

MEETING NOTES:	Meeting of the Autism Partnership Board
DATE:	Tuesday 28 June 2022
LOCATION:	Via Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Cllr Sally Weedon (SW)	Councillor and APB Chair	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Tanya Falaschi (TF)	Partnership Boards Project Officer	Healthwatch Cornwall
Karen Hooper (KH)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Andrew Gray (AG)	Autistic individual	
David Allkins (DA)	Autistic individual and Revenue and Benefits Admin Assistant	Cornwall Council
David Burns (CB)	Autistic individual	Citizen Checkers
Flo Linscott (FL)	Diverse Communities Team Leader for Cornwall	Devon and Cornwall Police
Heather Davison (HD)	Autistic individual	DIVAS
Ian Hutchinson (IH)	Autistic individual and Clinical Nurse Specialist - CAMHS	Cornwall Partnership NHS Foundation Trust
Joy Williams (JW)	Lead Operations Manager DOPMH, LD & AIST	Cornwall Partnership NHS Foundation Trust
Julie Atwell-Cook (JA)	County Parenting Advisor for Early Help, Together for Families	Cornwall Council
Laura Stevenson (LS)	Occupational Therapist, Adult Autism Intensive Support Team	Cornwall Partnership NHS Foundation Trust
Marie Ralph (MR)	Autistic individual, Parent Carer and NAS representative	National Autistic Society Cornwall Branch
Nory Menneer (NM)	Clinical Lead and Learning Disability and Autism Commissioning Manager	NHS Kernow Clinical Commissioning Group
Paul Owen (PO)	Autistic Individual and CHAMPs Team member	Cornwall Council
Penni Charteress (PC)	Community Engagement Worker	Divas, Women's Centre Cornwall
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
Rohit Shankar (RS)	Professor in Neuropsychiatry, Consultant in Adult Developmental Neuropsychiatry, Clinical Director - Adult LD services	University of Plymouth, Cornwall Partnership NHS Foundation Trust
Sam Mokarram (SM)	Advocacy Coordinator (West Cornwall)	The Advocacy People
Sgt Flo Linscott (FL)	Diverse Communities Team	Devon and Cornwall Police
Shelagh Mitchell (SM)	Healthy Cornwall Team Lead Health & Inequalities CHAMPs Team Manager	Cornwall Council

Tina Sanford (TS)	Learning Disability, Autism and Transitions Manager, Adult Social Care	Cornwall Council
Vicky Crowther (VC)	Service Lead for Community Mental Health Services over Specialist Services	Cornwall Partnership NHS Foundation Trust

APOLOGIES

Name	Position	Organisation
Beth Ford	Associate Director of Operations for Community Mental Health	NHS Kernow Clinical Commissioning Group
Claire Martin	Deputy Director of Nursing	NHS Kernow Clinical Commissioning Group
Emily Nicol	Clinical review officer adult mental health	NHS Kernow Clinical Commissioning Group
Jo Green	Service Manager, Community Mental Health Services	Cornwall Partnership NHS Foundation Trust
Lorna Brydon	Service Manager	Mencap
Mary Simpson	Chief Executive	Spectrum
Michelle Lobb	Carer and Director	Parent Carers Cornwall
Steph Isaacs	Outreach Inclusion Worker	Cornwall People First
Tasha Milton	Disability Employment Advisor	DWP

ACTIONS

Action	Responsible	Status
Possibility of audit of accessibility of services.	NM / VC / JG	Ongoing. Update to 20/09/22 meeting.
Investigate setting up a focused group, with Mental Health colleagues, to consider issues discussed.	NM	Ongoing. Update to 20/09/22 meeting.
Pop-up mental health facility. Possibility of using a lorry.	NM / VC	Ongoing. Update to 20/09/22 meeting.
Update on possibility of rolling out staff autism training to CFT & CC.	IC / TS	Ongoing. Update to 20/09/22 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	Ongoing. To be scheduled.
Meet to discuss website wording and accessibility.	PB Team / IH	Complete. IH met with MH and Healthwatch Cornwall's Communications Manager.
Provide details of statutory obligations within delivery of Better Lives Strategy.	TBC	Ongoing.
Further information on how to access the services of The Advocacy People.	PN	Incomplete. PN to present on the work of TAP at 15/11/22 meeting.
Provide details of statutory obligations regarding advocacy support.	TBC	Ongoing.
Again propose a cross organisational mapping exercise to identify what front line accessibility training needs to be provided.	PB Team / AS	Ongoing. Accessibility will be considered within engagement on the Better Lives rollout.

Investigate changes to blue badge application process.	MH	Ongoing. MH to follow up again with Donna Collins and request somebody attends a future meeting. To be scheduled.
LeDeR updates to future meetings.	LN	Ongoing. Lisa Nightingale, Head of clinical quality, CCG to provide updates as appropriate. Annual Report still progressing through governance processes.
Convert Direct Payments information into easy read for circulation.	AS / CG	Ongoing. CC to produce. DP Agreement is available in ER.

Item	What was discussed	Action
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 14 December 2021	
	<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>	
3.	New Logo for the Autism Partnership Board	
	<p>At the Board's last meeting it was agreed that the Board's logo – a St Piran's flag made up of jigsaw pieces – was outdated, didn't represent the wider autistic community and should be replaced. It was agreed that a new logo should consist of the infinity symbol overlaying the St Piran's flag.</p> <p>The Partnership Boards team had commissioned three options for the Board to choose from, which can be viewed from page 25 of the agenda – click here. Members were invited to vote for their preferred option, with the Chair adding that minor amendments to designs could be requested and that there was no requirement to select any of the three if they were not seen as suitable.</p> <p>16 members voted in favour of option 1, 0 members voted for options 2 and 3, and there were 4 abstentions, so it was agreed that option 1 be the Board's new logo. It can be seen within the header to these minutes.</p>	

4.	Feedback from Learning Disability and Autism Programme Board	
	<p>NM provided feed back from the LDA Programme Board, which had met the previous day. He added that it was currently chaired by NHS Kernow, which would be changing its name to the Integrated Care Board at the end of that week.</p> <p>DB, of Citizen Checkers, had provided an update its work with people with a learning disability or autism that were inpatients at hospitals outside of Cornwall. There were 5 such people currently, 4 of which Citizen Checkers were working with on a regular basis. The project was continuing until the end of July but there was an intention for it to run until at least the end of the year and for it to become “business as usual”</p> <p>The LeDeR programme was the review of people with a learning disability or Autism who had died, to look at their lives and the circumstances of their death, in order to understand what measures could be taken to ensure that people did not die prematurely in the future, as well as addressing health inequalities. The Annual Report had not yet been published but an easy read version had been produced and was currently going through the sign-off process.</p> <p>Measures around the NHS Long Term Plan focused on annual health checks for people with a learning disability. However, their were pilot schemes in other areas of annual health checks for people with autism. It was expected that would become a requirement over the next 1-2 years.</p> <p>Kevin Beveridge, Area Director, Adult Social Care was leading on its upcoming Peer Review. MH added that peer reviewers would be attending the Autism Self-advocates and Service Users meeting at Truro Library on 20 July. Details would be circulated the following week. NM encouraged members to get in touch with contact details for anyone that could or should contribute to the review. TS would update further later in the meeting.</p> <p>MR expressed concern that people with autism were not afforded the same opportunities as people with a learning disability and were often overlooked when organisations were considering which people with lived experience should be invited to participate in or give evidence at events. It felt as though it was assumed that people could and did speak up for themselves. NM said that the peer review was for both autistic individuals and people with learning disabilities. The Partnership Boards event on 20 July was solely autism focused. He acknowledged MR’s concerns and said that more needed to be done to make people with autism aware of the services available to them. For example, some weren’t aware that Treliske operated a liaison service specifically for people with autism that didn’t have a learning disability. MR agreed but added that forums always seemed to address autism from a learning disability perspective. That led to people without a LD falling between gaps in services, an issue exacerbated when young people transition to adulthood. NM agreed that there were gaps, partly due to national level funding streams being very specific in what they</p>	

<p>should be used for. RS agreed via the meeting chat function, adding that the government look upon their set of needs as "one".</p> <p>MH and TS invited members with lived experience to liaise with them to ensure that the 20 July event was structured in the most suitable manner for them to be as comfortable as possible when engaging with peer reviewers. That included event timings, the format of communications and any further issues that could affect accessibility for individuals. Easy read information about what a peer review was would be circulated to help people to understand its purpose.</p> <p>IH supported the comments made by MR. There was an ongoing issue with the conflation between autism and LD. It was very important that discussions were ongoing to ensure that the voices of people with autism but without LD were listened to with regard to services. Many such young people and adults that he had worked with outside of the NHS had relayed stories about services trying to redirect them towards LD services, particularly when mental health was the concern. The gap was down to a general lack of understanding of what autism was so continued discussion and highlighting would assist in educating people.</p> <p>In response to MR, RJ said that her service, the Adult Autism Assessment Team, would be speaking very much for autistic people without LD. Whilst the remit of the service was diagnosis only they were taking on the issue of a lack of post-diagnostic support.</p> <p>RJ asked what further opportunities there would be for people with autism to take part in the peer review. TS had liaised with Cornwall People First and had been approached by an individual that wanted to take part. The peer review team would be meeting with people that required support and with families through Parent Carers Cornwall. They would be meeting with Citizens Checkers. They would also be meeting with frontline staff. Unfortunately, timescales for engagement were tight and were restricted to Tuesday to Thursday. NM added that the approach adopted by the peer review team was fluid and they would follow key lines of enquiry as they arose.</p> <p>HD agreed with the comments made by MR and IH and emphasised the importance of continued discussion of the gaps in services.</p> <p>A Dynamic Support Register had been developed and launched in order for all necessary agencies to have access to a live list of people in the community who were struggling, in order to help to get the right services in place to avoid them reaching crisis. IH said that the title had been changed from 'Register' to 'Index' due to the connotations felt by people with autism of being added to a register.</p> <p>Throughout discussions, the following comments were made through the meeting chat function:</p> <p>RS - I am not involved in the peer review but feel would it not be helpful to send a survey to all stakeholders to capture their views so that they feel represented? Or else there will be a flood of opinions and little engagement? It is important to</p>	
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	<p>give all stakeholders an opportunity to voice their thoughts but the risk is that nothing will get heard if there is no proper process?</p> <p>NM – For people that cannot attend, perhaps we can facilitate written responses to the peer review team?</p> <p>MH – Happy for the Partnership Boards team to receive written contributions.</p> <p>RS – The larger agenda is "neurodevelopmental disorders" – which will encompass cognitive deficit issues, intellectual disability, cognitive divergence, ASD and other stuff like ADHD.</p> <p>SM – Questions/Prompts would be helpful to some people who cannot attend but want to contribute.</p>	
5.	Updates from members	
	<p>Autism Training</p> <p>IH gave an update on autism training within Cornwall Partnership NHS Foundation Trust. Via the Inclusion Director, there had been discussions about all staff training designed and delivered by autistic people. The aim would be to try to improve understanding and acceptance of autism that wasn't based upon stereotypical models of disorder and disfunction. Considerable support had been received from the Executive and it was hoped that a strategy for the rollout of training could soon be designed. It was also hoped that the training could eventually also be rolled out across Royal Cornwall Hospitals NHS Trust, which would link to work undertaken by its Neurodivergent Staff Network.</p> <p>The Chair said that it would be very valuable for those outside of the NHS to receive such training, if possible.</p> <p>HD and PO told of training that they used to provide through the National Autistic Society and Cornwall Council. It had started out as talks for companies that employed autistic people but evolved to including social workers that would work with autistic people. Feedback was always excellent, with the views of those with lived experience being greatly appreciated, as opposed to those from experts that knew the science behind autism. Hearing genuine life experiences allowed for better understanding of how everyone could work together effectively. Unfortunately, the training had been disbanded due to a lack of funding.</p> <p>IH agreed that the opportunity for staff to have conversations and ask questions of people with autism was an essential element of such training.</p> <p>TS asked IH if it would be possible for CFT to work with Cornwall Council to roll the training out across both organisations. She referenced work that PH had undertaken with Emma Goodall, Lead Social Worker, with regard to their working practices and how they interacted with people with autism. It seemed a good</p>	<p>Update on progress to</p>

	<p>opportunity for joined-up working. IH agreed to liaise with TS outside of the meeting.</p> <p>JA said that in the past the Together for Families team had received the NAS/CC funded talks as part of parenting workshops. They were amazing, particularly the interactive conversations element, and feedback was excellent. They had ended in 2018 but it would be great if they could resume.</p> <p>MR said that the lived experience of people with autism had to be given proper recognition and accepted as an essential part of teaching for neurotypical audiences. Qualifications were often regarded as being of greater importance, which led to the exclusion of those with more valid and relevant information to share.</p> <p>MH said that the Partnership Boards team had, on behalf of both the Autism Partnership Board and the Learning Disability Partnership Board, raised the issue of audience specific training, designed delivered by people with lived experience, with Cornwall Council Commissioners numerous times since late 2021 but had received no response. He hoped that the persistence of people like IH, HD, PO and MR would encourage cross-organisational working and rollout of training. The Chair concurred with the need for wider rollout.</p> <p>HD concluded by saying that not only had they shared life stories, they would also provide case studies which provided very impactful information. Real life history was much more educational than what could be learned through textbooks.</p> <p>PO drew attention to the very low cost of such training, saying that contributors had been paid only £20 plus expenses per session. They were a very cheap way to provide very important learning for staff.</p> <p>Training for Work</p> <p>AG relayed the following update via email during the meeting.</p> <p>He was concentrating on help for people with autism and or mild learning disability who would like a qualification towards attaining work. He offered a functional mathematics course and also four-part harmony, at the All Saints' Community Centre for one hour between 1 to 3 pm. The cost was only £2 per head.</p> <p>The Advocacy People</p> <p>SM reported that The Advocacy People had been delivering statutory advocacy awareness sessions to individual teams within Adult Social Care to make sure that they were doing correct referrals for people with care plans. 2 sessions had been delivered in the West and 1 central, with 2 more scheduled, 1 central, 1 East. Further sessions would be arranged as ASC teams approached TAP.</p>	<p>next meeting.</p>
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	<p>Peer and Self-advocacy awareness sessions were being delivered by Erya, TAPs training partners. Erya were very experienced and provided dynamic sessions, which were adjusted according to the needs and wants of individual groups. Sessions were open to people that accessed services, their immediate support staff and volunteers. 4 sessions had been held, with 42 people attending. 2 advocacy groups had come out of the sessions, the self-named Choices Voices and Chatterbox. Follow-up or recap sessions could be held to ensure that advocacy principles become embedded in the groups. The next phase would focus on care homes and food banks.</p>	
6.	Self-Advocates and Service Users Meetings	
	<p>TF, Partnership Boards Project Officer, Healthwatch Cornwall and PO, CHAMPs, reported on recent additional meetings held by the Partnership Boards team to ensure that the voices of self-advocates and service users could be heard by the LD and Autism Partnership Boards.</p> <p>On 24 March 2022 a joint LD and Autism meeting had been held at Falcon House in Truro. 22 service users and self-advocates attended and it was the first in-person meeting that most had been to in over two years.</p> <p>Key issues of concern that were raised were:</p> <ul style="list-style-type: none"> • Communicative problems with the DWP – it was agreed that a small team of self-advocates work with TF and MH to formulate questions to put to the DWP. The DWP’s LDPB member, Tasha Milton, had been very positive with regard to receiving them and working with the Boards to resolve issues. • Use of jargon by professionals. People presenting needed to understand their audience. • A lack of mental health services that were catered toward people with additional needs. • The rising cost of living. • The lack of advocacy services in Cornwall meant that many could not access the internet, creating accessibility issues with regard to finding information on required services. <p>Despite many attendees still harbouring anxieties in relation to Covid, everybody participated and there was a jovial atmosphere. Feedback on the event was excellent and everybody said that they wanted to attend future meetings.</p> <p>PO fed back from the Autism Self-advocates and Service Users Meeting held at Truro Library on 23 June. RJ and Lucy Freemantle, Cornwall Adult Autism Assessment Team (CAAAT), had engaged the group on the development of online information that could help people following a diagnosis of autism. PO was very positive about the meeting. It was recognised that the team were attempting to create a form of support that went beyond its service requirements and for which no budget had been allocated. It demonstrated that the team genuinely cared and wanted to help autistic people to live full and</p>	

successful lives. There were people in other roles that could be achieving a lot more if they had the same attitude.

MR concurred with PO's report back on the work of the CAAAT and added the following additional feedback from the meeting:

- The group had discussed the lack of formal post-diagnostic care for autistics, with current support always being around parent-carers as opposed to the autistic person. Peer support was essential for both mental health and physical wellbeing – even more so than medication in some instances – and the lack of it in Cornwall was having the knock-on effect of a mental health crisis.
- The form and wording of letters confirming a diagnosis should be detailed enough with regards to capacity to work to be incorporated into DWP decision forming and correspondence. That would be looked at in more detail with the DWP working group.
- She welcomed the work with the DWP, with whom communication was very problematic for many.
- On the proposed closures of day centres, her initial response had not been positive but on hearing the reasoning behind it she agreed in principle that not everyone benefited from such services and that alternatives should be investigated. However, she was concerned that the proposals did not include any indication of where funding for alternative services would come from or who would facilitate them.

Two separate meetings would be held in July, one for LD, one for Autism, the latter being on 20 July. Cornwall Council would be there to hear the voices of service users in the rollout of the Delivering Better Care – Adult Social Care Modernisation programme. In order to develop the right care and support services to meet the needs of people with Autism, focus would be on:

- how it can improve information about support and technology;
- finding work and what people did in the daytime;
- care and support at home to help people live independently.

Hearing the views of people with lived experience was vital to making sure that the right support was provided in the future.

As previously mentioned, the Peer Review team would be there to hear the views of people with lived experience about what services were working well and what areas needed to improve.

Moving forward, the Partnership Board team would review both their capacity for and the need for service user/self-advocate specific meetings. If they were to be held they would be LD or Autism specific. To achieve the most positive outcomes, the necessary delivery of presentations and forms of discussions had to be catered towards the different target audiences.

The Partnership Boards team had a new volunteer role, the Community Promoter.

	<p>It was an opportunity for self-advocates to join them at events such as Royal Cornwall Show or Blue Light Day to promote and discuss the work of the Boards with people with a learning disability and/or autism. Two people had already been recruited but more would be welcomed. Members were encouraged to share information widely.</p>	
7.	Mental Health Services	
	<p>Beth Ford, Associate Director of Operations – Community Mental Health and Jo Green, Service Manager, Community Mental Health Services, had been due to hear the concerns of the Board with regard to mental health services for people with Autism. Unfortunately, Beth had sent apologies and Jo had to leave prior to the discussion. Joy Williams, Lead Operations Manager DOPMH, LD & AIST and Vicky Crowther, Service Lead for Community Mental Health Services over Specialist Services, participated..</p> <p>Nory Menneer led the discussion and suggested that some of the issues that he expected would be raised could be considered within focused groups, which would allow for them to be considered in greater detail.</p> <p>The Board had raised concerns about access to mental health services through its meetings and also its Self-Advocate and Service User Meetings, ranging from counselling services all the way through to in-patient hospital care and acute mental illness. It was also important to recognise that there was a wide range of circumstances to consider. For example, people with mental health issues that also happened to be Autistic, those that had become traumatised due to a lack of adaptive approach or environment, or those that would access a counsellor for ongoing mental health support but are unable to due to a lack of adjustment within the approach.</p> <p>There was a lot of work ongoing to enable adjustments but progress had been slow. However, there was an increasing recognition that a.) people with Autism had previously been labelled with mental health conditions that they did not have and b.) mental health services needed to be available to all.</p> <p>MH relayed the key points raised by self-advocates and services users at the meeting held on 23 June:</p> <ul style="list-style-type: none"> • GP's don't recognise mental health issues within people with Autism; • "Life can get too much, life can be stressful. People can only do what they feel comfortable doing. Adding targets can add stress and isn't beneficial to peoples mental health"; • Conversations are often not understood and services (generally, across health and social care) do not realise that not only is that in itself problematic, the lack of communication and support during the long wait to then receive services creates further anxiety. • "Autism is a different language. People do not like to complain. That is often misunderstood and taken as being passive, which means that 	

	<p>issues are missed as people are not comfortable in raising them.”</p> <ul style="list-style-type: none"> • Messaging about who is eligible for services needs to be clear. In some cases it wasn’t even clear if they were for minors or adults. • Leaflets and information should be available in a variety of colours of paper. • Whilst easy read helped some people, the boxed style used in most publications were a barrier to others. • Concerns that raising issues could result in a reduction in service as professionals may see them as problematic individuals. <p>VC invited members to detail any issues that they had in relation to Community Mental Health services. She would then feed them back to Beth Ford, who could attend a future meeting to discuss matters further.</p> <p>NM summarised the earlier feedback:</p> <ol style="list-style-type: none"> 1.) People experiencing communicative issues when presenting to primary care and GPs. 2.) People not feeling comfortable in expressing their mental health with professionals. 3.) Accessibility of information. 4.) The environment of in-patient services. On that issue, work had started on making environments less stressful for all individuals, including people with Autism. <p>MH said that one suggestion made had been to have pop-up mental health facilities around the county. It was recognised that would not be suitable for all but would be a great starting point. St Austell was cited as somewhere that the local population would benefit from such a facility. NM said that there had been a lorry that travelled around the county providing such a service but that had ceased and was currently out to tender. He undertook to feed the suggestion back to Mental Health Commissioners. VC added that Beth Ford had been working on CFT providing such a service and that she would seek an update</p> <p>DB asked for an update on Early Intervention, working to ensure that individuals mental health states did not escalate. VC said that in general mental health, the transformation work, which was heading into its second year, had a focus on prevention and early help. It was expected that it would come to fruition in line with integrated care areas and local models.</p> <p>HD asked for Autism specific services for psychotherapy and mental health rather than pop-ups. Dedicated services that people could be signposted to when in need. She added that when a person with Autism sought help for their mental help they were told that they did not fit the criteria, that there were no services for people with Autism. Professionals were frightened to help and people with, for example, trauma related conditions found themselves with nowhere to go. That led to individuals in crisis or even worse. Such gaps needed to be addressed with dedicated services. NM said that there was currently a lot of work around the evidence base of treatments for people with Autism who also</p>	<p>NM to feed suggestion to MH Commissioners</p> <p>VC to seek update.</p>
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had a mental health condition. The South London and Maudsley Hospital were working with people with Autism to deliver training that specified the treatments that worked and the treatments that didn't work. Commissioners would be seeking to ensure that training was received as capacity increased post-Covid. Mental health was such a wide area – from people suffering from anxiety to those with acute mental health issues – and each area required its own evidence base and training. NM added that whilst the “closed doors” to accessing mental health treatment were quite apparent and work needed to be done at the entry level, there were services that were probably less visible as they focused on the acute end of treatments, such as for people experiencing psychotic breakdowns. HD emphasised that the issue was getting past the “front door”. It should also be acknowledged that people with autism were often more vulnerable to abuse so it was essential that services to meet the psychological effects of abuse were available. People currently felt abandoned. NM said that it was important that neurodiverse people were involved in the development and rollout of training for point of access staff and that was an issue that could be immediately flagged.

As a point of clarity, RS said that everyone had mental health, what was being discussed today was mental ill-health, for which there could be multiple factors. One thing that was lacking was a visual map detailing what services were available and who provided them. Also, his work on the Brain in Hand study had shown that issues that lead up to mental health problems, such as homelessness, lack of support, social care, all needed to be unpicked at an earlier stage, prior to medical intervention. We needed to know when social care should be the upfront service as opposed to being in the background.

MR drew attention to the wider issues of being on a long term waiting list for mental health support. Many people, as well as being autistic individuals, were carers for other people with autism. It was therefore essential that they were able to maintain both their physical and mental health. When referrals were made they were often for Cognitive Behavioural Therapy or mindfulness sessions, which research showed were not beneficial to autistic people. The neurotypical, one size fits all approach did not work. With regard to a pop-up service, MR ran a young people and young adults service called Youth Art Connect and had contacted various organisations about getting a bus which could be utilised to offer art interventions to support mental health. Whilst the service wasn't aimed towards specific groups they had found that many people joining them were neurodiverse and/or suffered from poor mental health. Targeted support was also offered in schools for people with low moods or even suicidal. However, the wider ambition was for a bus to be utilised by multiple agencies in order for those people that lived in remote parts of Cornwall to have the opportunity to receive support whatever their needs may be. Even just the possibility of having a chat with someone should not be underestimated as a means of support. It was often found that people with autism would talk more openly with other autistic people than they would to their counsellors and mental health workers.

NM said that the initial elements to take away from the discussion was the need

	<p>for a map of services and the need to audit that map to identify how accessible each service was. He invited VC and JG to work with him on such an accessibility audit.</p> <p>MH asked where the discussion and recommendations of the Board should be advanced to in order that they weren't lost. NM suggested a focused group to consider matters, including mental health colleagues, with a view to getting it onto the agenda of mental health commissioners and drawing it to the attention of Tim Francis, Head of Mental Health and Learning Disability Joint Strategic Commissioning for Cornwall and the Isles of Scilly. What was important was to not create a separate world for autistic people with mental health problems. Access should be as much as possible through the mainstream but with necessary gaps addressed through specialist services.</p> <p>RJ acknowledged the problems faced by people with autism in accessing mental health services and said that she thought that the biggest gap was the need to support people that did not have a definable mental health problem but high levels of distress because life wasn't adaptive to their autism. That was where post-diagnostic support would be beneficial for many.</p>	<p>NM/VC/JG – Accessibility audit?</p> <p>NM – Investigate setting up a focused group</p>
8.	Updates from Adult Social Care	
	<p>Karen Hooper, Interim Head of Commissioning for Learning Disability, Autism, Mental Health and Participation, Cornwall Council provided updates.</p> <p>Day Services Consultation Outcomes</p> <p>Following consideration of the findings of the recent consultation process, the Council's Cabinet had recently taken the decision to close four day centres in Bude, Newquay, Bodmin and Launceston on the basis that different forms of services were required in those areas and across Cornwall.</p> <p>Details of the process and work moving forward are attached as Appendix 1.</p> <p>Delivering Better Care</p> <p>The Council had recently agreed two commissioning strategies – Maximising independence and Better Lives. Details of the strands of support and next steps are attached as Appendix 2.</p> <p>Members would be engaged on the next steps at the Autism Self-advocates and Service Users meeting at Truro Library on 20 July. It was essential that suggestions and criticisms were heard in order to get the right services in place.</p> <p>Making Services Accessible (New Front Door)</p> <p>Access to Adult Social Care had been considered to be quite fragmented and complex. That had recently been reviewed and a new, single "front door" was</p>	

	<p>being implemented that had a primary focus of supporting independence and wellbeing, as opposed to a focus on what service an individual can be placed within. That would mean that all contact, be it with front line staff, a social worker, an officer, etc would go to a single point, therefore filling gaps by enabling staff to track everything in one place and simplifying tracking and triage across multidiscipline teams. In term, if required, the system could be utilised to develop longer term support plans for individuals.</p> <p>Development of the service would be in conjunction with the implementation of the strategies previously referred to so KH again encouraged people to attend the Autism Self-advocates and Service Users meeting at Truro Library on 20 July.</p> <p>Details of the service are attached as Appendix 3.</p> <p>With reference to personal budgets, HD suggested that meet-up hubs could be an option. They could provide activities and also prevent isolation for people that might otherwise be stuck at home and only see their PAs. KH said that part of the Community Based Support Offer was to look at issues in their entirety. It was recognising where support was and wasn't currently working well. It would also look at opportunities to gain grants to use within communities. HD emphasised that some people had friendships built up through decades of attending day services and without such hubs they could be lost forever. TS agreed with HD, it was vital that people could retain friendships and develop further connections within their communities. She felt that the Council had to determine how it would support individuals and the network of PAs. It was known that people found it hard to recruit PAs so that process and the use of Direct Payments had to be much easier, ie. through the use of PA banks. Similar structures existed in Devon. HD agreed that the biggest problem was getting a PA in the first place but from there it was essential that relationships were long term.</p> <p>Peer Review</p> <p>The upcoming Peer Review had been covered earlier in the meeting but TS offered the opportunity for self-advocates to liaise with herself and TF in advance of the meeting on 20th July to consider how the meeting should be structured and how long would be needed in order to get the most out of conversations.</p>	
9.	Any other business	
	<p>Blue Light Day</p> <p>HD encouraged people Blue Light Day at The Royal Cornwall Showground, Wadebridge on 6 July.</p> <p>However, she had received feedback that many people could miss out as they did not have the transport to get there. People in Supported Living were</p>	

	<p>reporting that their Support Workers were not insured to take them. FL replied that transport was one of the first issues discussed when planning with Accomplish and Cornwall People First. Unfortunately, reduced funding had meant that they could only just afford to hold this year's event and there were major concerns about the ability to hold it in future years. Logistically, transport simply could not be covered, despite transport companies and charities being approached for help. HD expressed disappointment at the lack of transport available, not only for this event but also on a wider scale with Cornwall Council. TS suggested approaching Volunteer Cornwall and FL said he would make the suggestion, though he believed all avenues had been investigated. He also expressed a determination to do all he could to obtain the necessary funding to hold Blue Light Day in future years. AG suggested approaching the All Saints Church at Tuckingmill, who operated a limited afternoon transport service.</p> <p>Children's Autism Partnership</p> <p>MH reported that the Cornwall Children's Autism Partnership was now defunct but a cross-organisational steering group had been formed to develop a strategy that would include an autism strategy for children and young people. It was important that this Board was included within that process and updates would be provided as they were received. It was hoped that a representative of the steering group would attend the next meeting. Members expressed disappointment that the Partnership no longer existed.</p> <p>Partnership Boards Community Promoter Role</p> <p>TF reported that three Partnership Boards members with lived experience had taken the opportunity to become a 'Community Promoter' volunteer for the Partnership Boards.</p> <p>The role was to raise awareness of the positive work of the Boards and to attract new people to the Boards through community events. Two members had joined the team at The Royal Cornwall Show, with DB representing this Board, and more were expected to attend Blue Light Day.</p> <p>TF thanked all the volunteers for their assistance and MH encouraged more people to put themselves forward for the role.</p>	
11.	Future meetings	
	<p>MH encouraged everyone to attend the Service Users event planned for 24 March and to share the information and invite widely.</p> <p>The next Autism Partnership Board meeting was scheduled for Tuesday, 20 September at 10 am on Teams.</p> <p>Members had highlighted the time restraints of the meeting, feeling that some matters would benefit from further consideration. MH emphasised the benefit of</p>	

	receiving updates and information from members in advance of meetings, therefore reducing the unpredictable element and allowing for improved meeting management.	
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Day Centres Adult Social Care

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Day Centres

Why Change?

- 33 Day Centres in Cornwall, 12 operated by the Council
- The way people access care and support services over the recent years has changed.
- Less people now use Cornwall Council's Day Centres as they have access to a range of alternative services and activities.
- People have told us they would like to be as independent as possible, have control over their lives and access activities in their local communities.

The Feedback – what people told us

I would like to be included in my local community

I like my new services, they are better

I don't want you to close any Day Centres

What else is available?

Me!

More group activities please

I want to do activities where I go out and about, meeting new people

I don't want to feel lonely, the day centre gave me confidence

Cabinet Decision

What was decided?

- ❖ Cornwall Council reviewed how much people use the in-house Day Centres and how much they cost
- ❖ The Centres in Bude, Newquay, Bodmin and Launceston are not well used or providing value for money for Cornwall Council.
- ❖ Therefore, the Council has decided to close those Day Centres

What happens next?

- ❖ Adult Social Care have been working with anyone affected by these closures to find them different types of support.
- ❖ Feedback so far is that the new services are better and people prefer the new offer.
- ❖ Cornwall Council has developed a new programme to modernise Adult Social Care services called Delivering Better Care.
- ❖ The key aim of the programme is to deliver a range of innovative, creative, person-centred and place-based community options to support people and their local communities.





Care and Wellbeing

Community Based Support Offer

Adult Social Care
26 May 2022



Our work – commissioning cycle



Our plans – commissioning strategies



Support for older people, people with physical disabilities or sensory loss



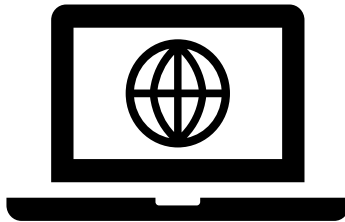
Support for people with learning disabilities, autism or mental ill-health

Our project – community based support offer

Community Based Support

1

**Independence
and Wellbeing**



**Information
about support**

£250,000

2

**Daily Living and
Community
Activities**



**Support in your
community**

£7,000,000

3

**Care and Support
at Home**



Support at home

£60,000,000

Our findings – what people have told us



Our next steps – how you can get involved

We need your help!

The contracts that we have for community based support services will end next year.

We need to put new agreements in place with organisations that deliver support.

We need your help to shape what the support services will look like.

Healthwatch are arranging two group discussions in July.

We will be there to ask you
about the support you need.

Please come along and get
involved!



**No support
about me
without me!**

THE COUNCIL WE NEED



Independence and Wellbeing Service

Adult Social Care Operations

(Delivering the functions of the Front Door for ASC & ASC
Short Term Services)

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Vision for Independence and Wellbeing Service

Call the Contact
Centre

With a worker at
your home

Worker from the
office

All go through single online portal and create record on MOSAIC
Referred to best team to help you

Updated computer
system and new
Contact Form

Triage takes place in single place

Case moves to relevant next step and tracked for 6 weeks

Reablement @
Home

Therapy/TEC

Temp Placement

Voluntary

Sign Post

Ongoing care maybe required with long-term support

Multi Disciplinary Teams will work together to carry out these activities:

- STEPs co-ordinators
- Community Connectors
- Telecare/Lifeline
- Tri Fire officers
- Mental Health
- Community Hospital Teams
- Voluntary contacts
- Intermediate Care
- Discharge Co-ordinators
- Brokers/ Commissioners