

MEETING NOTES:	Meeting of the Autism Partnership Board
DATE:	Tuesday, 12 December 2023
LOCATION:	Trelawny Room, New County Hall, Truro and on Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Councillor Sally Weedon (SW) (Chair)	Councillor	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Robert O'Leary (RO)	Partnership Boards Lived Experience Engagement Officer	Healthwatch Cornwall
Alison Shaw (AS)	Commissioning Manager	NHS Cornwall and the Isles of Scilly Integrated Care Board
Anna Clemens (AC)	Disability Employment Advisor (Job Centre Plus)	Department of Work and Pensions
Anna Hudson (AH)	Trainee Clinical Psychologist – Cornwall Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Anna Ingleby-Oddy (AIO)	Housing Manager	United Response Cornwall
Christopher Burns (CB)	Service User and disability campaigner	
David Allkins (DA)	Autistic individual and Assistant Administrator for Assessments, Billings and Collections	Cornwall Council
David Burns (DB)	Autistic Individual and Community Promoter	Citizen Checkers and Healthwatch Cornwall
Sgt Flo Linscott (FL)	Diverse Communities Lead	Devon & Cornwall Police
Gemma Dyson (GD)	Clinical Psychologist – Cornwall Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Hazel Smith (HS)	Cornwall Health and Making Partnerships (CHAMPs)	Cornwall Council
Jeanette Ritson (JR)	Learning and Development Team	Devon & Cornwall Police
Karen Hooper (KH)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Kay Henry (KH)	Parent Carer and Director	Parent Carers Cornwall
Michelle Lobb (ML)	Parent Carer and Director	Parent Carers Cornwall
Dr. Rebecca Jelbert (RJ)	Chartered & Registered Clinical Psychologist, Cornwall Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Ross Allen (RA)	Trainee Clinical Psychologist, Cornwall Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Susan Joseph (SJ)	Strategic Commissioner for Learning Disability and Autism	Cornwall Council
Tazmin Hook (TH)	Autistic individual and ICAN lead	Independent Cornwall Autism Network
Teresa Berridge (TB)	Corporate Equality, Diversity and Human Rights Team Member	Devon and Cornwall Police
Vicky Allan (VA)	Strategic Commissioning Lead for Working Adults (Adult Social Care)	Cornwall Council
Wayne Williams (WW)	Self-advocate	Mid-Cornwall Hub Day Services

APOLOGIES

Name	Position	Organisation
Alison Short	Advocacy Coordinator / Independent Advocate	The Advocacy People
Ellie Williams	Criminal Justice Liaison and Diversion Practitioner	Cornwall Partnership NHS Foundation Trust
Dina Holder	Community Engagement Manager	The Women's Centre Cornwall & Divas
Donna Darby	Director	Calton House Ltd
Penni Charteress	Mentor Coordinator/Community Engagement Worker	The Women's Centre Cornwall & Divas
Rachel Mellor	Area Performance Lead	Brandon Trust
Sam Mokorram	Advocacy Coordinator	The Advocacy People

ACTIONS

Action	Responsible	Status	Updates and comments
Easy Read hospital letters.	JR	Ongoing.	Janes Rees informed the board that these are not yet signed off due to lots of IT issues that have arisen.
Police Interactions with Neurodivergent People. Form Sub-group.	PB Team / TB	Ongoing.	Update to March 2024 meeting.
Department of Work & Pension Service Users Group – Update on actions	PB Team / AC / JC	Ongoing.	Discussion at March 2024 meeting.
LeDeR updates.	PB Team / SS	Ongoing.	Sarah Sanders updated the board that NHS England request that reviews are completed within 6 months but they have been struggling with reviewer capacity therefore using cases from 2022. One review is being conducted and one being completed with no timeframe set at the moment. The learning will be shared with the Partnership Board.
KH to link ML with appropriate Blue Badge officer for consideration outside of the Board.	KH / ML		Complete.
Source appropriate GP representation for the Board.	PB Team	Ongoing.	Awaiting confirmation of representative.
Further information on how to access the services of The Advocacy People. Provide details of statutory obligations regarding advocacy support.	PN / AS	To be scheduled.	

Item	What was discussed	Action
1.	Welcome, introductions and apologies	
	<p>The Chair welcomed everyone and advised that the meeting was being recorded for minute taking purposes.</p> <p>Apologies received are detailed above.</p> <p>The Chair invited everyone present to introduce themselves.</p>	
2.	Minutes of the meeting held on 25th May 2023 and actions from previous meetings	
	<p>The Chair invited any issues from the minutes of the last meeting to be raised.</p> <p>No issues were raised and they were therefore accepted as a true record.</p>	
3.	Updates from Members	
	<p>No updates received.</p>	
4.	Update on Actions from the Department of Work & Pensions Working Group	
	<p>AC informed members that there had been queries around having a simplified cover sheet that could accompany the benefit entitlement letter and a cover sheet for in-work benefit calculations, creating a page that attaches to the front. These changes cannot be made locally and need to meet national policies. AC has referred them up through the disability advocate team for a national decision and is awaiting a response. The information from Neil Carpenter regarding Personal Independence Payments has also been included.</p> <p>Autism Accreditation has been discussed and AC reported that they are still awaiting the go-ahead to complete formal Autism Accreditation for every jobcentre in the Country. It is currently only in effect for the Jobcentre's Health Model offices. Local preparation work has been commenced, however, any funding impact will need to be discussed and clarified prior to roll out.</p> <p>Site walk throughs in Devon and Cornwall jobcentres have been completed to identify if they can be made more welcoming. Some jobcentres are clearer than others in directing people when they walk through the door, so new signs will be available soon hoping to make it clearer for people. Also new leaflets are ready to go, the aim is that that they will also be available in a digital format on gov.uk. allowing people a digital visual walk through of the</p>	

jobcentre before physically visiting, helping to reduce any unease.

Personal Independent Payment forms are always a difficult issue, requests for more advocates for the form completion have been made. AC informed members that since receiving upskill training from AC's team, the Cornwall Council's Complex Needs Team have been helping people with their applications.

Access to Work update: It is acknowledged that people are not getting help quick enough, there is a current wait of 16 weeks on an Access to Work renewal.

For those who are starting a new job and have a Personal Independent Payment application about to be submitted this can be prioritised, there is a helpline number they can ring to help speed up the process. The number is: 0800 121 7479

Questions and comments

CB asked Who decides the disability criteria for Personal Independence Payment ? because unless there is a carer coming into the house every day you won't get it. AC confirmed that application for Personal Independence Payment is processed by the Personal Independence Payment processing team, not everyone has a carer coming in every day therefore the assessment and process depends on individual needs and AC was unable to advise on an individual case.

CB provided an example of assumptions made during a recent assessment check and asked for clarity on the comments made.

AC provided examples of what is involved in the assessment process.

TH asked, "Anna are you the person we can speak to on feedback regarding forms etc? Going through some forms with people, there is an issue around clarity of the language used, easy read items aside, just the language that is used can be a little allusive at times, is it you we speak to?"

AC confirmed this with TH and reported that although not having any control over how forms are produced AC can feedback through the Disability Advocate Team accordingly, details to be shared with TH.

WW commented on the need for care support hoping things will improve this year. Wayne highlighted the slow nature of decision making and action taken.

MH suggested organising another Department of Work and Pensions Group meeting in February to review the actions and allow for more of the working group members to be involved in February 2024 . AC agreed.

<p>5.</p>	<p>Autism Strategy for Cornwall</p>	
	<p>SJ Informed the members that the Strategy is moving forward in terms of consultations and the working group, a lot of information has been considered such as how it should be developed and aiming to presented at Cabinet in May, however, it is required to be reviewed at other meetings prior to this and so will need to be ready in January 2024.</p> <p>SJ attended a Working Group meeting in early December and informed the group that the strategy will need to be presented at Cabinet, the group was in agreement and a draft will need to be sent to the Working Group for it to be reviewed after the Christmas period.</p> <p>There are seven priorities that need to be included in the Strategy. SJ has several meetings in December for them to be reviewed. The information required from the Joint Strategic Needs Assessment conducted by Public Health may affect the timing of completion. SJ has asked Public Health for this to be sent to her as soon as possible but definitely before Christmas. The Strategy will then need to be seen and approved by the Partnership Board. MH Informed the members that the next Partnership Board meeting would be in March, SJ suggested that the draft be circulated to the Partnership Board members prior to this, MH suggested that an extraordinary meeting online could be arranged. SJ agreed, timelines and a meeting date to be determined, hopefully review meetings will start in February in line with the timeline for Cabinet.</p> <p><u>Questions and comments</u></p> <p>RO asked for clarity on the timeline and scheduled meetings through December and early January. SJ confirmed that Priority 7 - Supporting Families is due to be reviewed at the meeting on the 14th December. SJ has spoken to several people regarding the action plan from the last Strategy, the Working Group will be reviewing this at the scheduled Action Plan meeting to identify what can be carried forward.</p> <p>The next Working Group Meeting will be on 4th January 2024 and there is an expectation that a draft of the Strategy will be ready after the 4th January for feedback.</p>	
<p>6.</p>	<p>Updates from the Adult Autism Assessment and Diagnosis Team</p>	
	<p>RJ Nothing further to add at the moment following on from the comprehensive update at the last meeting, regarding the ongoing collaborative work with mental health partners. Meetings have been set up into 2024 with several Mental Health colleagues looking at supporting them in continuing to upskill in relation to Autism when people are presenting to Mental Health Services. Also looking at other training offers that can be implemented in the New Year.</p>	

Questions and comments

DB enquired regarding the length of waiting time for people to be seen by the Mental Health Team and how long the assessment takes. RJ confirmed that in the Adult Assessment and Diagnosis Team the waiting time is currently in the region of 2 years from referral, due to not having enough staff to meet the demand, referrals remain way above the contracted number of assessments, which is a long-standing issue. The team continue to flag this to their commissioners as a separate piece of work, making a case for more resources. The waiting time has decreased from 4 years to 2 years which is now a consistent national picture for these services, there are no short waiting times. The assessment depends on the individual, the average is approximately 3 to 5 hours plus the documentation time.

TH enquired on the availability of post diagnostic resources since her diagnosis in 2016. TH has been referring out from the Independent Cornwall Autism Network to other services.

TH enquired if there is an information sheet with local services for people to self-refer, specifically for Autism, as there is more support emerging around the County. Pentreath's Shine Together is for those diagnosed with Autism. It would be good to make this information accessible for everyone creating a networking grid. Psychology Today is available online and shows some good information on specialist information that TH has shared. Community Hubs such as Cornwall Neighbourhoods for Change, although not Autism specific, look to try and help people no matter what their needs, workshops and community-based support can help with development.

RJ The team remain commissioned for assessment and diagnosis, but recently for various reasons they have been able to extend the assessment pathway to offer access to small groups supporting people to make sense of their diagnosis, an opportunity for people with a new diagnosis to meet, support each other and receive relevant information and proactive signposting. This is a pilot of a new addition. There is also the primary care talking therapies team supporting those with Autism, query Autism or Neuro Divergence who have a mental health need (such as depression or anxiety) that fits within the talking therapies remit, this is in addition to the pilot, there are some resources emerging slowly.

The resource information is usually personalised, signposting to a few service offerings as a whole sheet of information can be overwhelming for some people. RJ's team often signpost people to the Autistic Community of Cornwall for peer support. It depends on a person's needs.

One of the priorities for the New Year is to continue to work on assessment material and making them accessible. TH and RJ agreed to meet and discuss further.

7.	Break	
	The Board took a comfort break.	
8.	Police Interactions with Neurodivergent People.	
	<p>TB opened by greeting the members and confirming that there is a lot of work being undertaken, both internally with Police Officers that identify as Neurodivergent and externally.</p> <p>Clarity was provided on a slight misunderstanding - a meeting of the Community Reference Group, a regular quarterly meeting with the Commander, was held in June where Neurodiversity and information regarding Police training was discussed, during which it was agreed that a presentation from the training manager would be taken to the October meeting held in Cornwall on 19th October, that a few Partnership Board members attended. Prior to this several questions and lived experiences were received in a letter from the Partnership Board to be discussed in the Community Reference Group meeting. TB confirmed the Community Reference Group was never intended to be the forum for addressing those questions and issues raised by the Partnership Board members. The aim was that hopefully the presentation planned for the October meeting addressed some of the points raise, any that were not covered would need to be discussed outside of the Community Reference Group meeting.</p> <p>JR greeted members and explained that The Learning and Development Team are currently supported by a Performance and Inclusion Team in Devon and Cornwall, and are proud of the achievements to date, although there is more to do.</p> <p>The Neurodiversity purpose within the Learning and Development Team are there to provide knowledge, understanding and awareness to better equip Police Officers and staff to adapt their engagement skills. Although planning for every situation is not possible but preparation is the purpose. When Officers engage, they are trained to carry out an assessment, aimed at any risk, harm, and vulnerability to themselves, and others in the community. Once the assessment is completed it can at times lead to a restraint tactic, any use of force is about de-escalating, communicating and engaging.</p> <p>JR provided a brief tour of the presentation delivered in October. Click here to see it.</p> <p>She said that the entry route for the student officer is a fertile ground to bring about change.</p> <p>A one to one input is provided for every new recruit and is tailored for the individual allowing them to understand the support that is offered, such as assisted software or the aids used with the Police force, sign posting to the Neurodiversity Support Network, peer support and other help that is available.</p>	

New recruits have achieved degree level education, a Professional Policing Degree, delivered with the Higher Education Partner – University of South Wales, who are responsible to support learners with additional time for exams, sight of the documentation in advance and alternative formats leading into a joined up approach with a student record that stays with the individual, recording, addressing and monitoring their need across the partnership to avoid gaps in the support.

Any reasonable adjustments made for an individual are in place at the earliest opportunity and reviewed regularly to ensure that the Officer and staff member receive the best support and ability to learn allowing avoidable barriers to be addressed. This continues throughout their training and tutorship (where the theory is moved into practice) as well as out into patrol sections.

There are support tutors who understand Neurodivergence, identifying and providing the most appropriate support and screening where required.

The learning and Development Team have a broad range of skills and have undertaken Neurodivergence training.

Neurodivergence Awareness training has been provided internally for team.

The Performance and Inclusion Team completed assessment training on how to interpret the findings from educational psychology reports, this requires a quite an amount of training and experts are available for guidance on this.

Leadership teams have had training focused on visual content that is more acceptable.

The existing workforce are offered information webinars, online support programmes, mentoring and workshops for unlocking potential are provided for promotion opportunities. Those that enter a promotion process are provided with reasonable adjustment considerations.

The Positive Action Team, work with the Learning and Development team, they have also worked with other departments such as the Contact Centre, offering reasonable adjustments to their candidates during the interview process.

There is a finite capacity within the Learning and Development team, there is always a higher demand than the capacity can meet. The governance process helps to select and prioritise the training packages.

An Organisational Needs Assessment is a process to identify the training priorities that are scored accordingly by an executive level supported group, at which point a plan of delivery is created.

This process is in place to cover the training over the two Counties, Devon and Cornwall, helping to manage the challenges of delivery by blending the learning where possible and reduce the travel and carbon footprint. Within the assessment, areas that require adjustments are identified as a high priority to ensure they are covered when external commissioning procurement is required.

Specifics are included in the Learning and Development for Neuro diversity training such as :-

Officer Safety Training – use of restraint, explicit Neurodiversity considerations and trained individuals to identify difficulties in the training to offer support.

Detention Officers – undertake relevant risk assessment into custody suits.

Crime training area – interviewing witnesses and suspects achieving best evidence officers are trained accordingly.

Taser qualification

Negotiator training – taking account of Neurodiversity.

Hate Crime Awareness – noting that the Neurodiversity is covered by the equality Act 2010 continue to review and involved in any refresh training.

New training- usually completed on an individual basis line managers looking at their specific needs taking into account reasonable adjustment such as IT changes and a way that works for the learner.

Content of any new training is reviewed and produced inhouse to filter for Neurodiversity.

Addressing ‘How do we know what we don’t know?’

Support is provided to the teams engaging Neurodiversity support networks, Neurodiversity Working Groups, Connection into HR, Occupational Health, Wellbeing passports that records the individual’s reasonable adjustments and moves with the individual,

A Process to access screening for ADHD and Autism and offer means of support other than from the NHS.

Partners help to support individuals such as Creased Puddle, The Business Disability Forum and the Disability Confident Employment Scheme.

Highlights of the Performance and Inclusion Team within Devon and Cornwall Police:

The onboarding process is fully inclusive and opens the door to disclosure on a one to one basis and helps to better support them.

Working closely with training teams and reviewing training content

Work place assessments and reasonable adjustments. Regular adjustments are not just a one off.

Neurodiverse & inclusion cert level 3 training is provided

The teams are linked into National Support Networks, The National Police Autism Association and ADHD alliance.

National Police Support Groups for those in Neurodiverse specialist roles and Neurodiverse wellbeing toolkits are provided.

2 student officers selected to sit on the National Neurodiversity Youth Council following a screening process – this new approach hopes to promote better

conversations between the Polic Service and Neurodiverse Communities. Samboards are offered to be used during a period of concentration and the benefits are recognised nationally.

John Holland is a member of the Performance and Inclusion Team, he is level 2 diploma Autism trained and has lived experience of Autism. He is involved in the National Police Autism Association.

Questions and comments

TH acknowledged the great work showing an appreciation of the integration process and also asked if the monitoring of complaints involving those made from or in relation to people with Neurodivergence involve a model to review the trends? Experience has shown the process can be overwhelming with some barriers and there is a pattern to the issues, is there anything in place to categorise the complaints?

JR suggested the Continuous Improvement Board is the forum for understanding feedback such as this and agree ways of improvement. TB advised that complaints are received in many different ways; some allowing discussion directly to reach a better outcome. If received as an official complaint by Professional Standards it is investigated by a specific department in relation to a person, this may be managed locally to enable relevant links.

The learning should come out from the investigation process and shared, as the same points may be being made in different areas, which then becomes a 'Force issue', for a local issue conversations and guidance can be provided to improve practice. All this is led by the learning and feedback providing the opportunity to put things right.

T informed members that the Complaints process can be lengthy and challenging, for some it can become insurmountable, and they may choose not to complain. Evidence is often required when making a complaint. For example, body cams retain the video footage for 30 days, if the complaint is made after that time the evidence is no longer available. People with Autism may struggle with verbal communication in the moment. There seems to be a lot of barriers that may impact the accuracy of the feedback.

Will there be anything put in place regard to identifying their needs? Is there any possibility that body cam storage can be extended to meet the process? TB agreed with the points raised and explained that body worn video is still relatively new for Police forces, some things are still being addressed. There have been previous discussions about the time frame for the complaints process and it has been acknowledged that an understanding of people's different needs is required. Part of this will include addressing the timing constraints and preferred ways of talking about an issue.

The Police force also runs an access & engagement group, which needs to review the process and make necessary adjustments for people to feel they can make comments or complaints, this may not be an instant change but

the need for change is recognised.

It is acknowledged that those who are Neurodivergent feel that they may not be understood very well, small adjustments in an officer's approach are not being made or they may not be receiving the best engagement opportunities. Closing this gap will be better for everyone, officers themselves can find supporting a person can be challenging. The focus is on body worn video that the officer must turn on and people must be informed that it is turned on. The Legitimacy Panel FL and TB attend review different scenarios of the Officer and public encounters and engagement, the body worn video is a main part of that review.

FL informed members that it is a legal requirement to use the Police Forces risk assessments asking questions to identify a person's needs. For various reasons FL is more attuned to people who may be Neurodivergent and has made it his mission to expand on these assessments, learning more about the person, such as how they are feeling, their thoughts and how best to communicate without feeling overwhelmed. Adjustments can then be made, such as a smaller number of people in the room, addressing a person's sensory needs and helping to de-escalate the situation.

Attending the legitimacy panel monthly, can highlight the opportunities for input into certain experiences, helping the Officer to understand more about the person they interacted with.

The way forward will be for FL to discuss the scenario's with his ex-colleagues, Custody Officers, who will have asked the questions regarding Neurodivergence and recorded this on the custody record, working back from this can open up further access to body worn video footage and help to identify relevant interactions for those who have been arrested making the process much easier and effective.

Searching is impossible at the moment, improvements to the IT system may be made in the future to help this process.

This of course will only be effective for those who have been arrested.

FL confirmed that 'Stop and Search' records must be completed to help identify those interactions and questions regarding Neurodiversity should be included. This doesn't always happen. FL feeds back to The Legitimacy Panel looking at the interactions through the lens of Neurodivergence.

For 2024 John Holland (Performance and Inclusion) is working on a consent process that gathers information regarding a person's Neurodivergence and may be stored on the IT system on a need-to-know basis. When called out to someone this will allow Police Officer's access to basic but essential details and support the interaction.

Questions and comments

MH asked, correspondence from Raj Patel the Police Force Head of Equality,

	<p>Diversity and Inclusion referenced the use of internal and independent scrutiny panels to review body worn video footage, following use of force and Stop Search powers, could you provide more information on this, have any scrutiny panels been formed?</p> <p>TB Provided and update; yes the panels follows the similar process as the legitimacy Panel. It is chaired completely independently, and people attend from the community. They look at body worn video footage from stop and search, this has been running for sometime, it was originally developed as part of our Police Race action plan work, but does overlap. FL and TB feel that there may be the opportunity to set up something similar specific for those who are Neurodivergent, such as a focused legitimacy panel. TB initially needs to find out how to meet the GDPR standards and comply with data protection legislation in relation to viewing the footage.</p> <p>TH: Again, this relates back to the 30 day only storage on the body worn video footage, which must make this challenging. Could the following reasonable adjustments support this work?</p> <ol style="list-style-type: none"> 1) When a person with Neurodivergence consents to storing their data, this be a separate storage area in the IT system. 2) The 30 days could be extended specifically for those who identify with Neurodivergence. <p>TB advised that this is tricky, due to the number of officers using the body worn video recorders, there are often hundreds of footage clips every day, it can be difficult to identify those interactions with people who are Neurodivergent. It may be an opportunity to challenge the length of storage time for the different diverse groups of people affected by this who have requirements in raising issues.</p> <p>TB to feedback on this</p> <p>TH: this will help within the Neurodiversity and Learning Disability arena, building trust with the Police and it will support the learning and development. Happy to link in with any projects, thank you.</p> <p>MH: There are many issues within the Board's Report that haven't been addressed due to time constraints today Will the Police Representatives be willing to meet with a subgroup of this Board to run through the details together?</p> <p>TB: yes we are happy to do this, being open and transparent is important to us.</p> <p>FL: If any members feedback any dates incident numbers etc, can be sent onto FL for scrutiny.</p>	<p>Initiate sub-group</p>
<p>9. Any other business</p>		
	<p>We seek your input regarding the format of the meetings, should they be Virtual, Hybrid or Face to Face only.</p>	

	<p>MH: Confirmed there are more people who join online, currently 9 people in the room and 20 people online, however, it is most important to have input from those with lived experience, the main voices on the board.</p> <p>The first meetings of 2024 maybe online until finalising arrangements with the service providers for people with lived experience, the views moving forward.</p> <p>Feedback from some of the members: The Hybrid model is worth continuing to support those with transport issue and those who wish to attend in person.</p>	
<p>10.</p>	<p>Future meetings</p>	
	<p>The next meeting would be held at 2pm on Thursday, 14th March 2024.</p> <p>All meetings for 2024 have been scheduled and will be on Thursday afternoons starting at 2pm. The dates are:</p> <p>20th June 19th September 12th December</p>	