

MEETING NOTES:	Meeting of the Autism Partnership Board
DATE:	Tuesday, 14 March 2023
LOCATION:	Truro Library and on Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Councillor Sally Weedon (SW) (Chair)	Councillor and APB Chair	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Anna Clemens (AC)	Disability Employment Advisor and Autism Lead	Department for Work and Pensions
Anna Ingleby-Oddy (AI)	Housing Manager	United Response Cornwall
Antony Bell-Thorne (AB)	Commissioning Manager	Cornwall Council
Caroline Finlayson (CF)	Speech and Language Therapist, Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Christopher Burns (CB)	Service User and disability campaigner	
David Allkins (DA)	Autistic individual and Revenue and Benefits Administration Assistant	Cornwall Council
David Burns (DB)	Autistic Individual and Community Promoter	Citizen Checkers and Healthwatch Cornwall
Deanne Hill (DHi)	Patient Engagement Manager	South Western Ambulance Service NHS Foundation Trust
Dina Holder (DHo)	Community Engagement Manager	Community Engagement Manager Women's Centre Cornwall & Divas
Heather Davison (HD)	Self-advocate and Parent Carer	The Divas
Jason Pape (JP)	Autistic individual	Proper Job Café and Maritime Museum
Karen Gregory (KG)	Service Director	Mid-Cornwall Hub
Karen Hooper (KH)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Lisa Clark (LC)	Parent Carer and Director	Parent Carers Cornwall
Lucy Fremantle (LF)	Team Manager, Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Marie Ralph (MR)	Autistic individual, Parent Carer and NAS Cornwall Chair	National Autistic Society Cornwall Branch and The Autistic Community of Cornwall
Nory Meneer (NM)	Commissioner for LD and Autism	Cornwall and Isles of Scilly Integrated Care Board
Paul Owen (PO)	Autistic individual and CHAMPs Team member	Cornwall Council
Philip Hanscombe (PH)	Autistic individual, Adult Autism Intensive Support Team and Chair of the Advisory Board to the All-Parliamentary Group on Autism	Cornwall Partnership NHS Foundation Trust

Shelagh Mitchell (SM)	Health Improvement Practitioner, Healthy Cornwall and CHAMPs	Cornwall Council
Susan Joseph (SJ)	Interim Strategic Commissioner for LD and Autism	Cornwall Council
Tina Sanford (TS)	Learning Disability, Autism and Transitions Manager, Adult Social Care	Cornwall Council
Trudie Binnie (TB)	Disability Employment Advisor Leader	Department for Work and Pensions
Wayne (W)	Self-advocate	Mid-Cornwall Hub
AL, DR, RP and JT	Self-advocates	Mid-Cornwall Hub

APOLOGIES

Name	Position	Organisation
Alison Short	Advocacy Coordinator / Independent Advocate	The Advocacy People
Andrew Gray	Autistic Individual	
Donna Darby	Director	Calton House Ltd
Fliss Hedge	Operational Lead	Cornwall People First
Sgt Flo Linscott	Diverse Communities Team leader for Cornwall	Devon & Cornwall Police
Jane Rees	Manager of the Learning Disability and Autism Team	Royal Cornwall Hospital NHS Trust
Julie Atwell-Cook	County Parenting Advisor for Early Help, Together for Families	Cornwall Council
Julie Pape	Autistic individual and CHAMPs Team member	Cornwall Council
Julia Wildfire-Roberts	Project Manager, Recovery College Cornwall, HC Director and autistic individual	Pentreath and Healthwatch Cornwall
Michelle Lobb	Parent Carer and Director	Parent Carers Cornwall
Tigger Pritchard	NAS Committee Member, Autistic and Neurodivergent individual, national and international speaker on advocacy and neurodivergence rights	NAS Cornwall and The Autistic Community of Cornwall

ACTIONS

Action	Responsible	Status
Utilising Hospital Passport App in lieu of Autism Alert Card. Liaise with Jason Howard, D&CP.	PB Team	Ongoing. Arrange focussed meeting with PC Howard.
Update on autism specific training beyond the mandatory Oliver McGowan training. Liaise with the Council's Learning and Development Team	KH / TS	Ongoing. Update to June meeting

Action	Responsible	Status
Update on housing related outcomes from Making Good Change Happen (in lieu of Inviting CC Housing Options Team to future meeting to look at the implications for people with LD and Autism in accessing mainstream housing)	KH	Ongoing. Update as timely.
Circulate revised draft Direct Payments Policy with Board members. Updates from Group to Board as appropriate. Members with lived experience to co-present.	KH / PB team	Now being considered by the Personalisation and Direct Payments co-production and engagement group.
MR and DH agreed to arrange a meeting with Teresa Berridge, Equality Diversity and Human Rights Officer, to discuss how to support people in crisis.	MR / DH	Ongoing.
Reconvene DWP Service Users Group	MH / TB / AC	Ongoing. The Group will meet on 29 June.
Liaise re Police training issues.	PB Team/MR	Ongoing.
Possibility of audit of accessibility of Mental Health services. Investigate setting up a focused group, with Mental Health colleagues, to consider issues discussed.	NM / VC / JG	Ongoing. Agenda item to be scheduled.
Verbal update on the work of The Autistic Community of Cornwall at each meeting.	ACC	Ongoing. Standard item.
Source appropriate GP representation for the Board.	CF / PH	Ongoing.
Language guidance for meetings.	PB Team / TP	Ongoing.
ER hospital letters.	JR	To be scheduled. Not yet signed off
Rolling out staff autism training to CFT & CC.	MR / TS	Ongoing. Updates on progress to each meeting.
Provide details of statutory obligations within delivery of Better Lives Strategy.	TBC	On hold due to review of rollout of BLS.
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.
Investigate changes to blue badge application process.	PB Team /MR	To be considered outside of the Board.
LeDeR updates to future meetings. Easy read version available yet?	LN / PV	Ongoing. Awaiting response from Lisa Nightingale, Head of clinical quality, CCG as to current year's report.
Convert Direct Payments information into easy read for circulation.	AS / CG	On hold due to review of Policy.

Item	What was discussed	Action
1.	Welcome, introductions and apologies	
	SW welcomed everyone and advised that the meeting was being recorded for minute taking purposes.	

	<p>Apologies received are detailed above.</p> <p>SW invited everyone present to introduce themselves.</p>	
<p>2.</p>	<p>Minutes and actions of the meeting held on 15 November 2022</p>	
	<p>SW invited any issues from minutes of the last meeting to be raised.</p> <p>No issues were raised and they were therefore accepted as a true record.</p> <p>MH reported that Tanya Falaschi, Partnership Boards Project Officer, had left Healthwatch Cornwall a fortnight after the last meeting of the Board. The role had since been revised and a Lived Experience Project Officer was due to start the following week.</p> <p>MH provided the following updates on actions from previous meetings:</p> <ul style="list-style-type: none"> • Sgt Flo Linscott was not in attendance but confirmed via email that funding had been secured for this year's Blue Light Day. <p><i>He wrote, 'It was a joint effort from many generous sources, all of which were involved in last year's event. But huge thanks to Fliss Hedge from Cornwall People First and PC Sarah Treeby from my team for coordinating the finances.'</i></p> <ul style="list-style-type: none"> • MH and MR had not yet met to discuss the need for the Police force to train officers to better understand the differences between, for example, mental health situations and autistic meltdowns, so that they are better prepared to manage situations. • The Board had previously spoke about the possibility of utilising the Hospital Passport App in lieu of having an Autism Alert Card. PC Jason Howard had said that his 'fear is that those working within Autism are looking at the single issue, rather than the fact there is a much bigger issue of how vulnerability is communicated and shared with partner agencies. This is subject to ongoing work and really should be considered within the bigger picture.' Jason had offered to meet with members of the Board to hear ideas and concerns. MH asked for volunteers to form a small group to consider matters. The CHAMPS, MR and DB put themselves forward. • MH and Tigger Pritchard had not yet met to discuss the use of appropriate terminology at Board meetings. • Easy Read hospital appointment letters. Jane Rees had informed the team that they had not yet been signed off. • Progress with the rolling out of staff autism training to CFT & CC. TS reported that 	<p>PB Team to arrange meeting.</p>

<p>MR and others had delivered training to the Adult Social Care Senior Leadership Team. KH had received the training and emphasised the importance of the learning. She said that ongoing rollout was being taken on by a Director within the Leadership Team to ensure that it was rolled out across their service. TS added that prior to that training, herself, Lead Locality Social Workers and the Learning and Development Team had worked with PH on Autism Acceptance sessions for Operational Social Work teams. They were additional sessions to the NAS ones that were open to CC staff.</p> <p>TS acknowledged that there was a desire and need for autism specific training that went beyond the mandatory Oliver McGowan training. Herself and KH would liaise with the Council's Learning and Development Team on the matter.</p> <ul style="list-style-type: none"> • <i>The Board had agreed to invite the Cornwall Council Housing Options Team to a future meeting to look at the implications for people with LD and Autism in accessing mainstream housing. KH advised that there was some overlap with the Council's current Making Good Change Happen work, through which the Housing Solutions Team were involved in smaller group work that enabled voices to be heard. Feedback received could be brought to a future APB meeting for the Board to consider if that correlated with its members' experiences. If not, an officer could be invited to attend a meeting to discuss matters with the Board.</i> <p>AI offered to take part in any way she could. DH was working on an accommodation project for older persons that had been abused.</p> <ul style="list-style-type: none"> • The Advocacy People had a new member of the team that was keen to work with the Board. Her name was Alison Short and she intended to attend future meetings. • The Board had asked for clarification of what the statutory obligations were within the delivery of the Better Lives Strategy. Rollout was currently being revisited so that item had been deferred. • Changes to the blue badge application process. The PB team and Michelle Lobb, Parent Carers Cornwall, would liaise outside of the meeting to progress the conversation with Cornwall Council. • LeDeR updates – No response had been received from Lisa Nightingale as to when or if an easy read version would be made available so Paula Volkner was following up. • The Direct Payments Policy was currently being reviewed. KH would update later in the meeting. 	<p>Update to next meeting.</p> <p>Feedback from MGCH to future meeting.</p>
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<p>3.</p>	<p>Updates from Members</p>	
	<p>The CHAMPS</p> <p>SM had met with Sgt Flo Linscott to discuss the Safe Places Scheme and ensuring inclusivity through opening up the scheme to neurodiverse individuals.</p> <p>The team were hoping to meet with MR to utilise her expertise in the use of appropriate language. MR agreed to meet with the team.</p> <p>Cornwall Council Adult Social Care</p> <p>KH provided the following updates.</p> <p>Direct Payments (DP)</p> <p>Fiona Plummer, Head of Business Support, had expressed thanks to all who had taken part in the recent engagement on the current DP Policy. As a result of that work, a draft Policy had been produced which was reduced in both size and complexity so was much easier to understand.</p> <p>The Health and Adult Social Care Overview and Scrutiny Committee had agreed that the presentation that it had received on the revised Policy be shared with the Partnership Boards, along with the proposed new Policy for comment.</p> <p>Fiona Plummer would also be asking for volunteers for a co-production group to look at website materials, to come up with creative uses of DPs, and to look at ways to support people with what they would like to buy with their DP. 72 people had already put themselves forward.</p> <p>Day Opportunities and Day Services</p> <p>Elaine Bradley, Commissioner, had reported that the process was currently in the “discovery phase”, meaning that data was still being gathered. Her team were visiting day centres and talking to staff and service users about what people liked to do during the day. The intention was to form and hold co-production groups across April and May.</p> <p>The work would align with a second project looking at supporting people into employment and creating employment opportunities.</p> <p>Practice Quality Standards for Adult Social Care</p> <p>Mandy Palmer, Interim Principal Social Worker, was working to implement practice quality standards for all Adult Social Care staff.</p> <p>The work would cover how Social Work teams work with people that receive services or have assessments and also making sure that all policies and procedures were</p>	<p>KH to share with PB Team</p>

compliant with the Quality Assurance Framework.

Whilst it was an internal document, it was vital that people that used services were able to contribute. Mandy had met with MH to discuss how to ensure that relevant feedback was gained and was initially looking to feedback received through other pieces of work such as Making Good Change Happen.

The CHAMPS had been asked to convert the final agreed version of the Standards to easy read so that they would be accessible for all.

CF asked if the Needs Assessment form was being redesigned. Feedback suggested that it did not meet the needs of autistic people. KH said that she was not aware of that but would feed the suggestion into Mandy's work.

CB suggested that standards needed to align across health and social care, citing RCHT as an example of an organisation that the Council should be working with. KH said that she would feed the suggestion back. TS added that the Council worked closely with RCHT. The Liaison Service team, which was aware of autistic individuals or people with learning disabilities being admitted to hospital, attended regular meetings with other health professionals and joined up discussions around supporting individuals. Failsafe mechanisms were in place to ensure that organisations worked together effectively.

CB emphasised the need for wider societal learning and understanding about autism and learning disabilities.

The Women's Centre Cornwall / The Divas

DH reported that the older persons project that she had presented on at the last meeting was at the report stage. It was a very long document so an infographic report had also been produced.

A member of the Board with lived experience had contributed to the report. Protected characteristics around working with older people had been taken into account.

The Divas provided training around sexual abuse, domestic abuse, neurodiversity and learning disability. Recently they had filmed a learning session for the National Police Framework in which the Divas spoke about what it's like to be interviewed by the Police. They provided advice on what could be done to improve communication and make the process feel safer in order for people to feel that they could speak freely and not be shut down.

DB asked if the learning would be shared nationwide. DH confirmed that it would be available for all Police Forces to access. Unfortunately, it wasn't available for viewing outside of the Force.

Another participant in the work now had her own website. DH encouraged members to look at [Home | Lotus Collaborations \(susyridoutl.wixsite.com\)](https://susyridoutl.wixsite.com). Lotus

	<p>Collaborations UK was set up to support the needs of:</p> <ul style="list-style-type: none"> • Autistic survivors of Sexual Violence; • Neurodivergent Survivors of Sexual Violence (autistic + with another minority neurology). <p>It aimed to work for those requiring specialist support to move beyond traditional specialist counselling. Its Directors were neurodivergent survivors and allies with a wealth of experience in accessing and providing specialist support and mentoring to victim-survivors of sexual violence.</p> <p>DH suggested that The Autistic Community of Cornwall could link in with Lotus.</p> <p>DH was also working on a toolkit for The Women’s Centre and rape crisis centres to help abused neurodiverse women and those with learning disabilities to get better support. It was anticipated that the toolkit would go national once complete.</p> <p>The Women’s Centre had been commissioned to work around learning disability, sexual abuse and domestic violence. The project was aimed at helping services to communicate better, reach out better and work better with people with learning disabilities. It was hoped that once the work was complete they would be commissioned to do the same for services for autistic and neurodiverse people.</p> <p>Locally, DH had been approached by Devon & Cornwall Police about working together on a more regular basis. If that was to happen she would welcome others to link in with work as appropriate. She added that any such commissioned work would also include support for men.</p> <p>MR said that she was on the Police Equality and Diversity Inclusion Panel and one of the issues that she had been emphasising was the need for increased Police understanding of how to support people in crisis. MR and DH agreed to arrange a meeting with Teresa Berridge, Equality Diversity and Human Rights Officer, to discuss the issue in more detail and update at the next meeting.</p> <p>DB reported that the Citizen Checkers held a peer advocacy session called The Talk Together Group in Liskeard. They also ran a lived experienced group and Cornwall Mind ran a mental health group, both at the Liskerrett Centre in Liskeard.</p>	<p>MR / DH verbal update to next meeting.</p>
<p>4.</p>	<p>DWP – Response to Questions from Service Users</p>	
	<p>Communication with the DWP had been raised as an issue through a number of self-advocate meetings in 2022 so it had been agreed that a group with experience of DWP services consider the matter in more detail.</p> <p>A group of six Board members with experience of communications with the DWP met at the start of July and formulated 14 questions to put to them. Those questions and the responses received were circulated with this meeting’s agenda.</p>	

Due to the detailed nature of the issues raised and responses, it was agreed that the group reconvene to discuss them in and report back to the Board for agreement on the way forward.

MH invited the wider Board to submit any comments on the responses received to partnershipboards@healthwatchcornwall.co.uk. Any comments received would be fed into the group discussion.

AC provided a wider update on the work being undertaken locally by the DWP:

- It was Neurodiversity Celebration Week and as part of that there was a focus on upskilling its teams on various elements of neurodiversity and how to best help and assist people.
- Across the country, the DWP had four Health Model Offices. Those offices and four Job Centres had been trialling Autism Accreditation with the NAS. Devon and Cornwall were already hoping to achieve accreditation and it was hoped that it would be rolled out nationally.
- The number of Disability Employment Advisors (DEA) had been increased from four to eleven across Cornwall, Barnstable and Bideford, meaning DEA support in each Job Centre.

TB added that they hoped to utilise the lived experience of Board members to support improvements to Job Centres. That may include focus group work but was subject to funding.

DB asked if a DEA could be seen at any time. AC replied that normally people had a Work Coach assigned to them but they could also request to see a DEA also. DEAs were in Centres at least once a week so booking in advance was advised.

Through the chat function, CB asked if there were *serious discussions taking place in how we are going to support people in the future? The number of low skilled jobs are decreasing and in terms of learning disability and some within the autistic community they are pushed into work which are being more sought after (retail and hospitality). The kitchen I work in will probably use some form of automation within the next twenty to thirty years.*

TB said that one of the Health model offices were currently trialling, with 200 neurodiverse customers, a project that encouraged and educated employers to look at how people could be specifically supported into work and to retain positions long term. CB said that another important area that needed focus was the behaviours of colleagues that didn't want people that they perceived to be different working alongside them. TB acknowledged the problem and said that education was key. AC added that DEAs always made a point of highlighting to employers the need to educate their staff around autism and also many other matters, for example, mental health and learning disabilities. CB said that it sometimes seemed that the staff members that needed educating the most were the ones that were targeted the least.

JP said that there was a stigma attached to employing autistic people. PO agreed,

Reconvene group.
Future agenda item.

	<p>adding that not only were there not enough jobs available, there was a lack of support for people to succeed in the workplace. JP suggested that employers would always choose a neurotypical individual over an autistic individual as they would save on the additional cost of support and making reasonable adjustments. PO gave an example of a DWP employee inadvertently telling a jobseeker that they were unemployable due to being autistic. JP said that feedback from employers as to why an individual was not interviewed or why they were not offered a job would be of great benefit to individuals.</p> <p>MR raised the matter of language use around autism and specifically the difference between neurodiversity and neurodivergent. She said that everyone was neurodiverse and anyone that diverged from that was neurodivergent. The reason for the clarification was to educate people on the difference between neurodiverse groups, for example, the predominant neurotype, who used to be called neurotypical, and other specific groups that would be classified as neurodivergent from the predominant neurotype, such as autism, ADHD, Tourette's Syndrome. She felt that following that rule protected people from feeling singled out or offended.</p>	
<p>5.</p>	<p>Break</p>	
	<p>The Board took a 10 minute comfort break.</p>	
<p>6.</p>	<p>Individual Service Funds</p>	
	<p>Cornwall Council was introducing Individual Service Funds (ISFs). Easy read information detailing what an ISF was and how they could be used was circulated with the agenda (click here to view).</p> <p>AB wanted to form a co-production group to ensure that implementation was done appropriately and ensure that people with support needs would be able to access ISFs as simply as possible. Members of the Boar were invited to join the group, which would involve working directly with providers and also producing suitable paperwork and other information.</p> <p>DB asked how regularly a client would receive money to raise their own support. AB said that through Direct Payments the money would go direct to the individual monthly, through an ISF it would go to a provider of the individual's choice, again monthly.</p> <p>HD asked about the timescales for the work. AB said that it was starting now and would continue without an end date. He had written to providers of home care and supported living services that had already indicated that they would commit to offering ISFs. They now needed a meeting to confirm that. The group would be part of that. HD suggested that school leavers should be involved and AB agreed that people in transition would really benefit.</p> <p>Should anyone have any suggestions regarding the working group they could</p>	

	<p>email AB at Antony.Bell-Thorn@cornwall.gov.uk.</p> <p>MH would circulate the easy read document to all Partnership Boards to gain interest.</p> <p>The Board agreed that it be updated at future meetings. MH suggested and KH agreed that people with lived experience could co-present those updates.</p>	<p>Updates to future meetings</p>
<p>7.</p>	<p>Health Update and Feedback from the LDA Programme Board</p>	
	<p>NM provided the following update:</p> <ul style="list-style-type: none"> • He would enquire at the LeDeR Steering and Review Group as to when an accessible version of the report would be available. MH said that previously there had been conflict as to whether it needed to be produced in easy read or simply meet accessibility standards. NM's view was that it should be produced in both formats. • The possibility of an audit of the accessibility of MH services had previously been discussed. Last the Board heard was that the team was experiencing staff shortages due to multiple sickness absences. The Board had also discussed the possibility of setting up a focused group, with mental health colleagues, to consider issues. NM suggested that CFT representatives be invited to update at the next meeting. <p>CF said that Mental Health Teams had recently employed five Advanced Clinical Practitioners, one of whom specialised in autism spectrum conditions (to quote the term used in the advertisement).</p> <ul style="list-style-type: none"> • The NHS had proposed to make some specialist in-patient beds available in Devon. The plan was for beds to be built in Exeter to provide specialist in-patient environments for people needing specific requirements and reasonable adaptations around neurodiversity. <p>The team had been clear that it did not want a model that required people to go to Devon for treatment. However, it was recognised that if highly specialised treatment was required and that could not be provided for a small population in Cornwall then it would like buy-in as access was required.</p> <p>From a Cornwall perspective, they wanted Mental Health services to be able to cater for autistic people without the need for a specialist environment or to make those environments reasonably adapted.</p> <p>DB asked if the beds were short or long-term. NM saw the problem as being that specialist beds never seemed to work, which was why they were not keen to invest into out of county beds. DB agreed, stating that Citizen Checkers did not support them as they had seen that people end up in such</p>	<p>Schedule as appropriate</p>

	<p>beds for years.</p> <p>CB asked if there was still a danger of people conflating mental health and autism. NM acknowledged that had happened in the past and even did now to a small extent. Training and awareness was required for all professionals that are involved in the care of people who present when they're distressed. Oliver McGowen training would help but CFT staff also received more specialist training. CB hoped that there were ways in which wider society could receive such education. He also emphasised the need for early intervention to identify mental health issues and the key role that GPs had in that. NM agreed and said that it should be included within the Prevention programme. Much work was being done within mental health services in Cornwall in trying to get a suite of services together to reduce suicide rates.</p> <p>NM would seek permission for the minutes of meetings of the Learning Disability and Autism Programme Board to be circulated to the Partnership Boards so that members had timely receipt of information.</p>	
<p>8.</p>	<p>The Autistic Community of Cornwall</p>	
	<p>Earlier in the meeting, MR had provided the following update on the work of The Autistic Community of Cornwall (ACC).</p> <p>Most of the support available in Cornwall for autistic individuals was aimed towards children and young people, carers and family members. The aim of the ACC, founded in 2022 by MR, Ian Hutchinson and Tigger Pritchard, was to provide support for autistic adults.</p> <p>It was about to become a Community Interest Company, so was not for profit. Core services were offered voluntarily and consisted of training, advocacy, mentorship, support and befriending. It could be as simple as connecting with another autistic person over coffee, having someone to discuss issues with or signposting to services.</p> <p>A lot of current focus was around the design and delivery of training packages to various organisations. MR invited people to get in touch if they were interested in helping with training, adding that it was paid work.</p> <p>The Chair suggested that all Cornwall Councillors should receive training, AI asked that United Response receive it and TB said that the DWP were already liaising with MR.</p> <p>MR could be contacted at info@theautisticcommunityofcornwall.org.</p> <p>It was agreed that the Board receive an update on the work of The ACC at each meeting.</p>	<p>Standing agenda item</p>

<p>9.</p>	<p>Any other business</p>	
	<p>Visiting GPs</p> <p>W reported that he had very positive experiences of visiting his local GP. JP agreed, saying that his GP and staff there were very understanding, made reasonable adjustments and very friendly.</p> <p>CF said that it was important that nurses gave patients additional time to say what they want and to ensure that they understood what was said. DB said that happened at his surgery and that his recent experience of a health check was positive.</p> <p>CF asked if everyone was having their Annual Health Check?</p> <p>CB cited a recent case where a woman had passed away in her Council flat due to hyperthermia and had not been discovered for two weeks. That was relevant because her health check had been carried out over the phone. He asked if that was acceptable, rather than face to face.</p> <p>HD asked if doctors, as well as nurses, should be involved in an Annual Health Check. Her son had only ever seen a nurse. PO said that was the case for his too but it had always been thorough. CF and PH were unsure of what national standards dictated.</p> <p>PH suggested that there should be GP representation on the Board. He and CF undertook to look into who would be best placed to provide representation. The specific focus of the conversation centred around the Board receiving information on the standard of health checks and what feedback is currently being gathered but it was hoped that any such representative would be open to discussing wider topics also.</p> <p>DB said that it would be good for a person with lived experience to take part in an evaluation of experiences of GP services and annual health checks. CF agreed that such a project would be really beneficial.</p>	<p>CF/PH to investigate</p>
<p>10.</p>	<p>Future meetings</p>	
	<p>The next meeting would be held at 10:30am on Tuesday, 20 June 2023 at a venue to be confirmed and on Microsoft Teams.</p> <p>MH asked for Board members to propose suitable, autism-friendly venues for future meetings. The consensus of the Board, as expressed at previous meetings, was that meetings should be held centrally, so in and around Truro. JP said that the current venue was good.</p> <p>MH added that venues were also dependent on the number of people that chose to attend in person. The majority of professionals had joined online and that could be a matter for consideration moving forward.</p>	

