

# Public Agenda

Title of Meeting:	<b>Rotherham Place Board: Partnership Business</b>
Time of Meeting:	9.00am – 10.00am
Date of Meeting:	Wednesday 20 March 2024
Venue:	Elm Room, Oak House, Moorhead Way, Bramley, S66 1YY
Chair:	<b>Chris Edwards</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

Apologies:	R. Jenkins, CEO, TRFT T Lewis, CEO, RDaSH J Page, Medical Director, NHS SY ICB
Conflicts of Interest:	
Quoracy:	No Partnership Business shall be transacted unless the following are present as a minimum: a) one Member from each of the ICB and RMBC; and b) two Members from any of the following Partners: TRFT, VAR, RDASH or RPCLG

Item		Time	Pres By	Encs
1	Public & Patient Questions: <i>The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.</i>		Chair	Verbal
<b>Business Items</b>				
2	Public Health Director's Update	10 mins	B Anderson	Verbal
3	Urgent & Community Transformation Update	10 mins	C Smith/ S Watt	Enc 3
4	Rotherham All Age Autism Strategy 2024-2027	10 mins	C Smith	Enc 4
5	Rotherham Place Partnership Update	10 mins	C Smith/ L George	Enc 5
<b>Standard Items</b>				
6	Communication to Partners	5 mins	Chair	Verbal
7	Draft Minutes and Action Log from Public Place Board from 21 February 2024 – <i>for approval</i>	5 mins	Chair	Enc 7i & 7ii
8	Risks and Items for escalation to appropriate board (e.g. <i>Health &amp; Wellbeing Board, ICB Board</i> )		Chair	Verbal
9	Future Items: <ul style="list-style-type: none"> <li>• Proactive Care Update – CS/JM - (Apr)</li> </ul> Standing Items: <ul style="list-style-type: none"> <li>• Updates from all Groups (as scheduled)</li> <li>• Achievements (as and when received)</li> <li>• Feedback from SY ICP Meeting – Bi-Monthly</li> <li>• Bi-Monthly Place Partnership Newsletter (May)</li> </ul>			
10	Dates of Next Meeting: Wednesday <b>17 April 2024</b> at 9 –10am			

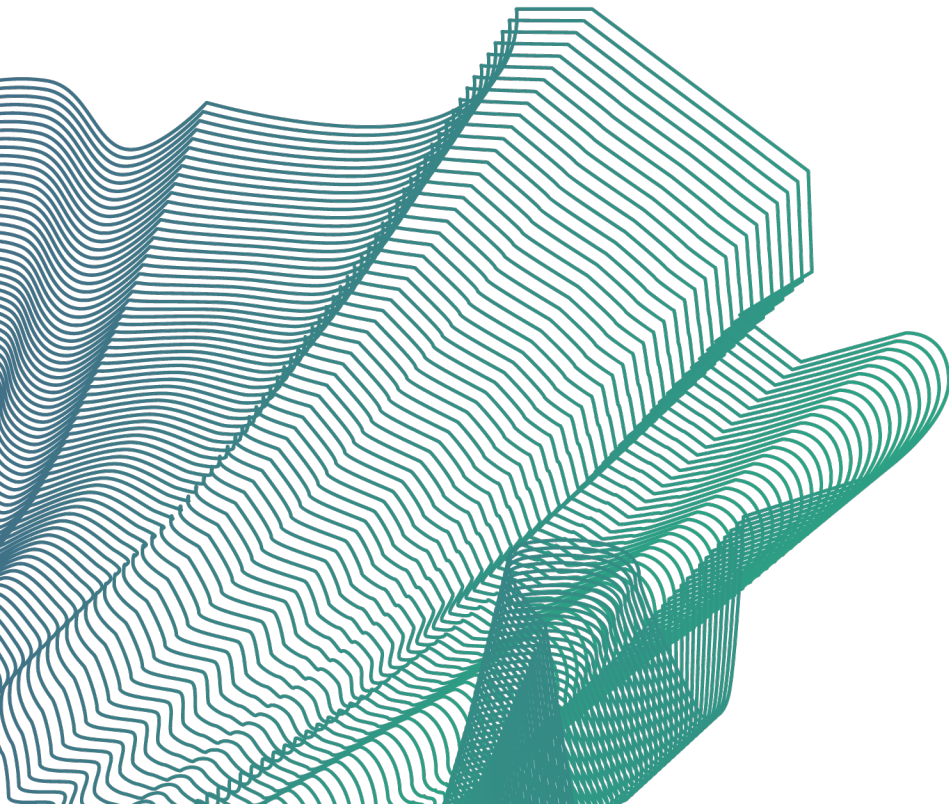
**GLOSSARY**

<b>A&amp;E</b>	Accident and Emergency
<b>BAME</b>	Black Asian and Minority Ethnic
<b>BCF</b>	Better Care Fund
<b>C&amp;YP</b>	Children and Young People
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CHC</b>	Continuing Health Care
<b>COI</b>	Conflict of Interest
<b>CQC</b>	Care Quality Commission
<b>DES</b>	Direct Enhanced Service
<b>DTOC</b>	Delayed Transfer of Care
<b>EOLC</b>	End of Life Care
<b>FOI</b>	Freedom of Information
<b>H&amp;WB</b>	Health and Wellbeing
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICB</b>	Integrated Care Board
<b>ICP</b>	Integrated Care Partnership
<b>ICS</b>	Integrated Care System
<b>IDT</b>	Integrated Discharge Team
<b>JFP</b>	Joint Forward Plan
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>KPI</b>	Key Performance Indicator
<b>KLOE</b>	Key Lines of Enquiry
<b>LAC</b>	Looked After Children
<b>LeDeR</b>	Learning Disability Mortality Review
<b>LES</b>	Local Enhanced Service
<b>LIS</b>	Local Incentive Scheme
<b>LOS</b>	Length of Stay
<b>LTC</b>	Long Term Conditions
<b>MMC</b>	Medicines Management Committee
<b>MOU</b>	Memorandum of Understanding
<b>NHS LTP</b>	NHS Long Term Plan
<b>NHSE</b>	NHS England
<b>NICE</b>	National Institute for Health and Care Excellence
<b>OD</b>	Organisational Development
<b>PCN</b>	Primary Care Network
<b>PTS</b>	Patient Transport Services
<b>QIA</b>	Quality Impact Assessment
<b>QIPP</b>	Quality, Innovation, Productivity and Performance
<b>QOF</b>	Quality Outcomes Framework
<b>RDaSH</b>	Rotherham Doncaster and South Humber NHS Foundation Trust
<b>RHR</b>	Rotherham Health Record
<b>RLSCB</b>	Rotherham Local Safeguarding Childrens Board
<b>RMBC</b>	Rotherham Metropolitan Borough Council
<b>RPCCG</b>	Rotherham Primary Care Collaborative Group
<b>RTT</b>	Referral to Treatment
<b>SEND</b>	Special Educational Needs and Disabilities
<b>SIRO</b>	Senior Information Risk Officer
<b>TRFT</b>	The Rotherham NHS Foundation Trust
<b>UECC</b>	Urgent and Emergency Care Centre
<b>VAR</b>	Voluntary Action Rotherham
<b>VCS</b>	Voluntary and Community Sector
<b>VCSE</b>	Voluntary, Community and Social Enterprise sector
<b>YAS</b>	Yorkshire Ambulance Service

# Urgent & Community Update

Rotherham Place Board - 20 March 2024

Steph Watt



ROTHERHAM INTEGRATED CARE PARTNERS  
Connect Healthcare Rotherham CIC  
NHS Rotherham Clinical Commissioning Group  
Rotherham Doncaster and South Humber NHS Foundation Trust  
Rotherham Metropolitan Borough Council  
The Rotherham NHS Foundation Trust  
Voluntary Action Rotherham





# Challenges and Risks

- On going industrial action throughout year, impact before (planning), during and after (long recovery tail)
- Demand in primary care and UECC
  - Aging population
  - Rotherham demographic
  - Increased acuity, on-going impact of delays to treatment in Covid
- 4 hour response standard for people to be treated, referred or discharged, though performing second best of previous alternative pilot sites
- Recruitment and retention issues, pathway 0 support
- Recruitment and cost of living pressures impacting on care homes/discharge pathways, plus D&V and some flu/Covid
- Funding challenges across health and social care

# What needs to happen next

- Focus on 4 hour response standard
- 4 high impact areas
  - Frailty
  - Ambulatory care
  - Diabetes
  - Respiratory
- Lessons learned from winter /industrial action embedding good practice
- Development of Transfer of Care Hub
- Review and prioritisation of Better Care Fund

Rotherham Place Partnership Board – Wednesday 20 March 2024

## Rotherham All Age Autism Strategy 2024 - 2027

<b>Lead Executive</b>	Claire Smith, Deputy Place Director (Rotherham), NHS SY ICB
<b>Lead Officer</b>	Garry Parvin Joint Head of Learning Disability, Autism and Transition Commissioning, NHS SY ICB/RMBC

<b>Purpose</b>
The purpose of this report is to seek support for the Rotherham All Age Autism Strategy 2024 – 2027, attached at Appendix 1.
<b>Background</b>
<p>The strategy was approved by Rotherham Council Cabinet on Monday 12<sup>th</sup> February 2024.</p> <p>The Strategy builds on the progress made in the delivery of the Rotherham All Age Autism Strategy 2020 - 23 and sets the strategic direction and priorities for the next three years. This has been informed by the co-production work undertaken with people with lived experience, attached at Appendix 2.</p> <p>The Council's Equality Impact Assessment document is attached at Appendix 3.</p> <p>There are no direct financial implications from the proposals in the report. Any additional resources required to support the strategy will be subject to separate future decisions within the overall context of the ICB's budget.</p> <p>The co-production report attached (Appendix 2) also provides details of engagement.</p> <p>This co-production which has underpinned the strategy, included workshops with representatives from a wide range of professionals, autistic people (including young people) with autism, parents, families, carers and local businesses. The workshops gathered rich information and ideas for key priorities for people with autism in Rotherham.</p> <p>The Autism Partnership Board was set up to advise on all aspects of implementation associated with national and local autism policy and is made up of people with autism, carers, representatives of community and voluntary groups and professionals from the statutory sectors and will have a lead role in ensuring both the strategy and the development of the delivery plan are implemented.</p>
<b>Analysis of key issues and of risks</b>
<p>The vision for the Strategy remains unchanged from the 2020 -23 Strategy to ensure consistency of approach and strategic direction. Measures have been included to demonstrate the impact being made and this is based on the co-production report about what is important to people with lived experience from the autistic population.</p> <p>The Strategy outlines Rotherham's four cornerstones and this is used to structure the strategy and priorities. The Strategy looks at key areas and connects to Rotherham's SEND Strategy and Learning Disability Strategy. The key areas are:</p>

- Preparing for Adulthood.
- Independence and Choice.
- Education and Employment.
- Health and Care.

Lived experience, as reported by autistic children, young people and adults is captured in these key areas. The Strategy also identifies existing work programmes which are taking place to address these areas of development, as it is clear that significant progress is being made and will be further built upon over the next three years.

The following changes have been made to the Strategy, to ensure it remains reflective of the needs of autistic people within Rotherham:

1. The restructuring of the priorities to the Rotherham Four Cornerstones: Rotherham developed the Four Cornerstones, which are essential for ensuring that the autistic community (children, young people, adults, parents and carers) and the neurodivergent community in Rotherham have an equal voice. The Four Cornerstones are: Welcome and Care, Value and Include, Communicate, and Work in Partnership. This will ensure a golden thread between Children and Young Peoples Services and Adult Services, as well as Housing.
2. The plan is to co-produce a detailed action plan to address the priorities in 2024. The rationale is to ensure that autistic children, young people and adults with families and professionals, work together on the strategic priorities important to them and can demonstrate delivery and impact.

#### **Approval history**

- Rotherham Council Cabinet – 12 Feb 2024
- Rotherham Place Executive Team – 22 Feb 2024

#### **Recommendations**

Rotherham Place Board is asked to:

1. Support the refreshed Rotherham All Age Autism Strategy 2024 – 2027 and acknowledge the commitment to develop a co-produced action plan.
2. Note that this document becomes a document to be 'relied on'
3. Agree to receive a further report in 18 months on delivery against the All Age Autism Strategy 2024 - 2027 and that the plan is to co-produce a detailed action plan in 2024.



# ROTHERHAM'S ALL AGE AUTISM STRATEGY 2024 -2027



[www.rotherham.gov.uk](http://www.rotherham.gov.uk)

# FOREWORD

Rotherham's All Age Autism Strategy refresh shows the progress Rotherham has made since its first strategy launched during the height of the COVID pandemic in 2020. The feedback from Rotherham's autistic people was that there is still more to do.

Our first strategy set out a vision for all autistic people living and working in Rotherham to have the same opportunities as anyone else to live rewarding and fulfilling lives, whatever their age. This remains Rotherham's vision.

Our ambition remains that we want Rotherham to become an autism-friendly borough, in which autistic people can reach their full potential at all stages of their lives. We have again developed a strategy for the next three years which includes all ages - children, young people and adults with autism - and the needs of families and carers.

I would like to thank all the people, communities, and organisations who have assisted in the refresh.

In Rotherham, we are committed to improving the lives of autistic people. We will continue working with families, local autism groups, and partner agencies to ensure that this Strategy and the future implementation plan are a success.



**Cllr. David Roche**

Cabinet Member for Adult  
Social Care and Health



# PROGRESS (AND CHALLENGES) SINCE 2020

Rotherham's first All Age Strategy was launched at the height of the COVID-19 pandemic in June 2020. The strategy was built on 5 priorities, which were:

- Starting Well: All of Rotherham's autistic children and young people are healthy and safe from harm.
- Developing Well: All of Rotherham's autistic children and young people start school ready to learn for life.
- Moving on well to independence: Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood.
- Living well: Autistic adults living in Rotherham will get the right support when needed.
- Ageing well: Autistic adults living in Rotherham will be better supported as they grow old.

Despite the huge challenges which the NHS and social care were under, Rotherham as a place has committed to:

- Staff training to ensure that Rotherham's most vulnerable autistic children are being seen and supported elsewhere in the system. Work is commencing to develop Rotherham's public health plan, to ensure that autistic young people can access activities or programs which promote health. An example of this can be seen with KOOTH and QWELL: KOOTH is a digital mental health counselling service for young people aged 11 – 25 jointly commissioned by Rotherham MBC and the then Rotherham CCG, which went live in October 2021, and QWELL is a digital mental health counselling service which offers support to adults.
- Ensure autistic children and young people shape and participate when Rotherham will be the world's first Children's Capital of Culture in 2025, which will involve 365 days of arts and culture devised, developed, and delivered in partnership with children and young people from across the borough and beyond. As the Children's Capital of Culture, Rotherham will develop large-scale, high-profile commissions and partnerships between local arts organisations, venues and national partners.
- There will be exhibitions, events, performances, festivals, artworks, murals and more, all curated and created with children and young people from a range of backgrounds. A key aim of this work is to empower children and young people, not only to participate in culture, but to create it in their own image and on their own terms. Rotherham's autistic children and young people, as well as participating, will play an important part in shaping this important event. At the launch event, autistic children and young people shared what autism means to them in the Truth to Power Café.
- Create all age pathways. All Age Pathways acknowledge that there are differences between being an autistic child/young person or adult. We are working to ensure that there is greater coordination as the young person becomes an adult.
- Work to develop an employment offer for autistic young people, which has seen the creation of the Rotherham Opportunities College Project Search Supported Internship model and pilot linkup to Gulliver's Theme Park. Rotherham is working with partners to progress and develop supported internships.
- Launch RotherHive, which included a series of accessible self-help leaflets covering a range of topics, from alcohol problems to stress.



- Create a Rotherham Safe Space, which supports anyone experiencing a mental health crisis in Rotherham and the surrounding areas. This provides a safe place during the weekend evenings, designed to offer support for people in crisis and to prevent avoidable attendances at A&E. People who identify as autistic have been benefiting from this service.
- RDaSH have created a new all age autism diagnostic pathway which has been welcomed.
- Significant and ongoing investment was made to create an innovative post-diagnostic offer in the form of Rotherham Adult Neurodiversity Support Service (RANSS) hosted by Rotherham Parents Carers Forum. This has expanded to include people who self-identify as autistic and autistic people who were diagnosed in the past but were not offered support following diagnosis. Autistic people value this support and have said:

I'll be able to say to anyone in my situation if they've been referred that they've been referred to a wonderful service.

Its helped me identify areas I struggled with and helped me identify ways of managing them.

### *There were (and remain) challenges:*

- There are high numbers of autistic children, young people and adults asking to be diagnosed, and this has created waiting lists. There are pathways to: ensure that children and young people are supported while waiting to be diagnosed. Adults can access the Rotherham Adult Neurodiversity Support Service. Work is occurring at an ICB level to consider how to reduce the waits for diagnosis.
- Autistic people want (and need) to be 'seen', included and valued in their communities and society as a whole.
- Rotherham is always striving for real and meaningful coproduction in developing plans, and autistic people need to be included in plans to shape services from the start. This was picked up in the coproduction for this strategy, and will be a core theme in developing the action plan for its delivery.

### **Small (but big) kindness**

Autistic people value the small, thoughtful acts or gestures that positively impact others in their daily lives. These acts can be as simple as offering a smile, holding the door for someone, or giving a genuine compliment. While they may seem insignificant individually, collectively these small acts create a ripple effect, fostering a sense of connection, empathy and goodwill. Throughout the co-production, from the views and experiences shared with Rotherham Parent Carers Forum, it was obvious just how important these small kindnesses were. Many people's positive and negative experiences were often also based on the person/staff member that they had encountered, and were not solely about the service. Small kindness evidently had a lasting impact and were greatly valued by autistic people.

# CONTEXT

## Autism Act and Statutory Guidance:

The National Autism Strategy, *'Fulfilling and Rewarding Lives'*<sup>2</sup>, was originally published by the Government in March 2010 as a result of the Autism Act 2009 and applies to adults in England. This was followed by statutory guidance for local authorities and NHS organisations in December 2010. The Autism Act 2009 required that local authorities and health bodies work together to better support the needs of adults with autism.

## Revised Statutory Guidance

The Department of Health published statutory guidance to support the updated Strategy in December 2014, following a public consultation exercise. The revised statutory guidance covers nine areas:

- Training of staff who provide services to adults with autism;
- Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services;
- Planning concerning the provision of services for people with autism as they move from being children to adults;
- Local planning and leadership concerning the provision of services for adults with autism;
- Preventative support and safeguarding in line with the Care Act 2014 from April 2015;
- Reasonable Adjustments and Equality – This is a theme that is relevant to all our functions and which we plan to monitor through Equality Impact Assessments;

- Supporting people with complex needs, whose behaviour may challenge or who may lack capacity;
- Employment for adults with autism;
- Working with the criminal justice system.

## The national strategy for autistic children, young people and adults: 2021 to 2026

In 2021, the Government published a new National Strategy. The strategy set out a vision for what the Government wants autistic people and their families' lives to be like in 2026 across six priority areas, and the steps that national and local government, the NHS, and others will take towards this.

For children and young people, the Special Educational needs and Disability (SEND) Code of Practice (2015), continues to place duties on local authorities, NHS organisations, and schools in respect of autistic children and young people.

Rotherham's refreshed strategy connects and fits with the national strategy for autistic children, young people and adults: 2021 to 2026.

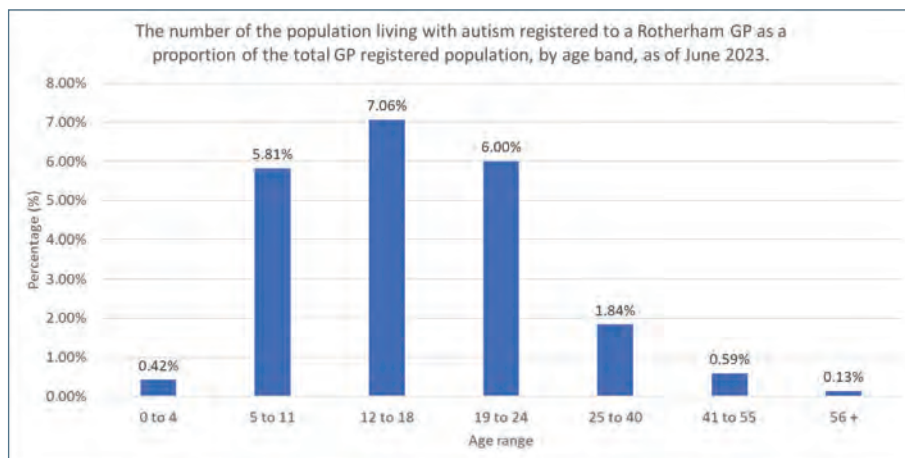
To learn more: The national strategy for autistic children, young people and adults: 2021 to 2026 ([publishing.service.gov.uk](https://publishing.service.gov.uk))

This strategy has been designed to complement wider strategic plans for Rotherham, including our Adult Social Care Strategy, Learning Disability strategy and SEND vision, as well as wider place-based plans such as The Health and Wellbeing Strategy and the Rotherham Health and Care Plan.

<sup>2</sup> Department of Health. Fulfilling and rewarding lives: the strategy for adults with autism in England. London : s.n., 2010.



## The Local Picture:



In the UK, the estimated prevalence of autism in adults is around 1.1%. Applied to the Rotherham GP registered population, this would be approximately 2,300 people<sup>3</sup>.

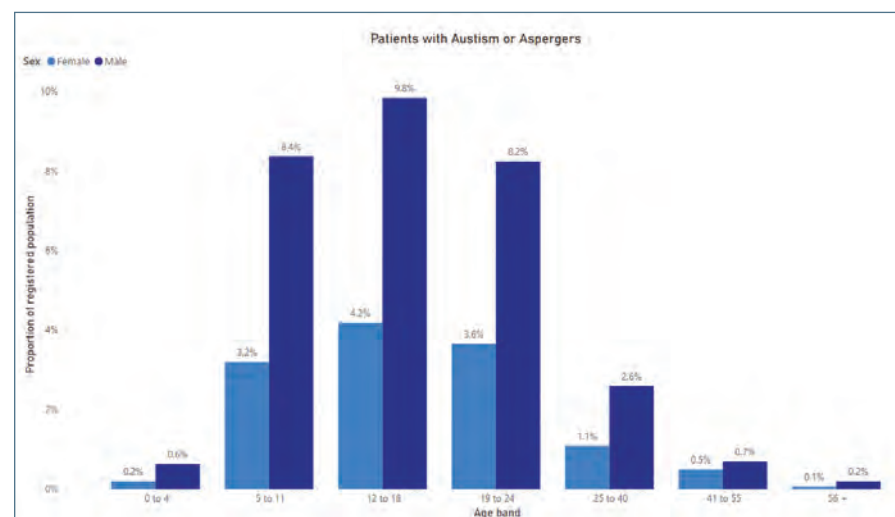
Rotherham Council's children's service has recorded 1894 children/young people who are autistic as at the end of September 2023; out of this cohort, 902 children have an Education, Health and Care Plan (EHCP).

In reviewing Rotherham's GP records, we have found out that there are 5,504 Rotherham registered patients diagnosed with autism or Asperger's syndrome. 4,036 of these are aged under 25 years old which may indicate our local rates of diagnosis are higher than the national average and that there may be some adults that have not been diagnosed.

<sup>3</sup> National Collaborating Centre for Mental Health, 2012; SIGN, 2016; Buckley, 2017; National Collaborating Centre for Women's and Children's Health, 2017; BMJ, 2018; National Autistic Society, 2018a

## Numbers of people diagnosed with autism as split by age and sex.

The number of females diagnosed varies across studies, but there is consistently a higher proportion of males to females (mostly ranging from 3:1 to 5:1). The gender split is thought to be as a result of camouflaging difficulties in the female population alongside under-reporting, and hence under-diagnosis, of traits in girls<sup>4</sup>.



For more information about autism can be found in Rotherham's Joint Strategic Needs Assessment: [https://www.rotherham.gov.uk/jsna/downloads/file/140/rotherham\\_context\\_-\\_autism](https://www.rotherham.gov.uk/jsna/downloads/file/140/rotherham_context_-_autism)

<sup>4</sup> Prevalence | Background information | Autism in adults | CKS | NICE

# REFRESHING AND UPDATING OUR STRATEGY

Co-production lies at the heart of our vision. Refresh Rotherham's All Age Autism Strategy (2020 -2023) - a public consultation was undertaken by Rotherham Parents Forum Ltd from 24th July 2023 - 10th October 2023. (More detail about the consultation and the coproduction workshops can be found in appendix 2).

## Feedback on the previous Strategy 2020 – 2023

- While progress was noted in terms of improving care and support for autistic people, the overwhelming response from autistic people was that there is still more to do.
- Autistic people did not like the categories of Starting Well, Developing Well, Moving on Well into Independence, Living Well and Aging Well. They were confusing: for example, Starting Well is about children and young people being safe from harm, but newly diagnosed autistic adults expressed how they were starting on a new part of their life as being a diagnosed/self-identifying autistic person.
- The strategy is not available in a range of formats and languages.
- Parts of it on the website are incomplete.
- The implementation plan was not kept updated and is on a separate website page, with no links from the strategy to the plan.
- The strategy and implementation plan are hard to find on the website, and people could only find them via an internet search.

Rotherham has listened to these comments and will make the following changes:

- The priorities for the refreshed all age strategy will be based on the 4 cornerstones  
welcome and care  
value and include  
communicate  
work in partnership
- Communication and understanding is a clear theme for autistic people of all ages which will be developed as a priority.

The Rotherham Autism Partnership Board plays a crucial role in overseeing the Strategy.

## A Note on Terminology

Autism is considered to be a disability under the Equality Act 2010. It is not an illness or a mental health problem.

The research found that all groups like the terms 'on the autism spectrum' and 'Asperger syndrome'. Autistic adults prefer the identity-first terms 'autistic' and 'Aspie', whereas families didn't like 'Aspie'. Practitioners also like the term 'autism spectrum disorder (ASD) or conditions (ASC)'. To reflect the findings of this research, the Strategy will use the term 'autistic' – particularly when talking about children and adults who identify themselves in this way.

This approach aligns to the national strategy.

# OUR VISION AND VALUES

In speaking to autistic people, Rotherham still needs to work towards making the borough an autism-friendly place to live. Rotherham supports and celebrates its neurodiversity.

*We want Rotherham to be a place where:*

- You can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services, organisations and employers that make reasonable adjustments when required, and where people can feel safe, have aspirations and fulfil your potential, be independent, and become a full member of the local community.

*This means having:*

- Access to education and employment opportunities and your own home.
- Access to the right information, at the right time, to make informed choices.

*We will know this because autistic people in Rotherham will tell us that they:*

- Feel welcomed and included.
  - Are listened to and have a voice.
- and
- That young people and their families / carers who are preparing for adulthood know what to expect.

Rotherham's *Refreshed All Age Autism Strategy 2024 -2027* sets out a vision for all autistic people to have the same opportunities as anyone else to live rewarding and fulfilling lives, whatever their age.

This vision remains the same, and it is shared by all public, voluntary, and independent organisations that have worked together to develop the Strategy.

Rotherham has developed the Four Cornerstones, which we believe are essential for ensuring that the autistic community (children, young people, adults, parents and carers) and the neurodivergent community in Rotherham have an equal voice.

The Cornerstones build trust by making the commitment to welcome and care, value and include, communicate and work in partnership. The cornerstones are:

**WELCOME AND CARE**

**VALUE AND INCLUDE**

**COMMUNICATE**

**WORK IN PARTNERSHIP**

**Developing and nurturing each of these to build**

**TRUST**

**To Learn more:** The-Four-Cornerstones-Approach-to-Co-production.pdf (genuinepartnerships.co.uk)

## Preparing for Adulthood (PFA):

Entering adulthood is hard enough as a human being, but being autistic makes it worse as we are just expected to know everything and if we don't, we're expected to teach ourselves.

This is hard for some autistic people like myself as I really struggle to learn things on my own and become really lost and distressed easily.

Rotherham has been working since the Joint SEND inspection to improve its offer for autistic young people moving into adulthood. It has implemented the National Training and Development Team for Inclusion PFA minimum standards<sup>1</sup>, but more work is still required.

Developing a robust Transitions pathway will ensure that young people receive the right support at the right time from the appropriate support service. We will ensure that the young person's voice is at the centre of planning for their future. This pathway will consider how work and / or college can play a role - see below.

## Independence and Choice

Social interactions and accessing local services can be challenging due to the lack of awareness and understanding of autism. Some autistic people feel ashamed to disclose that they are autistic because of societal attitudes.

People feel that there can be a lack of understanding about autism in some groups specific to their communities; however, autism specific groups often have a lack of understanding about ethnic minorities.

There will be an emphasis on developing services that promote independence and equip people with practical life skills, which will support them to maintain their own homes, secure employment, and maximise independent living as much as possible. People will be at the centre of planning and designing the services that they receive.

Community groups, and not just autism specific groups, are seen as sources of support and play a positive role in the lives of autistic people.

## Education and Employment Skills

I had EHCP and they assumed and told me at college I wasn't capable of university, very distressing so family arranged cognitive assessment and my IQ said otherwise... I graduated with a 1st class honours, throughout only one tutor supported and believed in me.... had a lifetime of people judging me and don't want to feel stupid anymore.

Autistic children and young people still experience misconceptions about autism, based on outdated and negative information which hinders appropriate support being available.

I have had some jobs which have been excellent, and some that have discriminated against me and not been willing to work with me to help overcome some of the areas I find difficult. A service for autistic people (including self-id) to get advice around employment would be useful - I couldn't see how wrongly I'd been treated as it had a huge impact on my mental health.

<sup>1</sup> PFA Minimum Standards - NDTi

South Yorkshire Integrated Care System (SYICS) is developing a employment pathway that will support identifying people's skills and matching them with employers, as well as providing ongoing support to maintain their employment.

**To Learn more:** Employment Opportunities For Autistic Adults | Employment Is For Everyone

Joined up working between services will allow workers and people to identify what their aspirations are at an earlier stage, and then work collaboratively with each other to achieve these.

## Health and Care

... they dismiss what I describe as not being typical symptoms which is possibly because I struggle to describe my symptoms and feelings. I'm left feeling like they don't care and my health needs are unimportant.

I have an autism passport for Rotherham hospital and my experiences have improved - particularly with the support of theLDA team.

Everything is a fight, and navigating systems that are intent on not supporting due to their lack of funds is incredibly stressful and traumatic.

Autistic children, young people and adults have described the issues they face in terms of accessing health. The importance of accessible mental health services was frequently mentioned.

The importance of good health and addressing health inequalities is seen in the LeDeR5 reports which show that health inequalities have an enormous impact on the health outcomes for autistic people. The highest cause of death for autistic people (taken from the 2022 LeDeR report) was suicide, misadventure or accidental death.

We will work with people, health colleagues, partners, and other organisations to improve health accessibility and ensure that information is available in accessible formats. We will work with partners to ensure that people can access health screening and appointments in an inviting and welcoming environment.

People said that there was uncertainty about what social care involves, what they can help with, and eligibility criteria, leading to confusion. Difficulty in understanding, accessing and managing direct payments highlights the need for clearer information and support.

Rotherham is working with South Yorkshire ICB to implement the Oliver McGowan Mandatory Training.

The Autism strategy is set within the context of the Adult Social Care Strategy, with the following themes for delivering adult social care :

- Wellbeing and Independence: enabling people to live their best life.
- Informed Choices: having the right information at the right time.
- Connected to People: support to maintain relationships with people that matter the most to them.
- My Support, My Way: focused on strengths, abilities, and cultural needs of the person.



# OUR PRIORITIES 2024 -2027

In 2024/25 a series of coproduction workshops will be held to **create a detailed action plan for Rotherham**. This will include autistic children, young people and adults with their families, carers and with professionals.

Four Cornerstones	Autistic People (children, young people and adults) said	Areas for Development	Priorities	Timeframe
<p><b>Welcome and Care</b></p>	<p><i>School don't understand masking they think I'm happy when I'm crying instead. I have to look happy because I can't talk to staff about how I feel because they then tell a teacher I don't like and threaten to call my mum. They sometimes hug me when I have told them I don't like it. School is not a good place at times even though it's special.</i></p>	<p>Lack of understanding of autism in education, health and care services.</p> <p>Lack of Cultural and Religious Understanding.</p>	<p><b>Support young people with care and support needs to prepare for adulthood.</b></p> <ul style="list-style-type: none"> <li>● Implement a new transitions assessment process with partners and create an end-to-end Transitions pathway.</li> <li>● Ensure the voice of the person is heard, listened to, and respected.</li> <li>● Improve employment opportunities for people with care and support needs.</li> <li>● Explore if the NHS Autism in School Programme can be expanded into Rotherham Schools.</li> </ul>	<p>2025 onwards.</p>

Four Cornerstones	Autistic People (children, young people and adults) said	Areas for Development	Priorities	Timeframe
<p><b>Value and Include</b></p>	<p><i>... they (NHS) dismiss what I describe as not being typical symptoms which is possibly because I struggle to describe my symptoms and feelings. I'm left feeling like they don't care and my health needs are unimportant.</i></p>	<p>Individuals shared challenges with navigating the NHS system and care system, including delayed diagnoses, referral issues, service criteria and lack of post-diagnostic support.</p> <p>Lack of Understanding - Particularly amongst females, people assigned female at birth and people from ethnic minority groups. Differences were often misunderstood or not considered at all.</p> <p>Improve waiting Assessment and diagnosis times.</p>	<p><b>Tackling health and care inequalities for autistic people and Provide more opportunities for care and support closer to home.</b></p> <ul style="list-style-type: none"> <li>● We will roll out the Oliver McGowan training for all frontline NHS and social care staff.</li> <li>● South Yorkshire ICB with NHS providers to build assessment capacity and work to reduce waits for children, young people and adults.</li> <li>● To review mental health pathways to ensure that the needs of autistic people are captured.</li> <li>● Creating a 'safe space' to prevent admissions into mental health hospital provision.</li> <li>● Providing more opportunities for real choice in employment through supported internships.</li> <li>● Develop options around Transport.</li> <li>● Create more options to support building independence and life skills.</li> </ul>	<p>2024 onwards.</p>

Four Cornerstones	Autistic People (children, young people and adults) said	Areas for Development	Priorities	Timeframe
Communicate	<p><i>I liked it when the doctor from the hospital saw me at school I didn't have to wait I went straight from class in to see her and the room I recognised. They should do it more.</i></p>	<p>Clear Accessible Information.</p>	<p><b>Provide accessible information and advice to support making informed choices</b></p> <ul style="list-style-type: none"> <li>● Ensure information including this strategy is accessible.</li> <li>● Redesign children and adult social care web pages to be accessible – Rotherham Local Offer</li> <li>● Ensure links from adult social care incorporate the My Front Door (MFD) website and local offer (LO).</li> </ul>	<p>2025 onwards.</p>

Four Cornerstones	Autistic People (children, young people and adults) said	Areas for Development	Priorities	Timeframe
Work in Partnership	<i>Everything is a fight, and navigating systems that are intent on not supporting due to their lack of funds is incredibly stressful and traumatic.</i>	Support more people to enjoy a positive experience of working or volunteering.  Housing: Limited Housing Options.	<p><b>Provide needs lead support.</b></p> <ul style="list-style-type: none"> <li>● Improved collaboration between Adult, Childrens, Health and Education services.</li> <li>● Invest in new assistive technologies (AT) and digital solutions supported by an AT strategy.</li> <li>● Develop Rotherham’s supported accommodation strategy.</li> </ul>	2025 onwards.
<b>Foundation Co-production</b>				
Outcomes	<p>Improving understanding and acceptance of autism within society.</p> <p>Tackling health and care inequalities for autistic people.</p> <p>Making sure autistic people get the right health and social care help in their communities.</p> <p>Improving autistic children and young people’s access to education, and supporting positive transitions into adulthood.</p> <p>More autistic people will enjoy the benefits of work and employment.</p>			

**YOU SAID...**

**I am glad I was diagnosed as autistic. I could then stop pretending to be neurotypical. It was wearing me down, trying to fit in. It made sense why I felt like I was from another planet.**

**A lot of services don't cater to autistic people. We are told, 'what do you expect'. Staff need to listen and accept that our limitations are there and they cannot be removed or 'exposed' out of us (e.g. being around noise constantly will not make you more tolerable towards it**

**Being autistic makes adulthood worse as we are just expected to know everything and if we don't, we're expected to teach ourselves. This is hard for some autistic people like myself as I really struggle to learn things on my own and become really lost and distressed easily.**



# GLOSSARY OF TERMS USED IN THIS STRATEGY

Term	Expanded Version	Meaning (if applicable)
<b>ADASS</b>	Association of Directors of Adult Social Services	ADASS is the association of directors of adult social services in England. We are a charity and the association aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy.
<b>ASC</b>	Autistic Spectrum Conditions	Autism spectrum Condition (ASC) is the name for a range of similar conditions, including Asperger syndrome, that affect a person’s social interaction, communication, interests and behaviour.
<b>CAMHS</b>	Child And Adolescent Mental Health Services	CAMHS is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.
<b>EIA</b>	Equality Impact Assessments	An equality impact assessment is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people – this includes autistic people.
<b>Rotherham HWB</b>	Rotherham Health and Wellbeing Board	Rotherham HWB is the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health and other services directly related to health and wellbeing. The HWB also sets the strategic direction for the Integrated Health and Social Care Partnership Place Boward, which was set up to drive integration and deliver transformation across health and social care. The HWB has a comprehensive outcomes framework and receives quarterly performance reports on the place plan to assure progress. Partners provide constructive challenge and are keen to collaborate across organisational boundaries for the benefit of people in Rotherham.

Term	Expanded Version	Meaning (if applicable)
<b>Rotherham's Integrated Health and Social Care Place Plan</b>		This plan aligns to the new Rotherham Health and Wellbeing Strategy. The plan is intended to work as a catalyst to deliver sustainable, effective and efficient health and care support and community services with significant improvements underpinned by collaborative working through the development of the Rotherham Integrated Care Partnership (ICP). Partners are fully committed to working together to make decisions on a best for Rotherham basis to achieve the transformations set out in this plan.
<b>Life Course Approach</b>		A life course approach to health is based on the understanding that multiple factors, which include biological, social, psychological, geographic, and economic, shape health over the life course. This approach aims to increase the effectiveness of interventions throughout a person's life, focusing on a healthy start to life then targeting the needs of people at critical periods throughout their lifetime such as adolescence, moving into work, pregnancy, retirement, bereavement and end of life.
<b>NAS</b>	National Autistic Society	The NAS Rotherham Branch launched in October 2008 and is run on a voluntary basis by people affected by autism spectrum conditions (ASCs). See: <a href="http://rotherham.webeden.co.uk/">http://rotherham.webeden.co.uk/</a>
<b>Neurodevelopmental Pathway</b>		Neurodevelopmental pathway is a specialist service responsible for the assessment of neurodevelopmental conditions such as Autism Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD).
<b>NICE</b>	National Institute for Health and Care Excellence	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care
<b>Pathways to Progression</b>		Supporting 15 to 19 year-olds not in education employment or training (NEET) to engage in learning or employment.

Term	Expanded Version	Meaning (if applicable)
<b>Pathways to Success</b>		A needs-led community-based programme which focuses on supporting adults with health issues from marginalised communities, not mandated for the Work Programme or inactive in the labour market to develop basic skills and move towards or into employment.
<b>The South Yorkshire Mayoral Combined Authority</b>		<p>Led by South Yorkshire’s Mayor, Oliver Coppard, the combined authority brings together local authorities of Barnsley, Doncaster, Rotherham and Sheffield.</p> <p>The aim is to create a stronger, greener, fairer South Yorkshire, to unlock the potential of our communities, our businesses and our places so they can thrive.</p> <p>Our vision is for an economy which works for everyone, with inclusive and sustainable growth, building on our strengths in innovation and advanced manufacturing.</p>
<b>South Yorkshire Integrated Care Board</b>		<p>South Yorkshire Integrated Care Board works with our partners in the four Places (Barnsley, Doncaster, Rotherham and Sheffield) to understand and meet the local health and care of people in each of these areas.</p> <p>Integrated Care Boards (ICBs) are a part of the health and social care system in England, established as part of the government’s efforts to integrate health and care services. Integrated Care Systems (ICSs) bring together health and care organisations,</p>
<b>RDASH</b>	Rotherham Doncaster and South Humber NHS Foundation Trust	Specialises in delivering the following: Adult and Older Adults Inpatient and Community Mental Health; Children and Adolescent Mental Health; Learning Disabilities; Substance Misuse; Psychological Therapies, Forensic and Community Services.
<b>Rotherham Business Growth Board’s employment and skills sub-group</b>		Is a sub group of the Rotherham Business Growth Board which oversees the Rotherham Employment and Skills Strategy.

# APPENDIX 2: CO-PRODUCTION OF THE REFRESH OF ROTHERHAM'S AUTISM STRATEGY 2024-2027

The refresh of Rotherham's All Age Autism Strategy required coproduction. To undertake this, Rotherham Parent Carers Forum (RPCF), as a partner within the All Age Autism workstream, were invited to submit a proposal. RPCF have a successful history of coproduction, and have developed a significant network of partners through equal partnership locally, regionally and nationally. The ethos and core value of RPCF & RANSS is to work in coproduction by embedding the 4 Cornerstones systemic approach: Welcome & Care, Value & Include, Effective communication and Equal partnership. [www.genuinepartnerships.co.uk](http://www.genuinepartnerships.co.uk)

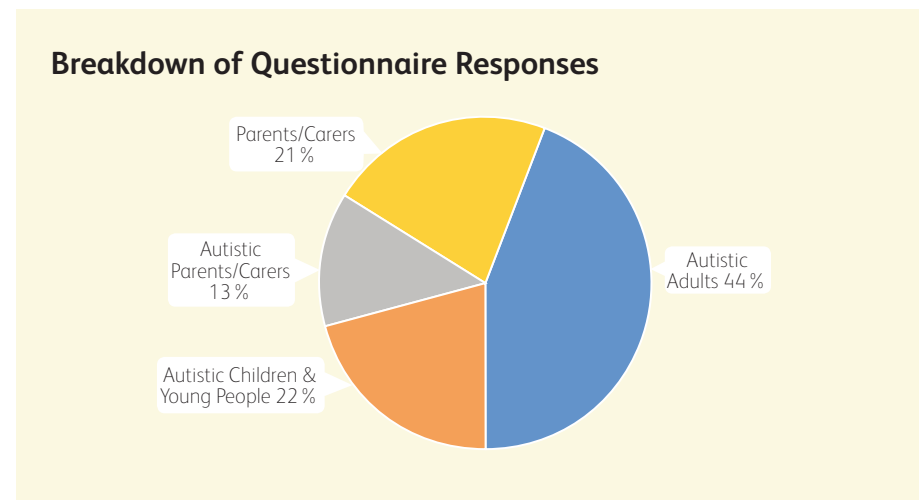
A public consultation was undertaken by Rotherham Parents Forum Ltd from 24th July 2023 - 10th October 2023. In developing the consultation, we were mindful of the specific needs of autistic people and their parents and carers. The following methods were used:

- 1 A Microsoft forms document containing a range of open and closed questions was developed and published online. Text to talk videos reading the long pieces of text were provided as an option. Alternative methods could also be requested.
- 2 Four in-person focus groups also took place.
- 3 A range of engagement events and contacts took place to make people aware of the consultation and how they could take part.

A total of 175 people provided their views and experiences, of whom approx. 79% identify as autistic. No formal autism diagnosis was required, so this figure also includes people who self-identify or are

questioning, and their families. All focus groups were with autistic people, and the questionnaire breakdown of responses is shown in the charts below.

Autism Strategy Public Consultation 2023 Responses	
Questionnaire	149 People
Focus Groups	26 People
Total	175 People



## Focus Groups

In order to provide an alternative way for autistic people to express their views and share their experiences, we reached out to various organisations and service providers and extended an invitation to visit and engage in meaningful conversations with the autistic people who use their services. Additionally, we also held and advertised two focus groups. In total, four focus groups took place with the following people:

- Nayi Zingadi – a community organisation who empower people with disabilities from ethnic communities
- Speakup For Autism – a self-advocacy group to give a voice to autistic people
- Autistic young people (under 18)
- Autistic adults (18+)

We used an informal discussion approach based around the themes of the questionnaire. The views and experiences shared in the focus groups have been included in the qualitative feedback sections of this report to maintain anonymity.

### *Groups who were consulted:*

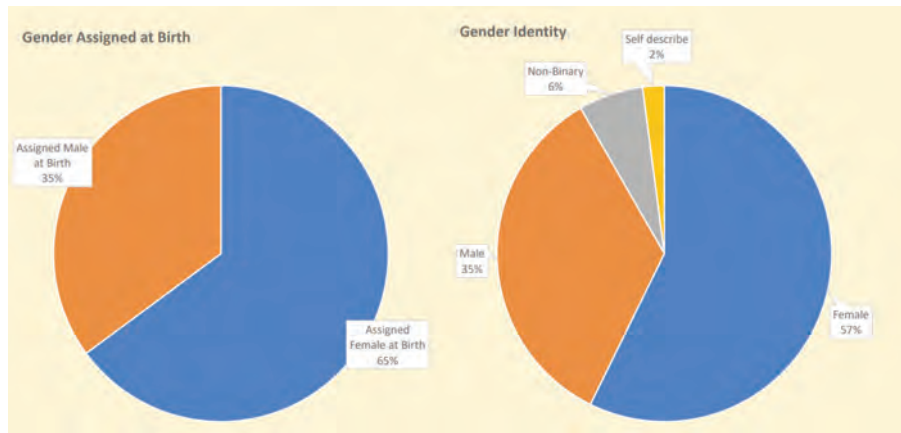
- Social prescribing
- Nayi Zingadi
- Speak Up
- Live Inclusive

- Age UK
- CYP consortium
- Rotherham United community sport trust
- NAS Rotherham
- Active independence
- Rotherfed
- REMA
- Clifton learning partnership
- BAME Send group
- YAWS – you asked we said
- Autism East Midlands
- Carers Forum
- PFG
- Touch stone
- S62 project
- Kooth/Qwell
- RPCF & RANSS targeted mailout and texts
- RPCF&RANSS social media
- Rainbow Project
- Touchstone

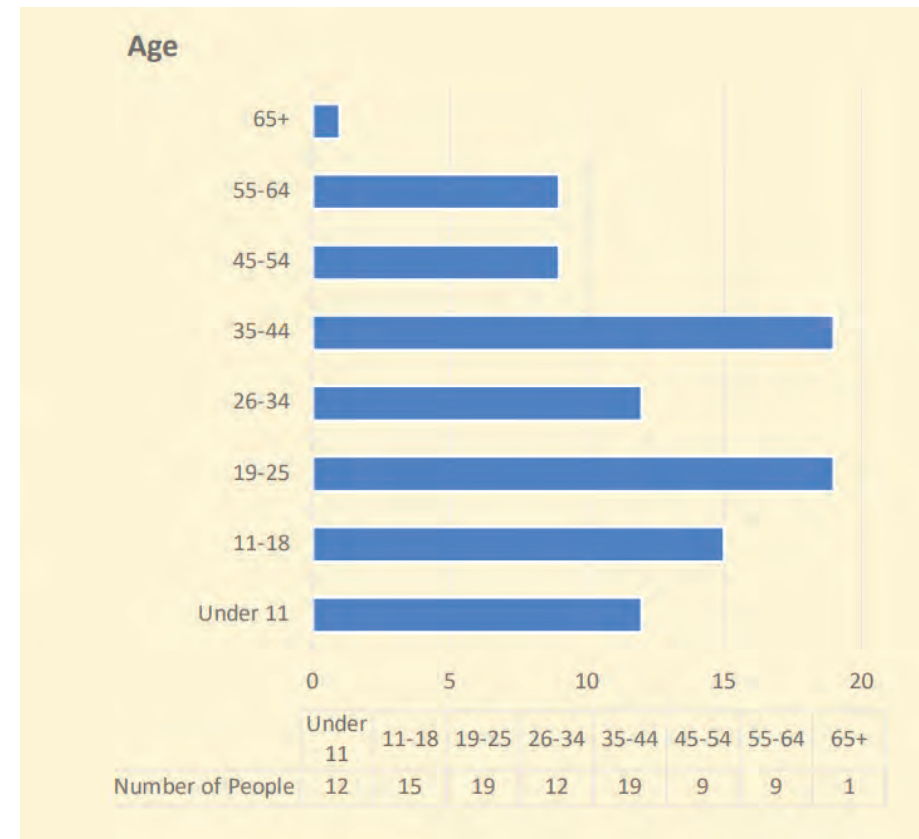


The people who responded to the consultation had the following characteristics:

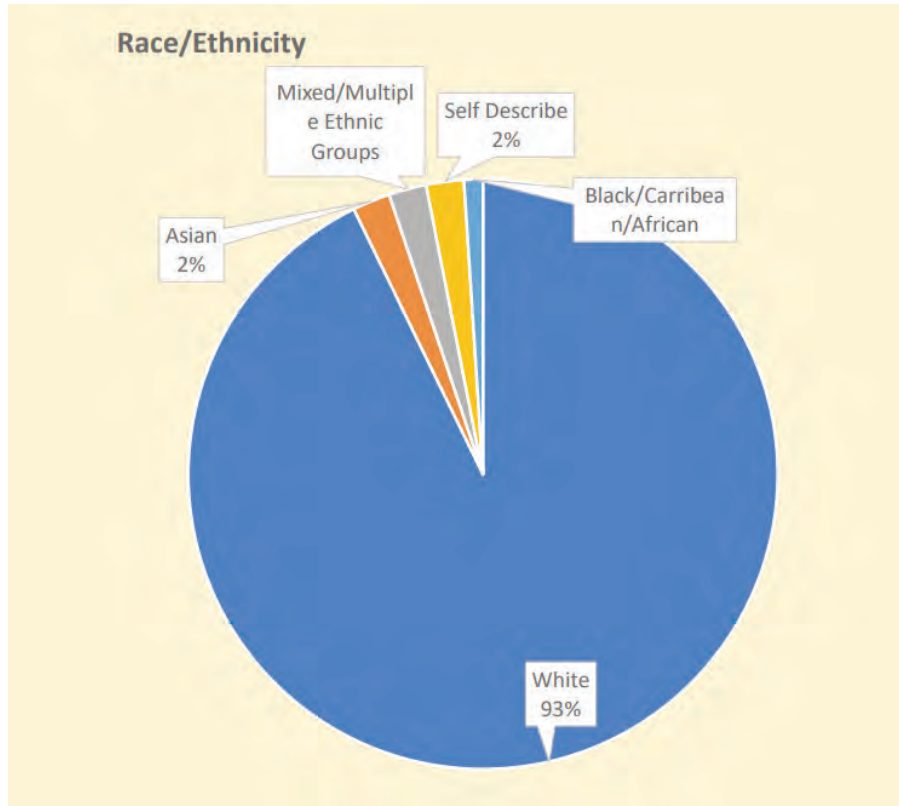
*Gender/Gender Identity:*



*Age of people who responded:*



The race/ethnic background of people who responded:



## Assessment and Diagnosis

We asked autistic people if they would like to share their experiences and views about diagnostic services. 82 people responded to this section of the questionnaire. They told us the following:

- 82% had a formal autism diagnosis.
- 14.5% were waiting for an assessment.
- 43.5% had difficulty being referred for an assessment.
- 54% had been diagnosed as adults and 29% had been diagnosed under the age of 11 years.
- 73.5% said that had been told what would happen during the assessment before it began.
- 81.5% said that the staff appeared to have good knowledge about autism.
- 94% said that they were treated with respect and kindness.
- 78% said that they were kept informed about what was happening during the assessment process.
- 83% said that they received a detailed diagnostic report.
- Only 8% felt that a diagnosis had not helped them to better understand themselves.

## Co-occurring Diagnoses and Difficulties

We asked people if they had any co-occurring diagnoses and/or difficulties. 70 people responded saying that they did (approx. 86.5 % of the people that responded to the diagnosis section). Of the people that answered this question, 88.5 % told us that they had more than 1 co-occurring diagnosis or difficulty.

- 61 % have mental health difficulties.
- 46 % have ADHD/ADD.
- 40 % experience sleep difficulties.
- 29 % have physical health difficulties.
- 27 % have learning disabilities.
- 24 % have OCD.
- 20 % have an eating disorder.
- 19 % selected “other”, which included PDA, specific learning difficulties, hypermobility and Fragile X.





Rotherham Adult Neurodiversity  
Support Service

# Rotherham All Age Autism Strategy Engagement Findings: Summary

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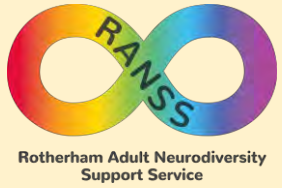
October 2023

**Full Version is available on request**









## Overview of Project

- RMBC were looking to commission a coproduction partner to facilitate and lead on the coproduction element of the All-Age Autism Strategy refresh, to be submitted to cabinet early 2024. RPCF, as a partner within the All-Age Autism workstream were invited to submit a proposal.
- RPCF have a successful history of coproduction and have developed a significant network of partners through equal partnership locally, regionally and nationally.
- The ethos and core value of RPCF & RANSS is to work in coproduction by embedding the 4 Cornerstones systemic approach, Welcome & Care, Value & Include, Effective Communication and Equal Partnership.  
<https://genuinepartnerships.co.uk/>

# 1. Introduction

This report summarises the findings from a public consultation about the views and experiences of autistic people living in Rotherham and their parents and/or carers.

All the recommendations within this report are made by the autistic people and their parents and/or carers who contributed to the consultation. We would like to thank them for sharing their experiences and views with us.

# 2. Public Consultation & Engagement

## 2.1 Methodology

A public consultation was undertaken by Rotherham Parents Forum Ltd from 24th July 2023 - 10th October 2023. In developing the consultation, we were mindful of the specific needs of autistic people and their parents and carers. The following methods were used:

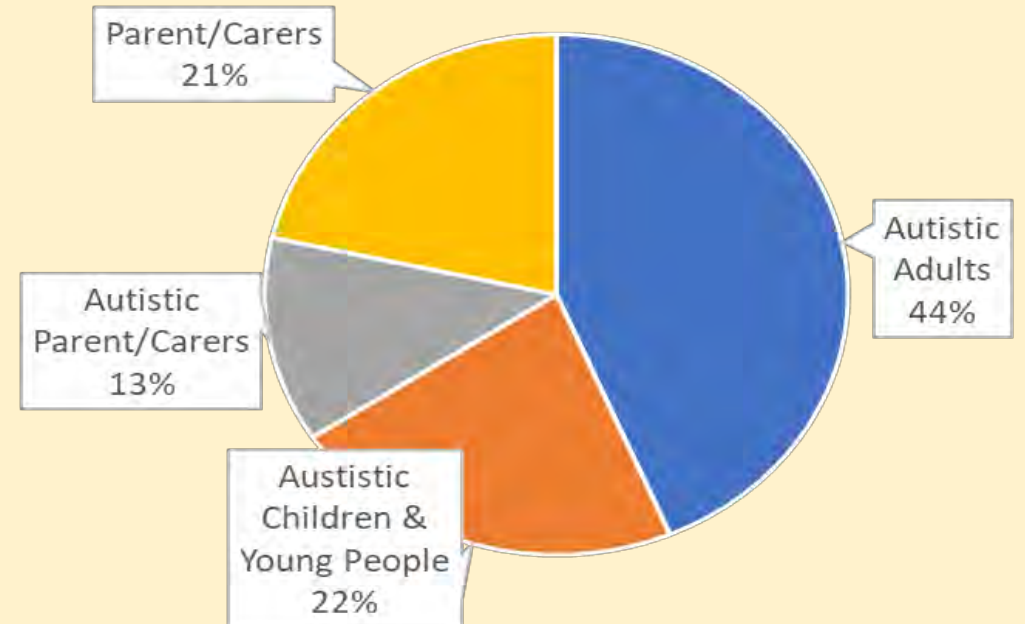
- A Microsoft forms document containing a range of open and closed questions was developed and published online. Text to talk videos reading the long pieces of text were provided as an option. Alternative methods could also be requested.
- 4 in-person focus groups also took place.
- A range of engagement events and contacts took place to make people aware of the consultation and how they could take part.

## 2.2 Breakdown of the responses

A total of 175 people provided their views and experiences, of which approx. 79% identify as autistic. No formal autism diagnosis was required so also includes people who self-identify or are questioning and their families. All focus groups were with autistic people and the questionnaire breakdown of responses is shown in the chart below.

Autism Strategy Public Consultation 2023 Responses	
Questionnaire	149 people
Focus Groups	26 people
Total	175 people

**Breakdown Of Questionnaire Responses**



## Current Rotherham Autism Strategy

We also discussed the current autism strategy and overwhelmingly, people were not happy with the current strategy. They told us that:

- They did not like the categories of Starting Well, Developing Well, Moving on Well into Independence, Living Well and Aging Well. They were confusing, for example starting well is about children and young people being safe from harm but newly diagnosed autistic adults expressed how they were starting on a new part of their life as being a diagnosed/self-identifying autistic person.
- The current strategy feels very child and young person focused.
- The strategy is not available in a range of formats and languages.
- Parts of it on the website are incomplete.
- The implementation plan is not kept updated and is on a separate website page with no links from the strategy to the plan.
- The strategy and implementation plan are hard to find on the website, people could only find them via an internet search.

# Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Clear Accessible Information	<ul style="list-style-type: none"> <li>• Provide clear and comprehensive information about the social care system, its services, and potential outcomes for autistic people and families.</li> <li>• Streamline and clarify information about direct payments, supporting people to understand and use them.</li> </ul>
Training for Social Workers	<ul style="list-style-type: none"> <li>• Social workers need comprehensive training to better understand autism and the specific needs of autistic people.</li> </ul>
Separate Autism Services	<ul style="list-style-type: none"> <li>• Separate services for autistic people from those for people with learning disabilities to better cater to the unique needs of each group.</li> </ul>
Inclusive Services	<ul style="list-style-type: none"> <li>• Develop and provide services that are inclusive and accessible to individuals with physical disabilities.</li> </ul>



# Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Improved Communication	<ul style="list-style-type: none"> <li>• Continuous communication between individuals and social care, providing timely responses to enquiries and referrals.</li> </ul>
Accessibility for Seeking Help	<ul style="list-style-type: none"> <li>• Recognise the challenges some individuals face in asking for help due to communication differences and work on creating a range of accessible methods for seeking support.</li> </ul>
Reassurance	<ul style="list-style-type: none"> <li>• Address the fear individuals have around asking for support from social care. It is essential to provide information and reassurance to autistic people that these assessments are for support, not judgment.</li> </ul>
Advocacy and Support for Individuals	<ul style="list-style-type: none"> <li>• Ensure that autistic people have access to advocates or support to help navigate the assessment process and provide guidance.</li> </ul>

# Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Create Autism-Friendly Sessions (Pools, Gyms etc)	<ul style="list-style-type: none"> <li>• These sessions should have fewer participants, more space, quiet environments, and clear instructions.</li> <li>• Include sessions for autistic people who experience physical difficulties and difficulties.</li> </ul>
Diversify Timing of Sessions	<ul style="list-style-type: none"> <li>• Offer sessions at various times during the day and week to provide flexibility for diverse schedules.</li> </ul>
Support	<ul style="list-style-type: none"> <li>• Offer the option of having an autism trained person to support and facilitate engagement in physical exercise.</li> </ul>
Accessible Information and Awareness	<ul style="list-style-type: none"> <li>• Improve communication and information dissemination to ensure that autistic people are aware of available support and resources for physical exercise.</li> </ul>

# Improvements Autistic Adults, Children and Young People Recommended. Health

Key Themes	Summary
Frequent Health Checks	<ul style="list-style-type: none"> <li>• Offer frequent health checks to enable improved identification and monitoring of health conditions.</li> </ul>
Extended/Flexible Appointment Times	<ul style="list-style-type: none"> <li>• Allocate longer appointment times to provide autistic people with sufficient time to express their concerns and process information.</li> <li>• Provide some flexibility around arriving late for appointments due to the challenges many face in attending appointments.</li> </ul>
Supportive and Understanding Staff	<ul style="list-style-type: none"> <li>• Autism training for staff to ensure they understand and cater to the specific needs of autistic patients.</li> </ul>
Home Visits	<ul style="list-style-type: none"> <li>• Implement home visits as an option for those with barriers accessing a healthcare setting such as sensory processing difficulties, mobility difficulties and anxiety.</li> </ul>

# Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Online Appointment Booking	<ul style="list-style-type: none"> <li>Allow for online appointment booking as phone calls are difficult/inaccessible for many autistic people.</li> </ul>
Sensory-Friendly Environments	<ul style="list-style-type: none"> <li>Create comfortable, quiet, and sensory-friendly healthcare settings that reduce sensory overload and anxiety.</li> </ul>
Follow-up Communication	<ul style="list-style-type: none"> <li>Follow up telephone calls and appointments with emails or text messages to help autistic individuals remember and understand the verbal information provided.</li> </ul>
Patient Information	<ul style="list-style-type: none"> <li>Ensure that autistic people are informed about the support available to them before each appointment and that any required support is readily available.</li> </ul>

# Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Use of Short and Quick Communication Tools	<ul style="list-style-type: none"> <li>A short document for the patient to carry that clearly explains their communication needs and is quick for staff to read.</li> </ul>
Autism training for Staff	<ul style="list-style-type: none"> <li>There is a need for improved knowledge and understanding of autism amongst staff to ensure that patients specific needs are met consistently and appropriately during hospital stays.</li> </ul>
Clear and Consistent Communication	<ul style="list-style-type: none"> <li>Communicate with patients about their expected duration of stay, treatment plans and any changes, thereby reducing uncertainty and anxiety.</li> <li>Improve communication between staff, departments and hospitals to ensure that patient needs are understood and effectively supported during hospital stays.</li> </ul>



# Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Proactive Offers of Reasonable Adjustments	<ul style="list-style-type: none"><li>• For patients to be made aware of what reasonable adjustments can be put in place and to be asked what they need.</li></ul>
Sensory-Friendly Environment	<ul style="list-style-type: none"><li>• Staff training in sensory processing differences.</li><li>• Identify patients sensory needs on admission/in advance.</li><li>• Consider the lighting, noises from alarms etc, smells and food choices on offer.</li></ul>



# Improvements Autistic Adults, Children and Young People Recommended: Mental Health and emotional wellbeing



Key Themes	Summary
Provide Holistic Support	<ul style="list-style-type: none"><li>• Provide support that considers the whole person, taking into consideration their specific circumstances, communication styles and needs.</li></ul>
Autism Training	<ul style="list-style-type: none"><li>• It is important that staff are able to recognise and identify mental health difficulties and how they can present in autistic people.</li><li>• Staff need to be able to adapt their approach and any therapies accordingly.</li></ul>
A Wider Range of Therapies	<ul style="list-style-type: none"><li>• Provide a wider range of therapies for all age groups that are evidenced as being beneficial to autistic people.</li><li>• Include non-talking therapies in this offer.</li></ul>
Reduce Waiting Times and Barriers	<ul style="list-style-type: none"><li>• People are already struggling by the time they are referred and then expected to wait several years in some cases for the support that they need.</li><li>• Remove the red tape that makes accessing services so difficult if you don't have the right diagnosis</li></ul>

# Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Training to Develop Cultural Knowledge and Understanding	<ul style="list-style-type: none"><li>• To ensure that staff are able to understand about autistic people from ethnic minority groups and how mental health difficulties can look and be perceived differently.</li></ul>

# Daily Living

## Improvements Autistic Adults, Children and Young People Recommended:

Key Themes	Summary
Community Awareness and Engagement	<ul style="list-style-type: none"> <li>• Implement community awareness campaigns.</li> <li>• Offer courses or information sessions on autism in community centres to increase public awareness.</li> <li>• Provide support and training for non autism specific community groups to be more inclusive.</li> <li>• Engage with the ethnic minority communities to work with them on developing awareness and understating.</li> </ul>
Autism Training	<ul style="list-style-type: none"> <li>• Autism training for public facing staff.</li> </ul>
Support Services	<ul style="list-style-type: none"> <li>• Provide support workers to those who need them, including a level of flexibility so those who may seem to be managing well can access support during challenging times and prevent crises.</li> </ul>
Transport	<ul style="list-style-type: none"> <li>• Provide support for people to travel to the groups and activities that meets their needs.</li> </ul>

# Daily Living

## Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Support	<ul style="list-style-type: none"> <li>• Support workers to help with daily living activities for those that need it.</li> <li>• Support for local community interest groups that are not autism specific to be more inclusive.</li> </ul>
Create More Local Support Groups and Activities	<ul style="list-style-type: none"> <li>• Create a range of local support groups and community activities for all ages to include evenings and weekends.</li> <li>• Provide social excursions, such as skateboarding, theatre trips etc.</li> </ul>
Support for Community Groups	<ul style="list-style-type: none"> <li>• Support community groups to develop their knowledge about autism and to help them feel more confident about including autistic people and increase accessibility.</li> </ul>



# Public Transport

## Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Clear and Accessible Information	<ul style="list-style-type: none"> <li>This includes details about payment systems, route announcements, and other relevant information. The recommendation is to ensure that information is easy to understand and readily available, reducing confusion and anxiety.</li> <li>Announcing the next stop can help reduce anxiety and uncertainty, especially on unfamiliar routes.</li> </ul>
Online Booking and Tracking	<ul style="list-style-type: none"> <li>An online booking system that allows passengers to purchase tickets, see who the driver is and track the location would help reduce uncertainty and anxiety.</li> </ul>
Quieter Areas and Times	<ul style="list-style-type: none"> <li>Create designated quieter areas on public transport and advise on specific times that are generally quieter.</li> <li>Reduce the maximum capacity allowed at any one time on public transport.</li> </ul>

# Public Transport

## Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Autism Training	<ul style="list-style-type: none"><li>• To help staff be more aware and understanding of the challenges faced by autistic people.</li></ul>
Affordable Public Transport	<ul style="list-style-type: none"><li>• Improve the affordability of public transport, making it easier to access essential services and resources within the community.</li></ul>

# Criminal Justice Improvements Autistic Adults, Children and Young People Recommended

Key Themes	Summary
Autism Training	<ul style="list-style-type: none"> <li>• Training for staff on how to effectively communicate with and understand autistic people.</li> </ul>
Support Person/Advocate	<ul style="list-style-type: none"> <li>• A person to support autistic people during interactions with the police or in court to provide guidance, support communication, reduce stress and ensure that the individual's rights are upheld.</li> </ul>
Improvement to Autism Alert Cards	<ul style="list-style-type: none"> <li>• Simplify and streamline the application process.</li> <li>• Make it available to all autistic people regardless of official diagnosis.</li> <li>• Increase awareness of the card and how to use it amongst the autistic community.</li> </ul>
Alternatives to Autism Alert Cards	<ul style="list-style-type: none"> <li>• Pre-written alert cards or forms may not adequately capture individual needs and experiences. Explore alternative personalised approaches or tools to support autistic people in their interactions with the criminal justice system.</li> </ul>

# Improvements Parents and Unpaid Carers Recommended

Key Themes	Summary
More Empathy and Support	<ul style="list-style-type: none"> <li>Practitioners and support services to show more empathy and provide practical assistance rather than just expressing sympathy.</li> </ul>
Transparent Communication	<ul style="list-style-type: none"> <li>Improved communication and transparency in the system, ensuring that parents and carers are informed about their options and rights.</li> </ul>
Increased Awareness and Understanding	<ul style="list-style-type: none"> <li>Autism training for practitioners</li> <li>Training for practitioners to understand the challenges of being a carer.</li> <li>Training for employers to help them better understand about the needs of carers.</li> </ul>
Evening and Weekend Support Groups	<ul style="list-style-type: none"> <li>Increase the availability of support groups to include evening and weekends.</li> </ul>
Increase Availability of Childcare Options	<ul style="list-style-type: none"> <li>Improve the availability and accessibility of childcare options, especially during school holidays and after school.</li> </ul>

# Improvements Parents and Unpaid Carers Recommended

Key Themes	Summary
Workplace Awareness Initiatives	<ul style="list-style-type: none"> <li>Encourage employers to implement work-life balance initiatives to support parents/carers.</li> </ul>
Mental Health and Well-Being Support	<ul style="list-style-type: none"> <li>Provide a range of resources and support for the mental health and well-being of parents/carers.</li> </ul>
Reduce Barriers for Social Care Support	<ul style="list-style-type: none"> <li>For the criteria to be clear and lawful.</li> <li>To ensure that parents/carers needs are considered during social care assessments</li> <li>For information to be clear about what should happen and how social care can help.</li> <li>For social care support to be person centred and not based on what is available.</li> </ul>
Post Diagnostic Support	<ul style="list-style-type: none"> <li>A need for comprehensive support for parents/carers after diagnosis.</li> </ul>
Improved Educational Support	<ul style="list-style-type: none"> <li>Adapting school environments and autism training for school staff and pupils to improve support and understanding.</li> </ul>

# Improvements Parents and Unpaid Carers Recommended

Key Themes	Summary
Equal Access to Services	<ul style="list-style-type: none"> <li>• Services should be available based on needs and not diagnosis.</li> </ul>
Using Technology	<ul style="list-style-type: none"> <li>• On-line support groups</li> <li>• On-line access to book and access appointments for the parent/carer and the person they care for</li> <li>• Online access to the health records of the person they care for.</li> <li>• Being identified as a carer on their health records and on the records of the person they care for.</li> <li>• Information sharing so as to remove the burden of having to repeat the same information across different services.</li> </ul>





# Appendix 3 Stakeholders and Engagement



## Voluntary and community services

- Social prescribing
- Nayi Zingadi
- Speak Up
- Live Inclusive
- Age UK
- CYP consortium
- RU community sport trust
- NAS Rotherham
- Active independence
- Rotherfed
- REMA
- Clifton learning partnership
- BAME Send group
- YAWS – you asked we said
- Autism East Midlands
- Carers Forum
- PFG
- Touch stone
- S62 project
- Kooth /Qwell
- RPCF &RANSS targeted mailout and texts
- RPCF&RANSS social media
- Rainbow Project
- Touchstone

## Engagement Events

Approx. 300 people were engaged with at the following events:

SEND Connect coffee evening  
Jump Inc.  
Disability Fun Day  
Rotherham Street Market  
Rotherham Show

## Statutory services

- Adult Social Care
- Educational Psychology
- Sendco Network and SEND Lead
- RDaSH – LDA MH collaborative
- With Me In Mind
- Camhs
- Children's Disability Team
- Inclusion/Exclusions Lead
- Autism Senior Navigators
- Special School Heads
- Rotherham Local Offer
- Early Help
- RMBC Comms/press
- TRFT – Autism/LD Service
- Public Health
- Adult ADHD Clinic
- RAADS
- Employment Forum (CYPS)
- Swallownest Court
- Ferham Clinic
- Designated Social Care Officer
- Designated Clinical Officer

## APPENDIX 3

### PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
<b>Equality Analysis title:</b> Rotherham All Age Autism Strategy 2024 - 2027	
<b>Date of Equality Analysis (EA):</b> 13/12/23	
<b>Directorate:</b> Adult Care, Housing and Public Health	<b>Service area:</b> Strategic Commissioning
<b>Lead Manager:</b> Garry Parvin Joint Head of Learning Disability, Autism and Transition Commissioning	<b>Contact number:</b> Email: <a href="mailto:garry.parvin@rotherham.gov.uk">garry.parvin@rotherham.gov.uk</a> Mobile: 07887 057491
<b>Is this a:</b>	
<input checked="" type="checkbox"/> <b>Strategy / Policy</b>	<input type="checkbox"/> <b>Service / Function</b>
	<input type="checkbox"/> <b>Other</b>
<b>If other, please specify</b>	

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**2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance**

Name	Organisation	Role (e.g., service user, managers, service specialist)
Garry Parvin	Rotherham Metropolitan Borough Council	Joint Head of Learning Disability, Autism and Transition Commissioning
Jayne Fitzgerald	Rotherham Parent Carers Forum (RPCF) Rotherham Adult Neurodiversity Support Service (RANSS)	Strategic Manager
Sarah Alexander	Rotherham Adult Neurodiversity Support Service (RANSS) Rotherham Parent Carers Forum (RPCF)	Strategic Lead - Neurodiversity
Kayleigh Harrison	Rotherham Parent Carers Forum	Engagement & Volunteer Coordinator

**3. What is already known? - see page 10 of Equality Screening and Analysis Guidance**

**Aim/Scope (who the Policy/Service affects and intended outcomes if known)**

This may include a group/s identified by a protected characteristic, other groups or stakeholder/s e.g., service users, employees, partners, members, suppliers etc.)

The strategy covers autistic people living and working in Rotherham. The strategy is all age in scope. This aligns with National best practice. The focus here (and data captured) is autistic people will need support from health and care services.

The strategy states:

We want Rotherham to be a place where:

- You can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services, organisations and employers that make reasonable adjustments when required, and where people can feel safe, have aspirations and fulfil your potential, be independent, and become a full member of the local community.

This means having:

- Access to education and employment opportunities and your own home.
- Access to the right information, at the right time, to make informed choices.

We will know this because autistic people in Rotherham will tell us that they:

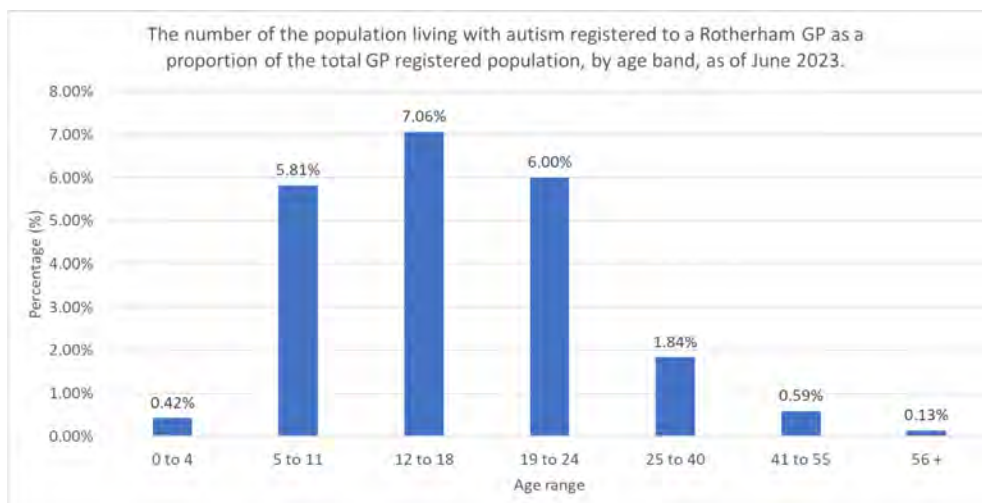
- Feel welcomed and included.
- Are listened to and have a voice.

And

- That young people and their families / carers who are preparing for adulthood know what to expect.

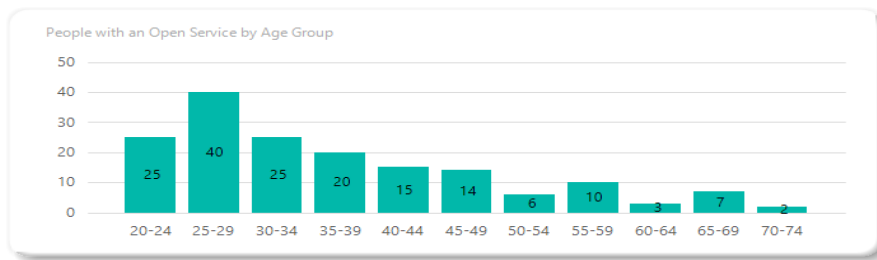
In the UK, the estimated prevalence of autism in adults is around 1.1%. Applied to the Rotherham GP registered population, this would be approximately 2,300 people<sup>1</sup>.

In reviewing Rotherham's GP records, there are 5,504 Rotherham registered patients diagnosed with autism or Asperger's syndrome. 4,036 of these are aged under 25 years old, which may indicate our local rates of diagnosis are higher than the national average and that there may be some adults who have not been diagnosed.



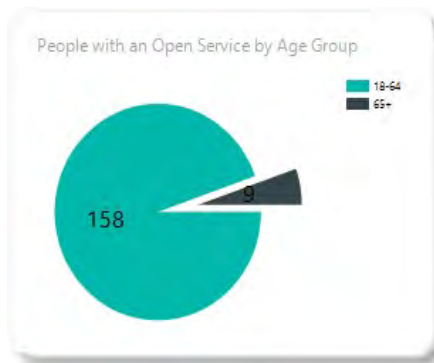
The Council's children's service has recorded 1,894 children / young people who are autistic as at the end of September 2023; out of this cohort, 902 children have an Education, Health and Care Plan (EHCP).

The Council's Adult Social Care has recorded 167 people. The table below shows this population segmented by age.

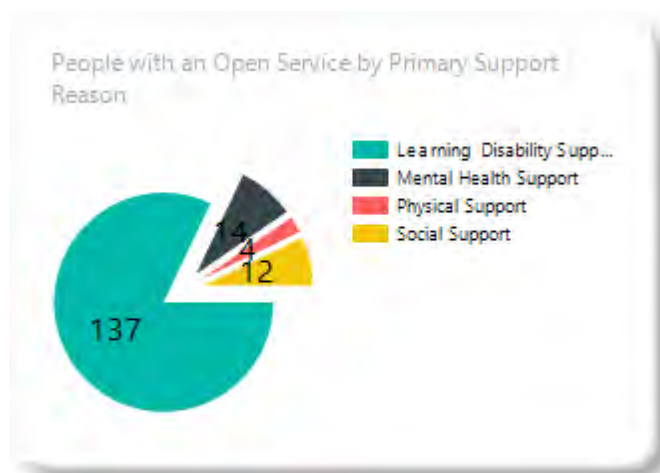


Since the 2020 strategy there has been an increase in Rotherham’s autistic population in particular the preparing for adulthood cohort (14 – 25 years old).

Data collected in relation to autistic people segmented between under 65 age groups and over 65 age groups is set out below:

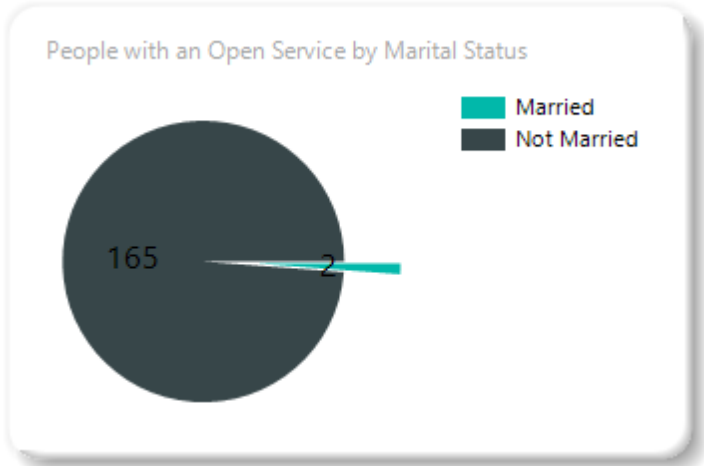


Data collected in relation to autistic people segmented by primary support reason is set out below:

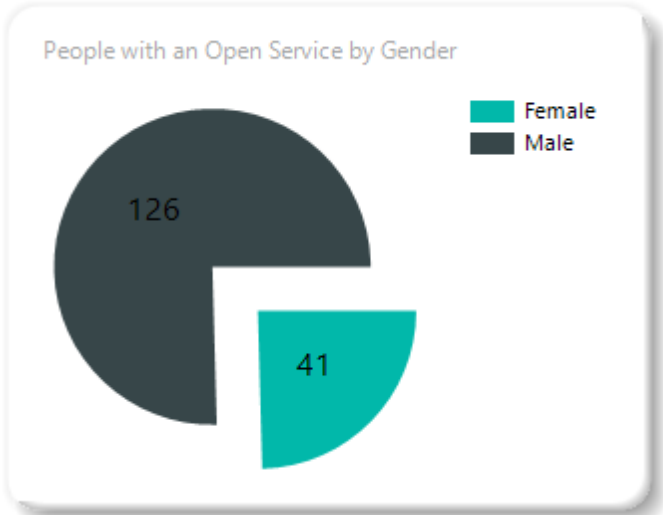


Data collected in relation to autistic people segmented by marital status:



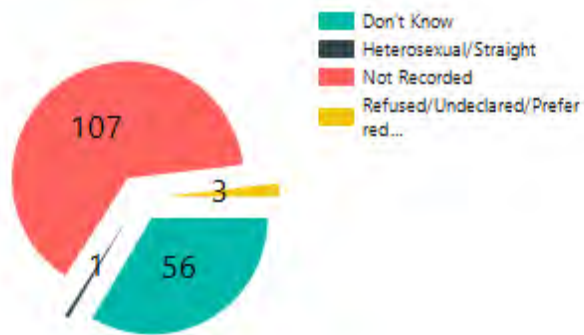


Data collected in relation to autistic people segmented by gender:



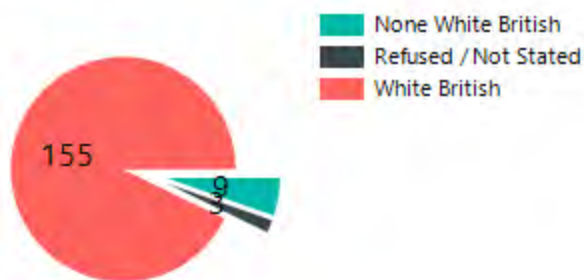
Data collected in relation to autistic people by sexual orientation:

People with an Open Service by Sexual Orientation

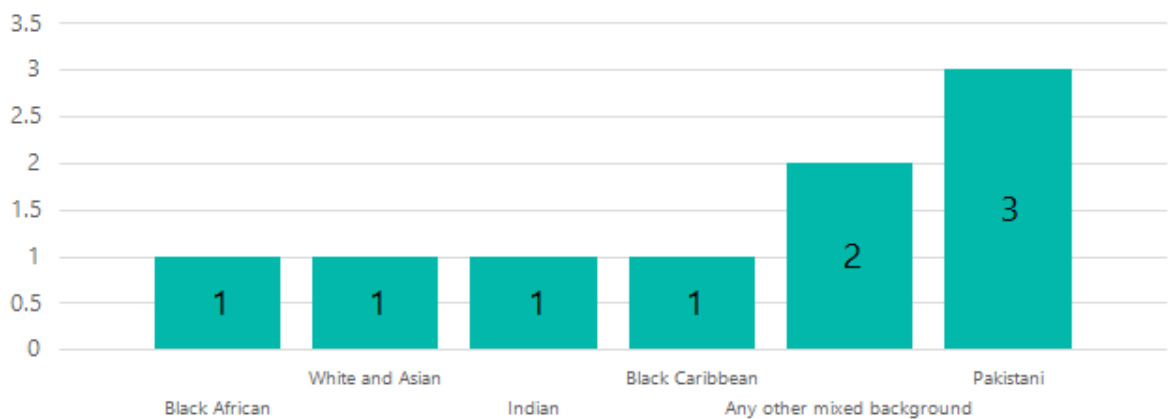


Data collected in relation to autistic people by Race:

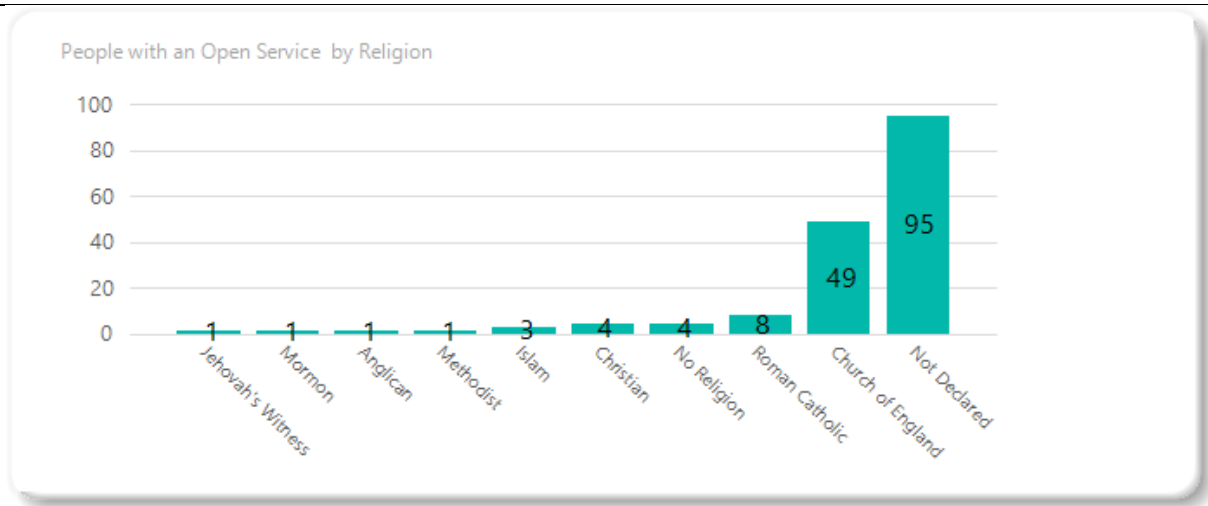
People with an Open Service by White British And None White British



People with an Open Service by None White British Ethnicity



Data collected in relation to autistic people by Religion:



**What equality information is available? (Include any engagement undertaken)**

The NHS currently collects data via NHS digital platforms. GP datasets were used to extract more localised data in relation to:

- Autism
- Autism with LD
- Autism with Mental health
- Autism with Epilepsy
- Autism with LD and epilepsy
- Autism no LD
- Autism with mental health and LD

The Council holds data across CYP and ASC which provides a breakdown in relation to protected characteristics.

The datasets are currently separate.

**Are there any gaps in the information that you are aware of?**

Further work is being done on the NHS primary care data to ensure its segmented by protected characteristics.

The strategy uses data primarily from NHS, Council (ASC and CYPS services). However, there are datasets in other partners or parts of the Council (Housing) which may enable Rotherham to gather a whole place, holistic picture.

**What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?**

Equality information on protected characteristics is routinely collected as part of the referral and assessment process for individuals accessing the service and recorded on LAS, which is the adult social care case management system. These processes also afford an opportunity for feedback to be provided by the cared for person and unpaid carers to Adult Social Care staff on the quality of service provision they receive.

People using the services and their unpaid carers also have the option to make a formal complaint regarding the quality of the care or pertaining to issues with systems and processes aligned to it through the Council's or the Provider's complaints process.

For more serious concerns Safeguarding and Whistle Blowing policy and procedures in place and followed.

The Care Quality Commission (CQC) also regulates Supported Living services.

The NHS through regular contract and quality monitoring receives information of the implementation of the strategy.

The Rotherham Health and Wellbeing Board, Rotherham SEND Board and Rotherham Autism Partnership Board will oversee the impact of the strategy and development of the action plan.

**Engagement undertaken with customers. (date and group(s) consulted and key findings)**

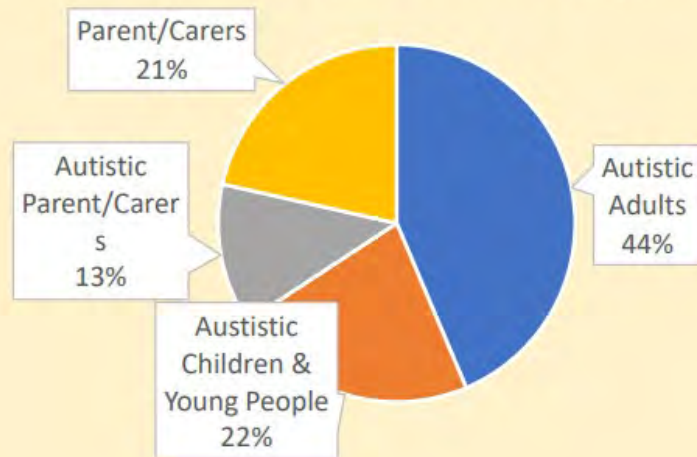
Co-production lies at the heart of policy development and service delivery. This aligns to Council policy and the policy of Integrated Care Systems (ICS).

To ensure that the voice of autistic children, young people and adults was captured and used to inform the All Age Strategy, a public consultation was undertaken by Rotherham Parents Forum Ltd from 24th July to 10th October 2023. The following methods were used:

- A Microsoft forms document containing a range of open and closed questions was developed and published online. Text to talk videos reading the long pieces of text were provided as an option. Alternative methods could also be requested. This questionnaire was promoted by the Council as well as the co-production partner.
- A range of engagement events and contacts took place to make people aware of the consultation and how they could take part.

A total of 175 people provided their views and experiences (149 questionnaires and 26 people attended a focus group), of whom approximately 79% identified as autistic. No formal autism diagnosis was required, so this figure also includes people who self-identify or are questioning, and their families. All focus groups were with autistic people, and the questionnaire breakdown of responses is shown in the chart below.

### Breakdown Of Questionnaire Responses



Four focus groups took place with the following people and groups:

- Nayi Zingadi – a community organisation who empower people with disabilities from ethnic communities.
- Speakup For Autism –a self-advocacy group to give a voice to autistic people.
- Autistic young people (under 18).
- Autistic adults (18+).

An informal discussion approach was used, based around the themes of the questionnaire. The views and experiences shared in the focus groups have been included in the qualitative feedback sections of the report to maintain anonymity.

Groups who were consulted are set out below:

- Social prescribing
- Nayi Zingadi
- Speak Up
- Live Inclusive
- Age UK
- CYP consortium
- Rotherham United community sport trust
- NAS Rotherham
- Active independence
- Rotherfed
- REMA
- Clifton learning partnership
- BAME Send group

	<ul style="list-style-type: none"> <li>• YAWS – you asked we said</li> <li>• Autism East Midlands</li> <li>• Carers Forum</li> <li>• PFG</li> <li>• Touch stone</li> <li>• S62 project</li> <li>• Kooth / Qwell</li> <li>• RPCF &amp; RANSS targeted mailout and texts</li> <li>• RPCF &amp; RANSS social media</li> <li>• Rainbow Project</li> <li>• Touchstone.</li> </ul> <p>The full report regarding the co-production is appended to the strategy and a summary is included as an appendix to the All-Age Autism Strategy 2024 - 2027.</p> <p>The level of involvement of people with lived experience in shaping the development of the strategy was extensive and will ensure the future strategic direction is reflective of the needs and aspirations of autistic people in Rotherham.</p>
<p><b>Engagement undertaken with staff (date and group(s) consulted and key findings)</b></p>	<p>The strategy was shared with the Council’s Neurodiversity Staff Group for comment – as part of the consultation.</p>

**4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)**

**How does the Policy/Service meet the needs of different communities and groups?** (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

The strategy is built on co-production and this will be a central platform in developing the implementation/ action plan.

Rotherham’s All Age Autism Strategy 2024 -2027 articulates how key agencies will work together to improve the lives of all autistic people living in Rotherham. This will ensure that Rotherham is following the Autism Act and Statutory Guidance. Given the Strategy is ‘all age’ in scope this includes children and young people, as well as adults.

**Does your Policy/Service present any problems or barriers to communities or Groups?**

The Rotherham All Age Autism Strategy 2024 - 2027 has been developed to build on the progress made and remove barriers that autistic people (of all ages) and their families face.



What has been clear is that autistic people and their families want to be equal partners in developing the implementation/ action plan. This will be progressed following approval of the strategy.

**Does the Service/Policy provide any positive impact/s including improvements or remove barriers?**

The strategy states:

We want Rotherham to be a place where:

*You can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services, organisations and employers that make reasonable adjustments when required, and where people can feel safe, have aspirations and fulfil your potential, be independent, and become a full member of the local community.*

Rotherham's All Age Autism Strategy sets out a vision for all people with autism, to have the same opportunities as anyone else to live rewarding and fulfilling lives whatever their age. This vision is shared by all public, voluntary and independent organisations that have worked together to develop the strategy.

**What affect will the Policy/Service have on community relations?** (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

Rotherham's All Age Autism Strategy 2024 -2027 should have limited adverse impact on community relations as there has already been a long history of consultation. The Strategy remains a priority for the Council, and its partners.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

## **5. Summary of findings and Equality Analysis Action Plan**

If the analysis is done at the right time, i.e., early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

**Title of analysis:** Rotherham's All Age Autism Strategy 2024 -2027

**Directorate and service area:** Adult Care, Housing and Public Health, Strategic Commissioning

**Lead Manager:** Garry Parvin

### **Summary of findings:**

The Equality Analysis has been completed to ensure that Rotherham's All Age Autism Strategy 2024- 2027 has considered the Protected Characteristics of key stakeholders such as autistic people (of all ages), their families, unpaid carers and local residents.

The Equality Analysis found that the primary focus of the proposal will be to support autistic people, unpaid carers as identified by the Autism Act (2009) and subsequent Statutory Guidance. However, the process has identified that there remain data gaps in terms of some of the Protected Characteristics in relation to some of the place data held by partners. This is being addressed.

The strategy will be published in easy read / word formats, and a range of languages.

Extensive consultation and co-production have taken place regarding the development of the All Age Autism Strategy 2024- 2027. This commitment of ongoing co-production will align to Council and place partners policies. For example: Rotherham Charter Genuine Partnerships.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
There remains the need to explore that all systems in the Rotherham Place – (For example: the NHS, leisure and libraries etc.) capture autism as a Protected Characteristic. Further data emerging from Learning Disability and Autism mortality review (LeDeR) will be incorporated into the suite of data to inform the autism strategy.	Primary focus on D & C and A but also S, GR, RE, RoB, SO, PM, CPM & O	11/2025
Development of a co-produced implementation/ action plan	A, D, S, GR, RE, RoB, SO, PM, CPM, C & O	12/2024
Cabinet to receive a further report on delivery against the All Age Autism Strategy and action plan before the end of the current strategy term in 2027.	A, D, S, GR, RE, RoB, SO, PM, CPM, C & O	05/2027

**\*A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	Job title	Date
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health	
Cllr David Roche	Cabinet Member - Adult Social Care and Health	

7. Publishing
The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to [equality@rotherham.gov.uk](mailto:equality@rotherham.gov.uk) For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

<b>Date Equality Analysis completed</b>	14/12/23
<b>Report title and date</b>	Rotherham's All Age Autism Strategy 2024 - 2027
<b>Date report sent for publication</b>	XXXX
<b>Date Equality Analysis sent to Performance, Intelligence and Improvement</b> <a href="mailto:equality@rotherham.gov.uk">equality@rotherham.gov.uk</a>	22/12/2023

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<sup>i</sup> [[National Collaborating Centre for Mental Health, 2012](#); [SIGN, 2016](#); [Buckley, 2017](#); [National Collaborating Centre for Women's and Children's Health, 2017](#); [BMJ, 2018](#); [National Autistic Society, 2018a](#)].

## Rotherham Place Partnership Update: January and February 2024

### Children and Young People

In December, the government published their response to the safeguarding review of children and young adults with disabilities and complex needs in residential settings. Our safeguarding team, Named Nurse for Looked After Children and Care Leavers and Head of AACC have continued to work alongside Rotherham Council's social workers, commissioners, and virtual school to ensure we are assured of the safety and progress of our children and young adults with disabilities and complex needs in residential settings. This now includes multi-agency visits to settings as part of our quality assurance process. <https://www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings-government-response>

Coram Voice is a leading children's rights organisation, championing the rights of children in care and care leavers, ensuring young voices are heard in decisions that matter. Rotherham children and young people in care took part in an artwork competition. Our amazing children and young people have managed to achieve 7 invitations for the awards ceremony in London, with 4 nominees for awards and 1 winner (of the art award) already!



Place Board received the monthly Place Performance report and discussed areas of good practice and areas of challenge. It was highlighted that for **Diagnostic waits**, Rotherham was **best performer nationally** in December out of the 106 areas.

Chief Finance officers across the Rotherham place have been meeting regularly for several years and provide regular updates to Place Board. In February, they provided an update on the **financial performance of Rotherham Place partners** as at month 9 (1 April – 31 Dec '23) for:

- SYICB - Rotherham Place
- The Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Rotherham Metropolitan Borough Council

In addition, the report covers the efficiency challenge and risks.



Place Board received an update from the **Rotherham Place Strategic Estates Group**, key partner areas were summarised as:

- Creation of diagnostic and clinical spaces in the Town Centre
- Shared use of RMBC office accommodation and wider asset base
- Asset availability in Wickersley for new surgery, Olive Lane, due for completion by end of 2024
- Land availability for Ambulance Service to deliver transformation plan (new hub & spoke model stations)
- Sharing of knowledge and joined up working on Energy, Climate and Sustainability initiatives. Exploring funding opportunities and ideas
- Sharing of property reviews and early knowledge of surplus properties / opportunities
- Sharing of Estates Strategies to ensure consistent themes and joined up thinking in relation to all property related matters



Place board in January received an update on some of the work taking place within our **Learning Disability and Autism priority**.

Rotherham has drafted 2 strategies, both are built on co-production and engagement, and both align with the South Yorkshire Integrated Care Partnership priorities:

1. People with a learning disability
2. All age autism

### Shared Priorities:

- a) Improving preparing for adulthood / transitions – this will include transition issues for autistic young people with eating disorders.
- b) Independence and choice.
- c) Increasing education and employment opportunities.
- d) Improving access to better health.
- e) Improving housing options - Rotherham's Flexible Purchasing System for Supported Living has been launched.

Some of the challenges and risks members were asked to note included:

- To address the increased number of admissions of autistic people into mental health hospital beds a pathways review is taking place to ensure resources and pathways are best aligned to avoid inappropriate admissions.
- Both finance and staffing are challenges and there are active conversations to deploy skill mixing to close staffing gaps.
- Work has been done with schools to ensure that, regardless of the time taken for assessment, people are supported throughout the process, this is being monitored closely.
- To address the challenge in discharging patients with LD/ND issues to safe spaces a procurement is taking place for future provision.
- Work on internships and the links built with the ICB and RMBC HR teams should see an increase of people going into employment and sharing of their experiences.

Members were asked to raise awareness with staff that small changes can make a big impact for people and by improving communication to promote the service and what's available will help.



## Anonymised examples of Case Studies from the Voluntary Action Rotherham PCN

**Issue/Background:** Tom was referred to social prescribing for the first time while he was a carer for his wife who had Dementia for several years, she was towards the end stages of the illness, but he decided he wanted to manage on his own for as long as possible. Sadly, she passed away leaving Tom feeling expectedly down and lost. He was referred again for support and Tom told us how he had found himself feeling isolated. He told of how he was going out a few times a week to do shopping and other necessities, and enjoyed his gardening, however, what he was not doing was interacting and engaging with other people. While he had family who saw him when they could, that didn't give him enough contact with other people.

**Intervention:** While Tom was very independent and unsure whether we could make a difference, he agreed to meet me and to try the Social Prescribing hub coffee morning.

**Outcome:** Within a few weeks a difference was seen in his confidence. Tom now continually attends every week, looks much brighter and always with a smile on his face. Tom has met many friends who also regularly attend the café and now has a sense of community again. He has involved himself in the weekly quiz and is known throughout the group as the currently undefeated quiz champion.

**Issue/Background:** I met Alice at a local community group; she had seen me there several times before she felt comfortable enough to approach me to ask for support. At her assessment we spoke about how I could support her. She requested support with housing and medical priority, however, was initially reluctant to openly discuss other issues affecting her. While supporting Alice and building up a relationship with her she eventually felt able to discuss other issues significantly impacting her wellbeing. She mentioned she was in some debt and had been contacted by debt collectors. She didn't feel she was able to cope mentally with the added pressure, she was unaware of how to manage this and hadn't made any contact with the companies requesting payments.

**Intervention:** I supported her speaking to the housing team to discuss options to be rehoused with the local authority. After gathering the information from the various companies whose letters Alice had been sent, I contacted them to establish the circumstances and advise on her financial situation. I arranged a pause on her payments while the investigations took place. She was anxious about an upcoming interview with one of the debtors and felt unable to attend this alone, I reassured her that I will be supporting her at the interview.

**Outcome:** This was a huge relief for Alice as she felt a burden had been lifted having a positive impact on her mental health. She was now clear on the next steps and what her options are, she felt more capable of dealing with this. She now feels more confident in where and how to access support and has also encouraged two other patients to refer for support.

## Engagement with people with Long Term Conditions (LTCs) in Maltby and

**Dinnington** - Building on the findings from the Place Development Programme, partners have been working together to engage local people with LTCs living in two deprived areas of Rotherham (Maltby and Dinnington). The first stage of this project has been a survey distributed via GPs, which received over 1,200 responses, which is approximately 50% of the target population. Early insights from the data collected are already starting to inform work, including a recent workshop on chronic pain. Work will now take place to analyse the results, which will support a wide range of programme areas, including physical activity, mental health, prevention and health inequalities and multi-morbidity. The vision is that the data will be widely shared across Rotherham, to ensure that the insights make the biggest impact on delivery. Over 800 respondents want to be involved in further engagement, so discussions are also taking place around how to maximise this opportunity.

**Expansion of the Health Inequalities Tool** - To support the delivery of the Prevention and Health Inequalities Strategy, a health inequalities tool and outcomes framework has been developed using PowerBI. Work has recently taken place to expand the tool, to incorporate sections on the five clinical areas in the Core20Plus5 for adults and a profile on Rotherham's ethnic minority communities. The purpose of this tool will be to shape and inform delivery of the strategy, pointing to key issues to be picked up by workstream leads. The plan is to share the findings of the tool with groups leading on each of the clinical areas and to continue to develop the tool drawing on data from different partners.

Information for patients and clinicians about some of our key services has been shared widely, all can be contact via 01709 426600:

**Transfer of Care Hub** - are the local health and social care system co-ordination centres which link all relevant services across sectors to aid discharge and recovery and admission avoidance.

It is a place-based approach where all relevant services are linked to coordinate care and support for people who need it. This may be to prevent avoidable hospital admissions or during and following discharge.

In Rotherham, the Transfer of Care Hub incorporates the Care Coordination Centre, Urgent Community Hub (including Urgent Community Response, adult social care and reablement) and Integrated Discharge Team, along with voluntary and community sector partners, into one location, based at Woodside.

**Virtual Ward** – helps to deliver care to patients who are unwell but do not need to be in an acute setting, they adopt a positive, patient-centred approach.

A 'hospital at home' service, bringing acute care to patients' home settings and providing support to people with complex medical needs. Preventing unnecessary

hospital admissions and facilitating early discharge for patients on a respiratory or frailty pathway. The team is led by senior clinicians and includes consultants, nurse consultants, advanced clinical practitioners, nurses, therapists, support workers, and reablement, who deliver care in patients' own environments.

**Urgent Community Response service** - provides urgent assessment, treatment, and support to residents if they are at risk of being admitted to hospital within the next two to twenty-four hours.

The UCR is a collective of several teams, all working together to provide optimal care for our community:

- **Rotherham Care Coordination Centre:** Single point of contact, staffed by a team of dedicated call handlers, ready to field requests for clinical interventions, triage queries, and facilitate access to community nursing services
- **Rotherham Unplanned Community Nursing Team:** Delivers same-day home-based nursing care for adults aged 18 years and over, 24/7. To support patients in their home, to maximise independence, and improve health outcomes
- **Integrated Rapid Response:** Provides urgent care in a patients home within two hours to avoid hospital admissions and enable independent living for longer
- **Virtual Ward:** Helps to deliver care to patients who are unwell but do not need to be in an acute setting, they adopt a positive, patient-centred approach (more above)
- **Rotherham Out of Hours Team:** Ensuring patients have access to clinical interventions outside regular working hours, from 8pm to 8am

The service is available 24 hours, 365 days per year, to help people at home and prevent unnecessary hospital visits or admissions, except in life-threatening circumstances.



<b>Minutes</b>	
<b>Title of Meeting:</b>	<b>PUBLIC</b> Rotherham Place Board: Partnership Business
<b>Time of Meeting:</b>	9.00am – 10.15am
<b>Date of Meeting:</b>	Wednesday 21 February 2024
<b>Venue:</b>	Elm Room, Oak House, Bramley, S66 1YY
<b>Chair:</b>	<b>Sharon Kemp</b>
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Dr Anand Barmade, Medical Director, Connect Healthcare Chris Edwards, Executive Place Director, NHS SY ICB Richard Jenkins, Chief Executive, TRFT Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Executive GP Lead, RPCCG
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
<b>Quoracy:</b>	Confirmed as quorate.

### Members Present:

Sharon Kemp (**SK**), Charing, Chief Executive, Rotherham Council  
 Ben Anderson (**BA**), Director of Public Health, RMBC  
 Lydia George (**LG**), Strategy & Delivery Lead (Roth), NHS SY ICB  
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
 Andrew Russell (**AR**), Chief Nurse, NHS SY ICB  
 Shahida Siddique (**SS**), Independent Non-Exec Member, NHS SY ICB  
 Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS SY ICB  
 Julie Thornton (**JT**), Care Group Director (Roth), Rotherham, Doncaster and South Humber NHS Foundation Trust  
 Michael Wright (**MW**), Deputy Chief Executive, TRFT

### Participants:

Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB  
 Steve Hackett (**SH**), Director of Finance, TRFT  
 Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB  
 Dr Jason Page (**JP**), Medical Director, NHS SY ICB  
 Cllr David Roche (**DR**), H&WB Board Chair, RMBC  
 Ian Spicer (**IS**), Strategic Director, Adult Care, Housing & Public Health, RMBC  
 Helen Sweaton (**HS**), Joint Assistant Director, RMBC/NHS SY ICB  
 Tim Hartley (**TH**), Strategic Asset Manager, RMBC  
 Rebecca Woolley (**RW**), Public Health Specialist, RMBC

### In Attendance:

Leonie Wieser, Policy Officer, RMBC  
 Jude Wildgoose, Head of Commissioning, Rotherham Place, NHS SY ICB  
 Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB



Item Number	Discussion Items
90/2/24	<p><b>Public &amp; Patient Questions</b></p> <p>There were no questions.</p>
91/2/24	<p><b>Prevention and Health Inequalities Update</b></p> <p>BW gave an update of the progress made by the group which included:</p> <ul style="list-style-type: none"> <li>- Engaging with partners to refresh the prevention and health inequalities action plan</li> <li>- Expanding the outcomes framework and health inequalities tool to incorporate profiles for our Core20plus5 clinical areas and ethnic minority communities.</li> <li>- Engaging with over 1000 people with long term conditions in Maltby and Dinnington</li> <li>- Launching the ‘Say Yes’ campaign</li> <li>- Delivering the Better Health service with positive early outcomes and feedback from service users and professionals</li> <li>- Partnership working around the development of an integrated service model for diabetes, including a prevention workstream.</li> <li>- Commencing recruitment to establish a Prevention Team within Adult Social Care.</li> <li>- Mobilising the timely cancer presentation project</li> <li>- The rollout of cultural competency training within primary care</li> <li>- Engaging with partners around chronic pain.</li> <li>- Expanding the remit of the Healthy Hospitals programme within the hospital</li> </ul> <p>Becky highlighted the risks and challenges facing the group around maintaining momentum around population health management with capacity challenges and pressure, having a single narrative around health inequalities with data sharing, and the impact of poverty and the cost of living crisis, as well as the financial positions of system partners.</p> <p>Going forward, the group’s focus will include recommissioning the falls prevention pathway, undertaking a self-assessment against the national personalisation model to understand the areas for improvement, continuing to engage with Maltby and Dinnington residents and present insights into place partners and key stakeholders, review services and roles that contribute to prevention through social prescribing, deliver the ‘Say Yes’ action plan and evaluate the impact and build an understanding of the workforce around prevention and health inequalities with the help and support of the Place workforce enabler group.</p> <p>Members noted that the joint appointment between the Council and TRFT for workforce and OD was proving a success with good results already being seen by the work done. A recruitment fair is being held at Riverside on Friday 23<sup>rd</sup> February to promote diverse opportunities across a range of sectors with local employers.</p> <p>The Chair thanked BW for the update.</p>

92/2/24	<b>Estates Update</b>
<p>TH reported that attendance at the Strategic Estates Group had declined towards the end of last year, mainly due to changes in personnel and diary commitments, however contact with partners to encourage support is seeing a positive outcome.</p> <p>TH went on to give an update from each of the six workstreams:</p> <p><b>Workstream 1 – collaboration</b></p> <ul style="list-style-type: none"> <li>– Agreement reached with partner for use of office space at Riverside House</li> <li>– Health partner appointed to bring together proposals for town centre diagnostic centre and clinical spaces</li> <li>– Asset and energy management data sharing and best practice discussions commenced</li> <li>– Strategic Estates Group Action Plan created with 16 projects/tasks to address</li> </ul> <p><b>Workstream 2 - the new medical centre at Olive Lane</b></p> <p>Legal agreements now completed and work has commenced with completion expected in late 2024.</p> <p><b>Workstream 3 - South Yorkshire Mayoral Combined Authority Land and Assets Review</b></p> <p>AA Projects appointed to undertake a review of land and assets across South Yorkshire as part of the one public estate and due to report in early 2024.</p> <p><b>Workstream 4 - Voluntary Community Sector</b></p> <p>Voluntary Action Rotherham is now a member of the SEG and discussing priorities, objectives and aspirations with information being shared about potential opportunities for voluntary sector to work collaboratively with wider public sector partners. A future workstream is planned to look at support required from partners and reviewing community asset transfer opportunities.</p> <p><b>Workstream 5 – Badsley Moor Lane</b></p> <p>A full review is required to look at future aspirations of the site as a community hub. New developments of a careers hub and a respite care facility are due following NHS disposals. There is also potential to look at a district heating system or decarbonisation project on site.</p> <p><b>Workstream 6 – Climate Change</b></p> <p>The workgroup can be used as a forum for considering climate change on partners’ operational estate to consider mitigation measures, funding opportunities and decarbonisation projects as well as expertise and knowledge.</p> <p>Finally, TH advised that Rotherham Chamber has become a member of the Strategic Estates Groups and will be attending from March.</p> <p>Place Board thanked TH for the update and welcomed the opportunities the forum provided to look at collaboration at the early stages of transformation work. SK requested that Partners try to ensure attendance by representatives or give feedback to TH so that solutions can be offered.</p>	
93/2/24	<b>Finance Report – Month 9</b>
<p>Place Board received an update on the in-year financial position.</p> <p>Members were reminded that SY health system had submitted a balanced plan for 23/24, however this had included a requirement for additional efficiencies of £109m. This was in addition to £241m already built into ICB and South Yorkshire Provider Plans.</p>	

A further £22.8m was received for industrial action resulting in a month 9 deficit position of £58m. ICB pressures are still the same and costs continue to escalate.

SH reported that TRFT had a planned deficit of £5.977m, better than forecast. However with the continuation industrial action costing around £1.2m and further action expected, the Trust will not deliver its original plan due to unavoidable increased costs.

The forecast position for RDASH includes £3.5m system support to help the system gap.

RMBC is forecasting an overspend of £9.7m, largely due to demand led pressure on children's residential placements and home to school transport as well as the impact of inflationary pressures on the economy. However this is offset by £5m corporate budget risk contingency and with savings from the Treasury management strategy, the Council's overall forecast outturn reduces to £1.2m overspend.

Place Board Members noted the month 9 position detailed in the papers, along with the risks to delivery of financial plans across the system and thanked finance colleagues for their continued work.

<b>94/2/24</b>	<b>Child and Adolescent Mental Health Annual Report</b>
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HS presented an update on the progress made on implementing strategies to support children and young people to have good mental and emotional health and wellbeing. The update included case studies from 'With me in Mind' and Kooth.

Referring to the children and young people's neurodevelopmental pathway, the focus continues to be on reducing waiting times. The change to the referral pack has improved the quality of the referrals for assessment and there have been around a third less referrals. The post diagnostic service has a caseload of 569 and is relatively stable with around 15 referrals per week reflecting that the pathway is working well.

HS advised that due to concerted time and effort, low DNA rates are being seen and positive feedback continues to be received from using online digital assessments, whilst reducing waits remains a priority.

JP confirmed that the quality of assessments is being maintained and is most efficient in reducing the time taken. Those currently on the waiting list are presenting with complex needs and need assessment by skilled practitioners. He advised that work is underway with the Rotherham parent carer forum to articulate the reasoning for waits.

SK thanked HS for the update and asked that congratulations are conveyed to those involved.

<b>95/2/24</b>	<b>Feedback from Integrated Care Partnership Meeting</b>
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Four presentations that had been given at the ICP meeting held on the 25<sup>th</sup> January Work Well, Pathways to Work Commission, Employment is for Everyone and Start with People South Yorkshire had been circulated with today's agenda for information.

The meeting had also included the approval of the establishment of a SY Creative Health Board. The terms of reference will include one representative from each authority and will report into Health & Wellbeing Boards.

DR reported that the Partnership Board is working well, however having presentations in advance of the meeting and partners discussions into agenda setting would be helpful.

SK thanked DR for the update.



<b>93/2/24</b>	<b>Communications to Partners</b>
DR advised that a meeting was being held with Diabetes UK and the GP Lead with a view to becoming more involved in Rotherham and forming an effective local working group.	
<b>94/2/24</b>	<b>Draft Minutes and Action Log from Public Place Board</b>
The minutes from the meeting held on 17 January 2024 meeting were agreed as a true and accurate record. The action log was reviewed and on track.	
<b>95/2/24</b>	<b>Risks and Items for Escalation to Health and Wellbeing Board</b>
Place Finance Report – Month 9 Place Board Terms of Reference	
<b>96/2/24</b>	<b>Future Agenda Items:</b>
<ul style="list-style-type: none"> <li>– Proactive Care Update – JM/CS - (March)</li> <li>– Winter Learning Debrief (inc in Urgent &amp; Community Update – (March)</li> <li>– Place Board Terms of Reference – for approval (April)</li> </ul> <p>Standing Items</p> <ul style="list-style-type: none"> <li>– Updates from all groups (as scheduled)</li> <li>– Bi-Monthly Place Partnership Briefing</li> <li>– Feedback from SY ICP Meetings – Bi Monthly</li> <li>– Place Achievements (as and when)</li> </ul>	
<b>97/2/24</b>	<b>Date of Next Meeting</b>
The next meeting will take place on <b>Wednesday 20 March 2024</b> in Elm Room, Oak House from 9.00am – 10.00am.	

## **Membership**

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair)	Chief Executive	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group

## Participants

Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Andrew Russell	Chief Nurse, Roth & Donc Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health	Rotherham Metropolitan Borough Council
Nicola Curley	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Lydia George	Strategy and Delivery Lead	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

PUBLIC ROTHERHAM PLACE BOARD ACTION LOG - 01 April 2023 - 31 March 2024

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
21.2.24			No Outstanding Actions to Note			