




Gloucestershire's Autism (and Neurodivergence) Partnership Board Minutes

Tuesday 9th September 2025
10.00am to 12.30pm; Zoom

Name	Organisation
Andrew Cotterill (AC)	Lived Experience Co-chair
Noor Al-Koky (NA-K)	GCC/ICB Senior Commissioning Manager Autism
Jan Marriott (JM)	Independent Chair, Mental Health & Wellbeing Partnership Board
Josh Jones (JJ)	Learning Manager, Barnwood Trust.
Rozz McDonald	Contract manager - Oliver McGowan Mandatory Training on Learning Disability & Autism
Caroline Sutcliffe	Commissioning Officer, Strategic Commissioning - Long Term Support: Mental Health & Neurodiversity – Gloucestershire County Council
Dr Victoria (Tor) Thurston,	Clinical Lead for Children's Autism and ADHD Assessment Service (CAAAS)
Judith Bell	Chief Clinical Officer Let's Talk Well
Claire Hopkins	GCPA (Gloucestershire Care Provider Association (board member)
Ethan Easton	SEND Coordinator at Beezee by Maximus & Lucy Smith, Health and Wellbeing Coach, Beezee by Maximus
Ione Sime (IS)	Senior manager: Young Gloucestershire
Lidia Bojczuk (LB)	Connector: Barnwood Trust
Bill Singh (BS)	Gloucester Mental Health Navigator-Local Community Partnership
Andy Miller (AM)	Custody Inspector and Custody lead for mental health and neurodiversity
Beth Foster	Engagement Officer: Healthwatch Gloucestershire
Lorna Carter	Health Liaison Gloucestershire Carers Hub
Martin Doddimeade	Autism Liaison Officer: Gloucestershire Hospitals NHS Foundation Trust (GHC)
Jojo Kingsbury-Elia	Director of Learning Programmes and Principal: National Star college.
Ida Pöschel	Senior Project Officer Health & Disability: Active Gloucestershire
Marco Cetara (MC)	PEAK (Parenting Empowered Autistic Kids)
Stuart Saxton (SS)	Intensive Interaction Coordinator: National Star.
Ed Weir (EW)	Interim Chief Exec: Gloucestershire Counselling Service.
Jackie Rowe (JR)	Project Manager Advocacy & Volunteering and Unboxed - Neurodivergent Peer Mentoring Project Coordinator: Inclusion Gloucestershire
Emma Royer (ER)	Community Autism Support and Advice Service (CASA)
James Battiscombe (JB)	Service Manager: Alexandra Wellbeing House Service: Swindon & Gloucestershire Mind
Farooq Ismail (FI)	Patient Experience Manager, EDI: Gloucestershire Hospitals Trust
Zeb Nawaz (ZN)	HHPDA (Horses Helping People with Depression & Anxiety)



Mar Plowman (MP)	Neurodiversity Network Coordinator: Active Impact
Karen Julke (KJ)	Programme Manager: Artlift
Mel	

No.	Item	Lead
1.	Welcome / Introductions	Andrew Cotterill
2.	<p>Apologies for absence and any declarations of interest</p> <p>Apologise from:</p> <ul style="list-style-type: none"> • Jacky Martel: ANG member/advocate • Chris Atkins: Stroud Court, Community Trust • Jane Blackett: ASC In-house Day Services Operational Manager • Julianna Friend: DWP • Cathy Newman: Ambassador for Carer Practice – GHC • Alice Brixey: Senior Project Manager: Learning Disabilities & ND 	Disclosed to the Lead.
3.	<p>Dr Victoria Thurston - Clinical Psychologist and Service Lead: Overview: Children's Autism and ADHD Assessment Service (CAAAS) Gloucestershire Health & Care NHS Foundation Trust</p> <p>Theme 4 (Tackling health & care inequalities)</p>  <p>presentation for Autism Partnership Bc</p> <p>'Dr. Victoria Thurston (VT), the clinical lead for the Children's Autism and ADHD Assessment Service, presented an overview of the service's development over the last three years and explained that the Children's Autism and ADHD Assessment Service (CAAAS) in Gloucestershire has integrated various assessment pathways for autism and ADHD since 2022, addressing previous gaps and challenges faced by families.</p> <p>VT explained that the team have undergone several recent changes and have expanded its responsibilities to work to reduce current waiting times. These changes include a significant increase in the size and make up of team, the introduction of a ADHD medication titration and review for all children and young people diagnosed by CAAAS, ADHD medication reviews for children diagnosed with ADHD by Paediatrics, changes to the referral criteria, adaptation of reports through work with an expert by experience to ensure language is neuro-affirming and clear, development of parental post diagnostic</p>	



groups, development of self-advocacy group with Inclusion Gloucestershire and an increase in the teams training, consultation and supervision offer.

VT discussed the new referral criteria and explained that MyPlan Plus is used for children with complex needs where the cause is unknown but noted that schools are not using it as frequently as before. VT explained that the service is working on reviewing and improving the MyPlan Plus process, as well as collaborating with schools and other organizations to better support children with neurodivergent needs. VT discussed the challenges of identifying children who mask their difficulties in different settings and the importance of offering assessments to those who truly need them.

VT presented a range of feedback they have received about the service and invited attendees to share ideas on how to improve the service for young people and families in Gloucestershire. Andrew suggested organising a separate session for those interested in contributing, potentially using breakout rooms if attendance is high.


VT explained that demand for the service still significantly outstrips capacity; explaining that the service receive an average of 240 referrals per month and has capacity for 60 assessments per month. VT explained some of the reasons why the wait is so long which reflects the national picture. VT explained the current waiting time ranges from 2 ½-3 years and discussed the measures that the team have put in place to support this and improve accessibility. This includes the development of online resources, post-diagnostic groups, and a text system to keep families informed.

VT emphasised the need for a strengths-based, needs-led approach to better support neurodiverse children and the need to reduce reliance on diagnostic assessments and explained the service is also exploring partnerships and training opportunities to enhance understanding and support across health, education, and social care sectors.

Next steps

- Continue the transition of ADHD medication reviews from CAMHS system in the next year.
- Continue to address waiting times and explore ways to support individuals on the waiting list and post diagnosis.
- Deliver the upcoming conference for CYPS's staff on supporting neurodivergent young people and explore whether this can be videoed to be shared more widely.
- Continue working with Gloucestershire Association of Primary Heads and engage with Secondary Heads to refine school information forms.
- Organise a follow-up session based on interest to discuss approaches for improving autism and ADHD services in Gloucestershire.
- Review who would like to be involved in future discussions about autism and ADHD services.
- Continue developing the self-advocacy group with Inclusion Gloucestershire to find the right timing and format for young people.



	<ul style="list-style-type: none"> Evaluate and improve the accessibility of post-diagnostic groups based on attendance feedback. 	
<p>2.</p>	<p>Tim Buhagiar – Operational Lead Gloucestershire Adult Autism and ADHD Service: Overview: Adults Autism and ADHD Assessment Service Glos Health & Care NHS Foundation Trust</p> <p>Theme 4 (Tackling health & care inequalities)</p> <p>TB discussed the progress and challenges of the adult ADHD and Autism services and advised of the improvements in wait times and service accessibility, including the introduction of self-referrals and annual review pathways for ADHD patients.</p> <p>TB explained that the team are working on improving the transition for young people from children to adult services. Andrew highlighted the need for alignment between children’s and adult services, particularly regarding post-diagnostic support for young adults.</p> <p>TB acknowledged the challenges in fairly assessing needs and prioritising patients across both services AND explained the complexities around private diagnoses and the limitations in prescribing medication for those diagnosed privately.</p> <p>The group also discussed post-diagnostic support for adults, with the service currently offering educational groups and considering virtual support.</p>	
<p>3.</p>	<p>Andy Miller: Custody Inspector and Custody lead for mental health and neurodiversity</p> <p>  ND in Custody Council Presentation.ppt </p> <p>Theme 6 (Improving support within the criminal and youth justice systems)</p> <p>Inspector Andy Miller: Custody Inspector and Custody lead for mental health and neurodiversity: Improving Neurodiversity Support within the Criminal Justice System</p> <p>AM highlighted how whilst being arrested and held in custody is an anxiety provoking experience for everyone, for Neurodivergent people who need routine, are frightened by uncertainty and may have sensory needs or sensitivities, it can be especially hard to cope with.</p> <p>AM explained that people who are neurodivergent face heightened stress in custody due to factors like harsh lighting and noise, leading to increased</p>	



	<p>incidents of self-harm and staff injuries and discussed recent initiatives put in place to improve the custody environment for neurodiverse individuals at Compass House, a centralised custody suite with 50 cells advising that creating a calm area is key to reducing volatile behaviour. AM also highlighted the custody staff who are Neurodivergent and/or suffer with a disability who work within this environment advising that the smells, constant banging and shouting, as well as the stressful atmosphere have contributed to there being a reported 554 workdays lost over the past 5 years due to psychological or nervous disorders.</p> <p>To address this AM explained that they trained all custody and specialist investigative staff to identify signs of Neurodiversity and how best to deal with Neurodivergent detainees, therefore reducing incidents of self-harm, assaults on staff and staff sickness. AM also discussed a range of Custody Facility Improvement Initiatives, sensory toolkits, photo guidebooks, and engagement passports which have been put in place with the aim to reduce stress, improve staff welfare, and facilitate better handling of neurodiverse detainees during custody.</p> <p>AM discussed the improvements they have made to the custody environment to help reduce stress and overstimulation and explained how they funded a local artist to repaint the yard with a calming mural and installed painted targets for detainees to use, which has gained interest from other police forces. AM thanked N-AK for the recent grant funding to support this.</p> <p>AM also advised that detainees with neurodiversity will now have continuity of care from one single officer and have dedicated a quieter cell for neurodiverse detainees. The dedicated cell has a large window in the rear wall, so natural light can enter, and also a full observation window in the door to reduce stress and have added a clock to the cell window to assist ND detainees who require routine, helping them to mentally prepare themselves for the next stage of the custody process.</p> <p>Future plans include changing fragrances, redecorating holding bays, and potentially adding sound dampening. AM advised that though funding is a limiting factor so far the total cost for improvements has been fairly low (currently around £1,200) with additional funding sought for further improvements’.</p>	
<p>4.</p>	<p>Noor Al-Koky (NA-K): GCC/ICB Senior Commissioning Manager Autism: System Changes</p> <p>NA-K discussed the restructuring of the social care team, highlighting the need to separate social care and health commissioners following the CQC inspection in 2024 and outlined the new structure, which includes five key areas: strategic commissioning, quality, contract management, brokerage, and commissioning support.</p>	



ASC Commissioning
- Partner Information

NA-K also introduced Caroline Sutcliffe (CS) the new Commissioning Officer for Mental Health and Neurodiversity and mentioned that the Partnership Board would no longer sit within strategic commissioning moving forward.

Melanie Thomas: Practice Development Social Worker: Gloucestershire County Council: Co-production Strategy and Updates



Co-production Slides
for Autism Partnershi

MT provided an update on the co-production charter and strategy, highlighting key themes from recent workshops, including the need for better feedback loops, equity, diversity, and inclusion, clarity, and honesty. She mentioned that a co-production lead role would be advertised soon, and work was ongoing to develop more accessible versions of the charter.

Post Meeting Note: The co-production lead role has now been advertised- closing date 06/10/25 (link below)

<https://careers.gloucestershire.gov.uk/GloucestershireCounty/job/Gloucester-Co-Production-Lead/1324836955/>

Andrew noted that more discussions would follow, particularly on system changes and the role of Partnership Boards, and he encouraged participants to provide input on future presentations and discussions.

Any Other Business (AOB)

Inclusion Gloucestershire

5.

JR from Inclusion Gloucestershire introduced the Unboxed Neurodivergent peer mentoring support project – please see a link to further information below

<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.incl usiongloucestershire.co.uk%2Fengagement%2Funboxed%2F&data=05%7C02 %7Cneurodiversity%40gloucestershire.gov.uk%7Cfa679ccc06744c937c0b08d dec5f17bf%7C5faec75464e340149bcce72fc73ba312%7C0%7C0%7C6389266 15396548822%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydW UsIIYiOilwLjAuMDAwMCIslIAiOiJXaW4zMilskFOljoiTWFpbCIsIldUljoyfQ%3D>



[%3D%7C0%7C%7C%7C&sdata=daPtivVlxN7bBcxh4QYK1Xp11fUzAIDYOVqltqVil5g%3D&reserved=0](#)

Healthwatch: Beth Foster

BF advised that Healthwatch Gloucestershire are exploring the gendered experiences of autism and ADHD in people aged 11–25, with a focus on girls, women, and gender-diverse people, including those who are trans and non-binary. The aim is to better understand their lived experiences across health, education, and community settings, and to amplify peoples voices to influence service improvements.

BF explained that currently they are in an early design phase and are keen to engage people with lived experience in deciding what questions we ask, and how we ask them, advising after they have finished this early phase and developed these questions, wider engagement will begin (due to begin around the end of October) which will be shaped by what we learn.

BF advised the goal is to amplify the voices of those with lived experience, and develop recommendations based on the feedback and conversations we have, to help improve services for neurodivergent people. If anyone wants to have a chat about the work at Healthwatch please contact Beth at beth.foster@healthwatchgloucestershire.co.uk.

Active Impact

Active Impact’s 15th Birthday activity day (for disabled children and young people and their families). Saturday 20th September at National Star College.
<https://www.eventbrite.co.uk/e/active-impacts-15th-birthday-celebration-tickets-1348270767159?aff=oddtcreator>

Neurodiversity Network Conference (for providers and for neurodivergent people and their families who want to be a part of inclusion conversations with providers). Wednesday 22nd October at Churchdown Community Centre.
<https://www.eventbrite.co.uk/e/neurodiversity-network-conference-tickets-1630470744889?aff=oddtcreator>

If you have any queries about these events please contact Mar at Active impact on ndnetwork@activeimpact.org.uk

6.

Meeting Closes:

- **Next Meeting: 2nd December 2025 10am – 12.30pm on Zoom**



Please note that for transparency and accountability information held on behalf of a public authority should be treated as information held by that public authority and may be subject to the Freedom of Information Act.