Hampshire Autism Partnership Board

MINUTES

Tuesday 9th December- 10.00 - 12.30 (via Teams)

Present:

Chairing meeting today –
Margaret White - Co-chair of HAPB & Hampshire Autism Voice member

Cllr Fran Carpenter, Co-chair of HAPB & County councillor
Margaret White - Co-chair of HAPB, Hampshire Autism Voice member
Jason Norum - Head of Commissioning young adults, Learning Disability, Mental Health and Physical Disability, HCC - Autism Lead
Zoë Beasley – Hampshire Autism Partnership coordinator (& Minute taker)
Adele Brand - VoiceAbility Team Leader
Rachel Carter - Hampshire Autism Voice member
Vanessa Cosby - Hampshire Autism Voice and Autism Ambassador administrator
Leigh Drury - Inclusion Team Leader (Services for Young Children), Early Years Autism Lead
Leanne Keegan – HPCN Coordinator (deputising for Paul Richardson)
Gemma LANGMAN - GP and clinical lead
Alyson Miller - Hampshire Autism Voice member
Sgt Emma Pragnell - Criminal Justice liaison Sergeant, Hampshire & IOW Constabulary
Michael White - Hampshire Autism Voice member & GP
Lisa Parker - Clinical Lead – Learning Disability and Autism Team, CAMHS
Katie Board - Information, Advice and external training team Service Manager, Autism Hampshire.
Helen Toomer-Jones - Autism Specialist Lead, Hampshire Hospitals (HHFT)
Maria Morell – Co-CEO, Havant and East Hants Mind
David Carter – Chair of South Hampshire National Autistic Society branch
Simon Lloyd – Hampshire Autism Voice member
Michelle Broughton - – Senior Delivery Manager, CYP Neurodiversity, HIOW ICB
Mark Kingswood – County Education Manager, CSD, HCC

Present for input:

Chris Cunningham - Development Manager, AHC, HCC
Becki Perryman - Programme Coordinator, AHC, HCC
Emma Mander - CEO, Great Minds Together (GMT)
Lucy Dimond - Executive Director, GMT

Apologies:

Alice Madden-Curtis (Deputy Autism lead, AHC)
Sarah Banholzer (Voiceability)
Diana Taphouse (HIOW ICB)
Tom Horan (Older Adults Autism lead, AHC)
Mel Williams - Head of Specialist provision, St. Vincent's College
Ann Bryant - Learning Disability and Autism Transformation Project Manager, Frimley ICB
Rob Nash - Skills Commissioning Manager, AHC, HCC

Cerys Williams - HAV member
Cheryl Claxton - Head of Community Services, Autism Hampshire
Andrew Lund - Area Director North West, CSD, HCC

Agenda items:

1. Introductions
2. Minutes review & Action Log
3. HCC Devolution and LGR update
4. Connect to Work input
5. Hampshire Autism Voice Briefing Paper
6. Strategy updates overview updates
   Break, refreshment and network
7. Great Minds Together input
8. Autism Act Committee update
9. Any Other Business
   Meeting close

Agenda Item	Subject	Action
1.	Welcome and chairing today (Margaret White)	
2.	Introductions/ Minutes of last meeting and any matters arising/ HAPB actions Introductions given by all. No concerns or corrections arising from previous minutes. Updates given verbally.	
3.	HCC Devolution and LGR update (Jason Norum) Jason set out latest timelines regarding Devolution and Local Government Reorganisation (LGR). Mayoral elections for the new combined authority will now be delayed to May 2028. LGR proposals (including options for mainland unitary authorities and the Isle of Wight) have been submitted and we expect a decision from Central Government by March 2026. Anticipated “shadow structures” will sit alongside current councils until new council go-live (target date 2028). These will scrutinise long-term contracts and commitments, and it is likely to be a complex operating environment. There will be multiple layers to work through and important for the HAPB to consider how we wish to respond to those changes and process we feel should be taken to make decisions about the partnership going forward. Agreed that we will have agenda item at the March HAPB to consider further. The HAPB does not have a constitution of what this looks like and who holds decision making authority, so will need open discussion.	

4.	<u>Connect to Work input (Chris Cunningham & Becki Perryman)</u> Connect to Work Presentation.pdf Overview: Connect to Work is a voluntary DWP (Department Working Pensions) funded supported employment programme. The programme derives from the detail in the White Paper and is aimed at those not in work, but who wish to be or are at risk at losing their role due to their needs. It is delivered via supported employment using IPS (Individual Placement & Support) and SEQF (Supported Employment Quality Framework) and follows a "place, train, maintain" approach to competitive paid work. Eligibility and pathways discussed. A formal autism diagnosis is not required, self-identification is accepted; there is a zero exclusion basis. There are four commissioned pathways: Health (PCNs/secondary care), Domestic Abuse (via Stop Domestic Abuse), Community Access (self-referrals, VCSE), and Social Care. • An employment specialist will be underpinning the programme and aim is about achieving a person-centred approach, focusing on what that person's goals are. This is recognised as key to the success of initiative and the focus on potential to work rather than older models of readiness of work. This is an important change in approach to supporting individuals effectively. • IPS framework discussed – this is a research-based framework on the best way to support individuals who want to work with eight simple evidence-based principles. • SEQF discussed – this is another framework that will be used where appropriate. This is about creating a collaborative vocational profile. Sustaining employment support is an important factor also. Participant Journey Process map was shown and explains that this is a 5-year programme, with four training providers involved. It is anticipated to be live to deliver from January 2026. **Questions/comments:** Gemma Langman - How do GPs refer? *Chris responded for health pathways they are looking to integrate within Primary Care. Focus will be on areas of deprivation initially but will widen over time.* Rachel Carter stated that sounds a positive initiative. Query about how autism friendly the initial process is to recruit people as several steps to access. *Chris responded that they are trying to align the referral process with the services already involved with someone so that they can make referral for those supporting. They are in the process of developing an accessible website.*	*1. Connect to Work team to link with HAV for a network session in early 2026.*

	Margaret suggested it would be helpful to have further presentation and discussion with HAV (Hampshire Autism Voice) - *the team are happy to reach out to discuss.* Rachel also asked how the team is getting employers involved and genuinely engaged? *Chris responded that the employers are vital to the programme working – the employment specialist will be there to support the employer which is different to previous programmes. They will be able to access support for 12 months when the individuals are employed. The programme is also not aimed at just entry level roles; it is for whatever is appropriate for that individual.* *Chris also expressed that they are looking to have some case studies to market the programme further.* Simon Lloyd asked what are the expected start and finish dates? *Should be live from 2nd January, as in final stages of training provider procurement. Ends in March 2030.*	
5.	<u>Hampshire Autism Voice Briefing Paper (HAV member)</u> HAV Briefing paper for the HAPB Decemb Report presented by Alyson Miller	*2. Mental Health Charter - Jason Brandon follow up on ownership.*
6.	<u>Strategy updates overview updates (Zoë Beasley)</u> **Overview of updates given:** • **Cross-sector collaboration** is strong across education, health, and social care. • **Key developments**: o Neurodiversity & Wellbeing MDT (Multi-Disciplinary Team) now established and working groups underway around implementation. o New care frameworks and housing reviews for complex needs within Social Care o Complex Support Register (CSR) pilot to prevent crisis admissions for those that do not have a diagnosis. • **Positive changes**: o Growing use of neurodivergent-affirming practices. o Increased coproduction and engagement with families. • **Challenges**: o Resource and capacity pressures. o Uncertainty from Local Government Reorganisation. o Long waiting times and unclear referral pathways.	

	Questions/comments: Michelle Broughton gave some additional detail regarding the FAQ's about the Right to Choose (RTC) changes and agreed more was needed to ensure that families were clear about the process. She is seeking further support from the parent carer forums on what questions are being asked by families to ensure the relevant information is on the website. An easy read is being developed and will be available soon. Rachel Carter - Rachel asked what adult support is being given around these changes. *Michelle responded that the community hubs will be places of support and communications will be on the site for adults as well.*	
	Break, refreshment and network	
7.	<u>Great Minds Together – (Emma Mander & Lucy Dimond)</u> **Presentation given** Overview: GMT (Great Minds Together) is a neurodivergent-led organisation delivering early intervention, intensive support, de-escalation, and transition (including a tier 3.5 "Thriving Futures" service) for children and young people at risk of inpatient admission or currently an inpatient. There are four key areas of support: • Early intervention • IST (Intensive Support Treatment) • De-escalation • Transition – mainly care leavers 18-25yrs Statutory reform programme – The statutory reform programme targets system change, preventing wrongful hospital admissions, unnecessary police and criminal justice involvement, and supporting care leavers with practical life skills. GMT have taken on the responsibilities that the Key Worker Programme (KWP) used to provide and has additional capabilities. GMT met with over 100 individuals and providers to understand current barriers to support in HIOW and looked at pathway gaps. Recommendations established were within: • Pathways • Training and Development • Education - within Youth Offending Teams (YOT), educational needs are often the biggest area of need so important to address this earlier to prevent young people from entering justice system. • DSR (Dynamic Support Register) oversight - DSR is now being supported up to 30yrs.	*3. Link Emma to YOT* *4. Bring someone from DSR team into HAPB meeting to detail more on DSR itself.*

	• Individual Neurocognitive Profiles • Intensive Support Team (IST) - The IST focus is on the whole family and is a needs-led approach and often coordinating the services involved with that family. Data: • November data - currently supporting 122 individuals. All individuals will remain on the DSR until the CSR (Complex Support Register) is in place. Once off the DSR, individuals can access the 'fifth avenue' as light touch support when needed. • Geographical areas covered – 57 were living in HCC area in November. • DSR Risk Rating Improvements status also shown - 100% status reduced once support was in place indicating that the support is working. **Comments/questions:** Gemma Langman – What capacity does GMT have? *Emma explained they have blended approach currently in Manchester and Hampshire to help build the skill set from lessons learnt from work in Manchester. So will have 22 team members but quite dynamic in terms of support which means there isn't a specific capacity limit as each person's needs is so varied.* Lisa Parker – how are you linking with CAMHS? Especially regarding the care co-ordinator role to make sure not duplicating work. *Emma explained that they have linked with CAMHS. They really want to complement existing services rather than add another, so happy to link with anyone else relevant in CAMHS as appropriate. Will be linking with Lisa Hatcher from LRP team (Least Restrictive Practice).* Lisa also asked about the DSR complex case panel – concerned that this may not reach those with Learning Disabilities as may not be inpatients but are at risk of provision breakdown. *Emma and Michelle Broughton explained that this is a recognised barrier so GMT are looking to mirror the DSR with the CSR which will be able to support the cohort of those that don't meet service criteria whilst still using an MDT approach.* Zoë Beasley – can families self-refer still? *Emma explained you can refer for Children and Young People.* Mark Kingswood expressed it would be useful talk about MDT work that is happening in education and how to link this work. They are looking to build capacity in the education system, looking at building settings to provide better support and are interested to know how to work together. Helen Toomer-Jones – Helen said that Hampshire Hospitals have been asked to produce written diagnosis reports for DSR referral and that an	

	NHS digital record is not enough. This brings a risk and create barriers to accessing the DSR as not everyone has this original documentation. *Michelle confirmed that current policy mandates physical documentation but will feedback about this potential issue.* Simon Lloyd shared his personal experience around school avoidance and some of the multi-agency gaps. Simon offered to assist with lived experience on this regarding the CSR development.	
8.	<u>House of Lords Select Committee on Autism Act 2009 update (Zoë Beasley)</u> The Committee published its final report, 'Time to deliver: The Autism Act 2009 and the new autism strategy', on 23rd November 2025 Purpose: The Select Committee examined the Autism Act 2009, which mandates the Government to produce an autism strategy and statutory guidance for the NHS and local authorities. • Focus Areas: o Progress since the Act was introduced. o Implementation of the new autism strategy. o Challenges in service delivery, data collection, and meeting autistic individuals' needs. • Recommendations: Strengthen accountability, improve data linkage, address health inequalities, and ensure co-production with autistic people and families in planning and monitoring services • Hampshire references – The full report mentions the word, "Hampshire" 13 times. Both Hampshire Autism Voice evidence and Hampshire Autism Partnership Board evidence are cited several times, which demonstrates our positive impact. • 62 recommendations in the report overall	
9.	<u>AOB</u> Margaret White announced she is stepping down as HAPB Co-chair after 10 years (and 15 years with HAV). The Board thanked her for service and leadership. Resources/updates: • ND animation – SCC video about the new ND service • NHS LDA Nov 2025 updates.docx Learning Disability and Autism November Update • Skills for care newsletter - Workforce update for services that support people with a learning disability and/or autistic people Anna Freud is leading the delivery of Autism Central, on behalf of the NHS, a co-produced and co-delivered peer support programme for	

	families of autistic people of all ages and those working with them - Autism Central - peer education programme | Autism Central • Video re benefit of using health passports - The Health & Care Passport Supporting Shaun's Cancer Journey • Video re understanding parent's perspective of children with PMLD when calling an ambulance - LDA - Experience of a family carer S • **Underrepresented groups piece -** Hampshire Archives has successfully bid for external funding to collect film and sound from under-represented groups. Wessex Film and Sound Archive, (WFSA) based at our Hampshire Record Office, is beginning to enrich its collection of film and audio, with help from the local people of Basingstoke. The funding, provided by the British Film Institute, supports 'Screen Heritage' collections, such as WFSA, to collect more material from under-represented communities, and several archive collections around the country are using the funding for this purpose.	
	Next meeting: 17th March 2026	

Universal Services

CONNECT TO WORK

Funded by **UK Government**

Hampshire County Council

What is Connect to Work?

Connect to Work is a **voluntary** programme funded by the UK Government (DWP) to support **disabled** people or people with **health** conditions, and individuals with **complex** barriers to **move into and maintain employment**. It will also provide support to those in work but at risk of losing their employment, helping them to **retain their jobs**.

Overview of Connect to Work

- Key pillar in the Government's 'Get Britain Working' plan & ties into one of the missions – to kickstart **economic growth**
- The Government aims to take a more collaborative and locally led approach to tackling **'Hidden Unemployment'**
- Approx. 2M people who would like to work but are not engaged in the labour market – in Hampshire this is approximately **23,000** who would like to work, **17% of inactive** population
- Connect to Work will support up to 100,000 individuals nationally **who have disabilities**, long-term health conditions or other complex barriers across England & Wales to **secure work**
- Primarily focused on those who are **inactive or unemployed**, there will also be retention support for those who are employed and at **risk of falling out of work**
- Connect to Work must be delivered via **Supported Employment models**, and adhere to the IPS and SEQF frameworks, which will be quality-assured by HCC, as well as external Fidelity assessment.
  - '**place**, **train and maintain'** competitive employment

Overview: Eligibility & Suitability

- Participants must:

- be of working age, aged 18 or more in England
- have the right to work in the United Kingdom
- have the right to live in the United Kingdom and are resident in England or Wales
- not belong to a group which has no entitlement to public funds
- not on a DWP employment programme
- be a disabled person **or** belong to one of the specified disadvantaged groups:
  - have a disability as defined in section 6 of the Equality Act 2010 or the Social Model of Disability - physical or mental impairment - including those with learning difficulties, people with emotional, mental health or behavioural difficulties, and others.
  - meet the definition of one of the specified disadvantaged groups with additional multiple and complex barriers that would benefit from support.

Overview: Who else may access Connect to Work?

- Disadvantaged groups that could be eligible & suitable:
  - a military veteran
  - a victim/survivor of domestic abuse
  - a carer or ex-carer
  - a person for whom a drug or alcohol dependency, presents a significant barrier to employment
  - care experienced young person or care leaver
  - a refugee, a resettled Afghan
  - an offender or ex-offender
  - a homeless person
  - a person on the Ukrainian scheme
  - young people identified as being involved or at risk of being involved in *serious violence*
  - a victim of modern slavery

How is Supported Employment Different?

Supported Employment

- **Everyone has the potential** to do real, paid work with the right support.
- **Start looking for work** as soon as possible, then continue to support the individual and the employer in work.
- The focus should be on **real, paid work**, not volunteering or other outcomes.
- Includes **clinical integration** where required

Traditional Models (Employment Support)

- People's **readiness for work** depends on their barriers, including health condition.
- Spend an **extended period preparing for work** before starting to look for jobs. No/limited support in work.
- Focus on a range of outcomes, with **volunteering/training** more often achieved than real work.
- Independent of clinical support even for those with health conditions.

Overview: IPS (Individual Placement & Support)

IPS is based on eight simple, evidence-based principles

1. It aims to get people into competitive employment… volunteering or sheltered work are not counted as outcomes

2. It is open to all those who want to work… with no exclusions based on diagnosis, health condition or benefits claim

3. It tries to find jobs consistent with people's preferences

4. It works quickly… job search starts within four weeks, even if a client has been off work for years

5. It brings employment specialists into clinical teams… so that employment becomes a core part of mental health treatment and recovery

6. Employment specialists develop relationships with employers based on a person's work preferences…not based on who happens to have jobs going

7. It provides ongoing, individualised support for the person and their employer… helping people to keep their jobs at difficult times

8. Benefits counselling is included… so no one is made worse off by participating

Overview: SEQF (Supported Employment Quality Framework)

Engagement

An opportunity for a potential participant to learn about Supported Employment and decide whether it is right for them

Vocational profiling

A planning process enabling a participant to identify what they want to achieve and work out a plan for getting there

Employer Engagement

The participant learns about the job and works out a plan with the employer on how they will be supported through the recruitment process and in the workplace

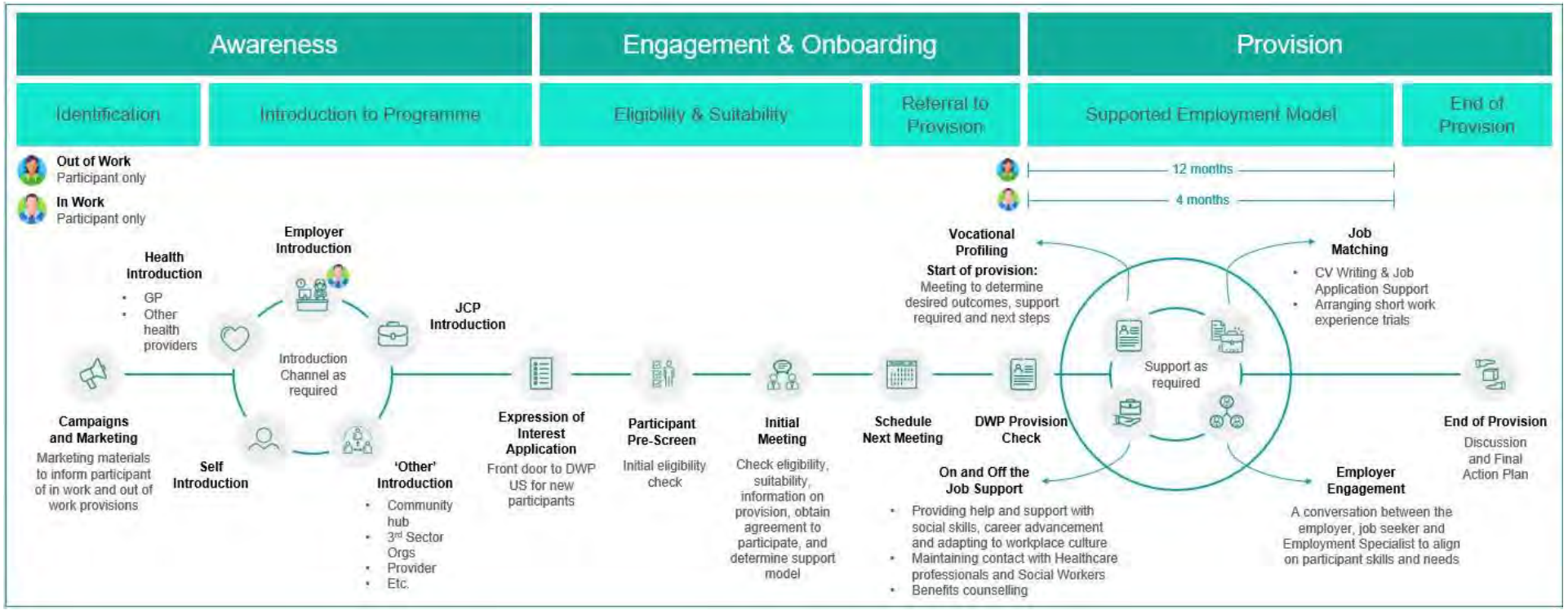
Job Matching

The participant is supported to find vacancies that meet the jobseeker's employment goals

On and off the job support

The participant is supported to learn the job and sustain employment. This could include job coaching, training/support from a mentor and workplace reviews

Participant Journey: Process Map



Benefits to Business

Studies of **SUPPORTED EMPLOYMENT** have found employing disabled people to be associated with:

- Potential Increased Productivity
- Increased Customer Diversity
- Reduced Staff Turnover
- Improved Work Environment
- Reputational Gains

Benefits to Business

Getting started

- Once connected with your local area, an Employment Specialist will complete a job analysis to understand the tasks and attributes associated with the role to match to the profile
  of a Connect to Work Participant.

- An Employment Specialist can walk you through the recruitment process, support with adjustments and guide your recruiting managers.

- The Employment Specialist will also provide individually tailored support for your employee, support workplace culture and empower team members to provide natural support.

For more information on employing through Connect to Work contact skills@hants.gov.uk

FAQs

Can any sized employer take part?

There is an increasing number of employers using supported employment and the size of an organisation should not prevent them from taking part in Connect to Work.

What about increased sick leave?

Studies show there is little to no difference between the amount of sick leave taken by employees on supported employment programmes vs not. Any concerns can be shared with the Employment Specialist and solutions formulated.

We don't have time to provide support.

A key benefit of Connect to Work is the access to Employment Specialists who can work in partnership with you and the participant to understand your business requirements whilst working to build the confidence and capability of the wider workforce.

Are reasonable adjustments costly?

Reasonable adjustments are a legal requirement for all employers, often cost very little and can improve efficiency. For example, providing flexible working patterns may allow an individual to work the hours they are most productive.

HCC's Proposed Approach

- 5-year programme until 2030, *subject to spending reviews*
- Supporting 1,700 Hampshire participants in our peak year (2027/28), with a total of 4,800 participants during the programme's life

Year 1	Year 2	Year 3	Year 4	Year 5
200	800	1,700	1,500	600

- The programme will be initially 100% commissioned out
- Programme is sectioned out into the following Lots:
  - Health Pathway
  - Domestic Abuse
  - Community Access (self referral)
  - Social Care (via Adult Services)

Health Pathway – Shaw Trust

The ‘Health Pathway’ Lot will provide a gateway into Connect to Work for those individuals, who meet the eligibility and suitability criteria, who are under the care of health services. It is forecast a significant number of referrals for Connect to Work will come via primary care, secondary care, and community health services.

	Health Pathway		
Year	IPS	SEQF	Total
2025/26	74	24	98
2026/27	315	105	420
2027/28	735	245	980
2028/29	630	210	840
2029/30	224	74	298
Total	1,978	658	2,636

Domestic Abuse – Palladium

The ‘Domestic Abuse’ Lot will provide a gateway into Connect to Work for those individuals, who meet the eligibility and suitability criteria, who are being supported by, known to, or eligible for the support from ‘Stop Domestic Abuse’ or any other domestic abuse support service. Across Hampshire, Stop Domestic Abuse provides refuge and community-based support to adults, children and young people affected by domestic abuse in need of advice, support and information tailored to their level of risk and support needs.

	Domestic Abuse		
Year	IPS	SEQF	Total
2025/26	23	7	30
2026/27	75	25	100
2027/28	75	25	100
2028/29	75	25	100
2029/30	75	25	100
Total	323	107	430

Community Access – Seetec Pluss

The ‘Community Access’ Lot will provide a gateway into Connect to Work for a broad range of participants who will make self-referrals or be referred by a variety of other means of support, such as via their support worker, local JCP, local community centre, carer, relative, friend, advocate etc.

This Lot will provide access to Connect to Work for a vast range of groups, including **former members of His Majesty’s (HM) Armed Forces (AF)**, a **member of HM AF reserves**, or **a partner of current or former AF personnel**; **care experienced young person** or a **care leaver**; a **carer or an ex-carer**; a **homeless person**; a **victim of modern slavery**; **an offender** (someone who is serving a community service) or **ex-offender** (someone who has completed a custodial or community sentence); **a person for whom a drug or alcohol dependency, including a history of dependency, presents a significant barrier to employment**; a **refugee**, a **resettled Afghan** or a **person on the Ukrainian scheme**; **young people (18+) identified as being involved or at risk of being involved in serious violence.**

	Community Access		
Year	IPS	SEQF	Total
2025/26	32	10	42
2026/27	135	45	180
2027/28	315	105	420
2028/29	270	90	360
2029/30	95	32	127
Total	**847**	**282**	**1,129**

Social Care – TBC

The ‘Social Care’ Lot will provide a gateway into Connect to Work for those individuals, who meet the eligibility and suitability criteria, who have social care needs, such as learning, physical and mental health needs, who access support via local authority Adult Services or via voluntary community service organisations.

	Social Care		
Year	IPS	SEQF	Total
2025/26	23	7	30
2026/27	75	25	100
2027/28	150	50	200
2028/29	150	50	200
2029/30	56	19	75
Total	**454**	**151**	**605**

Tendering Process & Timescales

- Call-off will be from the Open Framework for Skills Development for Hampshire 2023-2033:
  - suppliers will need to be **accepted** onto the Framework **before** the tender goes live via InTend

- Due Diligence Meetings prior to contract award

Connect to Work Targets

- Out-of-Work participants (85%) must not be doing any paid work and be available to start a suitable job (12 months support):
  - 50% of total programme starts to achieve first earnings
  - 40% to achieve lower earnings threshold - £1,339*
  - 29% to achieve higher earnings threshold - £5,335*

- In-Work Retention participants (15%) must be employed for approximately 3 months and be at risk of losing work (4 months support):
  - 80% of IWR to achieve higher earnings threshold - £5,335*

- General enquiries to: skills@hants.gov.uk
- https://www.prosperityhampshire.org.uk/connect-to-work

Hampshire Autism Voice (HAV) Update Brief to Hampshire Autism Partnership Board (HAPB)

Tuesday 9 December 2025

The following update from HAV covers their activities since September 2025.

1 Autism Ambassadors

HAV is a partner in this scheme along with Hampshire County Council (HCC), Southampton City Council, Portsmouth City Council, Isle of Wight Council, Autism Hampshire, and NAS South Hampshire branch.

- One virtual training session has been delivered since the Sept HAPB meeting adding a further 17 people appointed as Ambassadors, bringing the total to 1365 since the scheme started. The October training session in Gosport was cancelled due to lack of interest and was re-scheduled for January 2026. A further online training course is scheduled in March 2026.
- The 2025 annual conference took place on 6 November at Ashburton Hall. Two speakers presented: Dave Serpell-Stevens on School Avoidance and Jess Hendrickx on Transition from School to Employment. There was also a presentation delivered by scheme team members about Occupational Balance and Superpower or Curse, plus a scheme update and video of Ambassador's Good News Stories. Attendance was down a little this year at 57 attendees.
- A networking meeting has been scheduled for 24th March 2026, with an afternoon in person and an evening online session.

2 NAS Right to Choose system

The situation about Autism and ADHD Assessment Referrals and Right to Choose was discussed during the September HAPB meeting, when Michelle Broughton responded on behalf of the Integrated Care Board (ICB). HAV members have since contacted Daniel Simmonds, Managing Director, Psicon. Dan Simmonds responded that based on the current Indicative Action Plans (IAPs), waiting times will increase to several years.

HAV's key concerns:

- The ICB Deputy Director should ideally be meeting directly with the ASG or HAPB or Jason Norum, HCC Autism Lead.
- Clarification is required about how are the ICB is managing the waiting list.
- A letter regarding changes to the "Right to Choose" system was quickly published on Facebook and appeared vague and more information is necessary.
- This is an important and controversial issue. Ideally, it should be included as an agenda item at the ASG meetings, preferably with someone from the ICB in attendance.

3 HAPB and ASG Topics

Future HAPB and ASG topics have been discussed and proposed at HAV meetings. These include:

- Autism and Mental Health Charter
- Co-production

- Health Inequalities & Core20Plus5
- Care Quality Commission (CQC) appointed four test sites for their Integrated Care Systems (ICS) Engagement and Inequalities Improvement Network including HIOW ICS
- Getting It Right First Time (GIRFT) representative
- NHS England National Autism Director or equivalent
- HIOW ICB staff reorganisation
- Portsmouth Neurodiversity Profiling Programme
- HIOW Neurodiversity Health Strategy Consultation draft June 2024
- Learning from Lives and Deaths Review (LeDeR) findings
- Regional online meeting future topics
- Right to Choose (RTC)

4 HCC Social Care Practice Manual

Internal AHC and Social care staff have access to this manual which includes a definition of autism.

HAV discussed the identity first language section and agreed that the wording "It is considered good practice to seek the person's preference, as to whether they prefer the term, either "autistic", or "… with autism"", should be added. The video that accompanies the manual will need updating if it mentions levels or "sub-divisions" of autism.

5 Mental Health Charter progress

A HAV member has been working together with Michelle Broughton to update the Charter, which was originally launched in February 2020. The changes will include better and more neuro-affirming language and the inclusion of ADHD. The edited document has been reviewed. The relaunch has been delayed as it is awaiting ICB senior management approval.

Jason Brandon (former AHC head of Mental Health) will speak with the Director of Public Health about collaboration. It was proposed that the charter should be jointly owned by the ICB and HAPB, but this has yet to be agreed. There is a possibility of including the use of a self-assessment tool for holding organisations to account. Organisations need to prove that they are upholding the charter.

6 Hampshire Carers Partnership (HCP) & Board

Three HAV members represent us on this Partnership, including its Partnership Board.

6.1 Carer's sub-group update:

- October meeting
    - Steve Taylor from Argenti came to discuss and hear views about Technology Enabled Care.
    - Louise Fagan explained the changes to the "Connect to Support" website.
    - Dave Humphries explained that the Carers Website is now working after a lot of setbacks about funding.
- December 2025
    - Three representatives from Voiceability updated us about their advocacy work in Hampshire. Points raised include:
        - Statutory work is covered by thirty individuals, and includes safeguarding, mental health if no other advocates, carers assessments, independent medical health advocate (IMHA), Deprivation of Liberty Safeguards (DoLS) for young people
        - Non-statutory work is covered in Hampshire by one person, including Speak Out Hampshire which is outreach work, that includes visiting day care services
        - Most referrals are from social workers, although in Hampshire, others can refer, including self-referral.
        - In other areas, Voiceability are involved with Oliver McGowan training.

6.2 Carers Partnership Learning Disability (LD) working group

- November meeting was cancelled.

7 Personalisation Expert Panel (PEP)

Our HAV representatives regularly attend the monthly PEP meetings. During recent meetings, the following topics were discussed:

- In September:
    - Philippa Mellish Head of Care Governance and Quality Assurance AHC Gave an update from AHC about the arrangements for the forthcoming CQC inspection in November,
    - HAV's concerns about "Right to Choose" were raised by our representative under AOB. It was decided to discuss this in detail at the next PEP meeting in October.
    - Our representative also queried the recruitment of more "Shared Lives" families and Philippa stated that she would allocate time to discuss this at a future PEP meeting.

- In October:
    - Jason Brandon Deputy Director AHC and Principal Social Worker gave a further update from AHC about the forthcoming CQC inspection. Some members shared their experience, as CQC inspectors had telephoned them directly as part of their standard pre-visit information gathering exercise.
    - Our HAV representatives explained to PEP about the situation regarding the "Right to Choose" which is affecting autism and ADHD assessment referrals, and how these concerns had been raised by a service provider, Psicon. HAV's concerns and responses were explained, and a copy subsequently forwarded to PEP.

- In November:
    - Philippa Mellish Head of Care Governance and Quality Assurance AHC gave an update regarding the recent CQC inspection. Our HAV representative who attended a CQC meeting stated that the paperwork sent to the CQC prior to the meeting did not properly cite the co-production that the HAPB had been involved in. This paperwork was not seen or approved and parts were inaccurate.
    - Next year quarterly PEP meetings will include representatives of the many Hampshire County Council partnerships, as of the January meeting.
    - Jason Brandon, Senior Social Worker, discussed the recent November CQC inspection in greater detail.
    - The "Right to Choose" concerns were explained by our HAV members. The PEP agreed that this development requires more discussion and one proposal was that someone from the ICB should explain the changes in RTC.

8 HAV Briefing report for HAPB

HAV members have requested that the 20-minute time slot allocated during the HAPB meeting for delivering the HAV Briefing be reinstated. It had recently been truncated to 10 minutes. HAV is not a partner in the same way as others involved in delivering input at the HAPB. We do not provide a service. We provide the views and concerns of autistic people and their carers in a structured manner. We try to propose possible solutions or ways forward. We are the group that likes to feel that it challenges the partners about whether they actually deliver what they say they are going to deliver.

9 CQC HCC inspection meeting

A HAV member attended this meeting as part of the CQC inspection process in November. There was some confusion about the list of examples of HAPB co-production which were sent in advance. There were some examples that did not match the list that a HAV member had previously compiled and forwarded to various HCC officers. Our HAV member is in the process of clarifying the situation about this list. The CQC inspector

was also forwarded links to the Autism and Mental Health film on the NAS South Hampshire Branch website, and the Autism Ambassador website.

10 ASG (Autism Steering Group)

HAV are concerned that there has been no recent group consultation or agreement any more about the items they want to discuss at the ASG.

At recent meetings, the following topics were discussed:

- Michelle Broughton spoke about the HIOW ICB Lived Experience Survey, which was imminently about to be published.
- Right to Choose and the ICB communications regarding the "pause" of the scheme and the waitlist. Right to Choose providers are sometimes signposted to HPCN. This is of significant concern as they should initially be signposted to Autism Hampshire's free Information, Advice and Guidance, whom are the contract holders with Hampshire County Council for this service.
- Angela Gill of Community First spoke about social prescribers. The NAS South Hampshire Branch will try and link in with them.

11 HIOW ICB Lived Experience Survey

This survey was distributed last year. It took a very long time to analyse the results. Finally, a preview has now been sent to the people, including some HAV members, who helped and co-produced the questions. When the survey has been reviewed and edited, it will be ready for publication. Useful free text comments have been included in the report.

12 Local Groups feedback

HAV members continue to be involved or in touch with many autism support groups across the county. The latest information includes:

National Autistic Society South Hampshire Branch (www.shantsnas.org.uk)

The Autism Support Group and Partner Support Group are now closed for Christmas and restart in January. The Lego Group is going well. The December Family Youth Club will have Christmas crafts available. The Southampton Social Groups Children's groups currently have low numbers and need more attendees to ensure they do not close.

Autism Support Group in Totton

This group, run by Youth and Families Matter (YFM), a community project of Testwood Baptist Church, is being well attended.

Friends of In Touch (www.friendsofintouch.org.uk)

Continue to support children and young people in their weekly youth clubs, and a young adults' social group. This is the organisation's 20th year and currently has funding from the National Lottery for another 4 years.

The Zone, Farnborough

Zone In sessions for children and their families, once per month and in the school holidays.

Supportive Parents of Asperger Children Everywhere (SPACE) (Havant)

Monthly group continues to meet at the Heron pub in Leigh Park.

December 2025

Learning Disability and Autism Update
November 2025

Welcome

We have included important information that was shared on social media during November, so you have this all in one place.

We have tried to make it plain English.

What we are covering:

- Carers rights day
- Pancreatic cancer awareness month
- Movember
- Learning disability and autism advisory group and key stakeholder event
- Number 20 newsletter

Carers rights day

On 20th November 2025 it was Carers rights day.

Carers rights day is an important opportunity to raise awareness of the rights and support available to carers. Many people who care for family members or friends often do not realise what help they are entitled to.

This day is about making sure carers know their rights, can access practical support, and feel empowered in their caring role.

Caring for someone can be rewarding, but it can also be challenging and emotionally demanding. That's why it's vital to look after your own mental health and wellbeing, as well as the person you care for. Taking time for yourself isn't selfish, it's essential.

Helpful link: Click for looking after yourself as a carer

As winter approaches, please make sure you look after yourself physically too. If you are eligible, have your free flu vaccination to protect yourself and those around you. Staying healthy helps you continue to support others effectively.
Click for easy read booklet on flu and covid 19

Pancreatic cancer awareness month

This November was Pancreatic cancer awareness month. The pancreas is a part of your body that also helps you break down food. Pancreatic cancer is when the cells in your pancreas grow out of control and become a lump called a tumour on the pancreas.

We are sharing the easy read guides on pancreatic cancer to find out more about it, so you can look out for the symptoms which can be hard to notice.
Click for a free download easy read booklet

However, if you have pancreatic cancer or you want to know more about its treatment, see the NHS website - Click to see pancreatic cancer -NHS-

Movember

This November was also Movember, where men all around the world grow a moustache to show their support to raise awareness of men's health conditions such as testicular and prostate cancer.

Click here to see an easy read guide on the symptoms of prostate cancer

Click here to see an easy read guide on how to check for testicular cancer

Shaun's story – how having a hospital "passport" helps

Watch the video below in which Shaun explains how using a hospital "passport" helps him get the care he needs for his prostate cancer. The passport tells health staff about the reasonable adjustments he needs and what support works best for him. Shaun wants people to know that if they are worried about anything to do with their health, they shouldn't be embarrassed to go to the doctor's. It is OK to ask for help. Take a friend or family member with you to the doctor, if it makes you feel better.

David's story – helping to prevent suicide

Watch this video below about David, and how talking to someone helped him overcome his struggles with his mental health.

Learning disability and autism advisory group and key stakeholder event

On Thursday 20 November we held a face to face lived experience co-production meeting. The following Wednesday 26 November we held an online version for those who couldn't attend in person.

The topic was on the STAMP and STAMP Professional Standards. The Standards will be a document that is used to say how health and care staff should work with people around their medication and their mental health.

STOMP stands for Stopping Over Medication with Psychotropic medicines that affect the mind.

STAMP stands for Supporting Treatment and Appropriate Medication in Paediatrics. It is about getting the right medication at the right time, and it is for children and young people, their families and staff.

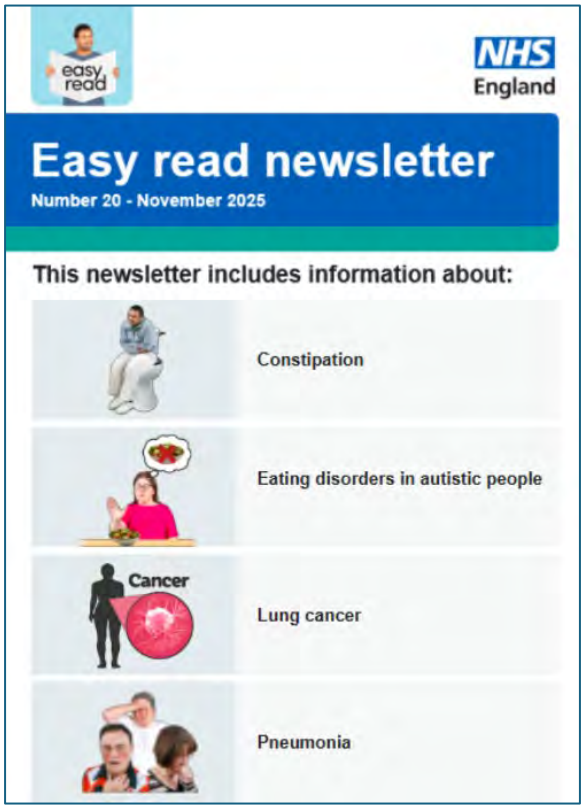
We had some amazing discussions where everyone's lived experience was shared. People had real insight, and it showed the importance of getting the views of key communities together to help shape and influence these Professional Standards.

A big thank you to everyone who was able to attend these two events, including the Department for Health and Social Care, The Challenging Behaviour Foundation, The Race Health Observatory, Council for Disabled Children's Flare youth group and Consortium.

Of course, not forgetting our wonderful and diverse advisory group members, and staff who gave up their time to support and to make this a success.

With thanks to Eddy Phillips for the graphic facilitation

Number 20 newsletter



Read our latest NHS England Learning Disability and Autism Programme newsletter, number 20. Written in easy read and plain English.
The topics are:

- constipation
- eating disorders in autistic people
- lung cancer
- pneumonia

It covers how to help prevent and treat these conditions. The newsletter was co-produced with the wider programme, together with members from the learning disability and autism advisory group.

To access plain English and easy read versions of this and previous newsletters, click on the link - Click to read easy read newsletter