

Feedback from consultation on the draft Wiltshire Joint Local Health and Wellbeing Strategy

Comments were received from various partnership boards and the health select committee, as well as individual councillors, officers from HWB organisations and the voluntary and community sector.

There was broad agreement with the four strategic areas of the strategy as well as the overall aims within it. A flavour of some of the suggestions received is included below (with comments collated to avoid repetition where appropriate).

General comments

Summary of comment	Response
Need to reference cost of living challenges	Included in foreword
Need to reference life expectancy gap	Included on p3
Ensure consistent use of wider/ social determinants	Made wider determinants through
Need to reference primary care and eye care with the other strategies	Included on final page
add some words on how the many plans, programmes and strategies are co-ordinated.	Added on final page
both the ICS and Wiltshire will have a strategy. Might we suggest to the ICP that they paste the three 'place' strategies into theirs and only add a light-touch overarching section a) to deal with resource allocation and other issues that can only be handled at the ICP level and b) to pull out common factors to reinforce the whole system's commitment to major themes eg tackling inequalities and prioritising prevention	Comment shared with ICP
Would have love to have seen more co-production from the start, working with communities to set the vision. The JSNA is a data tool only and is based on need rather than strengths. Communities don't want to be done unto. The community conversations work is a sign of hope. the intentions of the priority areas are really good, just concerns that they are still heavily tied to existing structures and ways of working, meaning you might not get the change that is needed. Believe there could be a more radical shift of how things are done which starts at people and communities.	The strategy builds on the community engagement undertaken for the previous strategy and has been developed through a collaborative process. Additional reference to working with communities included in the foreword
A very clear, comprehensive and well written strategy which clearly places the community at the heart of the strategy.	-
Some of the language around 'personal responsibility' is a bit concerning. There is only so much an individual can do when faced with the inequity in our society.	The strategy prioritises addressing the wider determinants of health and tackling inequalities but alongside this reference is now made to personal resilience and empowering individuals as an alternative to personal responsibility.
Document is well-written in clear English	-

Order of priorities – should tackling inequality be first given it is a vast agenda and one which the NHS may be unable to focus on – whereas staff can focus on prevention so could lead with that	The strategy progresses from action on wider determinants (tackling inequality) through prevention (individual empowerment and access to services) through localisation and onto integrated services. This is intended to mirror the need for a 'leftward shift' / 'upstream prevention' Numbers have been removed from themes to ensure they are viewed as equal.
Health in all policies is not part of NHS / social service responsibility	The provision of community health services needs to be considered alongside housing, employment and planning
I agree with the 4 strategic areas and the achieving change statements.	-
to demonstrate actionability there needs in my view to be some reference to how the high level aspiration will translate into on-the-ground action	The strategy references how the HWB will consider regular progress reports on the delivery of this strategy, which will inform the work programme of the Wiltshire Integrated Care Alliance and the individual work of members of the board.

More specific comments

Summary of comment	Response
Need to reference food as well as fuel poverty (affordable and healthy food options) and the need to increase incomes	Included under tackling inequalities theme (but not repeated under other themes to ensure it remains concise)
Need to increase access to NHS dentists and mental health services	The strategy includes reference to improving access to services, as well as the community mental health model and reference to primary care strategy. The JLHWS focuses on where joint work between organisations is required – and improved join-up of services through community healthcare, primary, secondary and tertiary healthcare (including specialist services, for the armed forces and their families, pharmaceutical services and healthcare in the justice sector) is a clear commitment, recognising the opportunities arising from forthcoming devolution of NHSE funding in this area.
Invest in community based programmes & social prescribing	Reference has been made to community based programmes & social prescribing
Endorse population health approach - how will this be put into practice on the ground e.g. Is there are programme to cluster care services	Members of the HWB will report regularly on progress against this objective using the flexibilities they have available.

around GPs? Can we resist systems that reward increased contact if they are handed down from national level? How will we measure population outcomes?	Reference has been made to a proactive population health management approach – rolling this out to new areas (such as management of moderate frailty) each year to enable earlier detection and intervention Population outcomes will be measured through the JSNA
Need to support healthy workplaces and collaborate with local businesses	A reference to health workforce has been included
Would like to see more reference to community development using a strengths based approach. Making sure that you bring all members of the community together as equals. Any methods that are more holistic in approach.	This has been referenced within the localisation connecting with communities theme
Procurement should consider who is the best provider for goods and services prioritising not for profit and local organisations where they are able to meet service specifications.	This is covered under the ‘wider benefits’ of social value procurement
Would prefer co-production to consultation – ultimately you want to change the relationship between health and care and wilts residents from doing onto to being in it together. Prefer hyper local approaches	The need for coproduction has been referenced within the strategy.
Need to ensure that services are delivered in a way that is culturally sensitive and responsive to the needs of all communities within Wiltshire, including those from diverse backgrounds.	This is considered as part of the statutory Public Sector Equality Duty
If shifting to community need to think about proper care co-ordination, which could be with the person, as there is a danger of people falling through gaps and overreliance on neighbours/ family/ friends	This has been referenced within the working together theme, together with support for unpaid carers
Would be great if you could link in with the co-production plans for SC transformation	The need for coproduction has been referenced within the strategy.
Include reference to VCSE under 4 th aim	This has been included
Include reference to rural issues, young people and armed forces	This has been included under the first, second and fourth themes respectively.