








## Autism Partnership Board




### Agenda – What we will talk about

	<p><b>Meeting Date:</b> 28 June 2022</p>
	<p><b>Meeting Time:</b> 10.00am to 12.00pm</p>
	<p><b>Teams:</b> <a href="#">Click here to join the meeting</a></p> <p><b>Meeting Guidance</b> – Page 6</p>







	<p><b>Welcome, introductions and apologies</b></p> <p>Councillor Sally Weedon, Chair</p> <p>10 minutes</p>
	<p><b>Minutes and actions from the last meeting.</b></p> <p>Easy Read version – Page 7 Standard version – Page 15</p> <p>5 minutes</p>
	<p><b>Updates from members</b></p> <p>15 minutes</p>
	<p><b>New Logo for the Autism Partnership Board</b></p> <p>3 proposed options – Page 25</p> <p>10 minutes</p>





	<p><b>Self-advocates and Service User Meetings</b></p> <p>Tanya Falaschi, Healthwatch Cornwall</p> <p>5 minutes</p>
	<p><b>Feedback from LDA Programme Board</b></p> <p>Nory Menneer</p> <p>10 minutes</p>
	<p><b>Break</b></p> <p>10 Minutes</p>
	<p><b>Mental Health Services</b></p> <p>Autism Support and Community Mental Health, NHS</p> <p>20 minutes</p>



   	<p><b>Updates from Adult Social Care</b></p> <p><b>Delivering Better Care – Update on Engagement Plans</b></p> <p><b>Peer Review</b></p> <p><b>Day Services Consultation Outcomes</b></p> <p><b>Making Services Accessible</b> (including new 'front door')</p> <p>20 minutes</p>
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	<p><b>Any Other Business</b></p> <p>10 minutes</p>
	<p><b>End of the meeting</b></p>

### **2022 Meetings:**

Tuesdays, from 10:00am–12:00pm.

20 September

15 November



## **Meeting Guidance – Keeping Members Safe**

- Everyone has the right to meet in a safe atmosphere.
- All voices have the right to be heard.
- Work in partnership with each other. Listen and respect each other's views
- Do not single out individual Members.
- Do not interrupt. Be guided by the Chair.
- Do not share private information outside of the meeting.

Healthwatch Cornwall operate a Zero Tolerance policy on Bullying and Harassment.

This applies to both face to face and online meetings.

# **Autism Partnership Board Meeting**



**15 March 2022**



# Who was there

Name	About them
Councillor Sally Weedon (Chair)	Cornwall Council
Mike Hooper	Healthwatch Cornwall
Helen Newton	Healthwatch Cornwall
Ann Smith	Cornwall Council
Chris Burns	Citizen Checkers and self-advocate
Claire Menear	The Advocacy People
David Allkins	Cornwall Council and self-advocate
Dina Holder	Divas, Women's Centre
Heather Davison	DIVAS and self-advocate
Ian Hutchinson	Cornwall Partnership NHS Foundation Trust and self-advocate
Michelle Lobb	Parent Carers Cornwall
Nory Menneer	NHS Kernow Clinical Commissioning Group
Philip Hanscombe	Cornwall Partnership NHS Foundation Trust
Rebecca Jelbert	Cornwall Partnership NHS Foundation Trust
Richard Gittins	CHAMPS and Healthy Cornwall and self-advocate
Sam Mokarram	The Advocacy People
Sgt Flo Linscott	Devon and Cornwall Police
Shelagh Mitchell	Cornwall Council
Tigger Pritchard	National Autistic Society, self-advocate and advocate



# What we talked about at the meeting



Everybody agreed that the minutes of the last meeting were correct.

## Updates from members

**DIVAS**

Dina Holder from **The Divas** gave an update.

They were going to give a presentation about domestic abuse and sexual violence.

**outlook:)** SOUTH WEST  
Part of Cornwall Partnership NHS Foundation Trust

Dr Rebecca Jelbert said that the **Adult Autism Assessment Team** would soon be employing more staff.

That would help to bring down waiting times.



Healthy  
Cornwall

Richard Gittens from **The CHAMPS** said they had walking groups in Penzance, Hayle, Camborne, Newquay, and St Austell.

Healthy Weight groups were starting in May, with drop-in sessions in Camborne and St Austell.

More information was on the Healthy Cornwall website:

<https://www.healthycornwall.org.uk/>

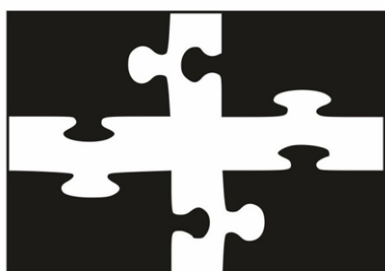


Chris Burns had been working with **Citizen Checkers** to carry out visits to patients in hospitals to make sure they were safe.



Dina Holder had met with the **Housing Options Team at Cornwall Council.**

They would come to a future meeting.



Autism Partnership

Some people now saw the Autism jigsaw symbol as offensive.

Everybody agreed that the Board should have a new logo.

A new one would be chosen at the next meeting.



IH and Healthwatch Cornwall staff would meet to talk about wording on its website.

It was important for all organisations to learn.

## Adult Social Care Critical Incident



### Adult Social Care

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**Cornwall Council** had declared a Critical Incident in Adult Social Care.

It would help the **NHS** to reduce the pressure on hospitals and cut ambulance waiting times.

More patients could be discharged back to their community.

## Feedback from LDA Programme Board



Nory Menneer said there was a focus on safe and wellbeing checks for people in hospital.

Finding the right place to live with the right support was an issue.

Annual Health Checks were still mostly over the phone.

Heather Davison said that there needed to be mental health support to meet the needs of people with Autism.

# Delivering Better Care – update on strategies



## Adult Social Care

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Ann Smith from **Cornwall Council** said that the Better Lives Strategy was complete and just needed to be signed off by the Cabinet

Click [here](#) to see a short film about it.

There were six key areas for people with learning disabilities, Autism and mental health issues.

Ann said that she wanted the Partnership Boards to help her to look at them with small groups of service users.

Heather Davison said it was important that **ICAN** and **NAS** were involved.

## The Advocacy People



Samantha Mokarram gave a presentation about the work of **The Advocacy People**.

They were working with **Healthwatch Cornwall** to help service users to be heard and to recruit new people to the Partnership Boards.

They helped people to become to self-advocates.

Training and confidence building sessions were offered across Cornwall.

## Making Services Accessible



### Adult Social Care

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**Cornwall Council** was launching a new 'Front Door' for people to access services.

All contacts would go through a single online portal.

Mike would suggest that a working group be set up with other organisations to make sure that communication was right for people with additional needs.

National **Healthwatch** had a survey called 'Your Care, Your Way'.

The aim was to make sure that:

Professionals knew how to properly communicate with service users.

Information was easy to understand.

Click [here](#) for the survey.



## Any Other Business



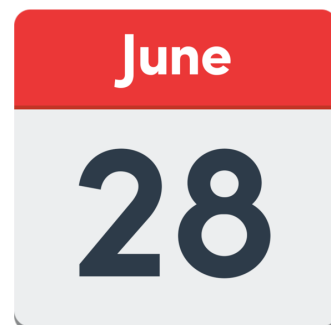
A face to face Service Users event would be held on 24 March in Truro.

The focus would be on how people were feeling and any issues they had.

Public Health wanted to know how Covid had affected the mental and physical health of people.

That would help them to shape future services and support.

**The next Autism Partnership Board meeting will be on Teams at 10am on Tuesday 28 June 2022**



MEETING NOTES:	Meeting of the Autism Partnership Board
DATE:	Tuesday 15 March 2022
LOCATION:	Via Teams

## ATTENDANCE

Name	Position	Organisation
Cllr Sally Weedon (SW)	Councillor and APB Chair	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Helen Newton (HN)	Administration Officer	Healthwatch Cornwall
Ann Smith (AS)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Chris Burns (CB)	Self-Advocate	Citizen Checkers
Claire Menear (CM)	Advocate	The Advocacy People
David Allkins (DA)	Revenue and Benefits Admin Assistant and Self Advocate	Cornwall Council
Dina Holder (DH)	Engagement Manager	Divas, Women's Centre
Heather Davison (HD)	Self-Advocate	DIVAS
Ian Hutchinson (IH)	Self-Advocate and Clinical Nurse Specialist – CAMHS	Cornwall Partnership NHS Foundation Trust
Michelle Lobb (ML)	Director and Parent Carer	Parent Carers Cornwall
Nory Menneer (NM)	Clinical Lead and Learning Disabilities Commissioner	NHS Kernow Clinical Commissioning Group
Philip Hanscombe (PH)	Adult Autism Intensive Support Team and Chair of the Advisory Board to the All-Parliamentary Group on Autism	Cornwall Partnership NHS Foundation Trust
Rebecca Jelbert (RJ)	Clinical Psychologist, Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Richard Gittins (RG)	Self-Advocate and Team Member	CHAMPS and Healthy Cornwall
Sam Mokarram (SM)	Advocacy Coordinator (West Cornwall)	The Advocacy People
Sgt Flo Linscott (FL)	Diverse Communities Team	Devon and Cornwall Police
Shelagh Mitchell (SM)	Healthy Cornwall Team Lead Health & Inequalities CHAMPS Team Manager	Cornwall Council
Tigger Pritchard (TP)	NAS Committee Member, Autistic and Neurodivergent individual, national and international speaker on advocacy and neurodivergence rights	National Autistic Society



## APOLOGIES

Name	Position	Organisation
Tanya Falaschi	Partnership Boards Project Officer	Healthwatch Cornwall
Ania Nicholls	Commissioner	Cornwall Council
Anna Passmore	Patient Experience Lead	Cornwall Partnership NHS Foundation Trust
David Burns	Self-Advocate and Service User	N/A
Steph Isaacs	Outreach Inclusion Worker	Cornwall People First
Tasha Milton	Disability Employment Advisor	DWP
Tazmin Hook	Self-Advocate	Independent Cornwall Autism Network
Vicki Allen	Adult Social Care Commissioning Manager with responsibility for Learning Disability and Autism	Cornwall Council

## ACTIONS

Action	Responsible	Status
Invite CC Housing Options Team to future meeting.	PB Team	Ongoing.
New APB logo proposals to next meeting.	PB Team	Complete. On agenda.
Meet to discuss website wording.	PB Team / IH	Ongoing.
Provide details of statutory obligations within delivery of Better Lives Strategy.	AS	Incomplete. AS has now left CC. We are awaiting a replacement lead Commissioner for the APB.
Further information on how to access the services of The Advocacy People.	CM / SM	Incomplete.
Provide details of statutory obligations regarding advocacy support.	AS	Incomplete. AS has now left CC. We are awaiting a replacement lead Commissioner for the APB.
Again propose a cross organisational mapping exercise to identify what front line accessibility training needs to be provided.	PB Team / AS	Incomplete. No response received from CC Commissioners. AS has now left CC. We are awaiting a replacement lead Commissioner for the APB.
Circulate details of cost of living assistance provided by CC.	SW	Complete.
Written update on Day Services to circulate with the minutes.	AS	Incomplete. Information not provided. Verbal update expected at 28 June meeting.
Investigate changes to blue badge application process.	MH	Ongoing. MH to follow up again with Donna Collins and request somebody attends a future meeting.
LeDeR updates to future meetings.	LN	Ongoing. Lisa Nightingale, Head of clinical quality, CCG to provide updates as appropriate. Annual Report still progressing through



		governance processes.
Convert Direct Payments information into easy read for circulation.	AS / CG	Ongoing. CC to produce. DP Agreement is available in ER.

Item	What was discussed	Action
<b>1.</b>	<b>Welcome, introductions and apologies</b>	
	<p>SW welcomed everyone and advised that the meeting was being recorded for minute taking purposes.</p> <p>Apologies received are detailed above.</p> <p>SW invited everyone present to introduce themselves.</p>	
<b>2.</b>	<b>Minutes and actions of the meeting held on 14 December 2021</b>	
	<p>SW invited any issues from minutes to be raised.</p> <p>No issues raised and therefore accepted as a true record.</p>	
<b>3.</b>	<b>Updates from members</b>	
	<p>DH, along with VA, was due to make a presentation to providers on 6 April relating to understanding why domestic abuse and sexual violence was such an important issue for people with Autism and learning disabilities. She would provide feedback at the next meeting.</p> <p>RJ – The Trust had agreed to invest in the Cornwall Adult Autism Assessment Team to enable expansion and the recruitment of a multi-disciplinary team. This would help to bring waiting times for diagnosis down and ensure the service was compliant. RJ would update further at the next meeting.</p> <p>RG – The CHAMPS had walking groups in Penzance, Hayle, Camborne, Newquay and St Austell and were running Healthy Weight groups, starting in May, with drop-in sessions in Camborne and St Austell. More information could be found on the Healthy Cornwall website.</p> <p>CB – He had been carrying out visits to see patients in hospitals to ensure they were safe. He would discuss further with MH when they met outside of the meeting.</p> <p>DH had met with Mel Bray and John Warner from the Housing Options Team at Cornwall Council to look at the implications for people with learning disabilities and Autism in accessing mainstream housing, especially during times of a</p>	PB team to invite to future

<p>housing crisis. They had volunteered to attend a future meeting to discuss the issues. MH would arrange for someone to attend a future meeting.</p> <p>MH – Over the previous six days, several people had been in touch to express concerns about the use of the ‘jigsaw piece’ logo for the Autism Partnership Board. When the matter had last been discussed, in 2019, the views expressed were mixed, with many pointing out that it had been designed by a service user and that it should be retained and others suggesting that the infinity symbol could be adopted. At that meeting, no one other than TP voiced the view that it held negative connotations.</p> <p>IH was one of the individuals that had contacted the Partnership Boards team regarding both the logo and some of the terminology used on the Healthwatch Cornwall website.</p> <p>IH agreed that the jigsaw piece had been frequently used to represent Autism, but times had changed and many people now found the image offensive – Autism was not a missing piece to be found or a puzzle to be solved. Imagery was very important and impacted on people’s sense of themselves. He requested the Board to reconsider the use of the current logo.</p> <p>Much of the terminology used in relation to Autism referred to a disorder, condition, dysfunction or disability, whereas people with Autism were just different and wanted those differences to be accepted.</p> <p>AS agreed and stated that the Council was going to be sending out a lot of information relating to priorities for people with Autism and she was keen to align that messaging across everything they did to ensure a consistent approach. She would appreciate the input of members of the Autistic community to do that.</p> <p>TP expressed concern that it was not just a matter of the puzzle piece but the fact that the Board had no knowledge of the issues around its use. For a Board that represented people with Autism not to be aware of the negativity around that was alarming.</p> <p>There was an opportunity for the Board to become more up to date with its knowledge of Autism and the issues surrounding it and the National Autistic Society Facebook group had a lot of information available that will help.</p> <p>DA noted that previous suggestions for a change of logo had included the infinity symbol or a rainbow. However the rainbow was primarily associated with LGBTQ+ advocacy groups now. An alternative suggestion of an infinity symbol on a St Piran’s flag was suggested. HD said that she had suggested this previously.</p> <p>Everyone was agreed that jigsaw piece logo should be removed and MH would arrange for a new logo to be designed and brought to the next meeting for discussion. If anyone had a design they would like to share they could email it</p>	<p>meeting.</p> <p>New logo proposals to next meeting.</p>
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	<p>to <a href="mailto:partnershipboards@healthwatchcornwall.co.uk">partnershipboards@healthwatchcornwall.co.uk</a>.</p> <p>MH proposed to arrange a separate meeting with IH and anybody else who wished to attend to discuss issues with wording on the Healthwatch Cornwall/Partnership Boards website etc. Anybody interested in joining the meeting could email <a href="mailto:partnershipboards@healthwatchcornwall.co.uk">partnershipboards@healthwatchcornwall.co.uk</a>.</p>	<p>PB Team /HC reps to meet with IH and others</p>
<b>4.</b>	<b>Adult Social Care Critical Incident</b>	
	<p>A critical incident was announced recently due to significant demand on Treliske and patients not being able to be discharged and ambulances queueing up outside with patients waiting to be admitted. Activity was much higher than normal and Adult Social Care were working with social care providers to find 50% additional capacity. Work was ongoing with the Local Government Association (LGA) to address how to do hospital discharge differently to avoid repeat crises.</p> <p>One respite centre had to be closed to be able to operate step down capacity for older people. That had since ended and centres are now reopening.</p> <p>However, there was still a lot to do to get people out of hospital faster than they were currently.</p>	
<b>5.</b>	<b>Feedback from LDA Programme Board</b>	
	<p>Feedback from the last board focused on the safe and wellbeing checks that were being carried out for people in inpatient settings with learning disabilities or Autism.</p> <p>As a result of continuing scandals within hospitals around the country, NHS England asked for additional checks to be put in place to ensure patients were safe and well. Those checks had now been completed and had gone through a series of panels over the last few weeks. The themes that had been identified would be presented in a paper for submission to NHSE. Once complete, NM would present the findings to a future meeting.</p> <p>One of the main themes coming out was that many people in hospital with learning disabilities and Autism did not need to be there but there were issues with finding appropriate accommodation or suitable support to enable people to move safely back into the community.</p> <p>There were also issues with people's physical health in psychiatric hospitals not adequately being catered for and people not getting to see dentists, opticians etc.</p> <p>A Dynamic Support Register was being developed to keep a live list of people</p>	

<p>in the community who were struggling, to help get the right services in place to avoid them reaching crisis. A register was being implemented for learning disabled and Autistic adults and forms would be sent to the relevant parties for names to be added to the register, provided that those people gave their consent for their names to be added.</p> <p>Support that would be provided as a result would include financial, mental health, talking therapies, respite etc.</p> <p>The solutions to people's life crises were the same as anyone else's but the register existed to ensure that people came together to find solutions. The Autism Intensive Support Team was due to be operational in May and were likely to be the team to go to for this.</p> <p>NM added that Plymouth had an interesting service and discussions were taking place to look at multi agency support for people who were struggling in the community.</p> <p>HD expressed concern that annual health checks continued to be done mostly over the phone, which was less than ideal as individuals could not be properly assessed.</p> <p>She added that there were no mental health services specifically for people with Autism and something was needed before people found themselves in crisis. NM pointed out that mental health services for people with Autism did exist but there was a long way to go to ensure that mental health services were adapted. NM and HD would discuss mental health service availability outside of the meeting.</p> <p>ML pointed out that the key worker pilot that PCC were running in children's was working very well and that NM may wish to speak with Kate. NM stated he was very interested in the key workers model and intensive support teams to expand experienced non-registered health professionals to offer hands on support to people on a day-to-day basis were currently being explored.</p> <p>There had been a significant increase in mental health issues for younger people across the country and how that should be addressed needed to be looked at. Recruiting to registered health professionals' positions was extremely difficult now, compounded by the lack of available housing in the county.</p> <p>NM thanked System Checkers for their work in gathering feedback from people in hospital with learning disabilities or Autism, which had been outstanding and would be evaluated by NHSE.</p> <p>LeDeR was the review of people with a learning disability or Autism who had died, to look at their lives and the circumstances of their death. Restore2 was a tool to look at their health while in the community and additional resource had been given to that to give people who cared for individuals the skills to ensure</p>	
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	<p>people's health did not deteriorate. Training was being rolled out over the next 18 months.</p> <p>A peer review from another area was being planned, through the Local Government Association, to see what was working well and what was not working so well. Timescales were not agreed yet, but it was hoped it would take place in the first quarter of the next financial year.</p>	
<b>7.</b>	<b>Delivering Better Care – Update on Strategies</b>	
	<p>The Strategies had all now been written and endorsed by the Health and Adult Social Care Overview and Scrutiny Committee. The next stage was sign off by Cabinet and then the Strategies would be published.</p> <p>Following engagement, 6 priorities had been identified for people with learning disabilities and/or Autism, which aligned with the LDA Programme Board and SEND outcomes around choice and control, and employment.</p> <p>The Council wanted to work with the Boards and groups to design what the output needed to look like and the difference the plans would make.</p> <p>HD was very keen for ICAN and NAS to be involved in the work, especially around community hubs.</p> <p>ML asked how creatively housing options were going to be looked at and whether tenancies might be passed down from parent to child at an appropriate time. AS invited ML to contact her directly to discuss her individual circumstances.</p> <p>AS noted that they would be looking at all options from deregistering properties, to shared ownership, to people having mortgages etc. The Care Act was very clear that Adult Social Care had a duty around housing.</p> <p>MH proposed capturing details of all statutory obligations to monitor delivery against each item. AS added that she would be happy to provide an update in time for the next meeting.</p>	AS to provide update on statutory obligations and delivery
<b>8.</b>	<b>The Advocacy People</b>	
	<p>The Advocacy People supported people who lacked capacity to take decisions about their lives or had difficulty in making their voice heard when they were making decisions about their lives.</p> <p>The Advocacy People would not tell people what they should do or make decisions for them and would not judge or do anything unless asked.</p>	

	<p>People were referred for statutory advocacy through health and social care or could self-refer for community advocacy.</p> <p>The Advocacy People were working with groups to develop self and peer advocacy skills. Initial sessions were being run for professionals and would then be rolled out to carers, service users, family and friends. The training would give individuals the skills self-advocate, if the person was able and willing to do that, or they could work with parents, carers and friends who could advocate on behalf of someone else.</p> <p>The Advocacy People were working with the Partnership Boards team to make people's voices heard and recruiting people to become involved in the Partnership Boards. An update on progress would be heard at the next meeting.</p> <p>Tanya Falaschi of Healthwatch Cornwall had been tasked with meeting new people and groups and it was hoped that by the autumn we would see wider representation from individuals and groups.</p> <p>HD asked for more information on how to access The Advocacy People service and whether anything could be shared on Facebook. SM send the PB Team information that could be shared.</p> <p>DH added that the Women's Centre were a partner with The Advocacy People and would be involved in the community advocacy project. SM noted that the community work also extended wider than learning disability and neuro divergent groups.</p> <p>DH pointed out that accessing the services was not as easy as it could be. SM and DH would discuss the matter discuss further outside of the meeting.</p> <p>MH noted that AS agreed at the Learning Disability Partnership Board that she would bring details of all statutory responsibilities in relation to advocacy support and how they were being met to a future meeting. Everyone agreed that they would welcome this.</p>	<p>SM to share further information</p> <p>AS to share further information.</p>
<b>9.</b>	<b>Making Services Accessible</b>	
	<p>Cornwall Council were launching a new 'Front Door' for people to access services and a Short-Term Services model was currently being designed by the Locality Teams.</p> <p>All contacts would go through a single online portal, with information being passed to the relevant specialist team e.g. social workers, therapists etc.</p> <p>Amy Howard, Cornwall Council, had provided the following statement:</p> <p><i>'Currently the changes on the 1<sup>st</sup> April include a new leadership structure that</i></p>	

	<p><i>aligns the roles of Adult Social Care to the new Health and Social Care transformation footprint that focuses on place through Integrated Care Areas and Primary Care Networks and includes introducing an online contact form that individuals, family, voluntary and community partners can complete to ask for support from our Independence and Wellbeing Service (the team of staff that support the first contacts in adult social care to promote independence).</i></p> <p><i>This is only the first step to mobilise a new operating model that aims to bring partners together to try and support people with advice, information and short term services that maximise their independence and prevent the need for ongoing care and support services where possible.</i></p> <p><i>Part of the new leadership structure includes three new Senior Managers who will be responsible for the Independence and Wellbeing Services in the Mid, East and West. They can make sure that the Partnership Boards are included in future conversations to support making the service as accessible as possible and help us develop the service across the next 3-6 months. '</i></p> <p>Following feedback received from the LD and Autism Service Users Group, Anne Bowdler had rolled out some training for GP front line staff. Chris Burns was involved. That seemed to have worked well in the practices it had been rolled out to. Anne was keen to do a cross organisational mapping exercise to identify what services need to be provided. MH had raised the issue with ASC commissioners but had not received a response. He would again attempt to arrange a follow up meeting through AS.</p> <p>MH reported that Healthwatch England had launched a consultation called 'Your Care Your Way' and would circulate further information once some accessibility issues had been resolved.</p> <p>ML added that her GP practice had a designated Learning Disabilities GP and wondered if that could be used as a model of practice for other GPs. MH suggested it would be great to get their input and the matter could be discussed further when the PB Team meet with ML on other matters.</p> <p>NM added that a clinical champion GP was being recruited for the area.</p> <p>Cornwall People First had been given resource to complete a project around primary care and recruiting people with learning disabilities on patient participation groups and Primary Care Network groups. An update would go to the next meeting of the LDPB.</p>	<p>PB Team to liaise with AS</p>
<b>10.</b>	<b>Any other business</b>	
	<p>DA asked whether information could be shared to help people deal with the impact of the current cost of living increase. MH said that such a discussion would fit the issues of increased use of food banks, raised by CB at the last</p>	<p>SW to</p>



	<p>meeting. SW would look into what assistance was available from Cornwall Council, including Winter Fuel Grants.</p> <p>FL added that more obstacles had been identified in respect of the link up with Devon on the Autism Alert Cards. The corporate team were still looking at how to do a card for Cornwall. Chris Burns was also due to bring an update from British Transport Police to the next meeting.</p> <p>HD expressed concern at the number of transport services being cut, which caused difficulties for people travelling from Liskeard to Bodmin as there was only one service available. SW had heard that First Buses were trying to cut prices to make bus travel more accessible but suggested that it would be advisable to send a message to transport companies to ask why they were cutting their services.</p> <p>HD asked for an update on Day Services but AS had left the meeting. MH to request a written update from AS to circulate with the minutes.</p> <p>SM suggested a meeting with FL to discuss the Safe Places Scheme. SM and FL to discuss outside of the meeting.</p>	<p>investigate.</p> <p>PB Team to seek update from AS.</p>
<b>11.</b>	<b>Future meetings</b>	
	<p>MH encouraged everyone to attend the Service Users event planned for 24 March and to share the information and invite widely.</p> <p>The next Autism Partnership Board meeting was scheduled for Tuesday 28 June at 10 am on Teams</p>	





**Autism**  
Partnership Board



Option 1



**Autism**  
Partnership Board

Option 2



Option 3

