

Hampshire Autism Partnership Board

MINUTES

Tuesday 10th December - 10.00 - 12.30 (via Teams)

Present:

Chairing meeting today - Cllr Lesley Meenaghan – Co-chair and Hampshire County councillor
Jason Norum - Head of Commissioning Younger Adults, HCC & Autism Adults Lead
Zoë Beasley – Hampshire Autism Partnership coordinator (& Minute taker)
Adele Blaker - Partnership and skills provision lead for DWP CP, DWP
Adele Brand – Team Leader, VoiceAbility
Alice Madden-Curtis - Deputy Autism Adult Lead & Commissioning Officer AHC, HCC
Alienor Chartier - Equality, Diversity & Inclusion Officer, Hampshire FA
Alyson Miller – HAV member
Ann BRYANT - Learning Disability & Autism transformation manager, Frimley ICB
Andrew Lund Area Director Northwest & Autism Lead for Children’s and Families, CSD, HCC
Bobie Jones – Founder and Managing Director, Thriveology
Catherine Barnard - Transformation Lead, Hampshire All Age Autism and ADHD, HIOW ICB
David Carter – Hampshire Autism Voice member, Chair of NAS South Hampshire
Rachel Carter - Hampshire Autism Voice member & Vice chair NAS South Hampshire
Gemma Langman - GP and Clinical Lead for Learning Disabilities and Autism
Karina Hourd - Group Director of Business Development, Autism Hampshire, Avenues Group
Kate Knowlton – Manager, Healthwatch
Leigh Drury - Early Years Autism Lead & Early Years inclusion team leader, CSD, HCC
Maria Hayward - Learning and Development service manager, AHC, HCC
Mark Hewer (C&F, CSD)
Michael White - General Practitioner & Hampshire Autism Voice member
Robyn Kohler – CEO, Citizen’s Advice Hampshire
Rosemary Goodrich – HAV member
Sandy Teal - Director of Mind Sensibility
Tim Crowhurst – Engagement officer, Healthwatch

Apologies:

Margaret White - Co-chair of HAPB, Hampshire Autism Voice member
Saricka March – Learning Disability Specialist, South Central Ambulance Service
Tina Woodcock - Lead for Keyworker programme, HIOW ICB
Julian Radcliffe – County Education Manager & Head of Ed Psychology, HCC
Rebecca Murphy - Principle Educational Psychologist, CSD, HCC
Katie Board - IAG and Serendipity lead, Autism Hampshire
Vanessa Cosby - HAV member and Autism Ambassadors coordinator
Sgt Emma Pragnell - Out of court disposals lead, Hampshire Constabulary

Agenda:

1. [Minutes of last meeting \(September 17th\) Action Log & and matters arising](#)
2. [Healthwatch update](#)
3. [Health updates](#)
4. [Strategy updates](#)
5. [Hampshire Autism Voice Briefing Paper](#)
6. [HCC updates](#)
7. [Tor final sign off](#)
8. [End of year reflections](#)
9. [Any other business](#)

Agenda Item	Subject	Action
1.	<p><u>Welcome and chairing today (Cllr Lesley Meenaghan)</u></p> <p>Cllr Meenaghan opened the meeting by welcoming all attendees and outlining the housekeeping rules.</p>	
2.	<p><u>Introductions/ Minutes of last meeting and any matters arising/ HAPB actions</u></p> <p>Introductions given by all No concerns or corrections arising from previous minutes Cllr L Meenaghan suggested having a list of acronyms for new attendees to help them understand the discussions better.</p> <p>Short review of actions provided by Zoë:</p> <ul style="list-style-type: none"> • Project Work Updates: Confirmed by Tina via email that project work updates had been disseminated via the bulletin, ensuring that all relevant parties were informed of the latest developments. • Koala Community Discussions: Ongoing discussions with Tori from Koala Community were highlighted, with additional updates to be shared in future meetings. • Health Inequalities: Plans to address health inequalities were discussed, with a focus on organising a dedicated session for the March board meeting. Michael White will assist in coordinating this effort to ensure comprehensive coverage of the topic. 	<p><i>1. acroynm list attached with agenda going forward - ZB</i></p>
3.	<p><u>Healthwatch update (Tim Crowhurst)</u></p> <p>Background of Healthwatch discussed and Tim provided an update on Healthwatch's current activities, emphasising the importance of capturing patient voices to drive improvements in health and social care services.</p> <p>Tim emphasised the importance of ensuring that voices are truly heard, not just listened to. Healthwatch plays a crucial role in gathering people's views and experiences, amplifying them to create a stronger impact. By uniting these voices, Healthwatch helps prevent individual opinions from being overlooked and strengthens the overall cause. Healthwatch have a fairly narrow remit to hear and record the voices of patients and share them with relevant services. They will also signpost to relevant care/support organisations where needed. Primarily signposting is to Voiceability for advocacy.</p> <p>He highlighted the challenges faced by Healthwatch in raising awareness and the successes of their engagement initiatives, such as the Youth Watch program, which empowers young people to contribute to health and social care discussions.</p> <p>Youth Watch Program: This initiative has been in place since 2023 and involves young people in health and social care discussions, providing them with a platform to voice their concerns and ideas. The program is driven by what the young people want and how they want to impact. There are some neurodivergent young people within the</p>	<p><i>2. share survey for Healthwatch to HAPB list – TC/ZB</i></p> <p><i>3. link groups to Tim inc Offer to school councils – all members</i></p> <p><i>4. share health inequalities research with Gemma Langman and Karina Hourd - TC</i></p>

<p>program and receive limited feedback on diagnostic pathway challenges, Primary Care Networks (PCN) access, particularly around technology issues. However, depression and anxiety are frequently highlighted as major concerns.</p> <p>Friend in Need Project: Launched in September 2024, this initiative sprang from discussions from Youth Watch about a lack of confidence in supporting friends with mental health challenges. It offers practical resources to help people connect with and support their friends. More details via link Friend in Need project published Currently also having discussions about employability – Barton Peverill College example provided, re using placement alongside being volunteer.</p> <p>Interim Visits: Tim discussed Healthwatch's role in visiting health and social care facilities to gather authentic experiences from patients and their families. These visits are crucial for obtaining an accurate picture of service quality and identifying areas for improvement, driving necessary changes. Much like CQC/Ofsted visits, establishments receive only short notice of Healthwatch's attendance to ensure the feedback reflects real conditions.</p> <p>Patient Voices and Qualitative Feedback: Tim emphasised that while Health and Social Care (HSC) often focuses on quantitative data, Healthwatch recognises the value of qualitative feedback. He pointed out that statistics can sometimes lack context, but personal stories and words provide genuine insights into patient experiences. Healthwatch leverages these qualitative insights to advocate for meaningful changes within the NHS and social care systems.</p> <p>He also mentioned the ongoing efforts to improve services based on the feedback received and the importance of continuous dialogue with service users to see where the impact can work most affectively.</p> <p>Survey: A survey will be going out in next couple weeks that ask 'what matters most to the public about Health and Social Care (HSC) services? <i>Happy to share with HAPB for distribution.</i> Questions/comments:</p> <ul style="list-style-type: none">➤ Jason mentioned the involvement of his team in contract management with Healthwatch, highlighting the collaborative efforts to improve services.➤ Zoë asked about age range for Youth Watch. <i>Tim responded there is not a specific range, but Healthwatch don't have resource for younger than 14 generally to ensure safeguarding etc is as required. Talking to young carers group currently and open to other opportunities where possible.</i>➤ Gemma and Karina requested feedback on health inequalities and primary care access to support their efforts in improving services for neurodivergent individuals. <i>Tim agreed that stories are powerful and give validity to research so happy to share information.</i>➤ Rachel – highlighted the Mental Health and Autism Charter project, which originated from a previous collaboration with Healthwatch	
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4.	<p><u>ICB Health update (Catherine Barnard)</u></p> <p><i>Presentation given</i></p> <p>Catherine Barnard presented an update on the current status of health services for autistic individuals and those with ADHD. She discussed the significant challenges faced by the assessment services, including long waiting times and the increasing demand for ADHD medication. Catherine highlighted the fragility of shared care agreements and the efforts being made to improve collaboration with GPs.</p> <p>Overview of the transformation plan given, which aims to establish a Co-designed all-age pathway model to meet the ongoing demand for autism and ADHD services. The plan focuses on needs-led models, inclusive support, and meeting the aspirations of regional and national autism strategies. There is lots of restructuring currently happening with HIOW NHS but it under pins the transformation work.</p> <p>Key Points discussed:</p> <ul style="list-style-type: none"> • Assessment Services: 29,000 individuals waiting for assessments (this does not include Right to Choose referrals or last month's referrals),; funding meets only 10% of referrals. ADHD medication demand is rising, straining shared care agreements. <ul style="list-style-type: none"> ○ Waiting Times: Ranging from 12 to 36 months currently, averaging two years. ○ Shared Care Agreements: The fragility of shared care agreements was highlighted which can lead to delays in medication management and additional burdens on GPs. • Patient Choice/Right to Choose (RTC): Catherine emphasized the importance of raising awareness about RTC, which allows patients to select their preferred provider for assessments. Currently, about a third of referrals are via RTC, but this is expected to increase to 48%. However, there is no budget allocated to the NHS for RTC. • Transformation Plan: The plan includes a range of services, and the initiatives aim to provide comprehensive support and reduce waiting times. Catherine emphasised the importance of a system-wide transformation to address the needs of neurodivergent individuals effectively. Range of services detailed: <ul style="list-style-type: none"> ○ Community Hubs: These hubs will provide centralised support for individuals with autism and ADHD, offering assessments, interventions, and ongoing care. One hub in Hampshire is already in place, and another is being designed for the Isle of Wight for Children and Young People (CYP). ○ Portsmouth Profiling Tool: The tool, initially used in Portsmouth, will be expanded to other areas to help identify needs early and provide targeted support. 	5. Catherine Barnard to send a choice leaflet to Zoe Beasley for distribution.

- **Multidisciplinary Mental Health Service:** A new service is being explored to provide comprehensive mental health support for adults with autism and ADHD. This service will include a range of specialists, such as psychologists and occupational therapists, to address the diverse needs of this population.
Important to note this is not a confirmed service at date of meeting, but is aspiration for the HIOW NHS to have a MDT approach in place and positive discussions had to date.

- **Data Collection and Performance Oversight:** Efforts are underway to enhance data collection and oversight of activities and performance across services. Recent initiatives have provided a clearer understanding of caseloads and patient journeys. While cumulative data is not yet fully established, significant progress is being made to inform future planning.
- **Inpatient Admissions/Crisis & Dynamic Support Register (DSR):** There is a rising demand for individuals to be added to the Dynamic Support Register (DSR) and recognised issue around requirement for formal diagnosis to be on the DSR. This creates a barrier for those who are in urgent need of support but are still waiting for their assessment.

Next steps discussed:


- **Autism and ADHD assessment experience survey:** Launching a co-designed survey for patients, professionals, and carers across HIOW to gather feedback on autism and ADHD services. The survey is open until 31st January 2025.
- **Clinical Reference Groups:** These groups, attended by clinical subject matter experts, will continue to drive progress in service improvement.
- **ADHD Task and Finish Group:** Establishing a group specifically focused on shared care for ADHD to address ongoing issues and work towards short-term solutions.
- **Mental Health Charter:** Expanding the mental health charter across Hampshire, Isle of Wight, Portsmouth, and Southampton to promote inclusive services and settings in all health provisions.


Questions/comments:


- Zoë - inquired about efforts to raise awareness for the RTC process, as many parents reported difficulties in accessing this option.



Catherine responded that an awareness campaign is in place to improve communication with GPs to ensure they understand and support this option. Leaflet re this that can be shared to HAPB.

- Michael – asked about the impact of the Portsmouth profiling tool and if Catherine felt it would mean potential to look at different assessment service?

	<p><i>Catherine explained the profiling tool helps identify needs early, potentially reducing the demand for adult assessments in the future but the clinical analysis needs to be reviewed to see if there is evidence that it is supporting health outcomes.</i></p> <p><i>Michael also queried the prevalence rates of autism and ADHD Catherine recognised that prevalence rates are increasing that needs to be thought about in future planning of services. Gemma Langman also detailed that some research suggests up to 10% prevalence in some areas which is much higher than previously noted.</i></p> <ul style="list-style-type: none"> ➤ <i>Sandy – inquired about if there would be specialist occupational therapists in the potential multidisciplinary team for adults. Gemma explained not confirmed as yet, but on top of list that will be asking for and happy to take more suggestions.</i> ➤ <i>Lesley - asked for a breakdown of the 29,000 individuals on the waiting list for assessments. Catherine explained there has been approx.. a 300% increase across the system and current caseloads are 7063 for Children and Young people and 2978 of adults awaiting Autism assessments in Hampshire.</i> 	
<p>5.</p>	<p><u>Strategy updates overview (Co-chairs and Zoë Beasley)</u></p> <p>Discussed the importance of engagement with action plans and the ability to map progress was highlighted. It was recognised that some recommendations from the strategy span across various sectors and departments, making it challenging to consolidate the information effectively at times.</p> <p>Partners were thanked for their reports submitted to date, and a brief overview of the education sector was provided. Due to time constraints, detailed discussions on each area were not possible, so an overview was prepared for partners to review at their convenience.</p>  <p>Strategy_Overview_ Dec_2024.pptx</p> <p>A further discussion was then had about format going forward and how we might ensure the process is not onerous for partners but still ensure the HAPB can account for progress. Zoë introduced the format used by the Local Area Partnership (LAP) as a potential model. This format involves each partner preparing 3 to 4 slides to provide key updates on their services, detail their responses to the strategy, outline current projects, and highlight any joint efforts or challenges.</p> <p>Partners were shown the LAP template, and it was proposed that the updated slide deck be prepared ahead of meetings and shared with partners. The expectation is that partners review the slide deck before</p>	<p>6. <i>All members to send feedback on possible new reporting format</i></p>

	<p>the meeting, so updates are not presented during the meeting unless there are specific queries. This approach aims to free up more time for other important discussions.</p> <p>It was agreed that core partners might still maintain spreadsheets in the background to track progress and KPIs internally. However, the slide deck would serve as the primary tool for sharing information during meetings</p>	
	<p>Break, refreshment and network</p>	
<p>6.</p>	<p><u>Hampshire Autism Voice Briefing Paper (Rachel Carter)</u></p>  <p>HAV Briefing paper for the HAPB Decem</p> <p>Overview of report:</p> <ul style="list-style-type: none"> • Ambassadors – Conference held in November with two autistic speakers and sensory awareness input, all were well received. Total number of ambassadors to date is 1284 currently. • HAV membership – core membership being looked at due to one member standing down and a couple further looking to step down over the next 12-18months. There are 5 applicants being considered currently. • Mental Health charter – 4 HAV members met with Jason Brandon and ongoing work with Tina Woodcock from health and HCC to reinvigorate awareness of the charter. • Southern Health – Fusion – looking at data to see how autistic people are tracked across NHS. Michael spoken with two SH contacts and conclusion and developments. • HCC Adult Health Care strategy – HAV been involved in this and other partnerships. Early prevention agenda relevant to autism agenda was clear in meeting. • Children’s Commissioner report - details given by Michael White around this and consideration of how this report needs to feed into the health inequalities and Education work. • DWP concern - Concerns re Personal Independence Payment (PIP) process and autism understanding from DWP discussed. 	
<p>7.</p>	<p><u>HCC updates (Jason Norum)</u></p> <p>Jason expressed there is a challenging financial position ongoing within Hampshire County Council (HCC) and the current budget from the Government has not aided within that. Although £600million funding detailed from government, that doesn’t give much within in term of additional fund especially once the NI and wages increases are taken into account.</p> <p>In terms of external communications, there will be references to the 'core purpose' of HCC, previously discussed in the context of 'legal minimum service levels'. Moving forward, HCC will focus on its core purpose, reflecting the current challenges and how services are</p>	

	<p>delivered. The outcome-based nature of the Care Act can make it difficult to achieve clear alignment.</p> <p>Jason also discussed internal changes within HCC:</p> <ul style="list-style-type: none"> • There has been a reduction in executive leaders and merging of directorates (under directorship). This does create some benefits but will be larger workloads for remaining leaders. Commissioning will now report to strategic elements rather than AHC/CSD, which can be beneficial but may also cause some nervousness. • Mutually Agreed Resignation Scheme (MARS) detailed. The outcomes are still being processed, so the implications are yet to be fully understood, but there will be a quick turnaround for those leaving the organisation. • Autism Ambassadors: Funding has been approved for Autism Ambassadors across each Younger Adults team in Learning Disability (LD), Mental Health (MH), and Physical Disabilities (PD) to ensure staff maintain their memberships. Zoë will liaise with relevant individuals to formalise the process and ensure ambassadors are retained as teams change. 	
8.	<p><u>ToRs final sign off</u> (Zoë Beasley)</p>  <p>HAPB TOR - 2024 version.docx</p> <p>- agreement amongst members present to sign these off.</p>	
9.	<p><u>End of year reflections</u> (Cllr Lesley Meenaghan)</p> <p>Cllr Meenaghan gave a short overview of the positive of the HAPB over 2024 and some examples were provided including:</p> <p>Autism Information Guidance Service (AIG) – HCC have secured funding through Public Health to continue the service which is really positive as this is a key support service for autistic people.</p> <p>Enhanced Support work funding – This project has been previously discussed at HAPB and focuses on self-neglect cases specifically where the individuals often fall between the gaps of services. The project has secured an out of reach service to be imbedded into the longer term contract within Multi Agency Safeguarding Hub (MASH).</p> <p>Curious conversations – This was a really beneficial day talking about Ordinarily Available Provision (OAP) within education which included a great input from a nursery in Gosport. The input talked about how inclusion is at the heart of their culture and took away a great simple phrase of “Ordinarily Available Provision is not something you have to get out of a cupboard” – showing how aid/adjustments should be readily available for all.</p>	
10.	<p><u>AOB</u></p>	

	<ul style="list-style-type: none"> • Koala - Early help hub for Adults who are autistic/adhd information: <ul style="list-style-type: none">  Koala Main Leaflet Sept 24.pdf  Koala Adults Leaflet Sept 24.pdf • Overview of CC & Audit office reports • Kids.org article - How can the autumn budget support SEND reform - Kids • PREVENT research - Prevent duty in higher education: tackling disinformation and managing events • SEND toolkit - MP SEND Toolkit Launch - Kids • Autistica Neurodiversity Employers Index NDEI® Market Report - NDEI-Market-Report-FINAL.pdf Key findings: <ul style="list-style-type: none"> • Although an estimated 1 in 7 people is neurodivergent, only 30% of organisations have a neurodiversity-specific strategy or goal. • 29% of employees have experienced discrimination in the workplace. • 86% of neurodivergent respondents indicated they felt included by their work colleagues. • LDAP November newsletter – Please share this link with people who would like to read it. Items include: Change NHS survey > To go directly to the survey If you prefer to see or complete the easy read or BSL versions of the survey or have other accessibility needs, go to: accessibility and alternative formats DSR and C(E)TRs & Vaccinations information. 	
Next meeting: March 18th 2025		