



Results of public engagement about proposed changes to the Wiltshire Council charging policy for adult care

An
independent voice
for the
people of Wiltshire

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Section 1: Background Information

What is this report about?

This report will tell you what local people said when they were asked about the proposed changes to Wiltshire Council's Charging for Care policy. This is the means tested financial assessment used to calculate a person's contribution towards their care.

Healthwatch Wiltshire independently facilitated public events between the 11th and 22nd April 2016 as well as receiving feedback from the public by telephone.

This report was requested by Wiltshire Council adult care commissioners, in order to inform the decision which elected Members must make in relation to the Council's charging policy. Whilst some background information and commentary is included, the majority of the report reflects what people told us.

What is Healthwatch Wiltshire?

Healthwatch Wiltshire is an independent local organisation which has a statutory duty to speak up for local people about health and social care. You can find out more about Healthwatch Wiltshire on the website: www.healthwatchwiltshire.co.uk

What was the public engagement about?

Views from those people directly affected by the proposed changes were considered extremely important by the adult care commissioning staff at Wiltshire Council. They wanted to hear about the expected impact on individuals for each area of proposed change before putting a decision-making paper to Wiltshire Council's Cabinet.

Why does the charging policy need to change?

Wiltshire Council considered that changes to the charging policy were necessary for a number of reasons:

1. The current policy had been in place since 2003 without material change and needed updating.
2. In April 2015 new legislation, The Care Act, was implemented and was accompanied by guidance for Local Authorities. This guidance outlined some practical changes that Councils either had to, should make, or could make, including some in relation to charging for care and support services.
3. The proposed changes would bring Wiltshire more in line with the charging policies of other Local Authorities in the South West region.
4. Increasing pressure was evident on Council budgets whilst the need for services was increasing.

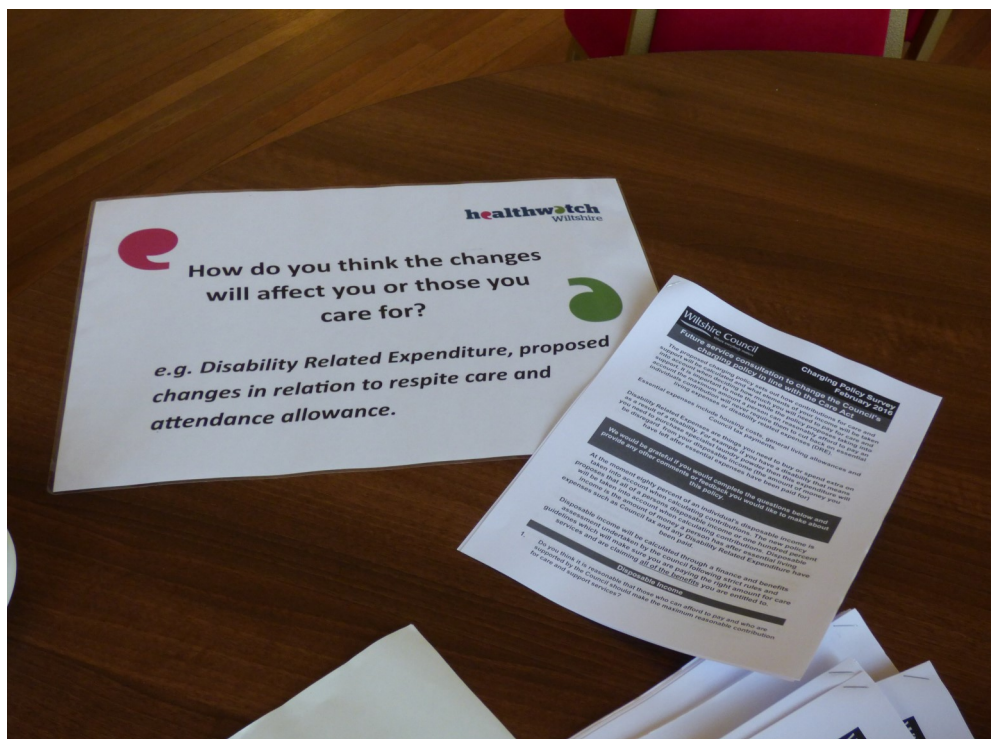
What are the current charging policy arrangements?

After an assessment of need is completed by the Council, if it is identified someone has eligible needs as set out in the Care Act the Council must support that individual to meet their eligible needs. A financial assessment is done to calculate what the person may be required to contribute to their 'package of care'. Sometimes a person has what is considered sufficient income to pay for all of their care. The financial assessment takes into account essential outgoings such as housing costs, general living allowance, and disability related expenses (DRE). The remaining income is termed 'disposable income' and currently the Council takes 80% of this figure as a person's contribution towards their care.

There may be additional costs for a person as a result of their disability. As part of the financial assessment, these are referred to as 'disability related expenses' (DREs). For example, a person might have additional laundry costs due to their disability and these costs can be regarded as an appropriate expenditure when calculating a financial assessment. Some changes are proposed in the list of disability related expenses.

What are the proposed changes to the charging policy?

1. The new policy proposes that 100% of an individual's disposable income is taken into account when calculating contributions, rather than the current 80%.
2. Attendance Allowance is a national benefit and where a person is eligible it can be paid at a 'higher' or 'lower' rate depending on the level of personal care that they require. This is often broken down into daytime and night time needs. The current charging policy takes into account only the lower rate of attendance allowance when calculating a person's contribution towards their care. The proposal in the new charging policy is that where the higher rate of attendance allowance is paid to a person, the whole amount is taken into consideration. The difference between the higher and the lower rate for 2016/17 is £27.20 per week.
3. For respite care, (a break for the service user on their own behalf or as relief to their carer), Wiltshire Council currently applies a standard contribution to costs based on an individual's age. The new policy proposes that contributions to respite care will be calculated in line with all other types of care and support "to ensure they pay what they can reasonably afford to pay towards the cost of this care"..... (Wiltshire Council consultation paper).
4. Some changes are proposed to the list of 'disability related expenses' (DREs or additional necessary costs). The list of existing and proposed DREs attached at [Appendix 1](#) details which DREs are not proposed to change, new additions to the list as recommended in the Care Act guidance to Local Authorities, and removal of one DRE (for continence products).



Why consult?

Wiltshire Council wanted to make sure that local people had the chance to find out about the proposed changes to the charging policy and to tell the Council about the impact the changes might have on their lives. In particular, they wanted to know about the 'knock-on' effects of an increase in contributions to care costs. If there was less income what aspects of their lives would be affected? The Council wanted any changes to be applied fairly and to hear about possible problems they might not have considered so far.

It is important to note that Healthwatch Wiltshire does not hold a view on the proposed changes, but reflects in this report the feedback received from those who attended the public events and those who otherwise made contact to make their views known. Its role has been to provide information to people about the proposals and to ask them what they think.

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Will the views of local people make any difference?

Wiltshire Council staff made it very clear to participants in the engagement events that this consultation was a genuine attempt to understand the impact of proposed changes to the charging policy. As well as general discussion and table top exercises at the events, there was an unexpected opportunity for people with personal and specific concerns to speak privately to Council staff. As a facilitating organisation, Healthwatch Wiltshire gained the impression that there was a real will to understand peoples' concerns, to be honest, and to be prepared to outline the whole picture response to elected Members at the Council, even where the messages might be uncomfortable to receive.

Section 2: What did Healthwatch Wiltshire do?

The public engagement events facilitated by Healthwatch Wiltshire were part of a wider consultation exercise undertaken by Wiltshire Council. As part of the Council consultation an online survey was undertaken, (which was also available in hard copy). The wider consultation ran from 1st March to 30th May 2016. The engagement events ran from 11th to 22nd April 2016 and details of the events are attached at **Appendix 2**.

A total of 103 people attended the seven engagement events across the county; Devizes, Trowbridge, Malmesbury, Salisbury, Chippenham, Marlborough, Warminster and assistance to attend was available. In addition to these events, the Healthwatch Wiltshire and Wiltshire Council websites invited individuals and groups to make contact to give their feedback. Twenty-five people contacted the Healthwatch Wiltshire office and details of this feedback are included in the report.

Letters to all people currently in receipt of Council-funded care had gone out from the Council, including easy-read versions. Healthwatch Wiltshire welcomed a number of people with learning disabilities to the events, usually with their support workers or family members. Healthwatch Wiltshire also attended an event for people with a learning disability that was hosted by Wiltshire People First and their comments have been incorporated into this report. Offers were made to the wider voluntary sector across Wiltshire for Healthwatch to attend relevant meetings or to receive feedback to incorporate into the report. Apart from Wiltshire People First, this offer was not taken up, but the voluntary and community sector were encouraged to make their own submissions to Wiltshire Council as part of the wider consultation. Staff and volunteers from a number of voluntary sector groups and organisations did however attend engagement events in their role as representatives and supporters of older people and people with disabilities.

All of the people who contacted Healthwatch Wiltshire, or attended the events, were encouraged to complete the Council survey either online or through hard copies which were provided. Assistance was also offered to complete surveys.

At the events, an overview presentation of the proposals was made by Wiltshire Council staff (commissioning and finance and benefits team). There were also group discussions facilitated by staff and volunteers from Healthwatch Wiltshire and the outcomes are detailed in Section 3.

Section 3: What did people say?

Healthwatch Wiltshire has analysed all the responses from the public engagement exercise whether these were made through meetings or by telephone call. There were very diverse views about the impact of the proposed changes and some of the key comments are captured in text boxes throughout this report. The key messages about the proposed changes can be summarised as follows:

The process

- A significant number of participants, either current service users or carers, said that they had not received the letter that they should have received, detailing the consultation and the proposals for change.
- The online survey was considered to be “buried deep” within the Council’s website necessitating at least nine ‘clicks’. (After overwhelming feedback about this from the first two meetings, this was addressed and rectified).
- There was a particular problem for people with a learning disability, some of whom said they had not received their own letter. It was felt that there may have been an issue about lack of support worker understanding of the implications of the proposals. Some service users affected referred in the meetings to matters not relevant to the policy under discussion. Certainly some individuals struggled to participate in the general public events and a later personalised event took place. Feedback from this meeting is detailed below.
- There was huge support for the informative aspects of the events and in feedback forms many people said that they found the events really helpful and would like more such opportunities. The Council officers in attendance went out of their way to be sensitive, respectful and reassuring even though their messages were not good news for most people present, and this was appreciated by those attending.
- Several comments were made about implications for both health and social care, in particular the issue of continence which is detailed further below.
- Some people expressed a lack of overall confidence in the process, asking “do consultations make any difference at all to the outcome?”



The proposals

There was plenty of debate and many comments and questions at each of the seven engagement events. Generally, it was felt that proposed changes meant that the most vulnerable (and low income) households were being targeted to make savings for the Council. Several comments were made about this being a political issue with a Conservative Council penalising people for being disabled. Others disagreed and saw the Local Authority as “pretty powerless” in the face of a central government requirement to make local savings.

1. 100% of income taken into account during financial assessment

Participants across all the events were generally unhappy about this proposal. They saw it eroding the only freedom they had to spend a small amount of income on social and leisure activities including the transport to access them. However, this did not seem to apply to some of the people who were in supported living accommodation - two participants said they had difficulty in remaining below the threshold at which they would no longer receive financial support for their care.

Several unpaid carers made the point that if contributions go up for their cared-for person, the burden will be for carers to do even more. At every meeting carers made the point that they were ‘on the edge of not coping’ and felt that they were getting closer to having to seek residential care for their loved ones since they could take on no more without the risk of family or personal breakdown.

“Its complicated being disabled”

“If the changes go ahead, I will have to stop the (home) carers. This will mean my mum will stay in bed these mornings—it will be very difficult”.

“I am well past retirement age myself but I can’t possibly retire—I have to work so that she can be cared for in her own home”

“I won’t be able to buy things for the garden (it’s good for my well-being)”

“I have to have care so I just won’t be able to go out. I won’t be able to afford a taxi to my club or ever have a day trip”

2. Changes in the amount of Attendance Allowance to be taken into account

As detailed in Section 1, as part of the financial assessment process, those in receipt of Attendance Allowance have this benefit taken into account. There are two rates at which it is paid, according to assessed need. At present only the lower rate is considered, whether someone receives the higher or lower rate. It is proposed that in future the whole of Attendance Allowance is taken into account when assessing a person's contribution to their care costs.

There was some difference of opinion as to the fairness of this proposal. Many of those on the lower rate have felt for some time that it is unjust that people on the higher rate are not assessed on the whole of Attendance Allowance when contributions to care costs are calculated.

Some of those present at the events were carers for a family member. They described the higher rate of Attendance Allowance as an essential component of budgeting, as the money is used to fund extra support from private domestic or personal carers in order that family carers do not carry the total burden of care. Some family members felt that they would struggle without the higher rate of Attendance Allowance to fund "top-up" care and support in challenging family circumstances.

3. Disability Related Expenditure Items (DREs)

A significant number of people said that they had never seen the existing list of disability related expenditure items, let alone the proposed changes to it. People did contrast one item with another and found fault. For example, the removal of continence products as a DRE contrasted with internet costs as a newly available DRE. Rational explanations were given for this, (health fund continence services and if people are unhappy with the quality or amount of provision they need to apply for a reassessment; Care Act guidance states that internet usage may be an extremely important communication medium for people with a disability). However, people frequently pointed to these items as contrasting examples of unjust proposed changes.

A number of participants made the point that whilst people should pay a fair contribution to care costs, this proposal needed to be set in the context of other increases in costs, for example Council Tax, charging for garden waste, new charges by social landlords for Lifeline and utilities uplifts.



4. Continence

So much concern was expressed about this particular Disability Related Expense that it was felt appropriate to consider it separately. At present whilst the Council does not directly fund continence services, the inclusion of continence on the current DRE list means that where people buy their own products, such costs are excluded from disposable income for the purposes of making a financial contribution to care costs. Reasons given for purchasing own continence products or adding to those provided by the health service include concerns about both quality and amount of product allowed. There is a history in the county of this being a long-standing problem and the current proposal was unanimously disliked.

Generally people accepted the explanation that there is no social need for continence products and a health assessment and provision were required. However historical experience and word-of-mouth feedback mean that the current service is seen as falling short of requirements. People felt that lack of confidence in health continence services would mean some people would not feel secure enough to venture outside the home.

It is not known whether the current service is failing to meet need or whether the fact that the Wiltshire Council assessment has allowed people to fund their own continence costs has meant people have chosen not to apply for health provision.

Healthwatch Wiltshire committed to taking this matter further with Wiltshire Council and more particularly with NHS Wiltshire CCG, separately from the current consultation.

5. Respite care

Participants were split about whether the new proposals on charging for respite care were fair or not. Several people made the point that if the cared-for person could not afford respite care or was unwilling to pay any new charges, the knock on effect would be likely to mean more stress for unpaid carers and more admissions to longer term care. Particular examples were given where one partner (the non-service user) had consistently refused to have a financial assessment. The service user, (in these cases people with dementia) will in future be required to use their own resources to fund more expensive respite care whilst still contributing to household expenses. In all three similar cases, if respite were too expensive, additional burdens would fall on daughters who provided a lot of care already to that household. None of them were confident that the new financial assessment could take account of the complicated family circumstances (and the need for documentation to back up current informal in-family financial arrangements), and there was some evidence for this from the responses of Council staff.

One unintended positive consequences of this engagement was that several people who previously had not identified themselves as unpaid carers would now do so and seek a carers assessment in their own right.




6. People with a learning disability


As outlined above, people with a learning disability attended each engagement event, often with a parent or support worker. There was considerable anxiety about how much the proposals would curtail what they saw as hard-won freedom to live a more independent life.

Understandably there was a good deal of confusion about what the charging policy proposals actually meant and some people wanted to talk about wider monetary concerns which were not relevant in this forum. It was therefore arranged that a bespoke session would be hosted by Wiltshire People First and that Healthwatch Wiltshire and the Wiltshire Council finance and benefits team leader would attend. This meeting demonstrated a level of anxiety that needed to be addressed and reassurance was offered that levels of care input would be unaffected by the proposals, whilst financial contributions to care would be likely to increase.

Many fears were allayed by a clear explanation about DREs. For example, someone who thought their necessary frequent shoe replacement would no longer be possible or anxiety about extra washing necessary through continence needs.




“This means I might not be able to afford to go swimming anymore”



“it is fair to pay what you can afford....if we get a good service”



“No more fun things”



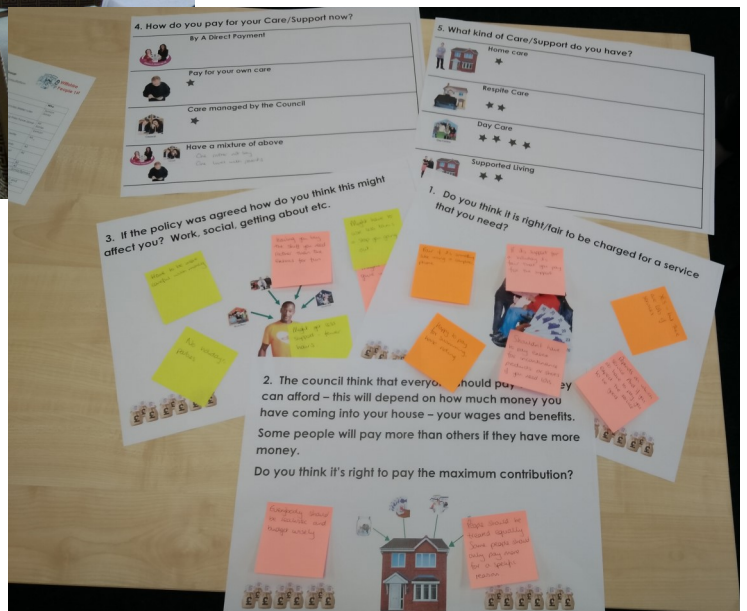
“I won't be able to afford holidays or social activities anymore”

Section 4: Commentary

Over 3,000 service users may be affected by the proposed changes to the charging policy Letters were sent, by Wiltshire Council, to all its customers of adult social care, to inform them of the engagement events. 107 people attended the seven sessions across the county, with a further 25 phoning Healthwatch Wiltshire with their concerns. We recognise that many people may have been unable or unwilling to attend an engagement event for a variety of reasons. Healthwatch Wiltshire offered to support people to complete the survey, to carry out a telephone interview, or to attend additional meetings or events which were delivered by local voluntary sector organisations.

It is likely that more people will contact the Council (and Healthwatch Wiltshire) once any proposed changes are agreed and sent out again. Whilst people were reassured that no individual changes would take place until a full financial re-assessment had been completed, notice of any agreed changes will likely lead to more questions.


Carers and family members were particularly concerned about the proposals and at every event people asked, “why are the most vulnerable being targeted to provide savings?” This was regardless of whether the saving was to be re-invested in services for older and disabled people. People also asked that the Council be open with everyone in Wiltshire about what the choices are in order to make the necessary savings, rather than making piecemeal decisions. This would mean that people who are affected by a number of savings proposals could judge the impact on the whole of their lives rather than dealing with “one hit at a time”. Clearly the charging policy affects the most vulnerable, since they are the people who receive public funding towards their care costs. However, a number of carers of ‘self-funders’ pointed out complex family circumstances that would leave some frail older people, particularly those with dementia, in quite exposed positions of vulnerability due to proposed changes to respite care costs.



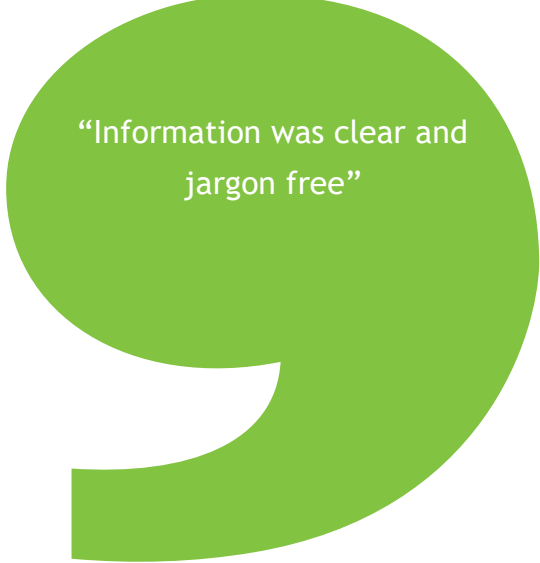
Many people stated clearly that they agreed that people should pay what they can afford towards their care costs. Others added” as long as the mechanism for calculating contributions take account of complex family circumstances”. This was particularly so for frail older people and those with dementia type illness.

People across all need groups described participating in the financial assessment process without ever seeing or hearing of Disability Related Expenses. Whilst this is disputed by Council staff and may well simply be a forgotten element of assessments, not a single person who attended events felt that they had seen the list or heard of DREs before. It may be that assessors are explaining the items without overtly sharing the list and its component parts. This means that those being assessed feel that they are not being given the opportunity to increase their disposable income by claiming for items that they did not know were permissible, such as assistance with gardening or laundry costs, where needs were a direct result of disability (or in some cases total frailty). Whatever changes are agreed, if a new charging policy is implemented and new financial assessments are underway, it will be extremely important for the DRE list to be used (and left) during every financial assessment meeting with customers for contribution to care costs.

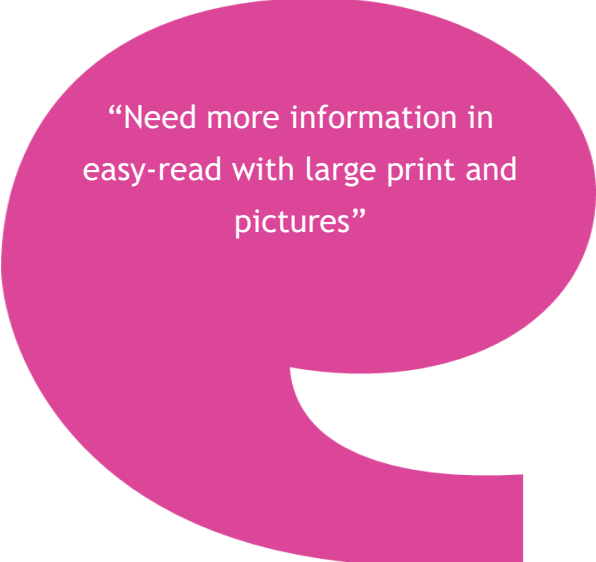
The vast majority of people felt better informed as a result of attending the engagement events. Requests were made that some drop-in events might be made available for people without enough time to attend a two-hour event, although this would require a different format of presentation.



“This event has cleared up a few misconceptions”



“Information was clear and jargon free”



“Need more information in easy-read with large print and pictures”

Section 5: What next?

Wiltshire Council Cabinet Members will consider a report from Council staff about the proposed new charging policy when it meets on 19th July 2016. This report from Healthwatch Wiltshire will form an appendix to the report prepared by Council staff. When they are published, Cabinet papers will be available on the Council's website: <https://cms.wiltshire.gov.uk/ieListMeetings.aspx?Committeeld=141>

During the events to collect people's views on the charging policy proposals, Healthwatch Wiltshire were given opinions, comments and questions on a number of related topics and agreed to feed these back to the Council and to NHS Wiltshire where relevant, to monitor progress. In particular, Healthwatch Wiltshire will:

- Request a meeting with the Council and NHS Wiltshire CCG to look at concerns about the continence service and products.
- Request that the list of Disability Related Expenditure items, once finalised, is made available to each person as part of their financial assessment for contribution to care costs.
- Request that all information for people with a learning disability is available in easy-read format (this includes the list of disability related expenditure items).
- Should the proposed changes be implemented, monitor any concerns by talking to service users and their unpaid carers.

Finally, Thank You!

Healthwatch Wiltshire would like to thank every person who took the time to contribute their views to this consultation, including local community groups and charities who supported people to participate in engagement events and those who 'phoned in their views. Please do contact Healthwatch Wiltshire to share your views on any other experience of health and social care services.



Every person counts,
every person's
experience counts

Appendix 1 - Disability Related Expenditure Items

13/11/2015

EXPENSES	MAXIMUM WEEKLY ALLOWANCE	EVIDENCE REQUIRED DURING FINANCIAL ASSESSMENT	CONSIDERATIONS	DECISION
Personal Care arranged privately	£0		Personal care costs to meet eligible needs form part of a personal budget, so are not included in the DRE list. Cost to meet needs not considered eligible are also excluded	Included on list only to make clear that we do not disregard costs on this area.
Domestic help	Actual Cost up to 2 hours	Receipts from provider	No change to current policy – split per household if appropriate	Only included if in support of an assessed eligible need and replaces need for funded support
Day or night care that is part of supported living accommodation	Based on actual but up to £25 per week	Invoices for accommodation	Evidence that the requirement for day or night care support, included in the costs of supported living accommodation, is required to address eligible needs	Inclusion will allow core costs, such as those within sheltered or extra care schemes, to be disregarded
Specialist Items		Evidence of purchase	Items of specialist equipment are listed below, but if agreed other items can be considered	
a) Bed (Powered)	£4.20	Evidence of Purchase	No change to current policy rates set by Naffao	No Change
b) Turning Bed	£7.20	Evidence of purchase		Addition to DRE list as in national list
c) Hoist	£2.88	Evidence of Purchase	No change to current policy rates set by Naffao	No Change
d) Reclining chair (powered)	£3.30	Evidence of Purchase	No change to current policy rates set by Naffao	No Change
e) Stair lift	£5.88	Evidence of purchase	No change to current policy rates set by Naffao	No Change
f) Wheelchair (Manual)	£3.75	Evidence of purchase	No change to current policy rates set by Naffao	No Change
g) Wheelchair (powered)	£9.12	Evidence of purchase	No change to current policy rates set by Naffao	No Change
Community Alarm system/lifeline	£6.95	Social worker confirms requirement as part of care plan, supported Care is reduced accordingly		Remain in policy but will be capped at £4.20 in line with personal budget policy
Laundry/ Specialist washing powder	£3.61	Care plan will have identified incontinence problem. Identify more than four loads per week	No change to current policy rates set by Naffao	Remain in policy but will be capped at £3.65
Gardening	Actual cost up to £10.00 per household	Signed receipts for at least four weeks.	Naffao states based on individual cost with no cap of £10.00- possibly amend	No Change
Additional household costs related to provision of personal care	Actual costs up to £XX	Evidence of receipts	Reasonable household expenses related to additional costs incurred due support being provided due to a persons disability, illness	Addition to DRE list as in Care Act guidance
Heating- extra heating for medical reasons- check average costs against heating bills	£9.05	Annual fuel bills	Naffao states based on individual cost with no cap of £9.05- possibly amend	Remain in policy but will be capped at £9.10
Medication	Actual Cost- No cap	Letter from doctor confirming	No medication in National Policy- health need	No Change
Food or special diet for medical reasons eg diabetic	Actual cost up to £8.39	Shopping receipts	No food allowed in National policy but rarely included in assessments	No change
Home Maintenance	Up to £5.49	Receipts from contractors	No home maintenance in national policy	No Change
Additional transport costs necessitated by illness or disability	Reasonable cost	Travel Receipts	No travel in national policy	No Change
Clothing(Heavy wear and tear)	Up to £5.57	Receipt of purchase	No wear and tear in national policy	Remain in policy but would be capped at £5.60
Metered Water- above the average for their area and house type	Actual Cost	One years' worth of bills from provider and related to eligible need	No water charge in National Policy- not included in current policy.	Agreed this would be added to policy. We need to establish what is average usage. This will be based on the amount of people per household.
Incontinence pads/ Purchase of additional or new bedding due to incontinence	Actual Cost	Verification that client is not able to receive them from NHS	No incontinence in National Policy or local policy. Health Need	Remove from DRE list
Internet Access	Actual weekly cost	Bills from provider, but only included if supporting well-being and eligible outcomes	No internet in National Policy. Not included in Local Policy	To be added the DRE list
Court of protection fee(In House)	£5.00 for appointee ship £15.00 for deputyship	In house service	No COP fees in National policy not included in current local policy	To be added, but only included if eligible needs identify a requirement for this support

Appendix 1—Disability Related Expenditure Items

War Pension	This is a benefit paid by Department for Work and Pensions	Customers must have an entitlement prior to 2005. Verification required from Department for Work and Pensions	Currently included in local and National Policy and attracts a £10.00 disregard. There is no change to this in the Care Act	No Change
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Charging Policy Changes not part of DRE

Attendance Allowance	This is a benefit paid by Department for Work and Pensions	This is not means tested but based on the clients need for help with Personal Care. There is a Higher and Lower rate. The higher rate is payable when the client has night time needs.	Currently included in National and Local Policy. Our local Policy only takes the lower rate into account even if the client is receiving the higher rate. The Care Act suggests that Attendance Allowance of whatever rate should be taken fully into account.	Change to consider higher rates in line with the Care Act
Percentage of disposable income taken into account	Policy currently set at 80%		It could lead to an increased number of complaints or unpaid client contribution. There is also no incentive to claim any benefit entitlement as this will be taken fully into account and not make the client better off in any way However the general view is that you then need to consider a wider range of Disability Expenditure if you are taking 100% of the income.	Change from 80% to 100%

Appendix 2—Who did we talk to?

Engagement events across Wiltshire where we talked to people about the proposed new charging policy

Date	Venue	Numbers
11/4/16	Corn Exchange Devizes	14
14/4/16	Civic Centre Trowbridge	16
15/4/16	Corn Exchange Malmesbury	7
18/4/16	Methodist Church Salisbury	28
19/4/16	Needle Hall Chippenham	17
21/4/16	Civic Centre Warminster	7
22/4/16	Town Hall Marlborough	14

Other people we talked to

Wiltshire People First	Healthwatch Wiltshire attended event 10/5/16
25 calls to Healthwatch Wiltshire received from Individuals	14/3/16 to 3/5/16

Why not get involved?

Visit our website: www.healthwatchwiltshire.co.uk

Follow us on Twitter: @HWWilts

Email us: info@healthwatchwiltshire.co.uk

Phone us: 01225 434218

Write to us: 5 Hampton Park West, Melksham,
SN12 6LH

June 2016

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