



Meeting held on 18 October 2022 via Zoom

<p>Tom welcomed everyone, and attendees introduced themselves.</p> <p><b>Notes of the last meeting / matters arising:</b>  <i>Follow up actions:</i></p> <ul style="list-style-type: none"> <li>• Enable subtitles for Zoom meetings – done</li> <li>• NAS included Autism Health Champions in their August newsletter</li> <li>• Sam – to send Anja’s contact details to Tim</li> </ul>	<p><b>Actions</b></p> <p>SL</p>
<p><b>All-Age Autism Strategy Update</b></p> <p>Tom introduced 3 main areas of focus for the update:</p> <ol style="list-style-type: none"> <li>1) Training</li> <li>2) Organising and Reporting</li> <li>3) Grant Funding</li> </ol> <p>1) <b>Training</b> – Karen Cunningham is collecting data about training across the service system. She will be invited to a future meeting to share her findings.</p> <ul style="list-style-type: none"> <li>• SCC – training programmes are now in place – with an online offer for a wide audience, and Autism by Experience Training for social work teams</li> <li>• Autism Champions Training also delivered by Autism by Experience – Mike Leat outlined this at our July meeting, and it is now up and running, with booking open for future rounds of training</li> <li>• Oliver McGowan training – This training is now mandatory for Health and Social Care staff, and for providers commissioned by health and social care. It addresses the Skills for Care and Skills for Health requirements for training in autism and learning disabilities. Planning is underway to start delivery of this, although the full guidance has yet to be released.</li> </ul> <p>2) <b>Organising and Reporting</b> - For the first year of implementing the strategy, the Health and Social Care workstream was divided into 6 working groups. This allowed progress in all these areas, but also led to a lot of repetition in meetings. The structure of future meetings will change, so that we have one main regular meeting to look at Health and Social Care, with specific named projects reporting on their progress. Future Autism Partnership Board meetings will be able to get formal reports of progress on the Autism Strategy.</p> <p>3) <b>Grant funding</b> – Some money will be allocated to small grants. Although discussions about this are still in progress, the grants are likely to be for around £5-10k and partner organisations will be welcome to bid. We are</p>	<p>TM / SL</p>

looking for this to harness creativity in organisations around Surrey to deliver on priorities identified in the strategy. Tom referred to some priorities for the funding:

- Social isolation
- Peer Support
- Prevention – Supporting people who are not eligible for statutory specialist services, preventing development of higher needs and maintaining independence in the community.

Tom asked the board for any comments or further suggestions

#### Questions, Answers and Comments

**Comment 1:** Sabrina -Knowing that there is a link between neurodivergence and LGBTQ+ identity issues. Could a grant be used to develop support for people post diagnosis to facilitate these conversations and signpost people to support.

**Answer:** Tom agrees a small grant could be used around marginalised groups in general, and specifically around the theme of gender and sexuality.

Bex: a high number of autistic people within the LGBTQ+ community have a long wait for gender related clinics as well as mental health support.

Sabrina referred to a blog post about this.

Signposting people to support such as where to get counselling and social groups can help people.

**Comment 2:** Signposting for support with sensory regulation was also suggested.

Fi – keen to see clear outcomes from any bid. All agreed this is essential – Anyone bidding will need to report in impact.

**Comment 3:** Sabrina brought up an issue with driving licence delays – and a lack of neurodivergent-friendly instructors/lessons.

**Answer:** Tom - An organisation may frame this in a project – Would need to demonstrate how they would use the funding to meet the Surrey strategy priorities, what outcomes they would aim to achieve and for whom, and then report back

**Comment 4:** Bex suggested a survey to see what autistic people would like from any grants.

**Answer:** Tom – We're not looking to do that at this stage, but are canvassing opinion through meetings like this one. We need to get the balance right between asking what people want from services, checking whether we're getting it right, and getting action underway. The All-Age Autism Strategy is based on a wide survey and process of coproduction that identified priorities, including the ones we are referring to here. This process is about trying to get

<p>some action going based on the previous survey and coproduction work. We will definitely be keen to survey autistic people again in the future.</p> <p><b>Comment 5-</b> Justine – At the jobcentre – Justine has direct contact with autistic people, and felt useful areas for grants would be projects to address social isolation. This could include supporting people to build confidence and skills and participate in the community via employment or volunteering. There is a small organisation - Reskill, that offer woodwork workshops, allowing people to socialise and build skills. More organisations like this need to be supported.</p> <p>Pip reinforced the social isolation comment from Justine. In Surrey Heath it is difficult to find organisations and charities doing this work.</p> <p>Bex- Being autistic creates a barrier to socialising anyway. Organisations should be aware of this and find ways to engage and help autistic people with these barriers.</p>	
<p><b>LeDeR Report – Lynne Ramnansingh</b>  <i>Lynne’s presentation on LeDeR has been sent round with the agenda and with the minutes.</i></p> <ul style="list-style-type: none"> <li>• Health and social care review - <b>Action: Lynne to send out findings</b></li> <li>• LeDeR originally focussed on the deaths of people with Learning Disabilities (LD). Reviews of the deaths of autistic people have been included in the programme since June 2021.</li> <li>• The template for the review is set by NHS England – they use notes and records from services, care homes, mental health services, GP’s and and hospitals and they also talk to families.</li> <li>• Where needed, a more detailed focused review can be carried out.</li> <li>• Lynne spoke about the most common causes of deaths for people with LD, these were aspiration pneumonia, pneumonia bowel obstruction, Covid 19 and Myocardial infarction.</li> <li>• Bex noted a link between autism and Ehlers Danlos Syndrome, and that bowel obstructions are more common in people with this syndrome. Lynne agreed.</li> <li>• Lynne spoke about reasonable adjustments in care settings and good practice examples.</li> <li>• Bex commented about the importance of communication aids for people who are non-verbal.</li> <li>• Lynne noted that 80% of LeDeR reviews carried out indicated that the person had an annual health check.</li> <li>• Annual health checks used to only be offered for people with learning disabilities, however, there is work in progress to offer this to autistic people too.</li> <li>• Lynne noted that Surrey and Borders NHS Partnership Trust have been commissioned to undertake a medication audit.</li> <li>• Liz mentioned that there is an opportunity for an expert by experience to join the LeDeR governance panel where the deaths are discussed, and</li> </ul>	<p><b>LR</b></p>

<p>actions are agreed for service improvement. Liz asked if anyone is interested, they can contact either her or Lynne.</p> <ul style="list-style-type: none"> <li>• Bex volunteered</li> <li>• <b>Action: Sam – to send Lynne Bex’s details</b></li> <li>• Bex shared her details in the chat.</li> </ul> <p>Lynne asked the group if there were any questions or comments. Lynne’s contact details are on the presentation that will be circulated.</p>	<p><b>SL</b></p>
<p><b>New Advocacy Contract - Martin Humes POhWeR and Mark Rapley - SCC</b>  <i>Mark and Martin’s presentation on the new Advocacy Contract has been sent around with the agenda and with the minutes.</i></p> <ul style="list-style-type: none"> <li>• Mark and Martin explained the difference between instructed and non-instructed advocacy.</li> <li>• Instructed – having the mental capacity to consent to / request advocacy; non-instructed: not having the mental capacity.</li> <li>• Statutory advocacy e.g. people subject to Mental Health sections 2/3 have a right to an advocate</li> <li>• Advocacy under the Care Act- 9 areas of well-being assessment</li> <li>• Instructed advocacy has been transferred to a new contract, and POhWER are now delivering this</li> <li>• Non instructed advocacy – changes are awaiting to be enacted within the next 4 years. This is delivered by Matrix (This has not changed).</li> <li>• POhWER’s website can be changed to an easy read format and to other languages.</li> </ul> <p><u>Questions, Answers and Comments</u></p> <p><b>Question 1:</b> Bex- Autistic people in stressful situations may become non-verbal – Mental Capacity Act may be complicated to apply when this happens. If someone can’t verbally communicate does this mean they would be assumed not to have capacity?</p> <p><b>Answer:</b> Mark - The initial assumption is that everyone has the capacity unless it is assessed otherwise. Lack of capacity is established by an assessment under the Mental Capacity Act and application of Deprivation of Liberty safeguards. The lack of verbal communication relates to accessibility and communication - many people have communication issues, but this does not relate to capacity as defined by Mental Capacity Act.</p> <p>Bex commented saying there needs to be access to tools to communicate for people who are non-verbal.</p> <p>Mark agreed. There are a range of tools and accessibility options available on the POhWER website.</p>	

<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>We ran out of time to discuss the draft Terms of Reference in this meeting. Everyone is to review these and provide feedback to <a href="mailto:ldcommunications@surreycc.gov.uk">ldcommunications@surreycc.gov.uk</a></li> <li><b>Action: Samantha to send out the draft terms of reference with minutes and presentations for feedback and comments. All to review</b></li> <li>Justine circulated a link that provides <a href="#">Easy-Read information on Universal Credit</a> (UC)</li> <li>From the chat: Yasmin mentioned her colleagues Charlotte and Megan are starting a social group for young adults aged 18-25. The first one is next Monday. This will be online over the winter months with a view to meeting up at a venue etc in the summer.</li> <li><b>Action: Samantha to follow this up with Yasmin</b></li> </ul>	<p><b>SL /All</b></p> <p><b>SL</b></p>
<p><b>Future meeting dates:</b></p> <ul style="list-style-type: none"> <li>Our meetings for 2023 – Dates to be confirmed and circulated</li> </ul>	<p><b>SL</b></p>

## Attendance:

### Co Chairs:

- Thomas Moore
- Rebekah Worgan

### Board Members:

- Amanda Aldridge – Engagement and Partnership Officer
- Angela MacSharry - Surrey Police Force Mental Health Advisor
- Fi Bovino – Surrey Heartlands Transformation Lead for LDA, Complex Needs & Mental Health
- Justine McManus - Guildford Jobcentre - Department of work and pensions
- Liz Williams - Strategic System Convenor
- Lynne Ramnanansingh – LeDeR Coordinator
- Marion Q BSL Interpreter
- Mark Rapley - Commissioning Manager
- Martin Humes : POhWER Advocacy
- Martin Woodward - Surrey Choices Employability Team
- Orshee - AN&D Participation Officer in Surrey.
- Pip Catnach– Surrey Heath Primary Care Network
- Rachel Higginson BSL Interpreter
- Renee Coleman-Douglas - UVP Apprentice



- Sabrina Peters - Senior Participation Officer Surrey County Council
- Sally – DWP Job Centre
- Samantha Lewis – Adult Senior Business Support Assistant
- Sara Truman – NAS Surrey Branch
- Tim Harrison: Neurodevelopmental Service Manager for Surrey & Borders
- Vanessa Halfacre - NAS
- Yasmin Broome: Surrey Coalition of Disabled People