

# Satisfaction Survey for Stroud District Health and Well-being Partnership

We are currently reviewing the effectiveness of the Stroud Health and Wellbeing Partnership. In preparation for developing a new HWB action plan that accurately reflects our partners' health and wellbeing actions and plans, it would be much appreciated if you could please complete the following survey and return to Dilys Warren please.

## Section 1: Membership and Attendance

- (i) How long have you been on the mailing list of the Stroud HWBP (approx)      Years      Months
- (ii) Approximately how many HWB meetings have you attended in the last 12 months? **Please tick**
- More than 3 times a year     Twice/Three times per year     Once per year     Never attended
- (iii) If you do not attend regularly, what reasons affect this? **Please tick the appropriate box**
- Timing of meeting does not suit     Other work commitments     No relevance of meetings to my work     Other (please specify) -

## Section 2: Meetings

i When you do attend meetings, what purpose does the meeting serve for you? If you don't attend or have never attended meetings which of the following would help you in your day to day work? (please tick all that apply)

- Networking and developing collaborative relationships
- Information sharing and learning
- Feeling part of a joint effort to improve health and wellbeing in Stroud district
- Planning my own services and organisation's capacity
- Bringing own projects to the attention of the wider partnership
- Other (Please give details) .....

ii How satisfied are you with your opportunity to contribute in the meetings?  
**Please tick the number that feels most appropriate**

<b>Not satisfied</b>		<b>Fairly satisfied</b>		<b>Very satisfied</b>
0      1      2		3      4      5		6      7

iii In the past two years, what do you feel the partnership has achieved?  
**Please describe - continue on separate sheet if necessary.**

iv Do you find the meeting notes useful?     Yes     No     Sometimes

If you do find them useful can you rate them on the scale below (Please indicate the number that feels most appropriate) If you indicate Not Useful or Fairly Useful – please state reason

<b>Not useful</b>		<b>Fairly useful</b>		<b>Very useful</b>
0      1      2		3      4      5		6      7

Reason .....

**Section 3: Future of the Stroud District Health and Wellbeing Partnership**

(i) What function would you like the SDHWBP to fulfil for you? **(Please tick all that apply)**

- Networking and developing collaborative relationships
- Information sharing and learning
- Feeling part of a joint effort to improve health and wellbeing in Stroud district
- Planning my own services and organisation's capacity
- Bringing own projects to the attention of the wider partnership
- Other (Please give details) .....

(ii) Which **top two** elements would you most prefer to see for future meetings? **Please tick your preferences**

- Continuing with regular 6-weekly meetings
- Having quarterly meetings with specific action task groups related to the SHWBP Action Plan
- Action task groups, combined with email newsletter
- More information on the (SDC) website
- Joint meetings with other existing groups or with other district to reduce number of meetings

(iii) In future meetings, what model of chairing would you prefer to see? **Please tick**

- Different chair every meeting
- Chair that rotates every year
- A rotational system from statutory and voluntary sectors
- Would you consider sharing the role of Chair? *(contact us separately to discuss if necessary)*

(iv) Which days of the week are you regularly able to attend?

- Mondays    Tuesdays    Wednesdays    Thursdays    Fridays

(v) We need to produce a local action plan. Would you be prepared to attend an

- Action Planning Event?    Yes    No   **and if yes**    All Day    Half Day

(vi) Do you think there are any gaps in representation on the Health and Wellbeing Partnership? If so please state the organisation and their contact details

(vii) Is the venue of Ebley Mill convenient for you to attend?    Yes    No   If no, could you suggest an alternative venue please **(it has to contain adequate parking and disabled facilities and must be free of charge)**

► **Please add any further relevant comments or information (inc best practice) and continue on a separate sheet if necessary**

**Many thanks for your help**

Dilys Warren, Health and Wellbeing Partnership Officer, Stroud District Council

You can either email this survey to: [dilys.warren@stroud.gov.uk](mailto:dilys.warren@stroud.gov.uk) or **alternatively** you can post it to Dilys Warren (Community Safety) Stroud District Council, Ebley Mill, Stroud, Glos GL5 4UB.

**BY MONDAY 22<sup>ND</sup> JUNE 2009 PLEASE**