the attainment of the County Durham Together ambitions:
- Integrated Co-production, Community Engagement, Involvement and Participation
 - Digital Inclusion including Community Book
 - Community Connectors including Skills & Competencies
- 22 Rather than create new workstreams, the work of County Durham Together will be incorporated into the existing Joint Strategic Needs and Asset Assessment and Resilient Communities Groups.
- 23 There is a need to review how County Durham Together translates into “place” and make a discernible difference for communities. Taking into account the various different elements of transformation already underway such as mental health hubs, local networks and integrated neighbourhood teams, creating another competing system is not recommended. Instead, County Durham Together will seek to influence the existing developments and endeavour to join up where possible and practical.

Conclusion

- 24 Empowering individuals and communities are essential ingredients in addressing preventable and unfair differences that drive health inequalities, poor health, and health behaviours.
- 25 County Durham Together provides an opportunity for the Health and Wellbeing Board and its constituent partners to move further towards implementation of the Approach to Wellbeing to create conditions where individuals and communities have greater control over their lives, can define and develop local solutions to local problems and be part of making decisions where they are affected.
- 26 The changes for communities through County Durham Together are unlikely to change immediately and be highly visible but will be incremental over a period of time. The ambitions of County Durham Together will not be realised unless all partnerships and partners are committed to embodying the values and ethos behind the ambitions.

Background papers

- None

Other useful documents

- Presentation to Strategic CMT/Cabinet April 2023

Author

Kirsty Wilkinson

Appendix 1: Implications

Legal Implications

County Durham Together, through implementation of its ambitions, will support the Health and Wellbeing Board's statutory responsibility of promoting greater integration and partnership between bodies from the NHS, public health and local government

Finance

Non-cashable efficiency savings will be made through the joining up of structures and processes.

Consultation

Extensive engagement has been undertaken with strategic partners in the review process and in the development of the vision and ambitions.

Equality and Diversity / Public Sector Equality Duty

County Durham Together will advocate for people, including those with protected characteristics, to be involved in decisions that affect them

Climate Change

No adverse impacts

Human Rights

No adverse impacts

Crime and Disorder

More community centred approaches and involvement of communities in the problem solving and decision-making processes should positively impact on crime and disorder.

Staffing

No implications identified.

Accommodation

No implications identified.

Risk

Culture change

Procurement

Social value and community wealth building will be promoted as part of County Durham Together.

COUNTY DURHAM TOGETHER PARTNERSHIP

Health and Wellbeing Board

September 2023

Kirsty Wilkinson, Public Health Strategic Manager (County Durham Together)



Better for everyone



Vision

County Durham Together is about working with communities, especially those most in need, making sure they are at the heart of decision making, building on their existing skills, knowledge, experience and resources to support everyone to thrive and to live happy, healthy and connected lives.



Ambitions:

Working better together

To understand opportunities for:

- joining up data and intelligence to better understand and respond to local needs
- pooling resources and joint commissioning
- identifying and maximising the impact of existing assets and resources while reducing duplication
- streamlining pathways “step up and step down” of support
- streamlining community engagement, participation and involvement
- securing a more sustainable voluntary and community sector

Doing with not to/Sharing Decision Making

- Changing our relationship with communities to ensure they have a more equal voice in decisions that affect them and greater say over the design of policies, services and initiatives

Being Asset Focussed

- Proportionately targeting our collective resources to the people and communities that need them the most, building on existing community assets and resources
- Considering the economic, environmental, and social aspects of our impact on communities to boost social value and build community wealth
- Working with statutory services to develop strength and asset-based approaches to working with communities



Ambitions:

Empowering our communities

- Ensuring that they have up to date information to help themselves and each other
- Ensuring that the voice of County Durham is heard in regional forums including new and emerging forums such as the Integrated Care Board
- Ensure that people living in vulnerable circumstances are protected

Building resilience

- Work with services and communities to raise awareness of issues such as domestic abuse, debt, social isolation and loneliness to equip people to recognise where people need help at early stages and know where to access the support they need
- Develop a skilled and sustainable workforce (including the voluntary workforce) who are able to meet the needs of residents at the first point of contact and triage into statutory services swiftly as required
- Improve pathways between communities, voluntary and community sector and public sector services to connect people to help and support people at the earliest opportunity so they access support which builds resilience and self reliance and prevents the need for crisis intervention



Youth Council

County Durham Partnership



Wider Partnership Relationships:

- Health and Wellbeing Board
- Safe Durham Partnership
- Environment and Climate Change Partnership
- Economic Partnership
- County Durham Care Partnership

County Durham Together Partnership

Chair: Jane Robinson, DCC

County Durham Together Steering Group

Chair: Kirsty Wilkinson, DCC

Reporting relationship:

- Place based/Social Value initiatives
 - Horden Together
 - Shotley Bridge
 - Belmont
 - Durham Dales PCN

Joint Strategic Needs and Asset Assessment and Insight Group

Integrated Co-production, Community Engagement, Involvement and Participation

Digital Inclusion including Community Book

Community Connectors including Skills & Competencies

County Durham Together at Place?

Sustainability for VCS

Resilient Communities Group

Culture & Leadership

How can CDT enable the HWB?

How can HWB help achieve CDT ambitions?

- Develop and provide “the tools”/create the conditions to support implementation of the Joint Local Health and Wellbeing Strategy (JLHWS) strategic approach
- “Critical friends” and constructive challenge
- A2W could be used as a framework for assurance in relation to your priorities



Health and Wellbeing Board**25 September 2023****‘Think Autism in County Durham’
Strategy – Update Report**

**Report of Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council, and
John Pearce, Corporate Director of Children and Young People’s Services, Durham County Council**

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to update Health and Wellbeing Board (HWB) as to progress following the refresh of ‘Think Autism in County Durham’: Autism Strategy for Children, Young People and Adults into an updated strategy for 2023 – 2026, (appendix 2). The report has been presented to Children and Adults’ management groups prior to the Health and Wellbeing Board, along with the finalised strategy. A summary powerpoint presentation has been prepared for the Health & Wellbeing Board.

Executive Summary

- 2 In September 2018, the Health and Wellbeing Board agreed that there should be a combined all age ‘Think Autism in County Durham’ Action Plan and an overarching all-age strategy, which was developed by both the Autism Strategy Implementation Group (ASIG) and Children and Young People Autism Steering groups. These two strategic groups were then combined into one overarching Autism Steering Group.
- 3 Think Autism in County Durham: Autism Strategy for Children, Young People and Adults 2018/19 – 2020/21 was then launched in April 2019 and was the first all age autism strategy in County Durham.
- 4 The COVID Pandemic affected progress against the aims of this strategy and also caused extra stress and anxiety for many autistic people who struggled with the constant changing of rules and restrictions to help manage the control of the virus. As life began to return to normal following the lifting of many COVID restrictions, the priorities of the strategy were revisited, and six new workgroups were created to look at key areas.

- 5 The National Strategy for Autistic Children, Young People and Adults 2021 to 2026 was published in July 2021, building on the previous Think Autism Strategy. Whilst much of the County Durham 2019 Strategy was reflected in this, the refreshed Think Autism in County Durham 2023-26 is completely aligned with the more recent all age national strategy, and workgroups will be refreshed in accordance with this.
- 6 One example of this is the increased focus in the national strategy on criminal justice, which it was felt did not feature as prominently in the County Durham strategy.

Recommendation

- 7 The HWB is recommended to:
 - (a) Agree the findings of this report and the updated strategy prior to its progression to Cabinet on 15 November 2023.

Background

- 8 In September 2018, the Health and Wellbeing Board agreed that there should be a combined all age 'Think Autism in County Durham' Action Plan and an overarching all-age strategy for 2018-20. This was developed by both the Autism Strategy Implementation Group (ASIG) and Children and Young People Autism Steering groups, which were later amalgamated into one Autism Steering Group.
- 9 A new joint strategic approach was developed through partnership working with adult and health services and children and young people's services, which was later endorsed by Durham County Council's Cabinet in April 2019. National Autism Awareness Week (2nd – 7th April 2019) saw partners across County Durham raising awareness with a focus on the following aims:
 - The needs of people on the autism spectrum are known and understood
 - The workforce understands and meets the needs of people on the autism spectrum
 - People on the autism spectrum participate equally within their community
- 10 The all-age joint strategy was formally launched at an event at County Hall on the 5th April 2019, involving Elected Members and including a presentation event, information stalls and celebration activities.
- 11 This was received extremely well from a number of partners, autistic people, and their families. The event was co-produced in partnership and feedback confirmed unanimously that this felt like a shared partnership approach.
- 12 The COVID Pandemic affected progress against the aims of this strategy and also caused extra stress and anxiety for many autistic people who struggled with the constant changing of rules and restrictions to help manage the control of the virus. As life began to return to normal following the lifting of many COVID restrictions the priorities of the strategy were revisited and six new workgroups were created to look at key areas:
 - Workforce Development
 - Community Inclusion
 - Employability
 - Education

- Assessment of need
 - Support for autistic adults and their families
- 13 The National Strategy for Autistic Children, Young People and Adults 2021 to 2026 was published in July 2021, building on the previous Think Autism Strategy. Whilst much of the County Durham 2019 Strategy was reflected in this, the refreshed Think Autism in County Durham 2023-26 is completely aligned with the more recent all age national strategy, and workgroups will be refreshed to support this.
- 14 One example of this is the increased focus in the national strategy on criminal justice which it was felt did not feature as prominently in the County Durham strategy. The local strategy also links with the Tees, Esk and Wear Valley NHS Foundation Trust Autism Strategy and Framework.

Current Position

- 15 The Autism Steering Group has been reviewing the strategy over the last year with each of the individual workgroups looking at both their specific area and the strategy overall to contribute to discussions. A survey was also sent to a wide range of stakeholders. Although the response rate was low, the steering group and working groups have included the voice of the autistic person and family carers throughout the development of the strategy.
- 16 The amended vision of the Steering Group is that “in County Durham all autistic people live fulfilling and rewarding lives within a society that accepts and understands them. They can access advice and support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.”
- 17 This will be achieved by helping autistic people in County Durham:
- Be an equal part of their local community
 - Get the right advice and support at the right time throughout their lifetime
 - Develop their skills and independence and work to the best of their ability
 - Have good mental and physical health
- 18 There are six aims of the refreshed strategy to try and achieve this vision:
- (a) Autistic people and their families are able to access the right information, advice, and support at the right time;

- (b) Autistic people have good physical and mental health, which is supported by staff and organisations who have an improved understanding and knowledge of autism and access to appropriate advice and support;
- (c) Autistic people have better access to education, including further and higher education and life-long learning, with autistic young people receiving support to make positive transitions into adulthood;
- (d) Autistic people and employers have good advice and support to access, maintain and progress in employment;
- (e) Autistic people live and participate equally within their community and, when necessary, receive high quality care and support to maintain that community living;
- (f) Autistic people's experiences of both the criminal and youth justice systems are improved by ensuring that all staff understand autism and how to support autistic people.

Next Steps

- 19 The membership of the workgroups will be refreshed with a particular focus on trying to ensure that the views of autistic people are heard.
- 20 Each workgroup will then focus on their particular aim and feedback to Steering Group on progress, with regular meetings of the leads of each group to consider cross-cutting themes.
- 21 Progress against each aim will be monitored and feedback provided to management groups, ultimately resulting in a new strategy in 2026 which clearly shows progress made as well as identifying new priorities at that time.

Conclusion

- 22 The Autism Steering Group will be responsible for the implementation of this strategy and will co-ordinate the tasks of the individual workgroups with an aim of improving the lives of autistic people, and their families, in County Durham.

Background papers

- None

Other useful documents

- None

Authors

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Appendix 1: Implications

Legal Implications

No implications.

Finance

Due to increased demand in support services for autistic people, further funding may be required, yet to be identified. For 2023/24 additional funding has been identified through the Learning Disability and Mental Health Partnership and Hospital Discharge funding to improve/expand community services specifically for autistic adults.

Consultation

No implications.

Equality and Diversity / Public Sector Equality Duty

The strategy seeks to improve help, support and inclusion for autistic people and their families.

Climate Change

No implications.

Human Rights

No implications.

Crime and Disorder

It is hoped that by improving the services available to autistic people that offending and re-offending will reduce.

Staffing

No Implications.

Accommodation

None highlighted.

Risk

There is a risk that an opportunity is missed to improve services by working more collaboratively.

Procurement

Separate approval would be required for any new contract/service which may be identified as a need by Autism Steering Group. For example, the Post Diagnostic Support Service for autistic people (not eligible for social care) currently provided by MAIN will undergo a review and procurement in 2023/24.

Disability issues

No implications – the strategy seeks to improve services and support for autistic people including those with disabilities.

Think Autism in County Durham

Autism Strategy for Children, Young People
and Adults

2023 - 2026

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Purpose

This is our local strategy for autistic children, young people and adults in County Durham. In it we want to be clear about the priorities for improving opportunities, support and services for autistic people. We have called our strategy: 'Think Autism in County Durham.'

Based on engagement with autistic people and their families the strategy considers what life is currently like for autistic people in County Durham. It sets out where we want to be in three years and what actions we will undertake to achieve this. It provides a summary of the importance of support and services for autistic people and what they can expect.

This strategy has been prepared jointly by all public services and voluntary and community services including the Council and local health services, who work together to improve outcomes for autistic people.

The strategy is a living document that is designed to be used regularly. For those responsible for delivering services, any future work programmes should contribute to achieving the aims set out in this strategy. It can be used as an aid in deciding both what to do and what not to do. Elected members and employees across Durham County Council (DCC), the National Health Service (NHS) and wider partners will find this document of practical use in evaluating whether to participate in new national initiatives and funding bids and help select the work programmes that we need to do.

Introduction

Who is included in this strategy?

Approximately 1% of the population of the United Kingdom are autistic and it affects individuals differently. Data from Public Health confirms that within the population of County Durham there is an approximate 1.1% prevalence rate of autistic residents.

Autism is a lifelong neurological developmental difference that affects the way a person communicates and interacts with others and experiences the world around them. Even though there are a set of diagnostic criteria that can be used to diagnose autism, everyday experience and research shows that there is no single way of describing autism that is universally accepted.

The previous 'Think Autism in County Durham' strategy used the terminology 'people on the autism spectrum', but since that strategy was published there has been further research and discussion with autistic people, their families and other stakeholder groups regarding preferences. Based on this research and feedback, the term used in this document is 'autistic people' as it hopefully acknowledges that each autistic person is unique. It is important to note that whilst identity-first language is generally preferred (i.e., 'autistic person' rather than 'person with autism'), ultimately the language used around autism is a personal choice. People should be aware that autistic individuals and their families may have their own preferences for what language they feel most comfortable using.

It is also important to be aware that not all individuals with neurodevelopmental differences may have (or even want) a formal diagnosis of autism. Adopting a neurodiversity affirmative approach can be really helpful in thinking about autism and how to support autistic people. The term neurodiversity reflects the idea that there is natural variability in

how we all think, learn and behave. As such, autism and other neurodevelopmental differences (e.g. Attention Deficit Hyperactive Disorder (ADHD)) are seen as different (i.e. neurodivergent) from the neurotypical majority – rather than disordered. The point is that we should not expect everyone to think and behave in the same way, and there is no such thing as the ‘right type of mind’. A neurodiversity affirmative approach celebrates difference and reduces stigma, while also acknowledging that some differences can be disabling (especially in particular environments/context). This strategy aims to adopt a neurodiversity affirmative approach and relates to people who are neurodivergent, who may or may not have a formal diagnosis, but who may have needs that require adjustments to be made or advice or support to be offered.

Life for an autistic person can be confusing and distressing and some people feel isolated. Autism is **not** a learning disability, nor a mental health problem, and many autistic people function well in many aspects of their life. However, mental health problems can be more common among autistic people and one in three adults with a learning disability are also thought to be autistic.

What is Included in this strategy?

The Autism Act 2009 required the Government to produce a strategy for autistic adults and young people from age 14 and guidance for local councils and health bodies to help implement the strategy and make sure that autistic adults got the help they needed. This was called [Fulfilling and rewarding lives](#) and was published in March 2010. An updated strategy - [Think Autism](#) – was published in April 2014.

The needs of autistic children under the age of 14 are met through more general legal frameworks including the Equality Act 2010 and the Children and Families Act 2014. There is no statutory requirement for a separate Autism Strategy for children and young people. However, the need to complete a Strategic Review of Autism featured as part of the Special Educational Needs and Disability (SEND) Action Plan for County Durham.

In Durham we have combined these requirements to develop a life span Autism Strategy for County Durham to incorporate planning for both autistic children and adults. The first ‘Think Autism in County Durham Strategy’ was published in 2019.

The COVID Pandemic affected progress against the aims of this strategy and also caused extra stress and anxiety for many autistic people who struggled with the constant changing of rules and restrictions to help manage the control of the virus. As life began to return to normal following the lifting of many COVID restrictions the priorities of the strategy were revisited and six workgroups were created to look at key areas:

- Workforce Development
- Community Inclusion
- Employability
- Education
- Assessment of need
- Support for autistic adults and their families.

The National Strategy for Autistic Children, Young People and Adults 2021 to 2026 was published in July 2021, building on the previous Think Autism Strategy. Whilst much of the Think Autism in County Durham 2019 Strategy was reflected in this, the refreshed Think Autism in County Durham 2023-26 is completely aligned with the more recent all age national strategy, and workgroups will be refreshed to align with this. For example, Workforce Development will no longer be a stand-alone group and will be a crosscutting theme.

National Policy

There is a great deal of national legislation and policy impacting on services for autistic people. These include:

- The ***National Strategy for Autistic Children, Young People and Adults: 2021 to 2026*** is the governments refreshed national strategy for improving the lives of autistic people and their families and carers in England. It builds on and replaces the previous adult autism strategy ***Think Autism*** and has extended the scope to children and young people for the first time, in recognition of the importance of ensuring that needs are recognised and the right support offered as early as possible and throughout their lifetime.
- The ***Care Act 2014*** covers the needs of people eligible for social care and also the duties of preventative approaches such as early support; advanced planning; helping people to maintain independence and wellbeing and avoid a crisis. The Care Act also requires statutory agencies to work together in partnership with individuals and families within assessment and care planning processes, including help with accommodation and employment/meaningful activity, supporting families and accessing necessary health and social care services.
- The ***Children and Families Act 2014*** addresses the needs of children and young people up to the age of 25, including those with Special Educational Needs or Disabilities (SEND). It includes improving cooperation and collaboration between all the services that support individuals and families, particularly local authorities, education providers and health services; and the introduction of the 'Local Offer' including centralised information, advice and guidance.
- The ***Health and Care Act 2022*** introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services, building on earlier recommendations by NHS England and NHS Improvement. The Health and Care Act also includes that service providers must ensure that workers receive training on learning disability and autism which is appropriate to their role.
- The National Autistic Society (NAS) has produced ***Autism Strategy Good Practice Guides (2016)*** for local authorities and NHS bodies.
- Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing 2015.
- Equality Act 2010.

- All Party Parliamentary Group on Autism (APPGA) publications including ***Transition to Adulthood 2009***, and ***The Right Start 2012***.
- The ***Autism Act 2009*** and associated 'Think Autism' strategy imposes statutory duties on Local Areas for those with autism over 14 years of age.
- Department for Education (DfE) Preparing for Adulthood Programme.
- ***The NHS Long Term Plan 2019*** is a ten year plan which includes reducing waiting times for autism assessments, improving mental health and learning disability services as well as improving coordination of care and preventing hospital admissions.
- The government and other leading organisations across the health and care system are committed through ***Transforming Care for People with Learning Disabilities – Next Steps (2015)*** to improving care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.
- The Autism Education Trust (AET) has produced guidance for ***Good Autism Practice (2019)*** along with an ***Early Years Standards Framework*** and a ***School Standards Framework*** based around eight key principles of good autism practice in education. These principles are designed to support settings across the age range from Early Years to Post-16 to develop their practice.
- Clinical Commissioning Groups (CCGs) were abolished in 2022 and their role was taken over by Integrated Care Systems, supported by Integrated Care Boards. From 1st July 2022 County Durham became part of the North East and North Cumbria Integrated Care Board (NENCICB).

Local Policy

- ***The SEND Strategy for County Durham Local Area Partnership 2022 – 2024*** is our local strategy for children, young people with Special Educational Needs and Disabilities (SEND) It will enable us to understand what we need to do together to make sure that children and young people with SEND are fully included in our communities, that we work together to achieve this vision, and what we can each contribute.
- The ***Children and Young People's SEND Promise for County Durham*** is a charter developed by the eXtreme group – a group recognised as a representative voice for children and young people with SEND living in County Durham
- The ***Joint Local Health and Wellbeing Strategy 2023 – 2028*** is produced by the County Durham Health and Wellbeing Board, based on the Joint Strategic Needs and Assets Assessment (JSNAA) which provides an overview of the current and future health and wellbeing needs of the people of County Durham
- The ***Approach to Wellbeing*** has been adopted by the County Durham Health and Wellbeing Board as a means of ensuring all organisations and services within the county consider wellbeing as a shared priority

- The **County Durham Vision 2035** was developed together with partner organisations and the public and sets out what we would want the county to look like in 2035 and is structured around three ambitions:
 - More and better jobs
 - People live long and independent lives
 - Connected communities
- The **County Durham Inclusive Economic Strategy** aims to define priorities for growth and recovery from Covid-19, enhance and create opportunities across the county and is aligned with the County Durham Vision 2035
- The **County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities (Adults and Young People aged 14+) 2019** sets out how Health and Social Care will work together and with other partners to deliver better outcomes for people with learning disabilities, increasing choice and control and supporting them to remain living in their communities. The focus of the strategy is adults and young people aged 14-25 with learning disabilities and it covers autistic people who also have learning disabilities

Our Vision

Our vision is that in County Durham all autistic people live fulfilling and rewarding lives within a society that accepts and understands them. They can access advice and support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.

We want to help autistic people living in County Durham:

- **Be** an equal part of their local community.
- **Get** the right advice and support at the right time throughout their lifetime.
- **Develop** their skills and independence and work to the best of their ability.
- **Have** good mental and physical health.

Aims

To achieve this vision, we have developed six interconnected aims based on the priority challenges of the 'Think Autism' and 'Preparation for Adulthood' agendas. These are:

1. Autistic people and their families are able to access the right information, advice and support at the right time.
2. Autistic people have good physical and mental health, which is supported by staff and organisations who have an improved understanding and knowledge of autism and access to appropriate advice and support.
3. Autistic people have better access to education, including further and higher education and life-long learning, with autistic young people receiving support to make positive transitions into adulthood.

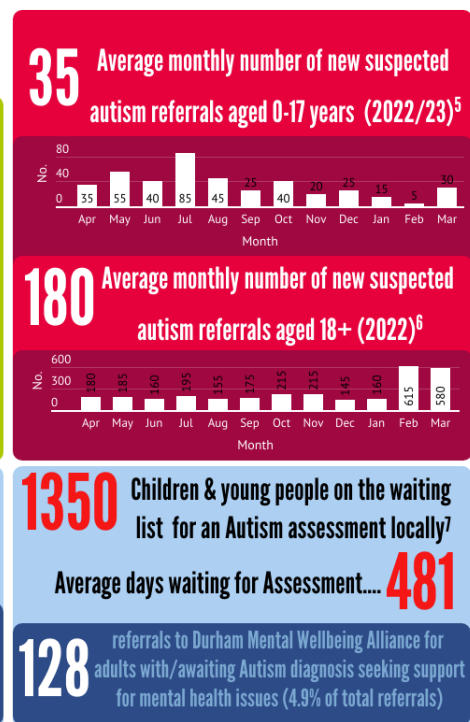
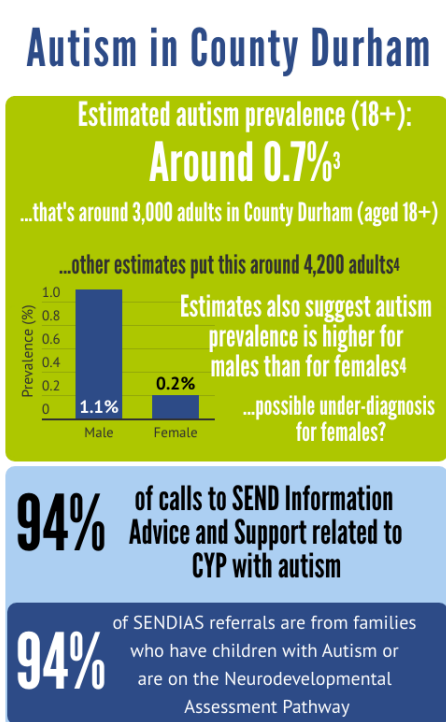
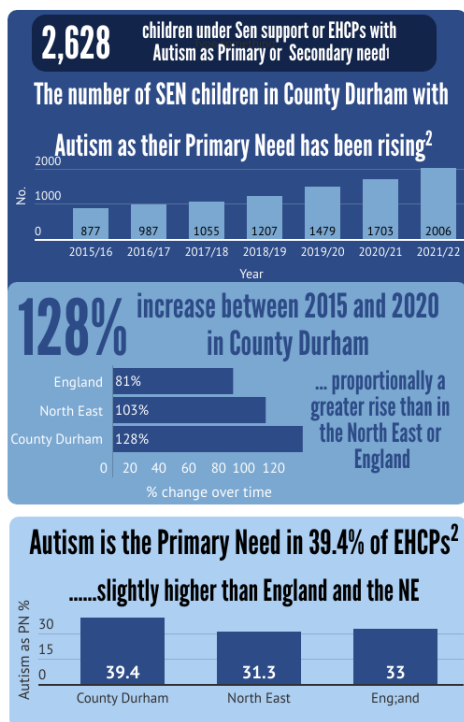
4. Autistic people and employers have good advice and support to access, maintain and progress in employment.
5. Autistic people live and participate equally within their community and, when necessary, receive high quality care and support to maintain that community living.
6. Autistic people's experiences of both the criminal and youth justice systems are improved by ensuring that all staff understand autism and how to support autistic people.

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Where we are now

Autism in County Durham



Notes and Sources:

1. Spring School Census, Durham County Council, 2023.
2. SEN Statistics, DfE 2022.
3. Adult Psychiatric Morbidity Survey (APMS), 2017.
4. PANSI and POPPI.
5. Autism Experimental Statistics, NHSE.
6. Autism Experimental Statistics, NHSE (Average is March to December 2022 due to outstanding data validation queries).
7. NHS County Durham Neuro Waiters Dashboard, Feb 1st 2023, TEWW.

Data being checked on new suspected autism referrals 0-17 years (Local data shows Approx. 200 referrals made to the children's neurodevelopmental pathway each month)

The data above shows an increasing prevalence of autism and greater demand for autism assessments and support in recent years, currently more than in other areas of the country. The average waiting time for an assessment is 481 days for children and young people, but locally we know some children and younger people are waiting a lot longer and there are approximately 200 referrals made to the children's neurodevelopment pathway each month, which include autism among other diagnoses.

The number of adult referrals are also increasing. Autism diagnosis is typically higher in males than females, but there is some evidence of under-diagnosis in females. The estimated prevalence of autism in adults ranges from 0.7% to 1.1%. The Durham Mental Wellbeing Alliance has received 128 referrals from adults with/awaiting Autism diagnosis who are seeking support related to mental health issues; this is 4.9% of the total referrals since the start of the Alliance in April 2022. National data also shows that autistic people have particularly low employment rates (fewer than 3 in 10 in paid work) (DWP April 2023).

ONS data (2021) reveals that autistic people are less likely to own their own home and more likely to be living with parents than the general population.

The following aims and objectives take these issues and inequalities into consideration in addition to local stakeholder feedback, and align with the national autism strategy and other local strategies including the Tees, Esk and Wear Valley NHS Foundation Trust Autism Strategy and Framework.

Aim 1

Autistic people and their families receive the right amount of information, advice and support at the right time. This is a cross cutting theme that relates to all of the aims that follow

- To undertake reviews of resources in place to provide advice, support and help
- To undertake reviews of gaps and barriers in getting advice, support and more help
- To ensure that the autistic persons voice is present in each of the workstreams

Aim 2

Autistic people have good physical and mental health, which is supported by staff and organisations who have an improved understanding and knowledge of autism and access to appropriate advice and support.

- Whole system review for children and young people (CYP) relating to identification and meeting need, and diagnosis when appropriate in the area of neurodivergence
- More consistent communication about support and services available for CYP and adults.
- Further work to support autistic adults with autism but who do not have Learning Disabilities.

Aim 3

Autistic children and young people have better access to education and receive support to make positive transitions into adulthood.

- Autistic people access high quality inclusive education and training.
- Transitions through education into training and adulthood are appropriately supported.

Aim 4

Autistic people have good advice and support available to help them access and maintain employment

- Employment support services provide accessible and sustainable pathways into employment.
- Durham County Council, as one of the largest employers in the county, leads by example.

Aim 5

Autistic people live and participate equally within their community and, when necessary, receive high quality care and support to maintain that community living.

- Autistic people have access to a range of accommodation options
- Local community services to be made more accessible and accommodating for autistic people and their carers

Aim 6

Autistic people's experiences of both the criminal and youth justice systems are improved by ensuring that all staff understand autism and how to support autistic people.

- Improve understanding and recognition of the needs of autistic people among staff in the Criminal and Youth Justice Systems.
- Improve access to services for autistic people in touch with the Criminal and Youth Justice Systems

Think Autism Strategy Refresh

Aim 1:

Autistic people and their families are able to access the right information, advice and support at the right time. This aim relates to all of the other aims that follow

Objective : Undertake reviews of resources, gaps and barriers in getting advice, help and more help

Indicators of success	Evidence	Progress to date	Steps towards this
<p>Mapping process in place identifying advice and support available across all areas. Regular engagement meetings and events with autistic children, young people, adults and their families to map resources, gaps and barriers</p>	<p>Reporting to Autism Steering group twice a year Reporting to Health and Wellbeing partnership on an annual basis Biannual reporting on central government self-evaluation framework*</p>	<p>Engagement group establishes with autistic adults and their families Initial work undertaken to map resources, gaps and barriers Engagement undertaken with families of autistic children and young people to understand strengths and challenges of the current system</p>	<p>Each working group of the Think Autism Strategy to include autistic people and their families Reporting mechanism to Steering Group and Health and Wellbeing Board.</p>
<p>Co-producing a process for people and families to self-refer for inclusion on the Dynamic Support Register, published on the local offer</p>	<p>Monthly reporting into the Dynamic Support Register Multi Agency meeting, becoming more responsive to changing needs and risks</p>	<p>This process is being developed alongside accessible information and guidance, to ensure access to the Dynamic Support Register and locally offered support. Developing responsive, person centred services in the community</p>	<p>The Dynamic Support Register Group to publish a clear process and links to supporting documents. Increasing local visibility and understanding of the DSR</p>

Objective : Ensure that the autistic persons voice is present in each of the workstreams

Indicators of success	Evidence	Progress to date	Steps towards this
<p>Each working group of the Think Autism Strategy to have engaged with the autistic community to understand the best way to include autistic people and their families in understanding need and developing the offer</p>	<p>Reporting into Autism Steering Group</p>	<p>All groups have undertaken engagement activity with autistic children, young people, adults and their families as part of action planning</p>	<p>The Think Autism Steering group to publish a clear engagement/co-production plan</p>
<p>Updated Community (Education) and Treatment Review (C(E)TR) policy with an emphasis on advocacy, whether the person is living in the community or at risk of admission. The persons view, wishes and preferences must be central in decision making and preferred</p>	<p>Reported into the Dynamic Support Register Multi Agency meeting</p>	<p>Dynamic Support Register Group are exploring cases in which advocacy (independent or family carer) may be necessary and families wish to engage in</p>	<p>Continue to review under new policy and cases where a C(E)TR takes place, ensuring greater accountability</p>

communication methods
respected

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Think Autism Strategy Refresh

Aim 2:

Autistic people have good physical and mental health, which is supported by staff and organisations who have an improved understanding and knowledge of autism and access to appropriate advice and support.

Objective : Undertake a whole system review for children and young people relating to identifying and meeting need, and diagnosis when appropriate in the area of neurodiversity

Indicators of success	Evidence	Progress to date	Steps towards this
<p>All frontline and specialist services will be responsive to expressed concerns and be confident in meeting identified needs. This includes universal services such as schools and settings, and universal health services. Referrals on to other services/parts of the system will form part of a response only if necessary.</p> <p>Language used will reflect need and may include neurodiversity and will recognise strengths as well as difficulties</p>	<p>Satisfaction measures from children and young people (CYP) and families.</p> <p>Reduced waiting times for Tier 3 assessment diagnosis.</p> <p>Professional confidence measures when identifying and meeting needs arising from neurodivergence</p> <p>Increase in use of preferred terms for neurodivergence</p> <p>Monitor the number of young people with autism and Learning Disabilities who access health checks.</p>	<p>Post diagnostic commission supported 127 CYP with 85% achieving targets, 100% staff felt their knowledge and behaviours had changed. 38 families accessed Cygnet with 100% feeling it was very helpful).</p> <p>Language about autism video shared across the system and impact noted in all Autism Steering Group documentation and in Durham’s SEND strategic partnership.</p> <p>Autism Champion model rolled out across Early Help services.</p> <p>Covid recovery funded ‘Autistic and Anxious About School’ project.</p> <p>System transformation project is underway, following the presentation of a report to the County Durham Care Partnership Executive outlining the results of the engagement undertaken to re-imagine and re-design the help, advice and support available. The report includes a timescale to move from the current state to the future state and sets out some significant system re-design requirements.</p> <p>Health professionals have accessed the mandatory Oliver McGowan training</p>	<p>Engagement with all stakeholders supporting a shift to understanding neurodiversity rather than disability. Engagement to lead to service redesign. All stakeholders to work together to develop training and resources that support meeting needs at the earliest point.</p> <p>Clearer understanding of extent of waiting times for diagnostic service across all 3 age phases, and recovery plan.</p>

Objective : Undertake further work to support autistic adults with autism but who do not have learning disabilities

Indicators of success	Evidence	Progress to date	Steps towards this
<p>All frontline and specialist services will be responsive to expressed concerns and be confident in meeting identified needs. This includes universal services such as education settings and workplaces, and universal health services. Referrals on to other services/parts of the system will form part of a response only if necessary.</p> <p>Language used will reflect need and may include neurodiversity and will recognise strengths as well as difficulties.</p> <p>Increased awareness and use of alternative communication strategies to help support and engage with autistic adults.</p>	<p>Monitor the number of young people and adults with autism and learning disabilities who access health checks.</p> <p>Monitor the number of autistic adults presenting in crisis.</p> <p>Monitor waiting lists for secondary services.</p> <p>Monitor the number of professionals in health and social care accessing mandatory training.</p> <p>Professional confidence measures when identifying and meeting needs arising from neurodivergence.</p> <p>Increase in the use of the preferred terms for neurodivergence</p> <p>Feedback from service users and their family/carers.</p>	<p>Language about autism video (see above).</p> <p>Adults can request an assessment from the local authority of their care and support needs under the Care Act 2014. Speech and Language Assessment can be requested via GP or local authority.</p> <p>Services available which offer support to adults e.g.</p> <ul style="list-style-type: none"> - Durham Enable provides specialist support to all adults with support needs with accessing volunteering or employment (see Aim 4) - Integrating children provides support for young adults up to 25. - An integrated Crisis Team with listening service for all adults - MAIN offers advice and support to adults/young people over the age of 16 who have a diagnosis of autism. - North East Autism Society offer specialist care, support, education and employment. 	<p>A rolling training programme for frontline staff, statutory and voluntary services. To include autism awareness, communication skills/strategies and service provision updates. Eg Oliver McGowan training</p> <p>A transition panel is due to be set up (Spring 2023) for young people transitioning from Children’s Services to Adult Services.</p> <p>Consideration of Autism Champions in social care teams.</p> <p>Discussions are taking place in the local authority and health service as to how we can bridge the gap between Mental Health services and Learning Disability services for autistic adults who also have care and support needs.</p> <p>A working group of senior managers from social care and health are due to meet in Spring 2023.</p>



Objective : Promote more consistent communication about support and services available for children, young people and adults

Indicators of success	Evidence	Progress to date	Steps towards this
<p>Information about advice, help and more help available in a variety of formats.</p> <p>Information available is consistent across the system.</p>	<p>Young people and families report that they have sufficient information available, in a format that is accessible and helpful.</p> <p>Professionals report they are able to access resources that will enable them to support and signpost young people and families.</p> <p>Data from usage (e.g. websites, contact with Special Educational Needs and Disability Information Advice and Support, SENDIASS, use of Hub).</p> <p>Annual sampling of information that is within the remit of Durham Local Area to check for consistency.</p>	<p>Autism Hub launched 2021 offering advice, and signposting to help and support for young people and their families as needed.</p> <p>Online portals provide information and advice on what support is available within the county for adults and how this can be accessed (e.g. Advice in County Durham, Locate Durham, County Durham Mental Wellbeing Alliance).</p> <p>Young persons' information resource, developed by young people through Investing in Children</p>	<p>Autism Hub rebrand to Neuro Hub 2022 and further roll out to support families and adults in 2023.</p> <p>Refresh Durham 'Local Offer' website.</p> <p>Information to be provided to young people and their family transitioning from school/college about the services available and where they can access advice and guidance.</p> <p>Information to be disseminated to NHS services about where adults can access advice and support.</p>

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Think Autism Strategy Refresh

Aim 3:

Autistic people have better access to education, including further and higher education and life-long learning, with autistic young people receiving support to make positive transitions into adulthood.

Objective : Ensure autistic people access high quality inclusive education and training

Indicators of success	Evidence	Progress to date	Steps towards this
<p>Attendance data will indicate:</p> <ul style="list-style-type: none"> – increased numbers of autistic children and young people (CYP) are maintaining their school placement and experiencing fewer school changes – fewer suspensions and permanent exclusions for autistic CYP – an increased number of autistic CYP will be participating in Post-16 opportunities and there will be fewer autistic CYP within the Not in Education Employment or Training (NEET) group <p>Feedback from children, young people and adults and families will indicate positive experiences</p> <p>A range of local provision will be available in all areas of the county so that CYP can be educated in their local community if they so wish</p> <p>CPD feedback from professionals will indicate that there are increased numbers accessing training; data will indicate changes in practice following training.</p> <p>Dynamic Support Register (DSR) ensures the right support is built, working with local partners including education/training settings to best inform an individuals care</p>	<p>Annual data ‘snapshot’ to include general and specific enquiries</p> <p>Specific data enquiries about particular groups or cohorts where general data is indicating concerns or unexplained change.</p> <p>Annual evaluations and feedback from CYP, adults and parent/carers.</p> <p>CPD registers, evaluations and follow up feedback.</p> <p>CYP, adults and families will indicate that education and training are accessible, supported where necessary with reasonable adjustments in place, and placements are maintained.</p> <p>Increase in the use of preferred terms for neurodivergence</p> <p>Reported into the Dynamic Support Register Multi Agency meeting</p>	<p>New Enhanced Learning Provisions (ELPs) now open and a plan to develop further in other areas of the county.</p> <p>Plans in place to discuss autism champions role with ELP leaders as a starting point</p> <p>A comprehensive CPD package is available for Early Years (EYs), school age, post 16 settings.</p> <p>University of Durham ‘Triple A’ training available to staff in all settings</p> <p>Dynamic Support Register sharing intelligence between care providers, social services and education settings. Serving as a guide to professionals in their roles</p>	<p>Promote and extend Continuing Professional Development (CPD) offer to include adult learning providers and senior leaders within educational settings</p> <p>Create autism champions role and set up peer support networks</p> <p>Arrangements in place for annual data gathering</p> <p>CYP and their families are involved in co-production of training and Autism Champions Network</p>

Objective : Ensure transitions through education into training and adulthood are appropriately supported

Indicators of success	Evidence	Progress to date	Steps towards this
<p>There will be more instances of successful sustained placements following a transition e.g. Year 7 (Y7) children, Post 16, EYs to school.</p> <p>Feedback from parent/carers, CYP and young adults will indicate a positive and well-supported experience of transition.</p> <p>The transition support for Y7 will be consistent at each transition point Transitions support will also be available for Post 16 settings and from Early Years to primary.</p> <p>More staff from education settings will be attending training specific to transitions</p> <p>More autistic CYP and their families will understand the opportunities available at each phase.</p> <p>Individualised pathways will be used more consistently.</p>	<p>Annual data 'snapshot' to include information specific to transitions</p> <ul style="list-style-type: none"> - how many autistic CYP have transitioned and where to e.g.: mainstream to mainstream; mainstream to special; ELP to special etc - how many CYP have maintained placement in their new setting - Feedback from CYP, young adults and parent/carers - Transitions groups running – feedback from practitioners - Transitions CPD offered and attended by staff 	<ul style="list-style-type: none"> - There is an offer of transitions training for school staff - There is a transitions support group for each secondary school - There are opportunities for autistic CYP to access work experience and taster courses e.g. at the end of Y10 - Autistic CYP with Education Health and Care Plans (EHCP) have annual reviews with a focus on preparation for adulthood - Plans to support transition from EYs to primary already in place 	<ul style="list-style-type: none"> - Develop transition guidance documents for education settings so that transition support follows best practice and is more consistent - Co-production and participation of CYP and their families in transition guidance and training - Transitions training and good practice guidance to be extended to Post 16 and adult providers - Secondary transitions support to be extended Post 16 transitions - Targeted transitions support to be offered to all autistic CYP e.g. one page plan - All autistic CYP (not only those with EHCP) receive support to prepare for adulthood from the point at which they are identified as having social communication differences (not necessarily a formal diagnosis) <p>Communication with parent/carers about Post-16 opportunities is consistent e.g. placements, transport applications.</p>

Think Autism Strategy Refresh

Aim 4:

Autistic people and employers have good advice and support to access, maintain and progress in employment.

Objective : Employment support services provide accessible and sustainable pathways into employment

Indicators of success	Evidence	Progress to date	Steps towards this
<ul style="list-style-type: none"> – Transparent and accessible information is available on the provision of employment services. – Employment support services measure the impact that they have on employment outcome, or progression towards, for autistic individuals. – Established pathways for progression from adult care services into employment support for autistic individuals. <p>Workforce development within employment support services includes autism awareness raising</p>	<ul style="list-style-type: none"> – Adult Social Care Outcomes Framework (ASCOF) indicators for LD into employment. – Internal performance metrics for employment services – DurhamEnable ESF output and result indicators. – Case studies demonstrating qualitative impact of employment provision. <p>Employment support services staff indicate increased knowledge of autism; an understanding of the importance of adjustments required for clear communication; and increased skills and confidence in supporting autistic individuals.</p>	<ul style="list-style-type: none"> – Establishment of Durham County Council supported employment service with national British Association for Supported Employment (BASE) accreditation. – Referral channels between adult social care, Voluntary, Community Sector and Job Centre Plus have improved with increased referrals into employment services. – Development of an in-work support and training role within DurhamEnable with a focus on sustaining employment outcomes for neurodiverse individuals. – Increased awareness in the workplace of challenges faced by autistic people. 	<ul style="list-style-type: none"> – Establishment of Durham County Council supported employment service with national British Association for Supported Employment (BASE) accreditation. – Referral channels between adult social care, Voluntary and Community Sector (VCS) and Job Centre Plus to increase referrals into employment services. – Development of an in-work support and training role within DurhamEnable with a focus on sustaining employment outcomes for neurodiverse individuals. – Increasing work experience opportunities as a pathway to paid employment. – In-work support for autistic individuals and to have a greater understanding of the everyday experience of autistic people. – Further engagement with Ambitious about Autism. – There is more awareness in the workplace of challenges faced by autistic individuals.

Objective : Durham County Council (DCC) will lead by example as one of the largest employers in the county.

Indicators of success	Evidence	Progress to date	Steps towards this
<ul style="list-style-type: none"> - Recruitment for all roles within DCC is inclusive and where autistic disclosures are made, reasonable adjustments are implemented. - Disability disclosures for DCC staff are in line with prevalence in the local population. - Partnership working within DCC has a positive impact on employment in the local community for autistic individuals. - Increase in the number of autistic individuals employed and gaining apprenticeships at DCC. 	<ul style="list-style-type: none"> - Human Resources (HR) data on recruitment and staff populations by disability disclosure. - Data from exit interviews on challenges faced by neurodivergent employees. - All staff, and staff wellbeing, surveys. - Consultation with staff disability network. 	<ul style="list-style-type: none"> - Ringfenced Durham County Council apprenticeships for DurhamEnable – Supported Employment Service – autistic jobseekers. - New starter surveys introduced as part of the onboarding process. - Development and launching new online training for all Durham County Council managers. - Durham County Council Human Resources supporting training and toolkits to support managers to understand risk assessment. - Development of training on guaranteed interview scheme, conducting interviews with autistic applicants, improved autism awareness training for employees and line management, changes being made to application forms. - Awareness of reasonable adjustment disability passport. - Raised awareness of support available through disability staff network group. - Bespoke workplace adjustments training being delivered to selected departments 	<ul style="list-style-type: none"> - Improve the experience of apprenticeships within DCC. - Improving the quality of Supported Internships and increasing the number of opportunities across the county. - Better integration of reasonable adjustments within DCC and greater awareness of the disability passport. - Increasing work experience opportunities as a pathway to paid employment. - Development of neurodiversity toolkit and training on reasonable adjustments for lead recruiters within DCC.

Think Autism Strategy Refresh

Aim 5:

Autistic people live and participate equally within their community and, when necessary, receive high quality care and support to maintain that community living.

Objective : Autistic people have a range of accommodation options

Indicators of success	Evidence	Progress to date	Steps towards this
Reduction in the number of autistic people living with parents/carers due to lack of alternative accommodation	National and local housing data;	A current review of DCC commissioned preventative services which provide housing related support, will take into account the needs of autistic people	Work closely with Housing Solutions and share information on needs to inform the Housing Strategy.
More specialist accommodation available for autistic people who have complex needs and require intensive support	Commissioning information	Specialist accommodation plan is in the process of being developed by Integrated Commissioning, which includes the needs of autistic people with complex needs	Ensure service/strategic reviews and procurement of new services consider the needs of autistic people
Newly developed accommodation takes account of sensory issues which can affect autistic people	Progress reports the Autism Steering Group	Transforming Care includes the needs of autistic people including those with learning disabilities who require specialist services in the community for discharge from hospital or to prevent hospital admission	Implementation of the specialist accommodation plan, including Transforming Care

Objective : Local community services to be made more accessible and accommodating for autistic people and their carers

Indicators of success	Evidence	Progress to date	Steps towards this
All community services are responsive to expressed concerns from autistic people and are confident in meeting their needs.	Reporting into Autism Steering Group	Durham Mental Wellbeing Alliance includes needs associated with autism on the referral/assessment	Provide autism awareness training to non-health staff including training on reasonable adjustments eg Oliver McGowan training
Workforce development within community services includes autism awareness raising	The number of non-health care organisations providing autism training for their staff	Post diagnostic support/non assessed review includes the needs of autistic people	Increase support from VCS, increasing training at appropriate level; increasing capacity for autism support to meet local need
Autistic people accessing general community services and not needing referral to specialist services	Websites	Integrated mental health teams to have posts specifically for autistic people	
	Increase in the use of preferred terms for neurodivergence		

Language used in information and websites recognises and reflects the needs of autistic people

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Think Autism Strategy Refresh

Aim 6:

Autistic people’s experiences of both the criminal and youth justice systems are improved by ensuring that all staff understand autism and how to support autistic people

Objective : Improve understanding and recognition of the needs of autistic people among staff in the Criminal and Youth Justice systems

Indicators of success	Evidence	Progress to date	Steps towards this
Transparent and accessible information is available on the provision of information / advice / support and services for autistic people within the Criminal and Youth Justice services and training for staff at all levels	Call for evidence from CJS partners provides understanding of existing provision for neurodivergent people Reports into the Autism Steering Group	Use of the National toolkit (Ministry of Justice) to educate frontline staff about neurodiversity, and additional support being developed Neurodiversity/autism training being delivered already- list them?	Oliver McGowan training implemented within CJS settings More prisons and probation areas to register interest in/undertake the National Autistic Society’s Autism Accreditation scheme
Criminal and Youth Justice services measure the needs/impact/outcomes their services have on autistic people within their services		New prison officers and youth custodial specialists undertake the new Custody and Detention apprenticeship, which includes a dedicated autism session	The needs of autistic prisoners are considered in the development of improved safety training for prison staff
Workforce development within Criminal and Youth Justice services includes raising autism awareness		Staff training on autism e.g in Youth Justice; basic training for Police	Implementation of revised policy/guidance on ‘Advancing Diversity and Inclusion for offenders and children in custody’
Language used recognises and reflects the needs of autistic people		Use of resources designed for autistic young people within Youth Justice	Delivery of the ‘Hidden Disabilities Scheme, which aims to improve staff awareness of dealing with court and tribunal users with hidden disabilities including autistic people
		Celebration Weeks in Criminal Justice System including neurodiversity celebration week	
		Neurodiversity Forum set up as a support for staff	Reasonable adjustments are made to ensure that the experience of court and tribunal users in justice buildings is autism-friendly, and that staff are making adjustments to environments
			Delivery of mandatory training ‘Human Voice of Justice’ which is training focused on communicating with court and tribunal users
			Improve understanding of the specific needs of

young people within the Criminal Justice System which includes community as well as custody, including secure children's homes and secure training

Objective : Improved access to services for autistic people in touch with the criminal and youth justice systems

Indicators of success	Evidence	Progress to date	Steps towards this
<p>Established partnerships and pathways to appropriate support for autistic people coming into contact with the criminal and youth justice systems with appropriate referral and sign posting</p> <p>Services will be responsive to expressed concerns and be confident in meeting identified needs, backed up by feedback from autistic people/families where possible</p>	<p>Call for evidence from partners to demonstrate that all parts of the criminal and youth justice systems, from police to prisons, have made demonstrable progress in ensuring that autistic people have equal access to care and support where needed and that autistic people who have been convicted of a crime are able to get the additional support they may require to engage fully in their sentence and rehabilitation.</p> <p>Reports to the Autism Steering group</p>	<p>RECONNECT care after custody for all those with health vulnerabilities</p> <p>Probation – mobilisation of the neurodiversity service commissioned by Ministry of Justice to support both people on probation and probation practitioners engaging with the Probation service and statutory services; learning from Neurodiversity Pilot across Co Durham and Sunderland; use of Regional Outcome Innovation Fund (ROIF).</p> <p>Appointing Neurodiversity leads in each of the prison as well as Probation ; continuing/developing Through the Gate service - 'Pre-release team' in the big prisons</p> <p>Transforming Care/Building the right Support/accommodation plan locally includes the needs of autistic people including those with a forensic background</p> <p>Health data bases in Youth Justice to alert staff of any know concerns re autistic needs and health professionals within the service who can support and advise staff working with autistic young people including Speech and Language Therapy</p>	<p>Partners working together to build a clearer understanding of how autistic people come into contact with the criminal and youth justice systems, and the type of support they may need across court, prison and under probation supervision.</p> <p>Improvements in the police and wider criminal and youth justice system staff's understanding of autism, will mean that autistic people are more likely to receive the right support, adjusted to their needs, as well as ensuring that different parts of the justice system – from prisons to courts – become more autism-inclusive</p> <p>Review how police use Out of Court Disposals (OOCs) to support adults with vulnerabilities, including autistic adults (in line with national research MoJ)</p> <p>Follow NHS England Improvement (NHSE/I) guidance for adult prison healthcare services on meeting the needs of autistic people accessing healthcare (Is it published yet who-prisons/healthcare provider? Ensure all NHSE/I commissioned services are able to continue to identify, assess and meet the needs of autistic</p>

Screening in Youth Justice for sensory, language and communication needs (SLCN) using ClearCut Communication screen

Referral pathway to the Neurodevelopmental Pathway within children & Adolescent Mental Health CAMHS – supporting parents/carers with these referrals; joint work between Youth Justice and CAMHS to prioritise young people on the waiting list for assessment.

Youth Justice signposting to parent support group and autism hub

Further examples to be added in from prisons and Police

people using these services,; consideration of autism (and learning disability champion). Autistic people should have equal access to healthcare and social care.

Roll out of RECONNECT to provide care after custody for people leaving prison who have ongoing health vulnerabilities, including autistic people (mentioned in national strategy) The service starts working with people, including those who are autistic, before they leave prison and helps them to make the move to community-based health and care services that will provide the support that they need.

For those autistic people receiving care in secure mental health inpatient settings for offending behaviour, care should be delivered in line with Building the Right Support to develop safe, effective and timely transition back into the community and ensure that autistic people who require continued specialist support to address risk, psychological or social care needs, are offered support so they can be discharged from secure care into the community

MRJ internal policy research centre (Insights) could help inform the strategy.

Youth Justice

Improve data collection to increase awareness of the needs of autistic young people within the youth justice service and to understand trends e.g. more prevalent types of offending

Review resources within Co Durham Youth Justice Service, identifying any gaps in relation to the needs of autistic young people

Improve training for staff, in particular links between autism and offending and vulnerabilities of autistic young people

Police

Recognition that as Police custody lasts only 24 hours, the rest of the work needed is in the community.

Basic training for police on autism available difficult to access due to capacity/backfill issues; need more resources and training specific to the needs of autistic people in relation to criminal justice

Improving awareness raising and tools to support autistic people in contact with the police e.g. Autism alert cards or other suitable tools.

To improve understanding and joint working to avoid unnecessary calls to police where health/social care services may be more appropriate or other appropriate community support .

Strategic lead to be identified within the police to support the implementation of the strategy.

Improve understanding of the needs of autistic people who are victims of crime including victims of hate crime.

Appendix 2: Progress Since 2019

Approx. 200 referrals made to the children's neurodevelopmental pathway each month

Progress in employment support and opportunities, e.g. Durham Enable reasonable adjustments made to HR and recruitment processes within Durham County Council

Awareness raising and training on autism across different sectors

Transforming care- work undertaken to help autistic people leave hospital with improved community services being planned and developed

(to be updated as appropriate)

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'Think Autism' in County Durham

Autism Strategy for Children, Young People and Adults
2023/24 – 2026

September 2023



Better for everyone



Background

- Refresh of the all age multi-agency Autism Strategy for children, young people and adults in County Durham, extending it to 2026.
- Original three year strategy presented to Health and Wellbeing Board and Cabinet in April 2019 (extended due to pandemic).
- Called 'Think Autism' in line with the national strategy.
- The refreshed local strategy aligns with the new 'National Strategy for Autistic Children, Young People and Adults' 2021- 2026.

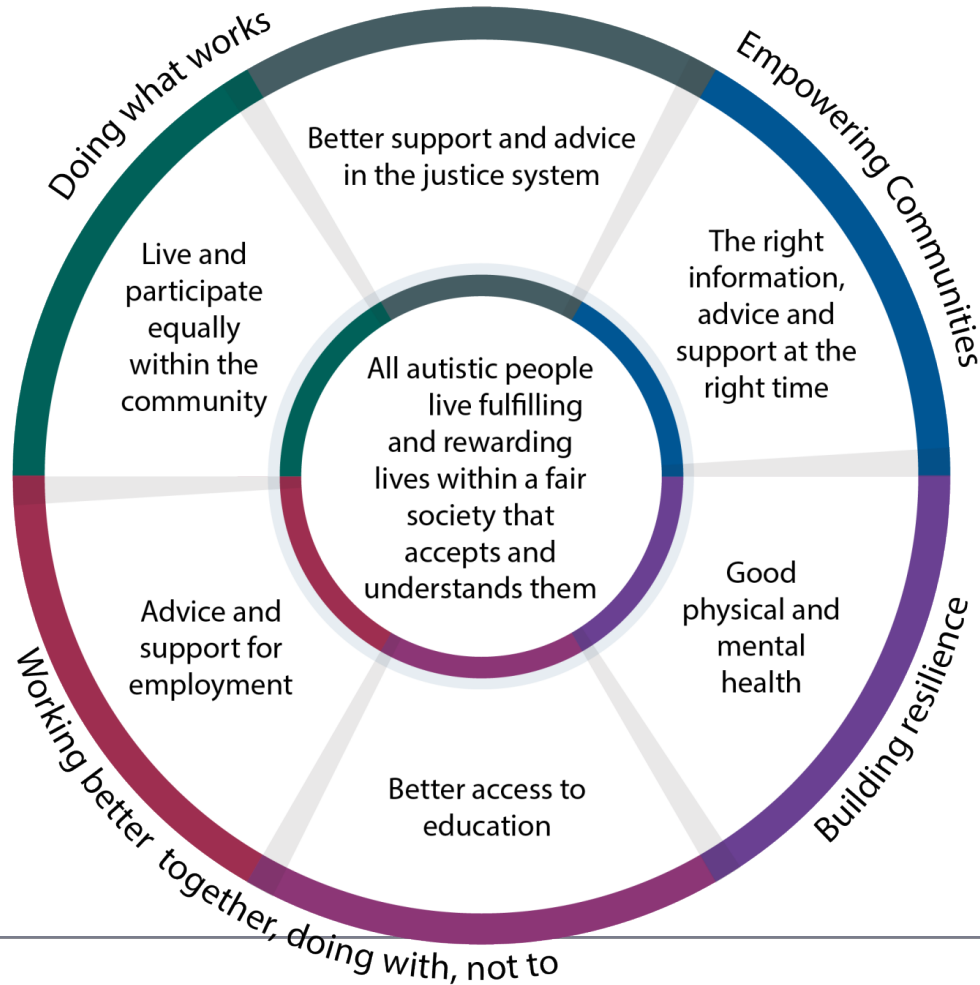
Our Vision

“In County Durham all autistic people live fulfilling and rewarding lives within a society that accepts and understands them. They can access advice and support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.”

- Be an equal part of their local community
- Get the right advice and support at the right time throughout their lifetime
- Develop their skills and independence and work to the best of their ability
- Have good mental and physical health

Aims

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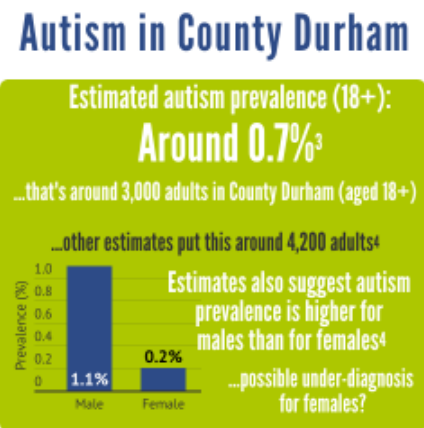
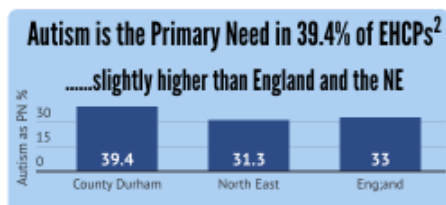
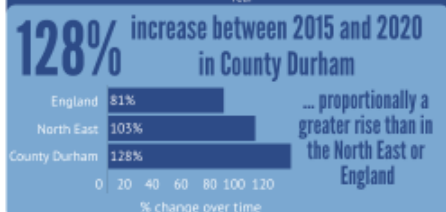
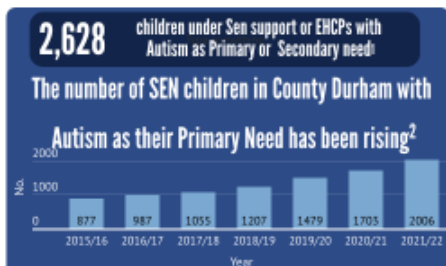


What we need to do and how?

For each objective, the strategy includes

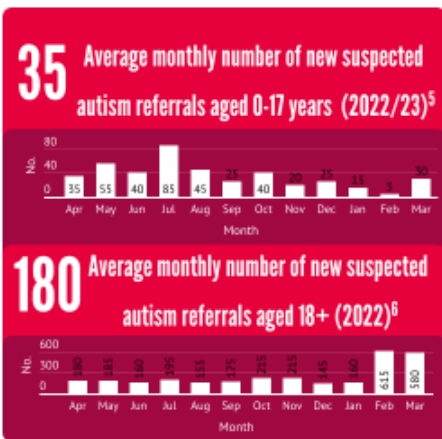
- Indicators of success
- Evidence
- Progress to date
- Steps towards achieving the objective

Why? (What is the data/feedback telling us?)



94% of calls to SEND Information Advice and Support related to CYP with autism

94% of SENDIAS referrals are from families who have children with Autism or are on the Neurodevelopmental Assessment Pathway



1350 Children & young people on the waiting list for an Autism assessment locally⁷

Average days waiting for Assessment... **481**

128 referrals to Durham Mental Wellbeing Alliance for adults with/awaiting Autism diagnosis seeking support for mental health issues (4.9% of total referrals)

Notes and Sources:

- 1. Spring School Census, Durham County Council, 2023. 2. SEN Statistics, DfE 2022. 3. Adult Psychiatric Morbidity Survey (APMS), 2017. 4. PANSI and POPPI. 5. Autism Experimental Statistics, NHSE. 6. Autism Experimental Statistics, NHSE (Average is March to December 2022 due to outstanding data validation queries. 7. NHS County Durham Neuro Waiters Dashboard, Feb 1st 2023, TEWY.



HEALTH AND WELLBEING BOARD WORK PROGRAMME 2023/24

Health and Wellbeing Board – 25 September 2023

Julie Bradbrook
Interim Strategic Manager, Partnerships



Better for everyone



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15%
Health and social care

Services which prevent and treat illness and maintain health and wellbeing. This includes services which support with day-to-day life for people who live with illness and disability and as people age, if needed.

40%
Healthy behaviours

What we eat and drink
Our use of tobacco, alcohol and drugs
Whether we are physically active
Our sexual behaviour
Our attitudes towards health and wellbeing

45%
The wider determinants of health

How much money we have
The quality of the house we live in
Being safe and secure
The natural environment surrounding us
Our access to transport, education and work
These are the 'building blocks of good health' which impact on our chances of living a long and healthy life



How do we make County Durham a healthy place, where people live well for longer?

McGinnis, J.M., Williams-Russo, P. and Knickman, J.R. (2002) cited in The King's Fund (n.d.). Time to Think Differently. Broader determinants of health: future trends. Available at:

<https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health> (Accessed: 9 March 2023).



Better for everyone

Role of Health and Wellbeing Board

- Receiving updates and assurance from the governance groups around our four priorities and capturing wider relevant health and wellbeing issues
- Providing added value by holding others to account and supporting partners across the wider system with their agendas
- Strengthening the relationship with partners who will support the wider influences on health
- Having a health advocacy role by speaking up for our communities in relation to their health and wellbeing, and championing policy change
- Ensuring Statutory governance role of HWB fulfilled
- Ensuring impacts on health and wellbeing addressed across the life course
- Embedding County Durham Together/ Approach to Wellbeing principles in our work

Health and Wellbeing Board agendas:

- Achieving Healthy Weight – **22 November 2023**
- Improving Mental Health, Resilience and Wellbeing – **22 January 2024**
- Making Smoking History – **20 March 2024**
- Reducing Alcohol Harms – **13 May 2024**

- Business meetings – 2 per year
- Development sessions



What is it really like for people in County Durham who receive and deliver health and care service/wider community support?

- Patient/service user stories and case studies to bring work to life
- Pose questions and stimulate discussions amongst partners of the HWB
- What is currently happening and what more can be done?
- What are the challenges?
- ALL partners contribute to discussions?
- What can we ALL do to help with challenges?

Questions and Discussion



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of the Local Government Act 1972.

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