

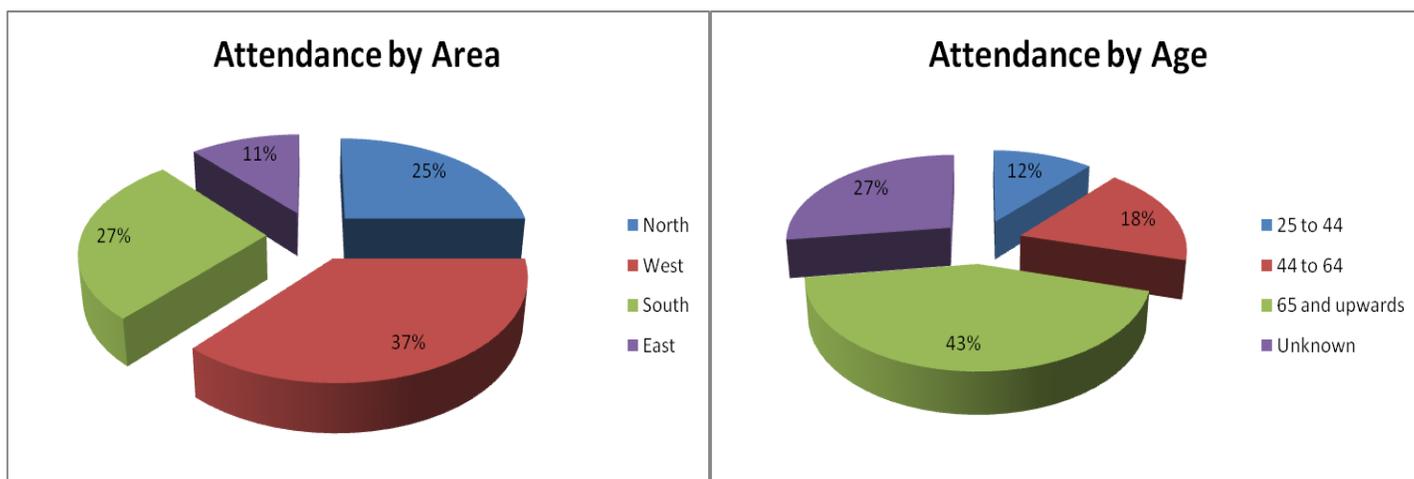
Wiltshire & Swindon Users' Network – Health and Wellbeing Strategy Consultation

Date: Monday 14th January 2013

Venue: Corn Exchange, Devizes

Time: Registration: 10.15-10.30 & **Consultation:** 10.30-14.30

Number of YES reply slips	61
Actual attendance number	44



Transport

Number of people requesting transport:	29
Number of people who actually came by taxi/arranged transport:	28

Speakers

Speakers	Phil Morgan, Aimee Stimpson, Sue Geary, David Bowater – Wiltshire Council
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Louise Rendle, Head of Network Services

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Support for Members

We booked for enablers to give any support needed to our members. Three of our enablers were booked through Allied HealthCare, one was booked independently.

Including staff members the total number of people who attended was 55.

Catering

Name of Caterers:	Sweetpea Catering
Details of catering ordered:	Lunch and 2 x teas and coffees

Introduction:

Wiltshire & Swindon Users' Network (WSUN) were asked by Wiltshire Council to hold a consultation on the Joint Health and Wellbeing Strategy. WSUN invited their members to attend the consultation at the Corn Exchange in Devizes on Monday 14th January 2013.

Below is a brief introduction taken from the Joint Health and Wellbeing Strategy consultation document:

The Joint Health and Wellbeing Strategy begins in April 2013 and sets out the ambitions which agencies will be working together to meet over the next few years and the actions needed to achieve this.

The four main areas they want to achieve for the people of Wiltshire are:

1. Living for Longer;
2. Living healthily for longer, and enjoying a good quality of life;
3. Living independently for longer;
4. Living fairly, reducing the higher levels of ill health faced by some less well-off communities.

To deliver this, social workers, health visitors and other frontline professionals will be working more closely together to provide a seamless service to carers, families and individuals.

Consultation Questions

Q1. Wiltshire’s draft Joint Health and Well Being Strategy sets out 4 overarching success criteria. Which of the following do you think should have the highest priority - please rank as either High, Medium or Low.

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Living – for longer	Take out altogether	Medium		Low	Medium	The Group refused to rank
Living longer healthily while enjoying a good quality of life	High	High	High	High	High	
Living Independently for longer	High	High	Low	High	High	
Living fairly – reduce the levels of ill health faced by less well-off communities	Medium	High	Medium	Medium		

Other Comments:

Group One: No Comments

Group Two: One person said that Living – for longer was high

Group Three: Care Pathways work, enabling Help to Live at Home. How can work together without duplicating previous work? How do we feedback online?

Group Four: No Comments

Group Five: No Comments

Group Six: Living Longer – for mental health Services Users– Government stats show they live less years than those without mental health issues. This needs to be addressed
Medication – mental health – dementia. Prevention saves money – living fairly is very important. Difficult to rank as all are linked to one another. What is the Councils definition of independence? These criteria are too compartmentalised

Q2. The strategy embraces a number of cross cutting themes that underpin all the activities. Are the cross-cutting themes in the strategy the right ones? Which of the following do you think should have the highest priority - Please rank High, Medium or Low.

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Prevention, taking early interventions to prevent later ill health	High	High	Medium	Medium	High (taking and offering)	The Group refused to rank
Independence, supporting people to live longer in their own homes	High	High	Medium	High	High	
Engagement, making sure that at all stages people are fully involved in decisions	High	High (top priority)	High	Low		
Safeguarding, paying particular attention to the vulnerable in society	High	Medium		High	Medium	

Other Comments:

Group One: Right people to be involved at the right time. Lack of information

Group Two: Two people said that Independence was a medium priority

Group Three: No Comments

Group Four: All important

Group Five: The group felt that all these were just as important and had trouble ranking

Group Six: Independence – if they want to! Freedom of Choice – people should have their say, choice to move into other accommodation e.g. care home. Too compartmentalised again

Q7. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the prevention theme do you consider the priority for more resources? (Please tick no more than three boxes only)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensuring people have access to a range of opportunities for physical activity	✓		H * ✓		✓	
Ensuring people have access to high quality sexual health services				✓		
Ensuring people can access the emotional support they need	✓	✓	M ✓	✓	✓	✓ Priority
Ensuring those that have served in the armed forces will be able to access appropriate support		✓				
Ensuring people that problems will be spotted early and will be supported to live a long healthy life	✓		L ✓	✓	✓	
Ensuring people are aware of the risks associated with cigarettes, drugs and alcohol						
Ensuring people who misuse substances such as alcohol or drugs will be supported into treatment and sustained recovery						* ✓

Other Comments:

Group One: No Comments

Group Two: Seriously ill ✓. One person said take out military. Merge 3&4. One person - Drugs and Alcohol is important.

Group Three: Much more need for physical activities for disabled and older people across Wiltshire.

Group Four: No Comments

Group Five: No Comments

Group Six:

* Prevention Programme. Education important – link in – physical activity, drugs and alcohol, mental health, sexual health. Emotional support underpins everything.

Q8. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the independence theme do you consider the priority for more resources? (Please tick no more than three boxes)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensuring people live where they want to	✓	✓		✓		What do you mean? Too ambiguous
Ensuring people can arrange their own care and support if they want to	* ✓					
Ensuring people have a job		✓			✓	Reducing discrimination
Ensuring there is support which helps them stay in control of their life	*	✓	H ✓	✓	✓	✓
Ensuring when people use care services their quality of life is good			L ✓			✓*
Ensuring those that care for someone else have a good quality of life	✓		M ✓	✓	✓	

Other Comments:

- Group One: * These are linked. All of this comes down to resources and type of support.
- Group Two: One person believed care for someone else should be of high priority.
- Group Three: No Comments
- Group Four: No Comments
- Group Five: Wiltshire Council and NHS Wiltshire include people who provide care and support and are included in cover initiatives / services. People who do not live at the same address as the person needing care/support are not always considered as carers and able to access services/assessment.
- Group Six: * Good independent monitoring is essential

Q9. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the engagement theme do you consider the priority for more resources? (Please tick no more than 3 boxes only)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensuring that people themselves help to commission care and support services	✓		L ✓		✓	✓ Priority
Ensuring people find it easy to find out what help is available.	✓	✓	H ✓	✓	✓	✓ Priority
Ensuring that people make the important decisions on their care and support.	✓	✓	M ✓	✓		
Ensuring that those who care for someone are involved in decisions about their care					✓	
Ensuring people know what the Council will pay towards their care and support		✓		✓		

Other Comments:

- Group One: The top three are linked. Item number four is choice and item number five has had varied responses – continuity.
- Group Two: Number one was closely behind.
- Group Three: No Comments
- Group Four: No Comments
- Group Five: Three and Four could be together.
- Group Six: 'It is difficult as we do not have questions in front of us'. Engagement much more wider. Information and signposted should be far reaching. Should not just be the internet.

Q10. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the keeping safe theme do you consider the priority for more resources? (Please tick one box only)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Any support helps people stay safe but doesn't stop them living how they want		✓	H ✓	✓	✓	The Group refused to rank
If someone is threatened with harm, it is investigated sensitively and quickly	✓		M			
If people suffer from domestic abuse, their needs are understood and are offered the right support			M			

Other Comments:

Group One: No Comments

Group Two: No Comments

Group Three: No Comments

Group Four: No Comments

Group Five: Two and three could be together, they are very important too. Training and awareness key in this area.

Group Six: Cannot choose because they cover different areas.

Q11. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the prevention theme do you consider the priority for more resources? (Please tick no more than three boxes only)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensuring houses are safe places to live	✓	✓	M ✓	✓	✓	* ✓
Ensuring houses are warm		✓	M ✓			* ✓
Ensuring people have access to a range of opportunities for physical activity	✓		H ✓	✓	✓	
Ensuring that those seriously ill, problems are spotted early and are supported to live a long healthy life	✓	✓		✓	✓	
Ensure people are aware of the risks associated with cigarettes, drugs and alcohol						
Ensure those who misuse substances such as alcohol or drugs will be supported into treatment and sustained recovery	Interaction Getting help					

Other Comments:

Group One: No Comments

Group Two: No Comments

Group Three: Seems a duplication of previous questions and ageist.

Group Four: Also around social activity, not just physical.

Group Five: One and two should be together.

Group Six: * should be together, priority. Access to information – providing information for those on low income – energy benefits. What about younger disabled people?

Q12. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the independence theme do you consider the priority for more resources? (Please tick no more than three boxes only)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensure people get help quickly at times of crisis, for example, if they need help to leave hospital	✓	✓		✓	✓	✓ Priority
Ensure people get help so that they live at home instead of moving to a care home.	Needs assessed	✓		✓	✓	
Ensure people can arrange their own care and support if they want to.	✓		M ✓	✓		
Ensure people get support to help stay in control of their life.		✓	H ✓		✓	✓ Priority
Ensure people who use care services have a good quality of life.	✓		L ✓			
Ensure people who care for someone else have a good quality of life.						

Other Comments:

- Group One: No Comments
- Group Two: No Comments
- Group Three: More repeated responses
- Group Four: No Comments
- Group Five: No Comments
- Group Six: No Comments

Q13. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the engagement theme do you consider the priority for more resources? (Please tick no more than three boxes only)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensuring that people themselves help to commission care and support services		✓	L ✓	✓		Group did not reach this question
Ensuring people find it is easy to find out what help is available.	✓	✓	M ✓	✓	* ✓	
Ensuring that people make the important decisions on their care and support.		✓	* H ✓		✓	
Ensuring that people know what the Council will pay towards their care and support.	✓					
Ensuring that at the end of life people can decide where they want to die.	✓			?	✓	

Other Comments:

Group One: Use language in Plain English. Table quite cynical about question.

Group Two: Number three should also include the decision on where you live.

Group Three: * Inclusive of plans for dying. More detail needed for Joint Strategic Assessment understanding? This is a chance to merge health and social care? What is a dementia friendly community? Not all individuals retire due to old age, why are we having a Health and Wellbeing Board? We are here to make things happen? What are Starr beds?

Group Four: No Comments

Group Five: * Access to adequate Advocacy Services.

Group Six: No Comments

Q14. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the keeping safe theme do you consider the priority for more resources?

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Any support helps people stay safe but doesn't stop them living how they want		Group did not rank				Group did not reach this question
I feel safe				High		

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Any support helps people stay safe but doesn't stop them living how they want	High		High		High	
If someone is threatened with harm, it is investigated sensitively and quickly	High		Medium			
If people suffer from domestic abuse, their needs are understood and are offered the right support			Medium (immediately)			

Group One: No Comments

Group Two: 'I feel Safe and therefore I'm staying safe'

Group Three: No Comments

Group Four: Resident wardens no longer offered – 5 day visit from warden. Long periods at holidays when no-one comes.

Group Five: If number one happens then the next two should feed in from this. All people need to have access to phone numbers to ring if they don't feel safe.

Group Six: No Comments

Q15. Finally what one thing do you think you or your organisation could do to help make this strategy and action plan a success?

Group One:

Continue to be involved and stay involved

Monitor and evaluate

Writing evaluation forms – developing action plans and outcome

Ongoing updates and feedback

Not using as a lip service – action plans and outcomes

Everyone to be involved in training of staff

Group Two: Communication in accessible format. Ensure that all acronyms are explained. Animosity often arises when communication is not accessible. Engagement at ground floor level.

Group Three: No comments

Group Four: Make sure people know about accessible information.

Group Five: Age UK 'life book' – people fill this book out with all the information about themselves. Aids paramedics, police etc. in an emergency.

Group Six

A chance to feedback on style and content of document (possibly re-written).

Ongoing monitoring opportunities

Issues on visual impairment issues in relation to documents and presentations and gaining access to this.

Ongoing review of financial resources and benefit contribution.

Services like the Help to Live at Home scheme need to be replicated elsewhere?

Signposting services and issues early.

Comment sent to us by email from one member: There needs to be in the Strategy more about the loneliness experience suffered particularly by many older people in urban and rural areas. Some support is currently provided by organisations like Age UK Wiltshire and Alzheimer's Support but this should be recognised as an essential service rather than an optional service and funding by Wiltshire Council as a preventive measure. This would improve the health and wellbeing of many people in Wiltshire.

Q3. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the prevention theme do you consider the priority for more resources? (Please tick three boxes)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensuring children get the best start in life	Group did not reach this question	✓	Group did not prioritise	✓	Group did not reach this question	Group did not reach this question
Ensuring a child's house is warm and dry						
Ensuring children eat well and get enough exercise		✓		✓		
Ensuring children's emotional well being		✓		✓		
Ensuring children make informed decisions about alcohol, cigarettes and drugs						
Ensuring children make informed decisions in relationships						

Group One: No Comments

Group Two: No Comments

Group Three: Comments by two people. The top item is open to interpretation by whoever reads it and not every parent has a child's best interests at heart. Children are abused by adults everyday and one neglected by our so called 'Caring Government' because the 'system'/beneficiary keep a lot of families in poverty and deprivation. Children are much too special (whatever their abilities) to not look after them properly – they will make good decisions if that's what they experience being role modelled by adults around them.

Group Four: No Comments

Group Five: No Comments

Group Six: No Comments

Q4. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the independence theme do you consider the priority for more resources? (please tick one box)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensuring those with Special Educational Needs or a disability I will be provided with support.	Group did not reach this question				Group did not reach this question	Group did not reach this question
Ensuring that regardless of background, children will be supported to achieve their potential.		✓	✓	✓		

Comments:

Group One: No Comments

Group Two: This could cover point one.

Group Three: Comments by two people. If this group had time they should have been asked these, some of us have had children and some have grandchildren. We also have views on younger people.

Group Four: No Comments

Group Five: No Comments

Group Six: No Comments

Q5. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the engagement theme do you consider the best way of offering opportunities to participate in the development of services? (Please tick one box only)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Coordinating consultation across agencies and sharing the findings	Group did not reach this question	✓		✓	Group did not reach this question	Group did not reach this question
Using the Children and Young Peoples Participation and Involvement Strategy			✓	✓		

Other Comments:

Group One: No Comments

Group Two: No Comments

Group Three: Comments by two people. If there are already mechanisms that exist 'use them' and ask service users appropriately. Children and young people do enjoy being introduced if they are properly listened too and included. They have some very good innovative ideas.

Group Four: No Comments

Group Five: No Comments

Group Six: No Comments

Q6. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the keeping safe theme do you consider the priority for more resources? (Please tick no more than 2 boxes)

	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6
Ensuring children live, study and play in a safe environment	Group did not reach this question	✓	✓	✓	Group did not reach this question	Group did not reach this question
Ensuring family and carers are supported						
Ensuring the impact of domestic violence, mental health issues or parental substance misuse will be minimised as far as possible.			✓			
Ensuring children are able to remain with their family when it is safe to do so.		✓		✓		

Other Comments:

Group One: No Comments

Group Two: No Comments

Group Three: Comments by two people. If you do the top item the others will be addressed. Awareness of domestic abuse (not just violence) needs to be taught in schools – Children could be helped to understand that they don't have to accept abuse – there would need to be support for those children who live in Domestic Abuse households. There is 'family' support for violence, perpetrators and children already but they need 'proper' funding and researching. People need to know where to set the information.

Group Four: No Comments

Group Five: No Comments

Group Six: No Comments

Facilitators: If there is time you may also like to invite comment on:

Priorities for action in light of the evidence in the Joint Strategic Assessment. What do people consider the single most important issue for action? Were there any surprises in the Wiltshire JSA?

Group One: Not always in agreement, questions linked together and not always a consensus of opinion. Thoughts of consultation – lots of questions were linked. Why was it difficult? – hard to tick just 3

Group Two: Better communication of the reason and purpose of the JSA

Are there particular issues which significantly affect vulnerable groups or contribute to inequalities in Wiltshire? In what way? Are the needs in this area likely to increase without additional intervention? Is joint intervention necessary?

Group One: Lots of focus on drug/alcohol but didn't focus on long term conditions and disabled people.

Are there different outcome measures that should be considered to measure success?

Group One: A way of capturing the outcomes. Has it been delivered? If not, why? Are there any obstacles?

Main Points:

Group Five:

- Not easy read
- Not long to consult. Middle of January only a month left
- Health and Wellbeing Board – still only in shadow form. Phil Matthews currently comments to Health and Wellbeing Board
- Engagement with the public is a key priority
- Economic wellbeing – inequality to services. Those who are Mortgage poor – they can't afford gym membership. Some people on benefits might not have the opportunities to use paid services

Questions and Answers from the floor

Question: What does PH stand for?

Answer: Public Health

Question: Who is the main audience for this document?

Answer: The main audience for the Joint Health and Wellbeing strategy are those organisations that deliver services. They might be voluntary organisations, strategy organisations etc. It is about us, as the people of Wiltshire, saying to those organisations “this is what we want you to deliver”, “this is what we want you to use as your check point”. For that reason there is quite a lot of technical language in this document and I think it probably needs an easy read, a publicly easy summary and it certainly needs a glossary. The important thing about the strategy is that it will enable those leaders across health and social care to say “are services delivering what the people of Wiltshire want them to deliver?” So your contributions today in terms of have we got those outcomes right are really important.

Question: As far as I’m concerned about, talking about older people, disabled people and vulnerable people in our society, is what’s not in the report rather than what should be in the JSA side.

At the very first public presentation I raised quite a number of issues regarding the fact that older people and disabled people didn’t have the mention they should have had, I was ensured that this would be forthcoming and I was hoping there would be an agenda to this particular strategy.

I’m hoping there will be far greater engagement. Is there going to be more further engagement and continuous engagement with the likes of the people in this room today and others to make sure they have the opportunity of making sure the services out there are the right ones for them. I also have particular concerns around GP services and this doesn’t seem to be coming forward in the way that I would hope, so I’m hoping that the amalgamation that the public health comes back into local Government and working together that there’s going to be a real key policy around engaging with organisations like WSUN and other organisations in a very practical way and I’d like to have assurance on that please.

Answer: Can I just make it clear that there are two separate documents that we are talking about this morning, so Brian would you like to hold up the document you have got in front of you. The JSA, which is the document that Phil and Amy were talking about. The JSA as

they explained has a number of chapters in it including a chapter on the document we are talking about in our next session, this is the Joint Health and Wellbeing Strategy. I think the point that Brian was making is there's probably less in the Joint Strategic Assessment and specifically around older people and disabled people than you would have liked to have seen and Amy do you want to comment on that? I think one of the points I would like to make is the JSA has been developed around themes and it will be important to feed that back and I know there is a lot of engagement and I know there will be a lot more engagement.

Amy – Sue's just referred to two of the documents that we've got and I just wanted to say there is the detailed Health and Wellbeing Needs Assessment and we did include some of the information Brian, that you asked us to and that's included in Wiltshire's Joint Strategic Assessment for Health and Wellbeing. I do have copies for you. It did consider things like the active aging that you requested, so we have tried to incorporate that there and I'm happy to follow that up with Brian a bit later on but also in terms of the other question, both the strategy and the JSA are signposting people to other documents. If we put everything into one document it would be a huge and unmanageable, so there is an appendix at the back of the strategy that does reference and sign post you to other things but I think what I'd probably need to do Brian is give you a copy of this one to hopefully reassure you this is the detailed Health and Wellbeing Needs Assessment.

Brian – You already mentioned that this is a key document and the Health and Wellbeing Board are going to be using that in September. There is a tremendous amount around young people and services there and it is very much detailed in that and they will be using that effectively, linking in with that and what's coming from the Department of Health at the moment and the Care Bill is essential that these fit into a document that is in the public domain and understood so they can challenge the Health and Wellbeing Board i.e. through Healthwatch in a very practical way and particularly the work I mentioned around GP's. What I'm trying to make sure is there is nothing left out that prevents us from challenging at a later date or when is necessary, those particular aspects because I know how we work in central and national Government and it's absolutely essential that we get it right at the very beginning. What I'm trying to do is raise these issues now so it's in there and it gives the organisations the opportunity to go back and say "you're not doing what you promised" and engagement comes right to the very forefront is the first key them

and there is very little mention in there of the practicalities around engagement and what we are going to do and how we are going to do it. Also, as I have already said, around older and disabled people and it must be in there.

Question: My question has been delayed and is addressed to Phillip. I was very concerned there's an old adage that there are lies and statistics and when you came out with the source of where you get your material from, the provider of the Mosaic, and you said things like it is based on addresses and things. Now I know in my own sheltered scheme where I live that they are probably making wrong judgments on several people and for instance I want to be reassured that anytime have you ever gone out and actually researched the public on the process of gathering these statistics?

Answer: That's a very good question and you are right, no system is going to be 100% perfect and even the experienced system they are talking about generalities and we use it as an aid, we don't use it as the entire part of our information. As you know we have just done the Census back in March 2011, all those details are coming out soon and we will be using that as part of our evidence. What I would say about the Mosaic system, though it is scarily accurate. If you were to put your postcode and house number in it will probably not be 100% accurate but it might even tell you the type of newspapers you read or don't read. When you think about the information and how they built it up, it is rather scary. Every time you go a supermarket and use any form of supermarket card or credit card to do anything that the information is recorded so they even know what food you like. Now a lot of people are unhappy about that and a lot of people are saying "that's not me" and we are not going to use that in its entirety, we use it as an aid to help us. So we are not saying that everybody is as their profile says but I've done my profile and people in the office have done theirs and it is scarily accurate. I don't know how they do it but they get information from every magazine you read, every hobby, every society you have dealt with, if you have paid for it on a credit card or emailed purchases it is all there.

Question: With this system are there any issues with intrusion or intrusions into people's privacy that Wiltshire Council should be complicit about? It's a bit scary.

Answer: It is scary and people say that but life is as life is and we use a system, it is licensed by Experian, they sell that data to all the banks, to every single authority in the country and we use it

sensibly. It's not a public thing, you couldn't find it on the internet about your particular address and what you are like, we just use it to help plan. So one way we have used it to in the past is traditionally if we want to go out to people and give them some information, what we've done is printed 40,000/50,000 leaflets and stuck them in the post and we know there is a large proportion of people who will just put it in the bin and we know there is a large proportion of the population that don't read very well and that's not the right way of contact them. We might need to do face to face and some people might need some personal contact. What we use at Experian gives a chance to plan that before we go out and spend lots of money, that's how we use it, so it's been very effective and I'm entirely with you about how scary life is and who's got what information on you but it's out there and it's available/commercially available to anybody who wants to buy it.

Question: The forms that came out from the Council that say tick this box if you do not want your information to go anywhere. This contradicts because we are getting, at the moment, a tremendous amount of information that is coming through somewhere that has got this and I know on every bit of documentation where they say tick this if you do not want your information, I put a cross. I do not want further information and I do not want the Council dispensing my information and you have just said they do that and I am not at all happy.

Answer: (Phillip) Let me just make this clear, it is not the Council sending your information into Experian, we do not do that, and we've never done that. Experian are a national company who have your information from your bank, building society etc. it's nothing to do with the Council, that data is already there. We don't send your information on, we don't give Experian our data, they are getting it from your Tesco's, Sainsbury's etc. not from the Council, don't think for one minute that we send information to Experian because we don't.

Louise Rendle: If there is anyone who is at all concerned about what has been said,(regarding Mosaic) because I know there will be people in the room that are concerned, then we can have a discussion later on over lunch. Can I just say it's a very small part of what they do and it's not like it's the only thing they rely on. It's just so you have the information but I'm quite happy to talk to anybody at lunch about it.

Question: Can we have copies so we can take it to our carers to read?
Answer: Are you on about the fact that this document is quite difficult to understand?

Reply: Yes

Answer: Thank you for that, you are quite right, the document is not easy to understand and I think we talked a bit about that earlier and I apologise. What we are trying to do is to get an easy read version of the Health and Wellbeing Strategy and we are in the process of producing that now. Unfortunately it is not ready for today. Apologies for that.

Question: Yes we want this to happen, but has anybody ever thought of recruiting in the first place? All these jobs that you are going to need, you'll need one for antenatal care, and you are going to need all that before the baby is born, from cradle to grey. So has anybody gone back, looked at antenatal and the services, identified whether they are born in a private place or NHS and it goes on from there. In the olden days when you had a child, you'd be in the system because you'd go to your doctor, they'd send you to the hospital and you'd have your antenatal appointments. You'd be looked after but nowadays things are so much more hit and miss. Now I suggest that way back in the beginning we need to look at the people who are required for all these wonderful jobs and that should be somewhere in the strategy.

Answer: Thank you for that, that's really important. I think we do need to monitor workforce strategy in the Health and Wellbeing strategy. It's really interesting because it is a piece of work that, I work in Adult Social Care for the Council, I'm having to do a lot of work with my colleagues who work in the NHS and we are just about to look at a whole system workforce strategy because it's not just about people who are Health Care professionals. It's also about people who have social care skills and some of our Help to Live at Home providers and right across. You mentioned maternity and child care services, it's about looking right across the spectrum of peoples' skills and have we got the right people with the right skills in the right place at the right time and a lot of changing services means making sure we have got those right people in the right places. So we are beginning to look together and we can plan for our workforce and we all know some of the difficulties to get the right people employed sometimes, so it is something we will make sure it's reflected in the strategy.

Feedback

We have received the following positive feedback: 'What was good about the meeting?'

- People had the opportunity to give their views, hope this is being listened
- Good
- Opportunity to learn about the assessment and strategy. Chance to talk to others. Chance to give views direct to Wiltshire Council
- I thought the meeting was great but I was late in here, the bus broke down in Chippenham
- All of it. Warm, sociable and you learnt a lot.
- Opportunity to hear everyone's point of view
- Venue, organisation, facilitators
- I thought that the issue about children being cared for and family matters
- Very good meeting and well organised
- Administration, Wiltshire Council Reps present, Discussion but further consultation needed
- Lunch! Opportunity to tell the Council what I thought about the document they presented
- Well organised, well run, effective, welcome, friendly, lovely lunch and refreshments
- Everything, Team Talking, Very well done presentations
- There was the opportunity to answer questions about the wellbeing strategy
- Good question and interesting things. Meal was good
- Productive table top discussion, more time needed
- It was good to have all the points aired and to hear all the different views
- Morning session and feedback from groups, refreshments – staff volunteers, thank you
- To have a chance to participate, good to hear news proposed
- Good many
- Having mixed age groups in the group, gives a variety of answers, well done
- Everything
- The interaction of the group on the same table
- Lots of subjects and good ideas
- Very good and interesting, food was brilliant! Thank you very much
- Interesting
- I feel that it feels good that our (disabled people's) voices are being listened to and that decisions are not being made for us
- Interesting
- All about the meeting I felt was fair
- Being consulted about the strategy as users not professional people. All able to give their thoughts and it was very interesting to see the options
- Gave a chance to items to let whoever necessary know your views
- Organisation and format of meeting

We have received the following feedback for improvements: What was bad about the meeting?' 'What improvements can be made?'

- Send out questions beforehand
- Not sure
- Nothing
- Strategy document should have been in other formats
- Everyone should have had a copy of the strategy prior to the meeting. Questions should have been clearer
- I thought it would be better, that more could be done for disabled people
- The document needs re-writing as to exactly what it meant
- Every participant should have their own copy of easy-read questions
- Nothing bad about it at all. Could I please be told when the next meeting is?
- There was not enough time to take in the information of the questions in the time we had
- Could be shorter
- Venue – access upstairs (floor 1) loo – also hand rails and loo dusty and dirty. Generally session was overall too long for what needed to be covered
- End of feedback seemed to be disjointed. It would have meant we could have left earlier having many other things to do
- Not enough time for questions
- Too long for me
- We have heard these points before and don't want this to be another talking shop
- Too long could have been better if we could have discussed carers
- The documents and questions could/should have been more carefully written
- I couldn't hear what was said when talking round the table
- Sad that still people talk at the same time as speakers are. I'd like the housekeeping to include a ground rule that people don't chat while speakers are presenting and they turn mobiles off. (Sorry I missed the last bit)
- Nothing
- Lots of times older people were mentioned, what about younger disabled people?
- Nothing
- None
- Interesting
- Questions largely repetitive, however it did stimulate discussion

Accessibility Issues

Apart from the access to the disabled toilets on the first floor there were no other accessibility issues reported.