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| *Title:* | **Autism Partnership Board** | | *Date of Meeting:* | 30/08/2023 |
| *Minute Taker:* | Amee Le Coadou | | *Date Prepared:* | 01/09/2023 |
| *Chair:* | Adam Russell (Stand-in). | |  |  |
| **Please note:** The contents of these notes will be shared on a ‘need to know’ basis only. A typed version of these notes will be stored within the Safeguarding Teams’ computer files. No other copies will be kept on paper systems. Attendee copies should be kept confidential and handled in a safe and secure manner until destroyed as confidential waste, when no longer required. | | | | |
| *Attendees:* | | Savana Guy, Adam Russell, Helen Dunlop, Sue Taniguchi, Rachel Gaywood, Hayley Tranter, Kate Marks, R (Ambassador), Sharon O’Reilly, Rachel Webb, Jonothan Martin, Elisenda McCutcheon, Katrina Hill, Dawn Cox, Trish Darke, Lorna Sinfield. | | |
| *Apologies* | | Jude Pinder, L (Ambassador), S (Ambassador) | | |

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| **Agenda Number** | **Comment/Decision/Action Description** |
|  | **Welcome Introductions and apologies:**  Everyone was welcomed to the meeting, introductions were made and apologies were read out.  AR expressed the need to open up the position of chair/co-chair to the Ambassadors. R expressed his interest. **Action: AR/SG/ALC follow up before the next meeting.** |
|  | **Minutes and actions from the previous meeting:**  The minutes from the last meeting were agreed as accurate by the group. |
|  | **DCC Occupational Therapists – Sensory profiling (Trish Darke):**  A question was raised regarding the two OT’s working for DCC (Devon County Council), and whether their services could be used by Torbay. RW clarified that the positions are funded by DCC through the Autism Business Case. They operate independently as part of the Autism and LD social care team. Currently there is no ability to expand the scope into Torbay, and the OTs are only contracted to work with individuals in the DCC area. It was advised that Torbay may want to make bids for additional OT staff. Sensory profiling is part of the sensory integration work and has been funded through the CCG.  RG noted that Torbay has one OT that works in the primary care network, and two PCN’s that cover Torbay. Paignton and Brixham have a sensory trained OT that works within their community.  AR agreed to converse with his opposite number in DCC to gauge the costings and process, he will then relay that information to Torbay’s team and identify if there is a prospect of funding. **Action: AR.**  RW advised that she will share the post implementation review with colleagues. **Action: RW.**  TD communicated the benefits she has seen previously by working with sensory OT staff, including an enhanced ability to understand individual and unique sensory difficulties, which in-turn reduces the risk of overloads or meltdowns. |
|  | **Event update and Next Ambassadors event (Trish Darke):**  Trish advised that the planned event took place and went extremely well. Approximately seventy health care professionals were in attendance for the first part of the event and forty people from the community including carers for the second part. Forty-four feedback forms were received post-event. People expressed their gratitude for the information shared by those with lived experience and found the event very moving. Referral rates for DFA have soared since the event and two people that were in attendance have now undertaken an Autism assessment.  Focusing on the barriers to health care and the lack of understanding within the community, another event is desired in the future, at which the focus would be centred around employment and the barriers surrounding it. The ambassadors will discuss desired attendance at their next DFA meeting, but it is expected that some HR and employment/enablement professionals would be present at the event to promote the positives of employing people from a neurodiverse community.  Trish and the ambassadors agreed that a debrief would have been beneficial after the last event due to the hard-hitting nature of topics discussed, this will be learned from and planned for the next event.  R was praised on the monologue he gave at the event, and he noted that it is a necessary process to educate the community.  The event was not recorded, due to confidentiality, however it was agreed that a method should be developed to capture the essence of these events. This could then be used as a tool to progress workstreams and advocate.  It was confirmed that a few of the Ambassadors have been involved with facilitating the Oliver McGowan training, which is highly beneficial for the group.  Sharon asked if feedback regarding barriers to health care could be shared with her to help with work moving forward.  Trish confirmed that NHS Devon asked Living Options, to assemble a focus group centred around barriers to healthcare, with ten people in attendance. The emerging information post-meeting will be collated into a report, shared with Healthwatch, and followed up by another meeting with the ambassadors. Once the process is complete, information will be shared across Torbay and Devon. |
|  | **Carers Issues and Carers Group Update (Dawn Cox, Sue Taniguchi, Trish Darke):**  The Autism Carers Group have completed three meetings, they have been very helpful, especially in comparison to the ordinary carers groups which are not specific to Autism. It is believed the meetings will grow in attendance.  DC confirmed that the aspects for carers arising over the next few months are not exclusive to Autism, the big piece of work being undertaken is around the Torbay Carers strategy, which will be an information gathering process. The national carers survey will be included. Additionally, being worked on is the carer friendly Torbay passport.  Save the date for Carers rights taking place on **November 18th**. SG will circulate this information to the group. **Action: SG.**  TD noted that attendance at the Carers group, increased from three to six people, August’s meeting was less attended due to some unavoidable cancellations of the people booked in. The first hour is bookable face-to-face, with two hours available for drop-ins and the final thirty minutes is allocated for an additional one-to-one session. The interest is slowly building, and members are referring others into the group.  It was queried whether there have been any specific emerging themes from the group and the event combined. TD confirmed that the main themes identified have included:   * **Understanding sensory differences** * **Understanding communication differences** * **Reasoning behind difficulties and advice** * **Identifying spectrum Carers** * **Executive functioning**   There is a topic of focus at each meeting, the first discussed was communication differences. TD confirmed she has an additional four hours of support she can offer in Torbay in addition to the group, which can be delivered online, or via telephone. |
|  | **Autistic After Hours (Helen Dunlop):**  HD detailed the new community interest company that is being set up. The ambassadors identified a gap in services dedicated to providing social support to Autistic adults who work. The documents have been submitted, and a Chair, Treasurer and secretary have been appointed.  It will initially run as a social group, one weekday evening and one Saturday of each month if the funding is sufficient to do so.  A questionnaire was issued, and the feedback was positive. Essentially, the group is going to benefit Autistic people in employment currently unable to attend the existing support group in Torbay. The hope is that it will decrease loneliness. An application for funding from the wellbeing activities initiative was made and Torbay Council have been asked for support. Additional funding will be pursued if necessary. And the group is going to be named Autistic after hours.  Additional information about the group:   * **It is self-referral** * **People can attend DFA and this group** * **It will be 18 years an above**   AR advised contacting the ward councillor and HT suggested getting in touch with CDT and Jasmine from the community hub regarding funding information included in newsletters. |
|  | **My Health Passport (Trish Darke):**    TD this Passport for Autistic people was sent by DANA, and DFA would like to promote it on their website after some edits have been made, it has been received better than previous versions. TD confirmed that she and the group would like all GP surgeries to be aware of them and have a stock of them on-site. We would also like to promote the idea of people taking them to appointments with them. RG confirmed she would request that it goes into the GP bulletin.  It was queried whether reception staff in GP’s are aware of the passports, RG confirmed that she is unsure of this, and will think about the best way to distribute, digital copies could be issued.  RW confirmed that there is a version produced by DAAIT which is health and communication, and she will forward this to Savana to distribute. It was confirmed that DFA are welcome to use it on their website.  TD queried if newly diagnosed individuals are issued with a Health Passport. JM confirmed that this is not routinely implemented, information surrounding them is included in the post diagnostic pack. In terms of the glitching with editing, it was confirmed this will be investigated. **Action: JM**.  SOR queried whether it would be beneficial to expand the passport to all forums. RW agreed it could be useful to use the across the spectrum and confirmed she will send the document to SG. The DANA logo can be removed if necessary. TD agreed that consistency across the southwest would be helpful for staff and patients.  The need for clarity on the scope of use for the Passport was discussed, it was agreed there still needed to be an element of individual choice, while still promoting the most accessible versions of the document.  EM informed the group that a preferred way forward would be to incorporate this passport into electronic patient records, reducing the need for individuals to repeat their needs to various receptionists. There is work being undertaken to ensure that systems within Devon and Cornwall can communicate.  R queried how he would present the passport, and whether he would have to always carry it with him. TD and DC advised bringing it to appointments and leaving a copy with the GP.  There was some discussion regarding a flagging system for receptionists, which is in pilot stage. Currently in place is a manual pop-up process, where a patient must request one to be added to their file. It was agreed that this needs to be improved, because many people are uncomfortable or face barriers when sharing sensitive information verbally. |
|  | **All Age Autism Strategy (Trish Darke):**  TD emerging new studies are highlighting barriers and health inequalities. It was queried who is responsible for Torbay’s national new Autism strategy. AR confirmed this is a collaborative effort amongst NHS Trust and Council staff, one of the challenges highlighted is the small size of the system, and the need to be careful when scheduling work.  The aim is to progress the Autism strategy in the same way the Learning Disabilities strategy has been developed, with strong foundations of Co-production at the core and a clear roadmap of desired outcomes. TD advised that Inclusion Gloucestershire have written their strategy and it could be a useful guide.  SOR confirmed there is a scheduled meeting with Jude Pinder and the Ambassadors on the 27th of October, at Jasmine house from 16:00pm till 17:00pm, it is expected the strategy will be an item on the agenda. Healthwatch will attend the meeting.  **DPT 40million funding (Trish Darke):**  TD asked for clarity around the recent funding received by Torbay for inpatient units. RW confirmed a letter had been circulated by Sonja Manton the project lead. It was communicated that a planning application has been submitted to Teignbridge council for a ten-bed unit. It is a regional development, the driver is to facilitate care of people that require an inpatient stay, but their needs are such that they cannot be addressed within local mental health units. Essentially, it is intended to reduce out of area placements. There is an update expected in approx. October. In relation to collaborative oversight, the project has been led by region and lived experience communities have been involved. Living options have been commissioned to produce a report with feedback.  AR confirmed that the partnership boards in Torbay have expressed interest in this, and the Autism partnership board may want to do the same. AR will circulate the letter. **Action: AR.**  TD expressed a concern that it will be heavily focused on the LD community. LS confirmed it was raised at the last LD partnership board meeting, and she will share their feedback with the group via SG. **Action: LS/SG.** |
|  | **Torbay Leisure Card (Savana Guy):**  SG informed the group that Sarah (Ambassador) has been looking into the application process for the Torbay Leisure card and has started to highlight issues with pip payments and the eligibility process. There is still more to be investigated but it is already recognised that the process is not appropriate for Autistic people.  The Leisure card is now being offered to the Autistic community, and the ambassadors are being consulted to help communicate and implement an application process that works efficiently for them. Sarah has suggested the Autism alert card, which SG will take back to the sports team to discuss. It will continue to be further investigated and developed.  ST mentioned that if the process was benefits based, then her daughter would not be granted access as her benefits come from outside of the UK. AR raised that if the process was based off of diagnosis and not benefits it could allow for further access. It was agreed that this is a good start, but a lot more is desired in terms of what the card offers and its accessibility, and more funding is necessary. TD agreed to email AR with the current requirements for the Card and funding needs, and he will try to progress this with relevant colleagues. **Action: TD/AR.** It was noted by KM that even if the funding changes the Police logo could remain on the Card. |
|  | **AOB:**  **Autism and Grooming (Kate Marks):**  KM communicated her understanding that# there is a community concern over the lack of information surrounding grooming and exploitation. She expressed her interest in meeting with TD and the Ambassadors to understand the specific themes of concern and how to deliver that information to the wider community. It was agreed that it may be worth addressing at safeguarding week scheduled for the 20th to the 26th of November in Exeter. KM wanted to express the will of the Police to form a stronger relationship with the Autistic community and build trust. KM will attend the next DFA and Carers meetings to address these points further and develop a forward strategy for communication, subsequent information will then be fed back into this board. **Action: KM.**  **Social Care webpages (Elisenda McCutcheon):**  EM informed the group that the user engagement workstream launched a survey, the engagement levels have not been significant enough to form robust data, communication teams are undertaking more work to increase the uptake. However, the feedback that has been received has been incredibly useful and do highlight trends. A group of people that took part in the survey have agreed to be involved in further development. The Ambassadors are encouraged to take part in this work, once the process is established further, EM will circulate information on how to be involved. **Action: EM.**  **Future Guests for the APB (Trish Darke):**  TD suggested additional members/guests for the group. They are as detailed below.  **Chloe Drysdale the Lodge:** Chloe is doing a Forest School project within the Autistic community which includes a university element and is very comprehensive. There is an incentive to recruit some younger ambassadors. It is requested that she attend a meeting as a guest, to share information and advise on opportunities.  **Robyn Ferns Director of Therapy Southwest:** Robyn attended the Event hosted by Trish and the Ambassadors, she wants to set up a Lima style service as a project and is requesting help to do it. Response to this style of service has been very positive and improved situations for the community especially those who are newly diagnosed. It is asked that she attend as a guest to communicate more about her vision.  **Conclusion**: The group agreed that any proposed guests are welcome, provided that a structured agenda is issued, and facilitation is monitored with courtesy and respect.  It was requested that details are sent to SG or ALC to make the necessary arrangements. **Action: TD/ALC/SG.**  No other business was raised, meeting closed. **Date of next Meeting: 29/11/2023.** |

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|  | **Actions** | **Accountable person** | **Timescale** | **Progress Notes/Date Completed** |
|  | AR/SG/ALC/TD to facilitate Richard (Ambassador) to be Co-chair of the board. | AR/SG/ALC/TD | Next meeting |  |
|  | AR to investigate scope, funding, and process for hiring additional sensory OT’s. | AR | Next meeting |  |
|  | RW to share the post implementation review with colleagues (OT’s). | RW | ASAP |  |
|  | SG to circulate information regarding the ‘carers rights’ day on November 18th. | SG | ASAP |  |
|  | JM to investigate the process of issuing the Health Passport to newly diagnosed individuals. | JM | Next meeting |  |
|  | AR to circulate the letter from Sonia Manson, detailing information on the planned inpatient units with the group. | AR | ASAP |  |
|  | LS to share the LD boards feedback on the inpatient units with SG to circulate to the group. | LS/SG | ASAP |  |
|  | TD to email AR with the current requirements for the Leisure Card and funding needs, and AR to try and progress this with relevant colleagues. | TD/AR | ASAP |  |
|  | KM to attend the next DFA and Carers meetings and develop a communication strategy for information on exploitation and grooming. This will then be shared with the group. | KM | Next meeting |  |
|  | EM to circulate information about how to be involved in the social care webpages development. | EM | ASAP |  |
|  | TD to send information regarding additional guest members for the next meeting to SG/ALC and SG/ALC to facilitate this. | TD/SG/ALC | ASAP |  |