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**Title:** Bath Event - Your Care Your Way  
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**Client:** BANES  
**Speaker:** Mike McCallum and Sadie Webber

## **BANES - Your Care Your Way**

**Main speaker:** Shall we start? I will start by saying, welcome and thank you for inviting myself and my colleague Sadie. I am Mike McCallum.

I am working with a no of colleagues on a review of our community health plan and social-care services in BANES.

I would like to take the opportunity to explain a little about what we mean about what community health services are, why we are reviewing them now. some ideas for how they might change in the future and feed-back about what you have heard and what you think might be a good idea. I have been warned that some of you have prepared by bringing questions along and thoughts about what works. So good to hear those.

Did we have a break? Yes.

We will have that discussion. Then a quick break, then Sadie will talk to you about work with a new strategy for working with people with sensory impairment, and sensory loss. So that is the second part of the conversation.

So community services. we launched a review in January 2015, a two year review, taking us through to April 2017, looking at what community health services we have now, and I am careful to let you know that this is a review of both health and social-care services. A lot of areas are talking just about health services, but we are doing two together. I will talk more of this.

Going through different phases of the review, coming to the end of a period of consultation with people in BANES, we will take ideas from that and think about how we will take that forward in terms of new ways of working.

There is a slide behind me, if you think about health services, easier to say what it isn't. They are not services in RUH or in hospitals, or GP, or services that come out from GP practices, but there is a relationship, and this is the bit in the middle, services you might get in home, or other settings.

Social-care - services that help people to stay living at home as long as possible, and people living independently as possible, and particularly for people who may be living with a long term condition, how do we help people to self manage and

self care. So what range of services do we have in place.

So for older adults, extra care housing, or domiciliary care, personal support, such as dressing, so that range of services.

We think that community services, are something we will all need to use, at some point, some will use services every day and for the rest of their lives, and others may be a light touch user, someone maybe admitted to hospital but needs a short term package of support to get them back on their feet and get them living independently, so a broad brush, and trying to capture this into one set of circumstances in the one review we are doing here.

Your Care, your way, is the branded name for the review, you will see it on all of our documentation, and on our website, which I will talk of more later.

There are four phases to the review, finishes in April 2017. From then, as commissioners of services, we have a revised model for delivering community and health and social-care, and I want to say, we know there are a lot of things in BANES, that are already very good.

You will agree, I hope!

And not starting from the point from having to improve poor or bad services, this is about continuing to work with services we already work with, such as Action on Hearing Loss, and making sure services are fit for purpose in the future.

We have a massive amount of information from people about how things might be improved. A lot of people have said, why don't health and social-care services, talk more to each other, why do I have to tell my story again and again, why don't we use technology more efficiently, and you would like a simple plan that meets your needs and need it more coordinated. When people are ill and most in need, services can be good, but as people recover or less needy, then you experience that services drift away and it takes people to get ill again, before the services get back involved. So making services sustainable and working with people at all times.

So we have done a lot of engagement over the last few months, and I accept that this is the first time we have taken the opportunity to talk to yourselves and we should have done this earlier perhaps, but it is what it is.

We want to take the feed-back and feed it into the review.

So the phases from here on, will be looking at what you have told us, how we are to change services and how we redesign that model.

So why do we need to do this now, and why change?

Four reasons.

The first, and this is happening all over the country, a lot of CCG - Clinical Commissioning Groups are doing this, we are not alone in BANES, some are further ahead and some not so far as we are.

We know, that over next 10/15 years, we will have different population of people in Bath, more people who are living into older age, and living longer and with that comes with health needs, increasing frailty, risk of falls, developing conditions, so people living longer, with more health needs, and we have a lot of younger adults living into adulthood, children with complex needs and with good medical intervention, people are living much longer.

So we know we need to respond to that.

Secondly, lets get the money question out of the way. NHS and council both have financial pressures, limited money to spend and we have to think about how we spend our money more efficiently, given more people to service and more needs to meet. The council have to think about where they need to make changes, so a reducing pot of money over time.

Thirdly, this is the national policy of the government, so an expectation that we work in more person centred ways, people get more control over the services they receive, some may be familiar with personal budgets, and the NHS is keen to see personal health budgets to give people more flexibility. so a national policy drive to a different approach to the way we support people. And linked to that, how do we encourage people to take more personal responsibility to maintain their health and independence. We are creating a society where people are becoming more dependent on going to doctor and unnecessary hospital appointments and how do we get back to the idea that people take more personal responsibility.

Last reason, if we don't keep up with technology and don't use the technology available now, in five to ten years time, when I talk of technology I talk of technology that helps you as individuals, apps, and how helping to manage your condition, and health and social-care talking better to each other and how we share records, and how to use that to help the system work.

So that is a brief introduction.

Current picture - perhaps reason why we are doing this review. We have discovered, if we map out all services that are delivering, there are 400 different services, being delivered by 60 different providers and commissioned by the NHS and council, in an uncoordinated and dis-organised fashion, we have providers doing very different things and not necessarily working together and perhaps not

knowing about each other. How can we bring our providers together in a more joined up way, and be more coordinated.

We spend about 70 million at the moment on community services, between the council and the NHS so that is quite a lot of money.

But, when you look at how it is being spent, doesn't go that far.

The review is not about spending less than that, no targets to cut, but we need to think about how we can spend that 70 million in the best way in the future - because no new money.

So key aim is to work with all our providers, we are aiming, not for less provider, but that they will work together in a more joined up way.

When we have an individual who may be living with two or three different conditions and seeing different specialists, how do we get those people to work more effectively around a person's needs.

So, there are two slides on this screen now - which I know you can't read from where you sitting.

Will sum up - key thing.

I've touched on some of these things already, want services to help you live as independently as possible, want to make sure services give you more control and be more listened to in terms of services you receive. How we make sure they listen to you as individuals about how you want the service delivered to you in joined up way.

We heard a lot in review, some people didn't know what services around or how to access them. Want a model that allows you to access services seamlessly - without barriers or obstructions to people.

Finally we do think needs to be more focus working with people in early intervention/prevention stage - helping people stay well, not slipping back into illness. How we shift the way we work into more prevention and self care? And how we as commissioners - how we going to ensure our providers integrate delivery of health and social care and work together. More partnerships. Are 60 different providers not formally partnering up at the moment.

So ... at end of my speech I say about how you can get involved and give us feedback.

One thing is four different ideas about how services be delivered in future. We not been imaginative - they called model 1 - 2 - 3 - 4.

Model 1 - What if design service around set of conditions? So someone with diabetes, what a good intervention for them? to stop them getting diabetes in first place.

How treat or work with them with early onset diabetes - and how live with long term condition. So could meet their needs by bringing everyone together. Could work well, however if have two or three different conditions - say you have diabetes, and have other problems, say with your eyes or your mental health - how we bring all specialists together? Many people have many needs, so this model good for one condition, but not for many.

Model 2 - we thought about - well how it look like the service, working with you in time - we know are range of providers who work well with people around end of life care, or hospice care - we could know what 'really good' looks like for that. Or 'really good' for those coming out of hospital. What support people need in crisis? So are providers that work with different stages of a persons life - but problem with that model is how we support them as move through different stages. Say left hospital and gets support - that long term? may need different people - how that work?

Those two models based on pathways of care around conditions, or set of circumstances.

Model 3 - third idea is, this responds a bit to feedback where people said I have to see a lot of specialists all around Bath and NE Somerset, why not coordinate around me and my needs. So how it look if coordinate services in local setting? A well being hub. Suggests we coordinate around a GP cluster. So is one in Keynsham, Chew area and large amounts in Bath. This model, opportunity there for you and your health and social care needs be managed locally, challenge is how you bring specialists of certain conditions in to the hub. How coordinate the care? With diabetes - how it map to local population - how coordinate delivery of services to people in a specific area.

Model 4 - stretches idea of well-being hub. Says, health and social care in your community - we thought what else that community offer, housing? champions? how can we map and use strength of local community to help itself? I thought about this, now clearer for me. First two models, good for you as individual if only one need. Bit sort of left wing or right wing - so they good to think about yourself.

But 3 and 4 more about fostering a rich community that looks after all its people.

Now couple of things about the models.

The community models - giving money away from council and NHS and give to local well-being hubs, and say you have opportunity to be flexible about services

in your area, here money to do that!

Final thing to say about models. We recognise in all models needs to be joined up ... show diagram please! ... in every different model we talk about how they managed and governed by people working in NHS or council or by local community champions. So in 4th community model - is idea that you could look at who are the m overs and shakers, the community champions how they take responsibility for their area?

OK ... I will keep going and then ask questions at the end.

So we have a vision that people should have more choice over care and support and what happens to them, and to live independently. We have four ideas, two based around local communities, two based around joined up care of specialist needs.

Third bit to it - are 14 different priorities we asking people to think about - based on what people said they want.

In summary - priorities based around building community capacity, reducing social isolation, making better use of workforce, joining up health and care, and using technology better, focusing on a preventative model. Ask people to think of priorities - which ones you want to do?

So that really quick run through the ideas.

We been in consultation stage - that is coming to an end. Can give you survey to take away today - think about the different models, what you like and don't like.

Also on website: [yourcareyourway.org](http://yourcareyourway.org)

Is also BSL version on the website, will tell Action on Hearing Loss.

The consultation did end in October, but we happy to hear your views - plenty of time for you to say what important for future.

Consultation nearly at end, but you can email us.  
or at [yourcare@bathnes.gov.uk](mailto:yourcare@bathnes.gov.uk)

Or go on the website - is also Twitter and Facebook accounts! There are people back in office too who looking at these different things everyday.

And also I happy to come out and talk again in the future. Plenty of ways to tell us what you think.

I will now stop talking.

Any Questions? Anything I can clarify for you? No?

Question: Talking about health, eating healthily, going for walks, eating fruit, things I do to keep the weight off. Drinking water too - what I interested in. Lifestyle choices, have to choose the healthy option.

Main speaker: yes ...

Question: yes ... I like to check whether weight gone up or down and compare to last time. Just about eating healthily, I like to cook every Thursday. ... shopping ... I try anyway to choose healthy foods.

Speaker: Some of the services that under yourcareyourway - help with healthy eating, weight management, stopping smoking etc - how can we provide more support to people in future. And how we remind ourselves - we need take responsibility for ourselves.

Comment: we have support in the evenings ... and as I will work in the day times, would there be situations where this available in evenings to access?

Speaker: yes, point made to us, another version of question was - will this run 7 days a week. We need think about how we offer services, not necessarily in middle of night - but need you to get services when you need them.

A couple of you brought points you wanted to raise. I interested to hear those.

Before went on holiday, what for me not working, outreach very short on hours - things postponed for long time. If want dentist or doctor, sometimes they don't book interpreters, or they running late or don't turn up at all.

Sometimes isn't enough staff to support me when they short-staffed.

Sometimes I go to doctors, I see somebody, and they say to me - oh that rubbish! no one to clean it up! - whose responsibility to clean that up! Outside our flat it can be terrible, sometimes we take rubbish out, so full, no where to take it - bursting, no more space for rubbish. Want better facilities for our rubbish. (yes I agree, have same problem).

Also another agency, Freeways who support me, sometimes their support canceled. I have same support as Lucy here, but they not reliable, and often cancel my support. Also have problems with bus. Catch number five and sometimes it very very late - makes me late for my work, that a big problem, we have to go the long way round. So makes me very late, when I see family or go to workshop. But what is working, are staff supporting me from outreach, and most of the time my hours of support match what I supposed to have.

I was able to go on holiday recently, all paid for and finished. And I didn't have to pay too much for staff to support me, manager Janet books interpreters for me as I deaf. The workshops good that I attend, and my social worker very good, and I happy that my social worker can sign, that brilliant.

**Main speaker:** What about yourself, the other lady?

**Female:** I have problems when I don't understand the language used in my support. Every Tues, I have outreach staff, having interpreters booked for appointments and working in a person centred way.

Not happy with the Freeways services, I receive, because I don't understand the support?

**Main speaker:** Thank you. Just to respond to a couple of points there.

One of the things that Sadie and I do in our day jobs, is we are the commissioners, in charge of services like freeways, we work with Roy and Kath with hearing loss, so important to know which services are working and which not, there are a few issues with interpreters I know.

**Female:** A lot of problems with Freeway services, they don't turn up and we don't understand what they are saying, supporting deaf people, it is a really problem. It is very bad.

Had a lot less hours with them now, not enough, I tell the manager of Outreach what is going on, and social worker is aware of it as well, but it is not good, the Freeway service, communication is not quick enough and my key worker understands and he helps me.

**Main speaker:** important thing, I need to hear is that , we want to make sure in future, if you get services, and they are not working, a, you can tell people and something is done about it, if at the moment, this isn't the case, we need to make sure you can expect that in the future.

Wanted to talk about the buses actually, I have been talking to people who work in the council, about transport and bus services and how... there are good ideas for things like, how do we get people to use public transport and that it works for everybody and some people need specialist transport, dial a ride, for people who live in rural areas, or ambulance services, and they are not joined up, so how could we have a more joined up transport system that supports people, that has to be a system that works for everybody. There are some people I work with, who have severe learning disability/difficulty, complex needs who don't find it easy to use public transport, and find it difficult to get around, so how to improve that in the future.

There was another point on Sarah's list. Can I see it?

I am sorry, can't do anything about rubbish bins!

But I do think that we are still learning about what good interpreter services need to look like, we have gone some way to improve that in the last few years, but we need to ensure this becomes better in the future, and that it becomes standard. We have heard stories of interpreters not turning up or not being very good.

Sorry! We want to address that issue.

Any Questions? That anyone would like to ask me today?

**Female:** constantly, I have appointments, canceled at the dentist, because of a lack of interpreter.

**Main speaker:** OK. Another question.

**Female:** More of a statement, if people are currently engaged in these agencies, how they know what is out there, an example for you, tonight, people don't know about these sorts of things, it is only because I work in the health care field, that I know about it and able to bring my mum, but she didn't know, and she is the most important to know about it, so it is about how you reach out and engage.

**Main speaker:** Not a detailed answer, but in the review, there is a work-stream about information and advice and how we improve that, quite early we were told about people who didn't know what services are available, and difficulty accessing services, and quite a lot of professionals, don't know the range of services either, so what we have been talking about, we have called it system navigation, how do we build a model that supports people to get the right information and advice, and get access to services when they need them, not everyone needs the same level of advice. If you are managing multiple conditions, you could use a care navigator, where people could help you with your support plan and get the services you need, down to a more general model, we know we aren't getting it right, making the information available, we use council connect, and the press and websites, but if not working, then what else can we do, but we need to find a better way.

For what it is worth, I think there are a no of things, that we need to have seen to make a difference on, people want to know that we are committed to more joined up planning, having a single assessment and care-plan, we need to be able to show that we are taking more seriously, the needs of people with complex health needs, and conditions, not just serving the people with lower level of need, but highest level of needs.

There is something about information and advice, people need a different system, so people feel better informed. I can't remember the phase, but someone said, I want to know that I have been listened to and views have been respected and taken on board, we need to find a way for people to communicate confidently.

I haven't used this phase, but we have talked about people being active contributors to their own care, not being passive recipients, so you have control over what happens, and not just fitting into someone else's models and fitting into services that are there.

We put our mercy at the care system, and we let them do things to us and don't question it, we are all guilty of that, need to challenge that.

**Male:** Community and services, should have a joined up relationship, because there are often services out there, that people don't know about, and there is a big community that don't share what they do know. There are good things happening, more good things to support people with complex care needs, but we seem to not publicise, the good stuff, as strongly.

We need to change that cultural behaviour, both as citizens and as recipients of care.

**Main speaker:** Broadly speaking, ideal world stuff, we have used this word in the consultation the word - empowerment, so that you have some say, my role as a public servant, I am here to support people to have the lifestyle they would like. How to build the confidence and trust to do that, rather than being dumped with it.

**Male:** The bins - as the landlord, of the property at Poolemead, and Pennard Court, I can work with the ... Housing association to improve. I can help with that!

**Main speaker:** So lots of witnesses and written record!

I appreciate that was a quick run through, quite a complicated set of ideas, about what life could be like in the future. If you have access to the website, or other documents that we have for informing people of what we are doing, then never too late to keep letting us know your views, and we will keep promoting the survey as well.

So thank you for listening, a quick break, then Sadie will talk to you about our draft commissioning strategy, thank you very much.

BREAK

Sensory impairment commissioning strategy 2016-2019  
Presentation by Sadie Webber about what we are planning to do

Sadie Webber: OK ready to start?

I am Sadie Webber, work for council in commissioning team, that commissions services for those with sensory impairments.

Today will talk about strategy we writing, about what happen in next three years.

Mike's presentation was a lot of information to take in. I will keep mine short and simple!

Aim of plan we writing to promote independence and well-being by making sure we supply help early, to reduce care needs. To aim to have people in control of their support, and have good information and advice sessions and to take part in local community.

This first strategy for those with sensory impairment - joint with health and care services.

Why need a plan?

We have increasing number of people living with sensory impairment - we have ageing population - we know as you age you more likely to have a sensory impairment. We know are 6000 people in Banes with sight loss, and 470 registered blind, 530 partially sighted. 5000 people with some kind of hearing loss. 150 people say they use BSL as first language.

We do think these estimates are under estimates! more people that we don't know about.

12 months ago I met some of you, we did a survey to ask what you think about local services, and did consultations at deaf club and VisionPlus - I may have looked different, I was pregnant about to have a baby!

Now I back to tell you of our plan. You told us that you need access to information in format you understand.

You can't access local services, we can't read website easily - we don't hear about things going on, we don't know how to find information.

Difficult to book interpreters, I know how to access information - but if want talk to someone about housing or council tax - but services don't book interpreter, so I can't attend.

I have difficulty accessing GP because of no interpreter - I also need more time with GP.

- More access to rehabilitation - those with vision impairment.
- Waiting times too long from diagnosis to help.
- Need better access to mental health support.
- More support in employment.
- More support to stay healthy.

We listened to all those things - we made six areas of action.

Now want to share those six points with you - we got them right? right areas? what we missed out?

What we found out - lots of issues you facing broader than just health and social care issues. Things that could be applied to wider council - lots about access, and how services can be accessed, and being more aware of sensory impairment - so know how to provide services that you can access.

So six areas are :

1. Improve how engage with local people. For us to find out how we improve things - how we speak to you, through conversations? regular meetings? social media, twitter? facebook? or rather a database to send out information - or whether through providers you work with, is that best way to find out about local services?

We also want to find out ways to communicate with you. These events so useful for us - need to think of STTR or electronic note-takers, or BSL interpreters, need understand your communication needs and what required.

2. understand those with sensory impairment - not just in health and social care - how provide wider in council. Some of things raised - look at sensory awareness training for front line staff. So those in care homes, or those who go out to provide support, make sure people know how to communicate - and also be able to pinpoint where people's hearing or sight loss deteriorating and know whether to refer them - and to which department. So training front-line staff.

Also training front-line staff that in health and social care - those who answer telephone, or those in council connect services about housing or council tax - that they aware of sensory impairment issues, may need BSL interpreter, or information in different format.

3. To improve access to information and advice. Big thing is access to interpreters, and looking at interpreter service we commission, look at its usage and peoples opinions of whether it good service and whether can feed back on

that.

Accessibility of council website - it doesn't have BSL websites, hard to navigate - so hope to do work around BSL, looking at popular web pages on council site - what information people want? how they use it? we make BSL videos.

And make a focus group to work on that - if want to be part of that - see my contact details at the end.

And look at accessible information standard, we meeting that standard. That came into place this year - for those supplying services, need make sure that those with sensory impairment get information they can understand and get support. To make sure that people following the standard.

4. To improve health and well-being. Lots of people told us they needed access mental health services, but didn't know how to. So we could work with commissioners of mental health services - and how better access them. Make sure joined up working - lots of local providers with different services - need make sure they all talk to each other and there is a clear route into those services.

And increase awareness of colleagues and others in public health about sensory impairment.

We got feedback - that hard to access health promotions - like stopping smoking, or healthy lifestyle services. Even how you access exercise classes - or yoga, but still need BSL interpreter - are other areas aware? Is a need for that!

5. Identify need and plan services. What numbers locally of people with sensory impairment, both young and old.

Look at current services, we meeting local needs? we doing what you want?

6. This one not so planned out! How we improve employment chances. You said you want job, you got skills, but don't know how to get job, how access Access to Work or other services, we need find out more about that - and get understanding of number of people want employment and what available locally. That one may need work! So we get better understanding locally of what we need to do.

Those our six areas. Open to you now ... what you think? they things we should be working on? we missed anything? what good? like your opinions really.

Also a sensory impairment email address, so if don't want to say now - go away and think - then email me.

sensory\_impairment@bathnes.gov.UK

Want to keep you updated on what we doing. If you happy I contact you - that

be really good.

Any Questions?

Comment: I think very very interesting, looks like you covered everything. Yeah I find it quite easy to misread anything in written English, quite often I don't know what it means, so staff from Poolemead help me then it clear. Once that support there with the English language, then it good.

Sadie Webber: hopefully put plan in BSL and put on website.

Comment: Action on Hearing Loss launched Hearing Matters Too - nationally we know those with sensory impairment - deafness and tinnitus, affects one in six people, the forecast will be one in five. Why are the figures so off track in Banes?

Sadie Webber: we have needs assessment locally, where figures from. They out of date - and why need improving. Thanks for Hearing Matters information. Said about getting better at identifying number of people.

Comment: how off track you think you are with vision?

Sadie: Yeah, this is why contacted Action on Hearing Loss and RNIB and Sense, asked them for numbers of blind people - for local information, so we better understand.

Comment - still be lots of people engaging with agencies, hard to track those.

Mike - can I say something about that?

Only to say that - so we have two levels of responsibility in social services. Those assessed eligible for support due to sensory impairment or loss, but is community of people here in Bath etc, who have sight problems but don't use services - we still responsibility to those people. It often hard to find out who people are and how many people there are. Partly because it less easy - and some people don't declare they have sight or hearing loss, for good reasons. We want to make sure can engage with a wide group, trying to work with you, and Deaf Plus Vision - to reach out to people. Just continuing that. How do we promote services? how get information out to right people?

Sadie says will put our plan in BSL - will commit to that being the norm not exception. Want promote our website for information. We know not many people do look at our website - it terrible! you type in a simple word and it not there. Been relaunch recently and it looks better now.

We touched on whether people want to be involved with us to help us improve in

future.

Comment - back to model, one need being met well but not looking at individual to see what other needs are. Say broken leg- mobility issues - but also has dementia - those issues not addressed before. It not picked up by first person dealing with him. What happens when they go home?

Mike - yes a different mindset, how we improve things - not just the broken leg-

Any Questions?

... when dark it difficult, Yvonne uses stick when she out ... needs help get out and about.

Mike - that good point. That comment not question.

Comment - be dangerous to go out in the dark - roads dangerous, lights, and for support worker as well.

Sadie - yes, rehab support for those visually impaired, and getting that support at the right time, cane training, guide communicators. Raised to us that that really important service to people, and getting it at right time to learn the skills.

Comment - some people use wheelchairs, bang up the buses! the buses are high up hard to get wheelchair on - need it lowered. Difficult for those in wheelchairs. Difficult top get into shops as well, when there is no ramp.

Someone I know has an electric wheelchair, so a few things are difficult really.

Someone is blind and needs a wheelchair, needs someone to guide him as well.

**Female:** Can you raise that with your transport people about accessibility.

**Main speaker:** there are some questions around that.

A story, I was told by a wheelchair user, went on the train from Bath to London, that train had one space put aside for wheelchair users, so if two people got on that train, they couldn't accommodate them, so we have a way to go. We are becoming more aware, because I have had conversations in the council, who planned Southgate, and people were aware of the need to make sure we could accommodate people with disabilities, and those conversations wouldn't have happened a few years ago. There are people in a job role in the council that deals with these things now.

Does Yvonne want to say something, if you don't invite her in, she may not feel able to say anything?

**Female:** What worries me, is that, when I go to work on the train, i have a new job, I need support to go on the train, on the bus and then on the train, to Bristol... so I need... a communicator guide to support for that.

**Main speaker:** Do you get that support at the moment?

**Female:** Not yet.

I was talking about it with Janet, and how to manage that, from the Outreach team.

**Main speaker:** because that might be possible through personal budget to buy that support.

**Female:** OK.

**Main speaker:** OK. Does anyone...

**Female:** I want to add to that. Talking about the support worker.

**Main speaker:** Right thing to do. Does anyone have any last questions or comments?

**Female:** Using wheelchairs, can be difficult... narrow doors can be really difficult.

Doorways need to be much wider. Public toilets also.

Also restaurants, can be quite difficult to access as well, often no lift. Cinema has a lift. Difficult if just stair access, difficult for people in wheelchairs to access that.

**Main speaker:** One discussion we had, was whether we did a trip advisor site, or an online forum where you can share information with each other, if somewhere is good to support people with hearing loss, or access, whether we could have that facility on the website, in the council, so ideas are in early stages, but I hope it is better than it was 10 years ago, and I am confident it will be better in ten years time, may not be soon enough for us, but we are working on it.

**Female:** Sometimes... taxis can be difficult for people in wheelchairs as well, car turns up and too small, difficult to get the chair in.

Also people, blind people, using stairs as well, that can be difficult. Pubs as well, difficult to get into pubs.

**Main speaker:** Lets make a long list!

(laughter)

Going to say thank you, very much to give us a chance to meet you and have this discussion with you, interesting and helpful for us, this and last week, want to do it again, in the future, I believe we will have a written record of last weeks and this weeks meeting on the 'your care your way' website, the BSL survey will be there tomorrow as well.

Everything you said, gets fed into the machine and we take it on board and we try and respond to what people have said to us.

So thank you.

Sorry, last week, we forgot to thank the interpreters and the typists and speed/text note-takers and people who gave us support, so thank you, don't want to forget again.

Thank you to all the people who have helped tonight as well.

END