

MEETING NOTES:	Meeting of the Autism Partnership Board
DATE:	Tuesday, 20 June 2023
LOCATION:	Probus Village Hall and on Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Robert O'Leary (RO)	Partnership Boards Lived Experience Engagement 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	
Clive Gaylard (CG)	Service Manager, Proper Job	Cornwall Council
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
Debbie Rees (DR)	Clinical Review Officer	Cornwall and Isles of Scilly Integrated Care Board
Dina Holder (DHo)	Community Engagement Manager	Women's Centre Cornwall & Divas
Sgt Flo Linscott (FL)	Diverse Communities Lead	Devon and Cornwall Police
Julie Atwell-Cook (JA)	County Parenting Advisor	Cornwall Council
Julie Pape (JP)	Autistic individual	The CHAMPS
Karen Hooper (KH)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Lisa Clark (LC)	Parent Carer and Director	Parent Carers Cornwall
Lizzie Denison (LD)	Opportunity Coach and Co-Production Lead, Proper Job	Cornwall Council
Lucy Fremantle (LF)	Team Manager, Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Marie Ralph (MR)	Autistic individual and Parent Carer	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
Shelagh Mitchell (SM)	Health Improvement Practitioner, Healthy Cornwall and CHAMPS	Cornwall Council

Susan Joseph (SJ)	Interim Strategic Commissioner for LD and Autism	Cornwall Council
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APOLOGIES

Name	Position	Organisation
Councillor Sally Weedon	Councillor and APB Chair	Cornwall Council
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
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
Julia Wildfire-Roberts	Project Manager, Recovery College Cornwall, HC Director and autistic individual	Pentreath and Healthwatch 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
ER hospital letters.	JR	To be scheduled. Not yet signed off
Arrange meeting with Police re Police Interactions with Neurodivergent People.	PB Team / MR / DH	Item on 12/09/23 agenda.
Liaise with JR re SWASFT crews not having access to information held on RCHT Hospital Passports	PB Team / JR	Ongoing. Update to 12/09/23 meeting.
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 and MR. Possibly link to above Police item.
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.
Reconvene DWP Service Users Group	MH / TB / AC	Complete. The Group will meet on 29/06/23. Feedback from DWP on recommendations made to Dec meeting.

Action	Responsible	Status
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.
Housing Options Manager to join a future meeting of the Board for a Q&A session.	PB Team / KH / JW	Complete. No questions were received so no future consideration required.
Link with Sara Sanders, LeDeR.	NM / PB Team / SS	Complete. Met on 19/07/23. The Board is asked to extend a standing invite for Sara to attend when information is timely and for the Board to receive information via email as it becomes available.
Progress Blue Badge discussions (inc MR) (previously agreed to be considered outside of the Board, inc ML)	PB Team / KH	Ongoing.
Source appropriate GP representation for the Board.	CF / PH	Ongoing.
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.
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>The Chair, Councillor Sally Weedon, had submitted apologies so MH took the Chair. He welcomed everyone and advised that the meeting was being recorded for minute taking purposes.</p> <p>Further apologies received are detailed above.</p> <p>MH invited everyone present to introduce themselves.</p>	
2.	Minutes and actions of the meeting held on 14 March 2023	
	<p>MH 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>3.</p>	<p>Updates from Members</p>	
	<p>The Women’s Centre Cornwall / The Divas</p> <p>DH introduced the new Learning Disability Partnership Facilitator project. Her commitment to the Board, and in general, was that whenever working on LD matters she also wanted to consider autism and neurodivergence issues, as well as mental health, in order to avoid a siloed approach. Divas training always aimed to cover wider issues to the main topic.</p> <p>Before continuing, DH gave a trigger warning that she would be referencing domestic abuse and domestic violence.</p> <p>Further information in the form of an accessible presentation is attached as an Appendix to the easy read version of these minutes.</p> <p>The following information had been shared in advance of the meeting:</p> <p><i>The current system of support for domestic abuse and sexual violence is failing to reach victims and survivors with learning disabilities. This group of people are known to be at a high risk of Domestic Abuse and Sexual Violence. This is why a group of lead commissioners in domestic abuse and sexual violence services from Cornwall Council, Devon County Council, Plymouth City Council and Torbay Council are working together to improve the system of support across the southwest peninsula.</i></p> <p><i>They know that people with learning disabilities are underrepresented in the specialist domestic abuse and sexual violence services, and that they need to look at different approaches to provide inclusive support. The stigma and discrimination for people with learning disabilities is high, meaning that they either do not or cannot access services or if they do seek help they do not receive good quality, non-judgmental care and support.</i></p> <p><i>They have therefore commissioned The Women’s Centre Cornwall to lead a new piece of work: the Learning Disability Partnership Facilitator Project. We will be working with Domestic Abuse and Sexual Violence (DASV) Services to support them to improve their confidence and skills in supporting people with learning disabilities.</i></p> <p><i>We also will reach out to work with specialist Learning Disability organisation’s to help them to raise their awareness of domestic abuse and sexual violence so that they can support disclosures, and also better recognise that some behaviors may be occurring as a result of abuse and so make sensitive inquiries; and then to help people with learning disabilities to access support from specialist DASV services. Plus working together with services to understand how to continue to work with the person through the support journey.</i></p>	

Specific Outputs include:

1. *the provision of training programmes for DASV specialists and Learning Disability specialists;*
2. *the development of accessible practice (communication, risk, safety planning, etc) tools; and*
3. *a specialist referral pathway into Domestic Abuse services and Sexual Violence for services working with people affected by DASV with learning disabilities.*

Intended Outcomes:

1. *We aim to upskill the workforce so that DASV services and specialist Learning Disability services understand how people with learning disabilities experience domestic abuse and know how to communicate with victims of domestic abuse with learning disabilities and have a range of tools to support this.*
2. *Improved connectivity between all agencies working with people with learning disabilities who experience domestic abuse including clear and well published pathways into services.*

As the Partnership Facilitator we wish to understand what the current gaps are and develop some co-produced solutions. A key part of this learning will be supported by the DIVAS who are a group of women who are peer educators. They are women with learning disabilities who have experienced DASV. They are skilled trainers and will ensure that all developments are accessible and meet their needs and the needs of others who are experiencing or who have experienced abuse.

We want to work with local organisations to facilitate partnership working across the DASV and Learning Disability system covering Devon and Cornwall, reducing fragmentation and increasing access to DASV services. With all organisations feeling confident in identifying and responding to the needs of victims and survivors of domestic abuse who have learning disabilities.

I very much look forwards to meeting you and talking about the issues and opportunities that this project can address and so deliver a better experience for people with learning disabilities who are experiencing or have experienced abuse.

DB asked what the training would cover. DH said that the final version was yet to be agreed but emphasised that the project was open to all genders and the approach would be wider than solely focusing on domestic abuse and sexual violence. Rod Landman, who also worked with Arc, was involved to assist with issues affecting males.

Citizen Checkers

DB reported that Citizen Checkers continued to both visit people currently in

hospitals and speak to individuals that had been recently discharged.

The CHAMPS

SM had met with Sgt Flo Linscott to discuss the Safe Places Scheme and ensuring inclusivity through opening up the scheme to neurodiverse individuals.

A date had been set to meet with MR of the Autistic Community of Cornwall to utilise her expertise in the use of appropriate language. Sergeant Flo Linscott offered to join the meeting. He had assisted with the relaunch of Safe Places and had visited a vast number of establishments across Cornwall, the vast majority of which had elected to continue in the scheme.

September would see the launch of an accessible version of their 'Diabetes and You' online course that the team had co-designed.

The team would also be involved in the design of the Autism Strategy.

Healthwatch Cornwall

RO had joined the Partnership Boards team in March, following the last meeting of the Board.

His focus as the Lived Experience Engagement Officer had been upon forging new relations with previously unreached groups and individuals, leading to many new sign-ups and to Board representation on other bodies.

Royal Cornwall Show had been a great success for both the Partnership Boards and the wider organisation and the PB Team would have a stand at Blue Light Day. Two of the team's lived experience Community Promoters, Steve Dymond and Marie Lobb, would be supporting the team.

In the summer of 2022, a sub-group of the Board had been formed and met to consider communication and accessibility issues with the DWP. The March meeting of the Board had received responses from the DWP to the issues raised. The group was meeting again on 29th June.

Department for Work and Pensions

AC reported that the DWP was awaiting for the go-ahead for Autism Accreditation for all job Centre sites. Health Model offices across the country had achieved it but funds were not yet in place to role it out further. Despite that, informal walk-throughs and improvements had already started in preparation. In response to a question from MR, AC said that the accreditation framework was designed through the National Autistic Society.

All Job Centres now had sunflower lanyards available on front desks.

	<p>Adult Autism Assessment Team</p> <p>LF reported that waiting times for assessments remained quite high. From the point of presenting with a query of autism to diagnosis it was around two years. The team had recently recruited so progress was being made but referrals continued to increase monthly.</p> <p>Ways of working with Mental Health colleagues had developed to improve offers of support and training around autism with mental health.</p> <p>Devon & Cornwall Police</p> <p>FL had already updated briefly of the Safe Places Scheme.</p> <p>Funding had been secured for not only this year's but also next year's Blue Light Day. He urged everyone to attend on 5 July.</p>	
<p>4.</p>	<p>Actions from Previous Meetings</p>	
	<p>Most actions had been addressed through the updates from members or would be through later agenda items. MH updated on those actions not covered:</p> <ul style="list-style-type: none"> • Utilising Hospital Passport App in lieu of Autism Alert Card. A meeting would be arranged with PC Jason Howard and members of the Board were welcome to join. MR asked that she be included. • Caroline Finlayson and Phillip Hanscombe of the Autism Intensive Support Team had undertaken to look into who would be best placed to provide GP representation on the Board. 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 anticipated that any such representative would be open to discussing wider topics also. It was hoped that a suitable representative could be identified in advance of the September meeting. • It had previously been that Tigger Pritchard assist with writing advice for the Board around ensuring the appropriate use of language during meetings. Ian Hutchinson of the Autistic Community of Cornwall had produced a short guide on Neuro-affirming language that had been adopted by the NHS. It is attached as an Appendix. • Easy read hospital letters – Jane Rees had reported that the letters had yet to be signed off. 	<p>Circulate when available.</p>

<p>5.</p>	<p>The Autistic Community of Cornwall</p>	
	<p>MR gave an update on the work of the Autistic Community of Cornwall (ACC). The organisation was a Community Interest Company, meaning that income was reinvested into providing services, as opposed to being profit for owners.</p> <p>Its main aims were:</p> <ul style="list-style-type: none"> • To provide training around autism from an autistic perspective. • To develop the 'human library'. Autistic people with different backgrounds, genders and identities were available for others to talk to and ask questions of. • The Autistic Navigator Programme, for which National Lottery funding had already been achieved. The aim was to help autistic people navigate their way through a non-autistic world. Many participants were newly-diagnosed and were struggling due to the lack of post-diagnostic services available to them. The ACC had found that peer to peer mentorship really helped. • Meeting with commissioners to teach them, from an autistic perspective, about where services were lacking and where improvements could be made. <p>MR had recently been awarded a British Citizen's Award in education for her work at both a local and national level. She would be attending the Palace of Westminster to collect the award the following week.</p> <p>The first meet up for members of the ACC – "a social for people that don't like being social" – was taking place in July. It was a drop-in event where you could meet other autistic people, which for many was the most therapeutic thing you could do. The venue was in Newquay but it was anticipated that events would be held across Cornwall moving forwards.</p> <p>The ACC would have a stand at Blue Light Day.</p> <p>Positive feedback had been received on the training already delivered, which included Cornwall Council, CFT (including the Adult Autism Assessment Team and the Autism Intensive Support Team) and across the NHS.</p> <p>MR sat on the Police Equality and Diversity Board. As previously discussed through the Board, she felt that there was a massive need within the Force for better autism training, particularly around dysregulated individuals that may be showing signs of distress. The "hit and miss" approaches of Police that she had witnessed demonstrated that their training was not robust enough.</p> <p>Awareness and acceptance of autistic needs when suppressed was a</p>	

	<p>vital lesson that needed to be learned. The ACC had received a lot of feedback from autistic adults stating that their greatest fear was being confronted by the Police and also from parent carers of autistic young people.</p> <p>MH asked what the Board could do to support the progression of the matter.</p> <p>DH detailed the work of the Divas in relation to Operation Soteria, a collaborative programme bringing together police forces with academics and policy leads to use evidence and new insight to enable forces to transform their response to rape and serious sexual offences.</p> <p>The Divas had delivered online training and wondered if the Board could form a cohesive approach to progressing issues with the Police.</p> <p>ML cited the good practice followed by South Western Ambulance Service NHS Foundation Trust (SWASFT). She had recently witnessed examples of difficult to handle situations involving an autistic individual and their handling was exemplary. However, she had discovered that crews do not have access to information held on Hospital Passports. There could be a dangerous situation if an individual did not have someone with them that could articulate their needs</p> <p>It was agreed that the PB Team liaise with MR and DH as to how best to facilitate a discussion with the Police and the information that needed to be presented to them.</p> <p>FL confirmed that Teresa Berridge, Equality, Diversity & Human Rights Officer, would be the appropriate Police representative to liaise with.</p> <p>It was agreed that the issue of SWASFT crews not having access to information held on RCHT Hospital Passports be raised with Jane Rees.</p>	<p>Arrange meeting with Police re Police Interactions with Neurodivergent People.</p> <p>Liaise with JR.</p>
<p>6. Break</p>		
	<p>The Board took a 10 minute comfort break.</p>	
<p>7. Updates from Adult Social Care</p>		
	<p>KH provided the following updates:</p> <ul style="list-style-type: none"> Fiona Plummer & Antony Bell-Thorn – Direct Payments – The Board had previously provided feedback on the new Direct Payments Policy, recommending that Cornwall Council undertake further engagement to hear the voices of individuals in receipt of payments. 	

	<p>The Council had listened to the view of the Board and a meeting was being held the following week in which 70+ individuals had expressed an interest in joining.</p> <ul style="list-style-type: none"> Antony Bell-Thorn (ABT) – At its last meeting the Board had received a presentation on Individual Service Funds (ISF). ABT had now met with providers and other interested parties to explain the benefits of ISFs and the creativity that they create for the individual. Some ISF’s were now being utilised in Cornwall and it was very important that the Council monitored their usage to ensure that providers were allowing for creative use and that individuals were satisfied with the outcomes. A library of case studies would be produced in order to evidence their effectiveness. <p>DB asked how open providers were to the use of ISF’s. KH said providers were engaged and wanting to use them. They could see the benefits created by their flexibility to meet the needs of individuals. The overall goal was to ensure that all commissioned care had such flexibility built in to it.</p> <ul style="list-style-type: none"> Elaine Bradley – New contracts and the way that the Council commission Day Opportunities and Supported Employment were being worked on. An outline business case was currently being produced, which would consider the options as to how address the aims and achievements that people said they wanted. The next stage would be the engagement process. That plan should be available within the next four weeks. <p>ML said that there was a small but significant cohort of people for whom supported employment would not be suitable. For some, the “old-style” day services were the most appropriate form of support. Would such services still exist moving forward? KH encouraged ML to participate in an upcoming engagement session and reassured that it was not the intention to shut every day centre and push people into supported employment. The aim was access and choice for individuals to do what best supported them in leading their best live. But there was also a need to recognise that there was currently insufficient opportunities around and pathways into supported employment.</p> <ul style="list-style-type: none"> KH had been asked to by the Board to reach out to Council colleagues regarding housing-related outcomes, some of which was linked to the Making Good Change Happen work. <p>John Warner, Housing Options Manager, had offered to join a future meeting of the Board for a Q&A session. In order for that to run effectively and for all questions to be answered, members were asked to email questions to karen.hooper@cornwall.gov.uk and/or partnershipboards@healthwatchcornwall.co.uk.</p>	<p>To be scheduled should questions be received.</p>
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For clarification, KH stated that questions should be about housing options, in particular mainstream housing and how it is being made accessible. Alternatively, John could provide a presentation around accessibility and the information gathered through Making Good Change Happen.

- Mandy Palmer – Practice Quality Standards for Adult Social Care, an internal document for Cornwall Council staff. Following feedback from the Partnership Boards team, Mandy was working with the CHAMPs to produce an easy read version for circulation across the Council.
- Updates on the rollout of autism training across the Council would be provided by Tina Sanford at future meetings.

SJ informed that Board that she would be leading on Cornwall's All-age Autism Strategy. Work was due to begin soon and the Joint Strategic Needs Assessment, which was currently being written and was expected by the end of July, would form a good base of information.

SJ had identified initial priorities, many of which had featured in discussions at today's meeting. Whilst stressing that they were not exhaustive, SJ said that they were:

- Improving awareness and understanding of autism within the wider community.
- Improving support from early years into adulthood.
- Increasing employment, access to training and vocational support.
- Better lives – healthcare, care inequalities, support in the community and patient care.
- Housing and increasing independence.
- Keeping safe.
- Supporting families and carers.

Workshops would be held and would be supported by Health colleagues. Board members and organisations were encouraged to participate.

MR said that one of her bugbears was the term 'awareness'. The view of the ACC was that the majority of people and services were aware of autism, it was a lack of 'acceptance' that was the problem and the key factor the led to autistic people not being listened to. SJ agreed with the sentiment expressed and the need for the Strategy to adopt an appropriate approach.

DH agreed with the need for acceptance but many of the females that The Women's Centre supported reported that they did not feel understood, that they were worried to call services for help because they were still not confident about how to work well with autistic people. Whilst acceptance was the goal, awareness was one of the necessary means to

	<p>achieve it.</p> <p>DH added that high levels of domestic abuse and sexual violence were being experienced by autistic people and that should be recognised within the Strategy. SJ replied that would fit in well with the ‘Keeping safe’ priority. There was a need to highlight both good work and issues that were not currently being addressed. DH agreed and emphasised the need for preventative work in order to stop people’s mental health deteriorating. Promoting and supporting healthy relationships could be one approach to achieving that.</p> <p>DB said that, speaking as someone with autism, consideration from others was the thing that was most important. SJ added that recognising everyone as individuals was very important.</p> <p>ML had previously co-chaired the body that led on the Children’s Autism Strategy. She offered to assist SJ on the young person’s element of the Strategy.</p> <p>MH asked what the timeline was for the development of the Strategy and how commissioners saw the Board’s involvement. KH said that a draft Strategy should be available by October. SJ said that she hoped that priorities could be clarified within the next 6 weeks and from there the Board could be engaged through the formation of working groups. In response to a question from MH, SJ said that the Board would definitely be engaged prior to the publication of the Draft Strategy.</p> <p>In response to another question from MH, KH said that due to governance processes that needed to be followed, the final Strategy would likely go live around April 2024, at the end of the financial year. The Board would then be expected to hold services to account on the deliverable outcomes. MH agreed that it was important that the Board had a meaningful role in ensuring delivery of the Strategy.</p>	
<p>8.</p>	<p>Health Update and Feedback from the LDA Programme Board</p>	
	<p>NM followed on from the conversations held within the previous agenda item. He said that there was a wider recognition of autistic people within the services provided by the ICB, as well as an increasing awareness in mental health services of an underdiagnosis of autism.</p> <p>NM provided the following updates:</p> <ul style="list-style-type: none"> • The Dynamic Support Register, which had been relaunched on 1st May and was for people with learning disabilities and/or autism that were in crisis and at risk of hospitalisation. An individual could be referred (with consent) or they could self-refer onto the Register, with the benefits being added scrutiny around the treatments received and the 	

opportunity to develop plans around how future crises could be avoided. The revamped policy had seen a very positive uptake.

- Out of Area Hospital Placements (ICB target) – The target of ‘less than 5’ individuals was being met. A discharge plan to return home was in place. Instead of people being sent out of county, they were receiving mental health support locally.
- CFT were introducing Green Light Champions to each inpatient service. Green Light for Mental Health was an old document but had aged well in that it ensured that equal and equitable access to mental health services with adaptations and reasonable adjustments for autistic people and people with learning disabilities. There was also a Green Light Nurse with expertise across inpatient services.
- Due to the long wait for an NHS diagnosis, some people were using private sector services instead. A recent edition of Panorama had highlighted the unusually high rate of ADHD diagnoses obtained through the private sector. Early indicators appeared that rates of autism diagnosis are also higher in the private sector than the NHS.

As an ICB, it was felt that closer study around the quality of diagnoses needed to be undertaken. The ‘right to choose’ offered more freedoms for patients but it was important that the right diagnosis was received. LF said that the issue was on the radar of the Diagnostic Team and it was hoped that teams from across the sectors could meet to discuss matters.

NM said that the Cornwall and the Isles of Scilly ICB would be reaching out to other local ICBs that commission services, as well as private providers, to request comprehensive data around diagnoses.

MR said it was an issue being discussed regularly with the ACC. She suggested that it was a two-pronged issue. Firstly, there needed to be a recognisable standard that all adhered to. However, there appeared to a major issue around children’s diagnostic services within the NHS that was leading parents to seek a private diagnosis or having to wait for an adult diagnosis, so increasing that waiting list. Consideration of diagnostic data had to cover both children’s and adult services, as well as the knock on effect that the former had on the latter. NM and LF agreed that all factors needed to be taken into consideration.

- The Forensic Team worked with people that had mental illness and had experienced trouble with the law. It helped people as they left hospital having been detained and to help prevent people from reaching the point of hospitalisation. The plan, which was at an early stage, was to expand the service to better assist autistic people and people with learning disabilities.

	<ul style="list-style-type: none"> NM would introduce Sara, Sanders, who was now the LeDeR lead, with a view to Board consideration moving forward. 	NM to connect PB team with LeDeR lead
9.	Any other business	
	<p>The CHAMPs</p> <p>JP informed the Board that the CHAMPs had been visiting hospitals to assess how friendly and accessible they were for autistic people. Sensory consideration included lighting, appropriate décor, ensuring quiet space or that headphones were available. Accessibility issues included signage that was easily understandable and posters that educated people on how to communicate with an autistic individual.</p> <p>The team said that Camborne Redruth Community Hospital (Barncoose) was particularly good for people with sensory issues.</p> <p>RO said that it would be great for the Board to hear about the changes that get implemented as a result of the CHAMPs work.</p> <p>The team were also working with Adult Social Care to interview apprentice and trainee social workers.</p> <p>Motability</p> <p>ML told the Board that she had recently taken the time to feed back to Motability about how she thought its customer facing team could improve on accessibility and communication with autistic people. She hoped that it would be taken on board and cascaded throughout their teams.</p> <p>Blue Badge Team</p> <p>MR and ML said that the Blue Badge team at Cornwall Council still didn't understand autism and the reasons why an autistic individual could need one.</p> <p>MR said that improved training was required. Specialised assessments were often recommended but they were costly to the individual, meaning that the process was not equitable.</p> <p>MH and KH would liaise outside of the meeting with a view to moving the matter forward.</p>	KH/MH liaise
10.	Future meetings	
	The next meeting would be held at 10:30am on Tuesday, 12 September 2023 at New County Hall, Truro and on Microsoft Teams.	

	<p>The Board had previously agreed that meetings should be held centrally, so in and around Truro. However, only four people had joined the meeting in person. Should in-person attendance be so low again the Board would need to consider if future meetings should be solely online.</p>	
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APPENDIX

Promoting a more Autistic friendly NHS culture – the use of language

- Many Autistic people feel that person first language sends a message that Autism is in some way undesirable and needs to be ‘fixed’
- It is triggering for many and adds to their anxiety
- It reinforces ableism
- It is acknowledged that current diagnostic processes are predicated on a model of dysfunction and disability
- Staff should act with sensitivity, self-monitor their speech content and endeavour to use Autistic friendly language
- Below are examples of how you can do this

Current terminology	Neurodivergent friendly terminology
Autistic Spectrum Disorder Autistic Spectrum Condition Autism functional references (high / low) Autism severity references (mild / severe) Aspergers Syndrome Classic autism	Autism
Disability Condition Disorder	Difference
Disability / Impairment	Disadvantage due to difference
Diagnosis	Identification
Awareness (within the context of training)	Understanding and acceptance
Frequently used language	Neurodivergent friendly language
The have Autism	They are Autistic
They suffer from Autism	