

MEETING NOTES FOR:	Meeting of the Autism Partnership Board
DATE & TIME:	Thursday, 14 March 2024 at 2pm
LOCATION:	Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Councillor Sally Weedon (SW) (Chair)	Councillor	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Robert O'Leary (RO)	Partnership Boards Lived Experience Project Officer	Healthwatch Cornwall
Amber Conn (AC)	Speech and Language Therapist; Liaison and Diversion team	Cornwall Partnership NHS Foundation Trust
Beccy Summers (BS)	PenARC	University of Exeter
Beth Collins(BC)	Social Worker – Our futures Team, working with people with Learning Disabilities and Autism	Cornwall Council
Christopher Burns (CB)	Service User and disability campaigner	
Dina Holder (DH)	Community Engagement Manager	The Women's Centre Cornwall & Divas
Graham Hickey(GH)	Commissioning Manager	Cornwall Council
Ian Summers (IS)	Research Nurse – Autism and Disability, lived experience	Cornwall Partnership NHS Foundation Trust
Imogen Groves(IG)	Lived Experience	
John Holland (JH)	Performance and Inclusion Team, Peer Support Network – Autism and Neuro Diversity	Devon & Cornwall Police
Judith Cassidy (JC)	Social Worker and Mental Health Practitioner- Autism and Alternative Support Team	Cornwall Partnership NHS Foundation Trust
Julie Pape (JP)	CHAMPs Team	Healthy Cornwall
Karen Hooper (KH)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Lucy Freemantle (LF)	Team Manager Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Lucy Yeomans (LY)	Educational Psychologist – Manager of Autism in Schools Team	Cornwall Council
Michelle Lobb (ML)	Parent Carer and Director	Parent Carers Cornwall
Penny Mitchell (PM)	Assistant Commissioning Officer – working age adults and Parent Carer	Cornwall Council
Rachel Pearce (RP)	Assistant Commissioning Officer	Cornwall Council
Dr. Rebecca Jelbert (RJ)	Chartered & Registered Clinical Psychologist, Cornwall Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Sam Burrige (SB)	Commissioning Officer- Working Age Adults Team	Cornwall Council
Sam Mokorram (SM)	Advocacy Coordinator	The Advocacy People
Samuel Ramsay-Schug (SR)	CHAMPs	Healthy Cornwall

Steve Hillman (SH)	Health Improvement Practitioner, High Risk Groups - Adults	Healthy Cornwall
Tazmin Hook (TH)	Autistic individual and ICAN lead	Independent Cornwall Autism Network
Vicky Allan (VA)	Strategic Commissioning Lead for Working Adults (Adult Social Care)	Cornwall Council

APOLOGIES

Name	Position	Organisation
Alison Short	Advocacy Coordinator / Independent Advocate	The Advocacy People
Julia Wildfire-Roberts	Project Manager – Recovery College Cornwall	Pentreath

ACTIONS

Action	Responsible	Status	Updates and comments
Department of Work & Pension Working Group	PB Team / AC / JC	Ongoing.	Reform Working Group.
Easy Read hospital letters.	JR	Ongoing.	Janes Rees informed the board that due to the IT issues that have arisen, they are unlikely to be signed off for use within the next 6 months.
Police Interactions with Neurodivergent People Working Group.	PB Team / TB	Ongoing.	Working Group ongoing
LeDeR updates.	PB Team / SS	Ongoing.	To be circulated as received.
Source appropriate GP representation for the Board.	PB Team	Ongoing.	A GP representative has not yet been recruited for the Board, this continues to be pursued.

Item	What was discussed	Action
1.	Welcome, introductions and apologies	
	<p>The Chair welcomed everyone and advised that the meeting was being recorded for minute taking purposes.</p> <p>Apologies received are detailed above.</p> <p>The Chair invited everyone present to introduce themselves.</p>	
2.	Minutes of the meeting held on 12th December 2023 and actions from previous meetings	
	<p>The Chair invited any issues from the minutes of the last meeting to be raised.</p> <p>TH made a correction to the minutes – the organisation represented is Independent Cornwall Autism Network – correction accepted.</p>	

	<p>No other issues were raised and they were therefore accepted as a true record.</p> <ul style="list-style-type: none"> • The use of Easy Read Hospital Appointment Letters – Jane Rees has informed us that due to IT issues it is unlikely that these will be signed off for use within the next six months. • Through Dr Rebecca Jelbert, we’ve connected with the clinical leads for the neurodiversity pathway within the Liaison and Diversion service, who will be attending future meetings. • We haven’t received any updates on LeDeR from Sara Sanders but we anticipate some in the coming weeks which we will circulate at the earliest opportunity. • Issues with the Blue Badge process – Karen Hooper has linked up with Michelle Lobb outside of the meeting. • We haven’t yet been successful in recruiting a GP representative for the Board. We will continue to pursue this. 	
<p>3.</p>	<p>Change to the order of the agenda</p> <p>Updates on an Autism Strategy for Cornwall</p>	
	<p>VA greeted the Board and shared the update presentation slides</p> <p>VA opened with an overview of the work to date: Susan Joseph, the Cornwall Council Commissioning Manager (on an interim basis) who commenced this work has recently left the Council, VA is now leading this work.</p> <p>The working Group was established in September 2023 to: -</p> <ul style="list-style-type: none"> • Review the previous draft of the Autism Spectrum Disorder Strategy • Align with the Autism Act 2009 & Statutory Autism Guidance 2015- Local Authorities and NHS to collaborate with local partners to work on the key priorities of Think Autism. • Align with local council and health policies and strategies. • Co-produce a high level and forward facing strategy with an action plan – to address the question ‘<i>what do we need in Cornwall?</i>’ • Reset the Terms of Reference. • Review timelines and governance at the next working group meeting. <p>Next steps:</p>	

- Appoint a Co Chair with lived experience.
- Current membership reviewed and extended this for a wider representation – good engagement.
- Broader stakeholder mapping and a clear engagement plan – VA asked for comments from the Board on:
‘How should we engage with people who are Autistic in Cornwall as well as wider organisations?’

Focusing on 7 priorities:

- Improving Awareness
- Improving Support
- Better Lives
- Increase Employment
- Housing
- Keeping Safe
- Supporting Families & Carers

The overarching working group are looking at:

Creating Task and Finish Groups for each priority.

National and local population data – working with colleagues in health promotion to pull together a refresh of this.

What are the current gaps in supporting people with Autism

Establishing a really clear project plan with timescales and deliverables to feed back to the Board.

Questions and comments

RO added that the Task and Finish Groups specific representation requires a collective effort from all the organisations involved in supporting autistic people. Each key priority needs the involvement of the relevant organisational representative.

For example; Increasing Employment - requires ongoing representation from the Department of Work and Pensions to encourage involvement from and work alongside the people with lived experience as members of the Task and Finish Group. This will allow the groups to truly focus on achieving the best outcome for the key priority.

The main message is that all the Autism Partnership Board represented organisations need to be encouraging lived experience membership for the Task and Finish Group to hear their voice.

VA agreed and stressed the importance of involvement of people with lived experience to help shape and influence the strategy. VA suggested that if the Board had any thoughts and ideas on increasing the representatives with lived experience to add the ideas in the teams chat facility or by email.

TH added that there needs to be representation from organisations

regardless of their involvement in supporting autistic people to help understand the remits they are working of, such as:

- Coastline and Livewest- for the housing element.
- Leads from Primary Care Networks

TH also asked about the timescales, was the Strategy being pushed through, was this realistic?

VA – responded that in terms of the timescales, this was the reason for the reset. Timescales will be driven by the Working Group and if it takes a little longer that's fine. This will of course delay the governance process.

There is a Specialist and Supported Housing Strategy that clearly outlines the Council's approach. Working in partnership with Adult Social Care, Together for Families and Housing, collaborating on supported accommodation, there is an element within this strategy supporting people with Autism and their particular needs.

VA added that a very valid point was raised and that is a need to link and engage with as many different representatives relevant to each key priority. Not everyone can attend everything and larger groups can make agreeing and taking forward the main actions difficult but related representation should provide the opportunity to shape the core deliverables and principles for each key priority. Following that, the wider engagement can take place.

TH – The work undertaken on collecting Autism Strategies from Housing Associations in other areas, such as Tower Hamlets in London and Manchester, provided good examples. These were simple statements that listed how they were meeting the Autism Strategy key priorities around Housing in their areas.

TH asked if a PCN representative from each network should be involved?

VA – responded that the work will be joined up with the Health organisations. TH agreed to forward details of findings to VA.

CB said that having emailed Housing this morning, the response given was to access support and information online. This is good for those that have internet access but not inclusive for those that do not. A recent Citizens Advice Service report shows that people receiving Universal Credit are six times more likely to disconnect their broadband services due to the cost of living crisis, and the Social Tariffs available are not being accessed enough. This makes it highly unlikely that people on low income will be in a position to access help and as a person with lived experience CB felt that the stress of searching for help or support online can be too overwhelming. This is not acceptable, can be unsafe and should be corrected. VA requested that CB forward the details of concerns to her to discuss with housing colleagues. RO suggested that CB could be involved in the elements of the strategy relating to the concerns raised.

RO added that the strategy needs various reviews before being finalised, however, the most important phase of this is public consultation, the timescales were tight and this is partly why there is a reset in the timeline and Terms of Reference. VA agreed that given that the strategy will be in place for five years, the public consultation and the strategy will need to be as robust and fit for purpose as possible, therefore there will be a formal period for public consultation. RO requested that CB be involved in the various stages of the process.

DH reassured the Board that the Working Group of the Strategy were listened to in terms of the timescale reset and the need for lived experience to inform the strategy.

DH offered a point of information that the Women's Centre is commissioned by Safer Cornwall, Cornwall Council, to run a project called Krefta Kernow (Strength Cornwall). It brings together the extensive experience of three leading Cornish organisations to deliver high quality gender-informed and trauma-responsive outreach to homeless domestic abuse victims. Partners from Cornwall Council, The Women's Centre Cornwall and Konnect Communities provide support and access to safe and secure accommodation for people fleeing domestic abuse. Encouraging them to be involved in shaping the strategy may help in truly hearing the voice of those with lived experience.

TH inquired, when the strategy has been completed and signed off, what steps will be taken to effectively communicate it and how will the work undertaken to meet the strategy be monitored or measured?

VA Responded that the action plan will be the key to monitoring. It will undoubtedly be a challenge, the working group will need to engage with organisations, perhaps seeking or establishing pledges to meet the strategy, and feeding back to the Partnership Board. The strategy will not change things immediately but will help to embed greater inclusivity in the community. Also, learning from other areas, good practice and not so good practice can help.

TH suggested a feedback forum that those with lived experience can link into, perhaps a survey to identify if the strategy is working, and raised the importance of such a mechanism. VA agreed.

MH said that it falls within the responsibility of the Autism Partnership Board to co-produce the Strategy and to scrutinise its implementation at a minimum of six monthly intervals. The key will be identifying the best means of doing this, ensuring appropriate monitoring and feedback in an accessible manner.

In terms of accessibility, during the meeting members had commented in the chat and via email that the format of the presentation and the language used by professionals was not appropriate. MH said that there is an opportunity to ensure that doesn't happen in the future as the Board's Terms of Reference

	<p>are currently being reviewed and revised.</p>	
<p>4.</p>	<p>Update from Members</p>	
	<p>The Women’s Centre Cornwall and DIVAs</p> <p>DH reported that the DIVAs have spent the back end of last year and January delivering training for people across Devon and Cornwall regarding sexual abuse and domestic violence.</p> <p>DH picked up on the point that TH raised regarding involving people and organisations that do not directly support those with Autism. The DIVAs training was opened up to organisations that don’t directly work in supporting those experiencing abuse or domestic violence but who wanted to learn and better understand about Learning Disability, Autism and sexual violence. Great feedback had been received and had opened up requests for further training and work across Devon and Cornwall.</p> <p>There has also been work with Neurodiverse Connections on coercive control, trauma and how this feels for autistic women.</p> <p>The Women’s Centre has a long waiting list for women to receive support and there is work underway to provide a specialist support work for women with Learning Disabilities and Autism to allow a quicker access. Once established, details of this will be shared with the Board.</p> <p>The Learning Disability Psychology Team have reached out to the Women’s Centre and they are working together to better understand trauma from abuse for those with Learning Disabilities and Autism. DH called for participants with lived experience, either on the Board or the wider community. Please contact DH at dina.holder@womenscentrecornwall.org.uk. MH suggested that the Board can help with this recruitment.</p> <p>Devon & Cornwall Police</p> <p>JH reported that there are two Police officers on the National Neurodiversity Youth Council. One of the officers, with diagnosed Autism and Tourettes, attended a residential course, where videos on how Police Officers can best engage with people with neurodiversity were shared for learning purposes. JH was aware that other similar support networks within Cornwall are creating similar to support the learning and JH felt it would be good to join up and collaborate on that work.</p> <p>JH met with the National Neurodiversity Youth Council and Ian Sumners on 13th March to explore the NFC technology to create wristbands for neurodiverse people. When worn, the wristbands could be scanned by the Police officers to see all the information that the person wishes to share. The person</p>	

themselves could control this level of information by an app and it would help officers to better understand the individuals when approaching and supporting them. This work is in the very early stages at present.

Healthwatch Cornwall

RO updated the Board that in a previous Autism Partnership Board meeting there had been a lot of discussion regarding how Police Officers approach and support neurodiverse people. It's felt that a subgroup of the Community Reference Group, made up mainly of people with lived experience and a few professionals, would be useful in taking forward and supporting this work. RO asked JH to be part of that sub-group of approximately six people. TH and DH have already agreed to be members. RO added that it would be very beneficial to the sub-group if CB would agree to be a member.

RO also asked if the British Transport Police directly link with JH and other Devon & Cornwall Police teams? JH responded that the British Transport Police are funded by the Railway Services and are a somewhat separate entity to Home Office funded forces like Devon & Cornwall Police.

The transport officer powers and policies are related to the rail networks and infrastructure. For example, if an incident is in Truro the nearest British Transport Officer unit may be in Penzance, this is due to the way the services operate within the railway network infrastructure. Anything outside of this comes under the responsibility of the local Police forces who work in partnership with the transport officers and may respond if nearer to the incident.

JH sits on the Executive Committee for the National Police Autism Association, with the responsibility of recruitment. This was set up and is chaired by the British Transport Police, who are slightly the forerunners in Neurodiversity due to John Nelson's input as founder. JH can feedback from the Autism Partnership Board to the British Transport Police accordingly.

Cost of Living and DWP Communications

The Board were updated on concerns previously raised by CB regarding the cost of living and reminded of the work of the DWP Working Group around inaccessible information and communication from and within the Department for Work and Pensions.

The Board's DWP representatives, Anna Clemens and Jo-Anne Cope, had progressed concerns to Governmental level but the response received from Naomi Agius, Acting Head of the Ministerial Correspondence Team, had been wholly unacceptable in terms of tone, content and accessibility.

MH shared the letter on screen and the Board expressed strong concerns that it demonstrated that accessible communications was an issue for all levels of the organisation.

	<p>It was agreed that the Department of Work and Pensions working Group will be reformed to address the issues further, and interest in the working group membership from people with lived experience is an important factor. Please let MH know of any interest.</p> <p>Community Health and Wellbeing Workers</p> <p>TH updated the Board that The Cornwall & Isles of Scilly Integrated Care Board has recognised that the health and wellbeing needs, and access to information for people with Neurodiversity and those also living in areas of poverty are not being met. New roles have been funded for Community Health and Wellbeing Workers that can be accessed by those who need support within a postcode area.</p> <p>The roles are gradually being rolled out to each area throughout Cornwall. Different organisations have been provided with the funding and so dependent on the area will depend on who is locally providing the service. For example, in the Central area that covers Truro and Newquay postcodes, the provider of the Community Health and Wellbeing Worker is the CHAOS team.</p> <p>The role is there to support those who need help to gain better access to information and the Community Health and Wellbeing Worker will visit the person at their home and help them to access the right support.</p> <p>Accessibility should be available to all those who need support, those with neurodiversity and those without.</p> <p>Once all in post, TH will be sending an email with an up to date list of Community Health and Wellbeing workers throughout Cornwall to MH for distribution.</p> <p>ML informed the Board that a contact at the St Austell Jobcentre, and a link with a Lead at Penhaligon House, having previously worked with them to plug the gaps in claiming Universal Credit, there were many gaps in the system and the back processes were changed and rolled out nationally for future claimants with Autism. ML offered to make face to face contact with staff at St Austell Jobcentre to discuss involvement either in the Autism Partnership Board or Board members to meet with the Jobcentre staff members in person to provide a 'wish list' of improvements.</p> <p>MH agreed that sharing the contacts would be very beneficial and added that face to face contact with people with lived experience would be the better approach and may be very helpful in raising the concerns of accessible communications.</p>	
<p>5.</p>	<p>Break</p>	
	<p>The board took a 10 minute break.</p>	

6.	<p>PenARC Patient and Public Involvement and Engagement – University of Exeter</p>	
	<p>BS gave a presentation on the work of the Applied Research Collaboration South West Peninsula.</p> <p>Having a nursing background, within her Exeter University role the importance of meeting the needs of the patient, carers and their families by involving them foremost in the development of health and care services is key. The team complete research working with local communities, healthcare & social care professionals and researchers with a focus on ensuring that the research undertaken focuses on and reaches the people living in the areas. The aim is:</p> <p style="padding-left: 40px;">Improving people’s lives Improving the quality of health and social care</p> <p>The different research areas include:</p> <ul style="list-style-type: none"> • Developing ways to reduce the risk of mental health problems and ways to help people to manage them. • Improving complex needs care – for people, including children, with lots of different health conditions and those from under-represented groups • Better understanding of brain development conditions, such as schizophrenia • Trying to improve children’s health as well as maternal mental health. • Improving how Diabetes is identified. Within the research there is an element on better understanding how to help people at risks of developing diabetes and what can be done to reduce that risk. <p>The role that BS has focuses on patient & public involvement. That includes supporting patients and carers and other members of the public to work with researchers, which helps to ensure that the information gathered is relevant to the people that will see the impacts from the research.</p> <p>For example, research undertaken on services available for people with Diabetes. There is a commitment to working with people who use those services and/or live with Diabetes daily.</p> <p>Two examples of patient & public involvement from recent research projects were provided.</p> <ul style="list-style-type: none"> • Waiting times for a neurodivergent diagnosis; looking at making sure those being interviewed about their experiences of waiting times were as comfortable as possible. To support this, the people and public involvement element of this research involved inviting people with neurodivergence conditions to attend Exeter University to assist the researchers in developing an effective interview approach that could be used in the research project for gathering the information from 	

people with neurodiversity. This approach was then used when people were interviewed.

The patient & public involvement can help shape the research project and is important in deciding the future research projects.

- Two activity days were held and run by BS, one in Plymouth and the other in Cornwall, for young people to identify what health and social care research they felt was important for the next projects.

BS ended the presentation by adding that Exeter University and the Autism Partnership Board share the similar beliefs and the hope is to build a good working relationship to support each other. For example, the research team could work with the Board and communities to identify, prioritise and develop research projects and in turn the Board can help the research team in their engagement with different communities across Cornwall. This collaborative approach will help ensure that people who use services have a significant voice in shaping the future health and social care provision in their areas.

Questions and comments

IS said, as a research nurse with lived experience in Cornwall, working with patient and public involvement and engagement has shown that many of the people, especially those with Autism want to work much further with researchers to become researchers themselves. In 2019, King's College in London trained people with learning disabilities and Autism to become researchers over a ten week programme. It was very successful and allowed people who became researchers to identify what areas of research they wanted to be involved in. During the programme, topics included the subject of dying and planning around a terminal diagnosis, showing that the existing process and provision was not what people really wanted, which led directly to changes being made.

In the Cornwall Research Team there are peer researchers that make a huge difference and have identified details that other research team members may have missed, also shaping how the research is presented and delivered.

IS inquired if Exeter and Plymouth University Research Teams were working together to offer similar training to those with learning disabilities and Autism. BS responded that the teams encourage public involvement on projects as part of their patient & public engagement process. One member of the team is currently developing a form of internship for people that could be developed further to provide people with learning disabilities and Autism to experience research and become more involved. This could provide good experience for those interested.

JH asked if when the research team engaged with people on waiting lists for a neurodivergence diagnosis, did that involve people both on 'right to choose' and private waiting lists? BS responded that a colleague in the team is

undertaking this project, which is currently in the preparation stage of the research, and the details are still being decided. BS added that the research teams predominantly work with the NHS with an aim to implement changes to services. In light of this, BS felt that it was more likely that the focus was on NHS services and offered to check the details and share with JH. JH responded that in Devon & Cornwall Police there is a recommendation that availability of diagnostic services for the workforce should be provided for those who may benefit from a neurodivergence diagnosis assessment. Therefore, Devon & Cornwall Police are exploring ways of providing this offering for colleagues.

RO thanked BS, praised the presentation, and added that working together is a great opportunity for the Board.

RO followed on regarding private diagnosis and added that the option is very topical, given the waiting lists growing for NHS services in relation to all forms of neurodivergence. In consideration of this, research regarding private providers would be beneficial.

RO added that in a recent Panorama documentary, it showed that there appears to be a level of money being taken for misdiagnosis within private practice and then referring a patient back to their GP. Further research may help to understand this better.

BS offered to feedback the information and check with the relevant team as to what details are defined and what may be next.

Through the chat function, TH added that some local authorities may not accept the results of private diagnoses. They might insist upon an NHS diagnosis before they will provide services to you and your child. For this reason, ICAN suggest that you stay on the waiting list for an NHS assessment even if you also decide to go privately. She provided a link to pre-diagnosis advice from The National Autistic Society: [click here](#).

TH also suggested that wider training on neurodiversity for professionals would help to reduce waiting lists and the incidence of adverse private services.

CB added that improvements to health and social care is important regarding research but another important element to research would be access to services supporting people's ability to find and stay in employment. If support cannot be accessed appropriately, people may not be able to work. BS responded that the Patient & Public Engagement Team have been working with services to help them be more accessible and inclusive for those who use them. The recent focus with the Integrated Care Board has been on trying to make services more integrated, researching how to allow them to link up much more effectively.

TH suggested researching and having conversations with autistic people in

	<p>Cornwall Autism community to identify the true impact that a lack of a Strategy has had on the community, with an extensive amount of money being spent reactively instead of having a proactive preventative approach.</p> <p>TH asked BS to be involved in the research to inform the strategy. BS agreed</p> <p>TH added that the effects of not having a Strategy have resulted in much trauma, which is increasing the need for numbers of professionals and further training, creating a snowball effect and not addressing the needs of the people with autism. BS agreed and added that there is a team within the Exeter University research department that reviews all the relevant research and pulls the detail together. A review will soon be underway that may be relevant to the points TH has raised and BS offered to check this with the relevant team and signpost TH accordingly.</p> <p>TH added that a collaborative project and perhaps a survey will help to inform the research and lead to an effective strategy and help to avoid the ‘snowball effect’ happening again. JH agreed and added personal experience showed private diagnosis assessment processes can be complex but he understood the need for them when NHS waiting lists are growing. Police colleagues are advised of this when seeking a diagnosis.</p> <p>RO agreed that the NHS waiting list/times appear to have opened up a very lucrative private diagnostic market and not all organisations are adhering to the same principles of the NHS/Department of Health.</p> <p>SW thanked BS for the presentation and the Board for their comments</p>	
<p>6.</p>	<p>Partnership Board – Planning for the Year Ahead</p>	
	<p>The Chair opened by stating that the Board really needs a Work Programme to provide focus for the year ahead. The delay in the development of the Autism Strategy means that workstreams from that that the Board could have taken on have now also been delayed.</p> <p>With that in mind, and following on from Beccy Summers’ item, she opened the floor to members to state what they think the Board should be considering.</p> <p>MH added that there are now a number of opportunities in future meetings to take ownership of driving forward the work the Board can lead on to make a tangible difference.</p> <p>The Board has to be led by people with lived experience, the professionals are there to support people with lived experience to develop the systems that can make improvements happen.</p> <p>The Board members can now prioritise the topics to be discussed and shape</p>	

how those discussions should happen, creating the format to make it as accessible as possible.

CB has suggested it is better to be face to face than online. In person attendance was being actively promoted for the Learning Disability Partnership Board as that was the will of its members. The format of those meetings is to be more interactive in order to encourage more in-depth conversations. That approach could be adapted for this Board.

MH and RO will be reconvening the DWP Working Group and the Police Working Group around interactions with neurodivergent people was ongoing. They called for members to bring suggestions for further smaller group work to the next meeting.

CB informed the Board of a meeting with the Proper Job service, adding that the meeting was not very effective. CB felt that the professional's knowledge was out of date in terms of the reality that people with lived experience in the community face in seeking employment and working. CB expressed doubts and concerns regarding the commitment of some professionals in taking issues forward for those in need. The way to change this would be to experience real life alongside the people with lived experience in seeking employment. MH agreed that would be a very relevant topic that be of benefit to both individuals and organisations.

RO agreed and added that those with lived experience need to be involved in the development of services, making sure that they are 'road tested' with the people it will impact before finalising them.

TH suggested that alongside the sub-groups that are forming, the professionals from those organisations supporting those with neurodivergence need to attend the Partnership Board meetings to better inform their practice. What is discussed in the Board meetings needs to be rolled out and monitored effectively and what the actions need to be if monitor shows the strategy is not being met. A feedback system is essential to allow this monitoring.

TH also suggested that in order to address the mounting issues regarding the approach to neurodivergence with the Department of Work and Pensions and the Police, focussed full Board meetings for each may be beneficial.

MH agreed that the approach needs to be led by people with lived experience, suggesting perhaps a whole day for addressing the issues rather than being limited by the scheduled length of a Board meeting.

TH responded that separate meetings for each would help to support those with neurodivergence to focus on the issues at hand and reduce the exhaustion of switching subjects in a whole day meeting. MH supported that approach and added that TH's comments were very timely. Healthwatch Cornwall, together with Sam Burrige and Rachel Pearce, are currently

	<p>revising the Terms of Reference for all of the Partnership Boards and recognise that the quarterly format has its limitations in terms of promoting participation from all Board members. However, there also needs to be a balance to ensure all the relevant topics are covered and nothing is missed.</p> <p>SB agreed and added that from the Commissioning perspective, much observation and listening had taken place at this Board meeting. The next steps will be working together to ensure that the approach to collaboration works effectively for all involved.</p> <p>SW confirmed that in relation to TH's question on the strategy working, once submitted to the cabinet and signed off, it becomes a working document.</p> <p>IS raised the importance of people with lived experience attending Board meetings. JH had provided a good example of success, with lived experience having effectively changed services within the Devon & Cornwall Police for those with neurodiversity. This example has been used in the way IS and his teamwork within the NHS. This change process may well be helpful in the Department of Work and Pensions, previously a mentorship approach has been used in that organisation that was very helpful. The strategy needs to be fluid and not stagnant.</p> <p>IS added that another good example comes from Leicester, they had an automatic text reply service that advised people with Autism of the services available to them in their area, they also provided a 9-4 pm telephone service. The feedback was positive regarding the text information the service provided. The Cornwall Partnership NHS Foundation Trust are looking to now implement this service in their offering, however, IS felt that this should be an Integrated Care Board wide approach.</p> <p>RO added that within the chat it had been discussed that importance of the voices of those with lived experience being treated equally. With the growing numbers of Autism diagnoses, many more people will be impacted by the Strategy and a wide variety of issues topics will likely be highlighted. There needs to be passion and movement from the Partnership Board to drive this forward to achieve positive outcomes.</p>	
<p>7.</p>	<p>Any other Business and Future Meetings</p>	
	<p>The next meeting will be held at 2pm on Thursday, 20th June at County Hall, Truro and on Microsoft teams.</p> <p>Further meeting dates for 2024, all 2pm starts:</p> <p>19th September 12th December</p>	