

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

ATTENDANCE

Name	Position	Organisation
Tanya Falaschi (TF) (In the Chair)	Partnership Boards Project Officer	Healthwatch Cornwall
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
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
Ian Hutchinson (IH)	Autistic individual, Clinical Nurse Specialist – CAMHS and Neurodevelopmental Practitioner	Cornwall Partnership NHS Foundation Trust, National Autistic Society Cornwall Branch and The Autistic Community of Cornwall
Jason Pape (JP)	Autistic individual	Proper Job Café and Maritime Museum
Julie Atwell-Cook (JA)	County Parenting Advisor for Early Help, Together for Families	Cornwall Council
Julie Pape (JP)	Autistic individual and CHAMPs Team member	Cornwall Council
Julia Wildfire-Roberts (JW)	Project Manager, Recovery College Cornwall, HC Director and autistic individual	Pentreath and Healthwatch Cornwall
Karen Hooper (KH)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Marie Ralph (MR)	Autistic individual, Parent Carer and NAS Cornwall Chair	National Autistic Society Cornwall Branch and The Autistic Community of Cornwall
Michelle Lobb (ML)	Parent Carer and Director	Parent Carers Cornwall
Nory Menneer (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
Rebecca Jelbert (RJ)	Clinical Psychologist, Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Shelagh Mitchell (SM)	Health Improvement Practitioner, Healthy Cornwall and CHAMPs	Cornwall Council
Tina Sanford (TS)	Learning Disability, Autism and Transitions Manager, Adult Social Care	Cornwall Council

APOLOGIES

Name	Position	Organisation
ClIr Sally Weedon	Councillor and APB Chair	Cornwall Council
Alison Bulman		Cornwall Council
Andrew Gray	Autistic Individual	
Claire Martin	Deputy Director of Nursing	NHS Cornwall and Isles of Scilly Integrated Care Board
Dina Holder	Community Engagement Manager	Community Engagement Manager Women's Centre Cornwall & Divas
Gemma Dyson	Adult Autism Assessment Team	
Kevin Beveridge	Area Director – West, Adult Care and Support	Cornwall Council
Jane Rees	Manager of the Learning Disability and Autism Team	Royal Cornwall Hospital NHS Trust
Jason Washington	Autistic Individual	
Lorna Brydon		Mencap
Martha Reed	Strategic Commissioning Manager	Cornwall Council
Rohit Shankar	Consultant in Adult Developmental Neuropsychiatry	Cornwall Partnership NHS Foundation Trust
Sam Axon	Autistic Individual	
Steph Isaacs	Outreach Inclusion Worker	Cornwall People First
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
Trudie Binnie	Disability Employment Advisor Leader	Department for Work and Pensions

ACTIONS

Action	Responsible	Status
Liaise with Portfolio Holder re future Blue Light Day funding from CC.	SW / TS	Ongoing. Funding to hold the event in 2023 is secure. It is unclear as to contributions from CC.
Liaise re Police training issues.	PB Team/MR	Ongoing.
Utilising Hospital Passport App in lieu of Autism Alert Card. Liaise with Jason Howard, D&CP.	PB Team	Ongoing. Members of the Board are invited to meet with PC Howard to discuss.
Language guidance for meetings.	PB Team/TP	Ongoing.
Possibility of audit of accessibility of services.	NM / VC / JG	Ongoing.
ER hospital letters.	JR	To be scheduled. Awaiting update,

Action	Responsible	Status
Investigate setting up a focused group, with Mental Health colleagues, to consider issues discussed.	NM	Ongoing.
Rolling out staff autism training to CFT & CC.	IC / TS	Ongoing. Updates on progress to each meeting.
Invite CC Housing Options Team to future meeting to look at the implications for people with LD and Autism in accessing mainstream housing	PB Team	To be scheduled.
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.	PN / AS	To be scheduled.
Provide details of statutory obligations regarding advocacy support.	TBC	On hold due to review of rollout
Investigate changes to blue badge application process.	MH	To be scheduled.
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	
	<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>	
2.	Minutes and actions of the meeting held on 28 June 2022	
	<p>SW invited any issues from minutes of the last meeting to be raised.</p> <p>No issues raised and they were therefore accepted as a true record.</p> <p>MH provided the following updates on actions from previous meetings:</p> <ul style="list-style-type: none"> DWP – questions formulated by the user group in July had been forwarded to Tasha Milton on 2 August. Initially she had said we'd have responses by the 20 September meeting but emails had not been responded to since August. The matter had been escalated to Trudie Binnie, new Disability Employment Adviser Leader, who was meeting with MH on Thursday. 	

CB added that an additional issue for the Board to raise with the DWP was the stigma attached to claiming benefits and the effects on people that don't claim because of it. Through a conversation with a DWP Advisor he had learnt that was an issue affecting many.

- The Chair, Cllr Sally Weedon, had undertaken to liaise with the Portfolio Holder regarding future Blue Light Day funding from Cornwall Council. TS had since taken the lead on the matter and was in the process of arranging discussions regarding issues experienced this year and ensuring early input for future years.

The Board had previously heard that the Office for the Police and Crime Commissioner could withdraw funding for future years. MH reported that PC Sarah Treeby was liaising with the OPCC but had so far received non-committal responses.

- The PB Team had not yet met with MR 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 were better prepared to manage situations.
- MH had been in touch with PC Jason Howard, Mental Health Liaison Officer, regarding the potential for including an autism alert element to the new Hospital Passport app. He 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.' He's offered to meet to discuss in more detail so what I need to know is who from here should be involved in that conversation.

JW said that she would be interested to learn more about PC Howard's take on the issues, what he thought was needed, what training Police Officers received around mental ill health and what assistance they may require to help to develop more robust pathways. She had recently spoken with a PCSO who had stated that around 75% of their work centred around mental health but Mental Health First Aid training was not being kept up to date. Their certificate had expired but they had been told that if they wanted to keep their training up to date they would have to pay for it themselves.

ML suggested that a question be drafted for her to share with parent groups. She added that she knew that not all officers understood the Hospital Passport.

The PB Team would liaise with PC Howard with a view to discussing the matter in more detail at the next meeting.

PO offered the assistance of The CHAMPs in any discussions outside of Board meetings.

Liaise with PC Howard

CB highlighted that digital poverty meant that many could not access the app. MH said that one of the questions to ask at the next meeting would be what the alternatives are for those in digital poverty.

Via the chat function, CB said that there was an autism card in operation in Devon and when travelling by train he always made sure to wear his Mencap lanyard, which normally worked well.

- At the last meeting we spoke about all doing our best to try to use appropriate terminology at these meetings. The PB Team hoped to catch up with Tigger Pritchard about that soon.
- Easy Read hospital appointment letters. Jane Rees had reported that this had not yet been signed off yet. It would be considered at the next meeting.
- Possibility of audit of accessibility of mental health services. Jo Green had said that they would be willing to do this. However, NM reported that Vicky Crowther had informed him that due to a number of long term absences, the team had not yet progressed this.

The Psychological Therapies team would be starting work on improving access to services soon.

NM would be meeting with Inpatient Services that afternoon to discuss proposals around training and accessibility.

MH asked if there was still a possibility of setting up a focused group with Mental Health colleagues to consider issues discussed by the Board. NM confirmed that was the intention.

RJ said that she had been liaising with clinicians from across the mental health system and she was keen to set up a clinicians working group to identify gaps and to advise senior management of them. There seemed to be a real intent to improve. NM suggested that he and RJ meet outside of the meeting to try to join up the many different pockets of work that were being undertaken across the system. RJ agreed that work needed to be aligned.

- Pop-up mental health facility and/or the possibility of utilising a lorry to regularly visit sites around the county. NM said that would be something to consider following the identification of gaps in services. The matter would be removed as an action with a view to revisiting the idea at an appropriate should members choice to.

DA said that he couldn't grasp what the benefits of such a service could be.

- Possibility of rolling out staff autism training to Cornwall Council. Since the offer from IH and MR, for which TS thanked them, she had accepted an alternative one from PH. He had been supporting the roll out of autism training sessions to front line teams, which also enabled him to share with

wider teams the role of Autism Intensive Support Team.

Phil had met with TS and the 3 lead locality Social Workers leading on the work. A number of Lunch and Learn sessions had been booked in in each locality area. PH's time was only made available as the AIST was not yet fully operational and it was hoped that the expertise of IH and MR could be utilised for any future sessions.

PH added that he used to be a part of an autism social care team in a local authority in Hertfordshire. The sessions were to share the practices that had been developed in that team, specifically around interesting challenges and ways of working that did not transfer from either mental health or learning disability services. This was an opportunity speak about the adaptations and reasonable adjustments to be made when engaging someone and successfully assessing their needs under the Care Act. It was about finding solutions to help people isolated in communities that were often grossly under employed and open to vulnerabilities such as mate crime, exploitation etc. Discussions had been productive so far and there were a few more scheduled up until the AIST went live.

PH concurred with RJ's comments that a more collaborative approach to training was required. Upskilling was required across health, social care and the third sector and he was happy to be involved.

TS had also liaised with the Council's Learning and Development department within Adult Social Care. Historically, the NAS had delivered two levels of autism awareness training – baseline training and assessors training for staff undertaking social care needs assessments. Currently, there was no training booked for the remainder of the financial year. Consideration was being given to what Oliver McGowen training did not cover and also the fact that levels 1 and 2 e-learning was not yet established so it was not known what that would look like in Cornwall. Pragmatically, available funding had been identified for the sessions during the period up to the end of the financial year. The NAS could be approached or equally partners present could put a proposal forward to provide such sessions.

Via the chat function, DA stressed the value of staff receiving training in how to communicate with autistic individuals.

JW said that she had developed and delivered autism acceptance in-house training for Pentreath, who had around 150 members of staff. The training was easily adaptable and she had delivered to NHS commissioners and staff, as well as to communities. The course focused on what autism is and isn't and the impact on the individual and those around them. It asked staff to consider the impact on them in terms of adapting their own practices when speaking with someone that has a different communication style. It concludes with discussions around solution building, costs, implementation and practicability.

MR said that NAS Cornwall were only permitted to deliver the very basic acceptance training, having moved away from awareness. Herself, IH and Tigger Pritchard were in the process of setting up the Autistic Community of Cornwall (ACC), which was training delivered, designed and produced by autistic people. She added that an element currently missing was a human library. The group were due to meet with Alison Bulman, Strategic Director, Adult Social Care to discuss delivering training there.

TS asked if herself and Kerry from the Learning and Development team could meet with ACC to consider what the offer needed to look like moving forward. MR agreed and said that there was a good opportunity to begin to roll out good practice across the sectors.

Via the chat function, MR encouraged *more actual autistic people to contact us to get involved in the delivery of the training we are currently delivering as part of the autistic library of people.*

CB said that it was ridiculous that conversations were still being had about the need for autistic people to be the ones that teach others about autism. He had been part of such training 7 years ago. PO agreed, stating that it was a terrible decision when Cornwall Council pulled funding for it.

Via the chat function, CB added, *There is massive stigma against disability from Torpoint to Penzance in Cornwall. Sorry time to continue to talk time and again is over. Learning disability has already lost its future in the county due no independent living. A job, lucky earn enough to buy a sandwich.*

ML concurred and said that she had experienced a lot of discrimination and “dodgy practice” from reception and clerical staff at a GP surgery just the previous week. Her parting words with the staff member was that they needed additional disability training and their supervisor should be sacked for suggesting the use of restraint. ML added that medical staff at the same surgery were brilliant.

KH suggested conversations with NM and TS needed to be had outside of the meeting. Hearing real examples was essential to improving services.

IH said that many of the challenges faced within the autistic community were driven by a lack of understanding and acceptance and training was an important component in overcoming that. A training package had been developed as a collaboration between the NHS Autistic Staff Network, the local NAS and the Autistic Community of Cornwall. It had been accepted as a really good way of rolling out training to health staff in parallel to Oliver McGowan training, which was learning disability focused and quite prescriptive in its nature.

- CB shared details from a brochure for a Citroen Ami, a small electric car with a top speed of 28 miles per hour, with no gear lever or clutch, that could travel up to 46 miles on a single charge. It was not available through the mobility

scheme but he hoped it would be eventually.

- CB said that he was disgusted at continued conversations about addressing digital poverty and housing issues. It was clear that actions needed to be taken so Cornwall Council should be getting on with it.
- Two items - Invite CC Housing Options Team to future meeting to look at the implications for people with LD and Autism in accessing mainstream housing and changes to blue badge application process. They hadn't been scheduled yet due to capacity.
- The Advocacy People were now fully staffed in relation to the element of their contract to bring self-advocate voices to the Board. Penny Newman would update to the next meeting.
- Statutory obligations within the delivery of the Better Lives Strategy. Rollout was currently being revisited so the Board would be updated when plans were clearer.
- LeDeR updates - Lisa Nightingale had not responded to emails from MH so Paula Volkner was chasing this up. NM said that the report had now been published but the easy read version was not yet available due to the difference between easy read and Accessible Communication Standards.
- The Direct Payments Policy was currently being reviewed. More later in the meeting. The Partnership Boards team would be holding an event at the Venton Conference Centre on 30th November at which people in receipt of Direct Payments would be invited to help to frame and phrase the questions that should be asked when communicating with service users.

The agenda item had overlapped with the 'Updates from Members' and discussion had already been had on many topics that were due to be discussed later in the meeting. It was therefore agreed that the agenda items 'Update on Partnership Boards Work and Events', 'Health Update and Feedback from the LDA Programme Board' and 'Updates from Adult Social Care' continue under the current item.

- TF provide a shortened update from the Partnership Boards team. She reported that the Learning Disability Partnership Board had recently followed the lead of this Board and was changing its logo.

TF had recently attended the Cornwall Partners In Policy Making event 'Where do we go from here?'. It had been great to see both speakers and performers with lived experience. DB echoed that.

She also reminded members with lived experience that the Community Promotor role was open to them if they wanted to join the team in promoting the Boards and the wider Healthwatch Cornwall at events. David Burns, Steve Dymond and Marie Lobb were doing an excellent job and would be willing to

Speak with anyone that wanted to join the team.

MH reported that the Safeguarding Adults Board Annual Conference would be held in March 2023. The PB team were liaising with some Board members with lived experience about the possibility of devising anonymised case studies from their personal experiences of safeguarding. Members were invited to contact the team if they wished to contribute either from a carers or safeguarding perspective.

- NM provided an NHS Update.

The NHS and Adult Social Care were increasingly commissioning the voluntary and community sector to undertake training in order to ensure that it was led by people with ground level expertise and lived experience. There was an implementation group for health and social care for Oliver McGowen training and there was an opportunity for every CQC registered body to come together collaboratively, a statutory service collective, to offer out delivery of expert standardised training. TS asked NM how that suggestion could become reality. NM said that he wasn't sure but there was so much expertise in the meeting that it wouldn't make sense not to utilise up. MR said let's just do it. A meeting needed to be arranged between all those that would be involved in the process. NM agreed and added that he and TS needed to work together to try to ensure that the multiple organisations and departments. They agreed to consider who the ultimate accountable lead should be but it may be that they approach KH and Tim Francis, Head of Mental Health and Learning Disability Joint Strategic Commissioning, to progress. They would ensure that the Board was updated.

Liz Cahill, Associate Director of Commissioning covering Children and Young People, had shared the following information on the new Cornwall and Isles of Scilly developmental differences plan:

'Parents have told us that it is difficult to find help whilst waiting for an assessment.

Often having had an assessment there is little in the way of help available. They have told us that they need access to better help and earlier, including access to experts to support managing the challenges children and young people are facing.

Young people have told us they want us to help their parents to help them. We think we might have found a way of supplying better support and help but this will require changing the way people are currently referred for an assessment or diagnosis for Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and other neurodevelopmental need.

We know that too many people are waiting too long for an assessment for Autism, ADHD and other developmental differences. Despite investment, our teams are struggling with the volume of referrals. Referrals often do not meet

Regular updates on progress

	<p><i>the criteria for assessment, but we know that help may still be needed. We would like you to come and discuss how we might make this work for Cornwall and Isles of Scilly. There are three dates when you can join in across Cornwall. Isles of Scilly has a dedicated virtual event in December.</i></p> <p><i>Dates, times and venues. Each event 9:30 am to 3 pm:</i></p> <p><i>Shire House Suite, Bodmin, 25 November 2022</i> <i>Queens Hotel, Penzance, 28 November 2022</i> <i>The Knowledge Spa, Truro, 29 November 2022'</i></p> <p>MH would circulate a flyer about the events.</p> <p>MH reported that he had also been in touch with Liz Cahill to find out if and when the Children's Autism Partnership would be restarted. Liz had said that she had plans that she would like to share with the Board but didn't expand any further and MH had believed she would attend today's meeting to do so. NM said that he understood that flyers detailing consultation had been produced and were being circulated.</p> <p>Autistica had been in touch about the development of Annual Health Checks for People with autism as part of its 2030 Plan. They had asked NM to advise them but he intended to suggest that they should liaise with the Board instead. The Board agreed. Via the chat function, PH suggested that this was a piece of work that a small group of members of the board do and then feedback to the main group.</p>	<p>PB Team to liaise with LC</p> <p>NM to liaise with Autistica.</p>
<p>3.</p>	<p>Break</p>	
	<p>The Board took a 10 minute comfort break.</p>	
<p>4.</p>	<p>Updates from Members (continued)</p>	
	<p>Shine Together – Pentreath</p> <p>JW updated on Shine Together, the exclusively autistic autism project which would work with diagnosed individuals. It was felt that the delineation between those with and without a diagnosis was necessary as the aim was to get autistic individuals into work, education and support.</p> <p>The project would run for 18 months and they had successfully recruited to administration and advisor posts, with a further vacancy in the West of Cornwall to which autistic individuals or people with lived experience were invited to apply. Across the whole organisation, recruitment and interview practices were changing to make them more accessible and equitable.</p>	

The Women's Centre

IH gave an update on behalf of Dina Holder, The Women's Centre and Divas, on the work that they were undertaking with Age UK on abuse of elders and with survivors. Dina had been adamant that there should be representation from autistic individuals.

A date had yet to be set but there would be a discussion of the work on BBC Radio Cornwall, to which IH would provide a neurodivergent perspective.

Autism Intensive Support Team (AIST)

PH reported that the AIST would go online as a live service in the new year when a new psychologist and manager was in post.

It was not a full autism team in the sense that its remit was more that of prevention of crisis and working with people with complex needs who were Continuing Healthcare (CHC) funded, came under Section 17 of the Mental Health Act or at danger of entering the prison system.

It was hoped that the team could provide the foundations for wider support to be developed for autistic individuals.

The South London and Maudsley NHS Trust had set up an Autism Practitioner Network that was open to all professionals that worked within specialist autism teams. He added a link to the chat function for anyone in such a role that was interested in joining.

Seminars would be held in the new year, with the first being 'What is Autism?'.

Adult Autism Assessment Team

RJ reported that the wait time for a diagnosis continued to increase. Currently, it took around four years from the point of referral to assessment. However, new staff had been brought onto the team and some clinical time was also coming in. It would be difficult to turn the tide as referral rates were continually increasing, which was in line with the national picture. It would be necessary to take a wider system approach to address how the service could be resourced long term but it was hoped that increased staffing would at least slow down the increase.

Citizen Checkers

DB reported that Citizen Checkers had been working with and supporting a couple of clients that had been placed in out of county hospitals. One that had recently been able to return home and the other would be doing so in a couple of days time.

DB also promoted the Talk Together group, based in Liskeard, which offered the

	<p>opportunity for people with learning disabilities and autism to speak about their mental health and other issues affecting them. The group met on the second Monday of every month between 1pm-3pm. TF would circulate a flyer.</p> <p>The CHAMPs</p> <p>PO reported that the Safe Places scheme was back up and running.</p> <p>TF added that The CHAMPs had performed a new song to promote vaccine update at the recent meeting of the Learning Disability Partnership Board. SM said that they would love to be able to record it and asked that anyone with advice on who could assist to please get in touch.</p>	
<p>5.</p>	<p>Work Planning for 2023</p>	
	<p>The intention of this item was to consider the key issues that the Board wanted to concentrate on over the next twelve months.</p> <p>Whilst today's meeting had been very informative and actions to take forward had been agreed, MH highlighted how disjointed it had been in terms of focus on specific matters. A rolling work plan would enable greater meeting management and enable, for example, sub-groups to be formed to look at important issues in more detail.</p> <p>To achieve that would require, 1. Professional members of the Board to advise on what work was coming up and how they could see the Board participating at a level where it could make a real difference, and 2. Consideration of the how Board meetings should be structured. The make-up of membership was excellent, with wide representation from neurodiverse individuals, groups and professionals but that meant that much of every meeting was taken up through updates and networking.</p> <p>Current funding did not allow capacity for the Board to meet more regularly than quarterly, particularly with the ever growing need for sub-groups – seven additional meetings/events had been hosted this year – and participation in meetings of other bodies. An alternative option be to have alternating meetings whereby the focus of one is to share updates and agree upon key areas of focus and the next is to consider those areas in depth, possibly through day long sessions if necessary.</p> <p>Another matter to consider was how meetings should be held – online, in person or hybrid. It seemed that most professionals had changed their ways of working since the pandemic and there was a reluctance or a lack of capacity to attend meetings in person.</p> <p>MH asked NM about plans to develop an Autism Strategy.</p> <p>TS wondered if there was merit in the Board having task & finish groups to</p>	

focus on specific issues and gave the example of such a group looking at how Oliver McGowen mandatory training could be rolled out collaboratively in Cornwall. MH said that the ability to take ownership of work was what the Partnership Boards team had always wanted and he cited examples of where that had happened. However, it needed to be recognised that funding allowed for only two part time staff, covering 49 hours per week, to support four Boards so capacity was limited. What would therefore be required would be members of the Board to take a more active role in its work and to lead on actions relating to their service areas. TS said that would require clear remits from the Board on what needed to be covered for any given piece of work. MH agreed, the Board needed to be clear on what it wanted and individuals needed to put themselves forward to take ownership, something that the Board had always lacked.

NM left the meeting.

RJ asked what happened with regard to the Next Steps sessions following the Adult Social Care Peer Review. MH said that the outcomes and actions had been heavily focused towards LD services and the LD Partnership Board. No negative feedback had been received about this Board. TS said that the autism related strands for Cornwall Council to address were the need to provide greater autism acceptance training for staff, which she was taking forward with PH, and the broader issue of communicative issues across the system, not just ASC. Another issue affecting individuals that came across very strongly was the impact on emotional wellbeing of individuals through not having effective adjustments made within mental health services.

KH summarised three areas of feedback received through the Peer Review. 1. Training and making sure that people had much greater awareness, 2. The support coming through from the Mental Health Board, and 3. The service provision for autistic people. That would come through Delivering Better care and Community Base Support Commissioning that herself and Martha Reed would bring to a future meeting. MH asked if that would potentially mean that there would be work for the Board to take ownership of. KH said that there 100% would be and what that should be could be considered once the Programme of Work had been agreed.

MH asked KH for her views on how Board meetings should be structured. KH said that she would take a steer from the Board as to whether it wanted to use its time for engagement or for task and finish style groups to be formed which commissioners would lead on, utilising the expertise of Board members, before reporting back to the next meeting. MH said that his preference would be the latter, which was also the consensus of others in attendance.

KH proposed that, should the plan of work and programme of engagement be finalised by the next meeting, she would invite members to work with commissioners on task and finish groups on what services should look like.

KH left the meeting.

MH said that another issue that affected the Board's ability to schedule effectively was that, historically, the Partnership Board team had always been notified of Cornwall Council's engagement needs at the last minute, meaning that agendas either contained too many items or other items were deferred. TS suggested learning from other Partnership Boards that had experienced similar circumstances. MH said that the team do check on the work of other Boards but relayed an instance whereby they had recently been directed towards an LDPB that was held up as an example of good practice only to find that they achieved much less than their own Board did. What it was better at though was promoting its successes.

Through the chat function, the CHAMPs expressed a preference for face to face meetings. MH said that would certainly be the better option if the Board adopts a task and finish approach. ML had concerns with the effectiveness of hybrid meetings. TS thought that it should either be in-person or online, not hybrid. MH said that the Carers Partnership Board and the Learning Disability Partnership Board meetings were all now hybrid and worked well. What had been found with the LDPB was that the majority of people with lived experience attended in person and the majority of professionals attended online. A consequence of that was that peer support empowered those in the room and participation had increased. The only difficulty came when presenters wanted to have breakout rooms without having planned for them in advance.

JP said that he found in person meetings easier as it enabled better communication and watching a screen for too long could be uncomfortable. He added that the last Partnership Board meeting that he attended in person was amazing and everyone on the Board was doing a wonderful job. He had previously lived in the Cotswolds and such interaction and participation was not available there. People should recognise just how much value this Board brings.

TS added that any in person meetings required additional time for people to familiarise themselves with their surroundings and to network. ML said that public transport links were important. MH said that the team would like some of its members with lived experience to visit venues with them to enable them to consider accessibility issues. JP and JW said that they would be willing to assist.

PH said that the All Party Parliamentary Group on Autism had written a report reviewing the Autism Act, which had been produced through consultation within three major cities. It would be beneficial to consult the autistic population of Cornwall to find out what the key issues are to individuals, from which this Board's priorities could be agreed and task and finish groups formed. MH and PH agreed to meet outside of the meeting to discuss ideas in more detail. MH asked if any others would be interested and RJ and JW put themselves forward. TS said that it would be nice to have a 'plan on a

	<p>page' that identified realistic targets for 2023. JW stated the value of SMART targets.</p> <p>ML highlighted concerns that she raised regarding Blue Badges a year ago not yet being adequately addressed. If that had been included as a recognised target that would give the Board more authority and make the responsible person more accountable.</p> <p>MH what members felt they would lose out on if the format changed. Members gained a lot of value from the networking element of the Board and projects did stem from discussions held here but the value of that was not tangible in terms of demonstrating the success of the Board. A happy medium needed to be found between sharing the wide breadth of knowledge that the Board brought together and achieving tangible successes.</p> <p>TS stressed that feedback from the Peer Review had stated that this was a strong Partnership Board with active participants and that people were coming together to effect change. Members should take pride in that but should also strive to continually improve. JW added that whilst soft outcomes were always difficult to quantify, they were often the areas in which the real magic happened. ML said that it was important that a section for soft data was captured in any plan.</p> <p>JW asked if it would be possible for a pro-forma to be sent to Board members to enable them to demonstrate soft actions achieved through these meetings. Three could also be value in meeting with other local Healthwatch Boards. PH said that the Warwickshire Autism Partnership Board was a good example.</p> <p>The Partnership Board team would consider the feedback received and discuss the way forward with commissioners and members of the Board.</p>	
<p>6.</p>	<p>Any other business</p>	
	<p>The Women's Centre / Diva's</p> <p>Dina Holder had asked the following via email:</p> <p><i>I have been asked by a specialist support worker for advice about the below issue:</i></p> <p><i>She is currently working with a woman who has a 12 year old daughter with severe autism traits. She has tried every agency and service without success and out of desperation walked her child into a local Police Station. The Officer on duty told her there was no hope! However since this she has managed to speak to another officer and has attended the Autistic Spectrum Disorder Assessment Team in Truro Health Park. The appointment was on the 7th of</i></p>	

	<p><i>October and she is awaiting the outcome.</i></p> <p><i>She has seen the Divas online and feels something like it would be ideal for her daughter. But I have explained to the worker that the DIVAS is not appropriate for a 12 year old. Do you know of any autism specific or autism friendly groups for young girls? Could you put out my query to the Board on Tuesday and let me know if there are any suggestions.</i></p> <p>MH had put her in touch with Liz Cahill, who was leading on the relaunch of the Cornwall Children’s Autism Partnership. IH had also provided a list of resources, groups and signposting.</p>	
<p>7.</p>	<p>Future meetings</p>	
	<p>Date for meetings in 2023 would be circulated at the earliest opportunity. The intention was to ensure that they aligned with Cornwall Council’s rollout of Delivering Better Care.</p>	