

**Wiltshire Council**

**Health and Wellbeing Board**

**12 September 2013**

---

**Subject:                    Joint Health and Wellbeing Strategy**

---

**Executive Summary**

The report outlines the findings of the consultation undertaken by the shadow Health and Wellbeing Board on Wiltshire's draft Health and Wellbeing Strategy. The preparation and approval of the strategy is a statutory function of the Health and Wellbeing Board.

**Proposal(s)**

It is recommended that the Board:

- i. notes the findings of the consultation on the draft Joint Health and Wellbeing Strategy (Appendix 1);
- ii. adopts a revised version of the Joint Health and Wellbeing Strategy as the final version (Appendix 2);
- iii. reaffirms its commitment to reviewing the strategy again in 2014.

**Reason for Proposal**

The Council and the CCG (acting through the Board) must prepare a Joint Health and Wellbeing Strategy (section 196 of the Health and Social Care Act and section 116A of the Local Government and Public Involvement in Health Act 2007).

**Carolyn Godfrey  
Corporate Director  
Wiltshire Council**

**Debbie Fielding  
Chief Officer  
Wiltshire CCG**

**Maggie Rae  
Corporate Director  
Wiltshire Council**

---

## **Wiltshire Council**

### **Health and Wellbeing Board**

**12 September 2013**

---

**Subject:                    Joint Health and Wellbeing Strategy**

---

#### **Purpose of Report**

1. To outline the findings of the recent consultation on Wiltshire's draft Health and Wellbeing Strategy.

#### **Background**

2. The Health and Social Care Act 2012 amends the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards on Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). The aim of JSNAs and JHWSs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. These will be used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.
3. Local authorities and clinical commissioning groups (CCGs) have an equal and joint duty to prepare JSNAs and JHWSs, through the health and wellbeing board. The JSNA should consider the health and social care needs for the area, as well as the assets that the local communities can offer to meet identified needs. The JHWS is a strategy for meeting the needs identified in the JSNA.
4. The JHWS should explain what health and wellbeing priorities the health and wellbeing board has set in order to tackle the needs identified in the JSNA. This is not about taking action on everything at once, but about setting priorities for joint action.
5. CCGs, NHS England, and Wiltshire Council's plans for commissioning services must be informed by the JSNA and the JHWS. Where plans are not in line with the JSNA and JHWS, CCGs, NHS England and Wiltshire Council must be able to explain why.
6. As a local authority committee, a health and wellbeing board must meet the Public Sector Equality Duty under the Equality Act 2010 throughout the JSNA and JHWS process. This is not just about how the community is involved, but about considering the effects decisions have or are likely to have on people with protected equality characteristics.

## Main Considerations

7. Wiltshire's first draft of the JHWS was drawn up in line with the guidance from government and, as agreed by the shadow HWB, through a steering group comprising representatives from Adults' and Children's Social Care, Public Health and the Clinical Commissioning Group.
8. The Steering Group agreed a number of principles for the development of the JHWS, namely that it should:
  - Cover the whole local population across the life course
  - Prioritise issues that have the biggest impact
  - Focus on joint working
  - Be framed as a continuous/ iterative process – not a 'one-off'
  - Consult and involve local HealthWatch and people who live and work in Wiltshire
  - Provide continuity with existing priorities where appropriate
  - Reflect the outcomes as set out in the national outcomes frameworks
  - Focus on improving health and wellbeing overall but making improvements faster for groups and communities that experience poorer health and quality of life
9. As part of the development of the draft JHWS, the group considered the relevant national drivers, identified the relevant local strategies and plans and summarised the existing priorities from those strategies and plans. These have in turn informed the identification of priorities for joint action and drawn on examples where this is already, or potentially could be in place, through s75 and s256 agreements. These are all referenced in the strategy as areas for joint working.

### *S75 and s256 arrangements (in place/ ready for signature/ under discussion)*

- *Delayed Transfers of Care (in place)*
- *Advocacy*
- *Housing*
- *Deprivation of Liberty Safeguards*
- *National Treatment Agency*
- *Vocational services*
- *Grow/ Develop*
- *Equal Chances Better Lives*
- *Continuing Health Care Brokerage*
- *Integrated Community Equipment Services*
- *Health Gain*
- *Alzheimers*
- *Carer support worker services*
- *Community Link Scheme*
- *Mental Health Recovery*
- *Mental Health*

- *Learning Disabilities, full pathway*
  - *Frail and elderly support*
10. Consultation on the draft Joint Health and Wellbeing Strategy took place between 14 November and 14 February. A total of 58 responses were received via the survey on the online consultation portal; plus 14 responses via email. The consultation was publicised widely, including at meetings of Area Boards. The document was also circulated to various partnership meetings such as the Health Improvement Partnership, Clinical Commissioning Group executives and the Children's Trust. An Easy Read version of the strategy was also produced in response to requests.
  11. In addition to the responses received, the Wiltshire and Swindon User Network / Wiltshire Involvement Network held a well attended workshop on 14 January on the draft strategy, which included a cross-section of users with a wide range of differing perspectives to contribute.
  12. Key themes which emerged from that event included requests for more emphasis on:
    - Engagement of service users and support for advocacy
    - Active ageing and putting support in place to overcome isolation
    - Living at Home, Extra Care facilities and Accommodation
    - GP Services (the responsibility of NHS England)
    - Workforce Strategy
  13. The responses also made some suggestions on layout, including ways to avoid unnecessary compartmentalisation of people into particular groups; and the opportunity to include specific actions under more generic headings, for example, by putting actions supporting 'warm' and 'safe' homes together. Many attendees expressed an interest in continuing to be involved and support monitoring and evaluation of the strategy in the future.
  14. Included at Appendix 1 is a summary of the other comments received during the consultation period, a synopsis of longer comments submitted by email, together with analysis on the findings around relative priorities for limited resources. Thanks are due to colleagues in the research team for developing the questions.
  15. Taken together, the consultation responses received highlighted that:
    - A glossary and signposting to this in the document may help for some of the terms (e.g. define what is meant by independence, spell out all the acronyms);
    - Some people felt that a life stage approach might wrongly compartmentalise people or lead to duplication of joint activities;
    - There were mixed views on the use of the personal pronoun e.g. 'I will';
    - People were pleased with progress made in areas such as help to live at home / provision of step up and step down support;

- Most of the important areas for joint action are covered; people did not uniformly highlight any particularly area of joint working as an urgent priority over other areas;
  - There was, however, strong overall support for a shift in resources towards preventative activity such as healthy eating programmes, active travel and screening programmes to spot problems early.
  - Numerous responses were also received by email on the implementation of NICE Guidance 41 and the opportunity for Local Transport Plan 3 to take this into account. The public health team will be ensuring that a senior member continues to take responsibility for the promotion of measures to encourage active travel such as walking and cycling.
16. The strategy has been changed from its consultation draft to take account of these comments (Appendix 2). An exception to this is the use of the personal pro-noun; this is intended to signal a shift from the population being passive recipients of top-down state delivered healthcare to being an active participant in their community with a stake in their own health and wellbeing. However, should the Board have a different view this is easily remedied.
17. A commitment to review the strategy in 12 months time is also retained. This is seen as important given the widespread changes in the health and social care that took place in April. It also recognises that, while the strategy has made considerable progress in highlighting what the main priorities for joint activity will be, there will be opportunities to take a dynamic view of the needs of the local population and to further develop the framework for commissioners. In particular, this will be informed through the work of Joint Commissioning Boards, whose job it will be will to produce a work programme focusing on a smaller number of relatively high-impact changes (informed by the strategy and consultation priorities), rather than uncosted aspirations by themselves – important though these may be for highlight other areas of joint working. Building a complete picture of the resources under the aegis of the Health and Wellbeing Board and the work programme of the sub group will mean that the next revision of the strategy in 12 months time will be from quite a different starting point.
18. The emergence of Healthwatch Wiltshire and intensive engagement with patients and users to inform commissioning and drive integration will also be an important factor to consider. Similarly, the Board's strategic role of creating a framework for commissioning and the duty to promote integration will require imaginative thinking about how providers are engaged over the next 12 months. This enhanced engagement can inform subsequent revisions of the strategy. A further publication of the JSA Health and Wellbeing Chapter will also take place at the end of 2014. In addition to this, it has been agreed that the HWB would report to Full Council on its business, including presenting its minutes and consulting formally on the JSNA and JHWS.

As the publication of the last JSA and the development of the JHWS and consultation on this took place largely during the time the shadow HWB

was in place, an update on the outcomes of today's meeting together with an early review will enable the involvement of full council on these important documents.

### **Safeguarding Considerations**

19. The draft strategy outlines a range of areas for joint working on ensuring people are kept safe from avoidable harm.

### **Public Health Implications**

20. The draft strategy outlines a range of areas for joint working on ensuring people are supported to live healthily.

### **Environmental and Climate Change Considerations**

21. Carbon emissions will be reduced as a result of measures to tackle fuel poverty and encourage active travel. The strategy identifies work supporting adaptations in light of climate change will be necessary.

### **Equalities Impact of the Proposal**

22. One of the key aims of the strategy is to ensure the higher levels of ill health faced by some less well-off communities are reduced.
23. The strategy ensures compliance with the Public Sector Equality Duty by committing partners to consider how the delivery of the priorities for joint actions will affect groups with 'protected characteristics' under the Equality Act.

### **Risk Assessment**

#### **Risks that may arise if the proposed decision and related work is not taken**

1. Not adopting a strategy will mean that the Board is in breach of its statutory duty.
2. A radically different strategy will require further consultation and may not enjoy the same level of support indicated by the initial consultation.

#### **Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

- | <b>Risk</b>  | <b>Action to mitigate the risk</b>  |
|--|---|
| 1. The strategy may not provide the required level of detail to inform immediate priorities for joint commissioning. | The joint commissioning board will continue working on the immediate priorities for joint commissioning and report to the Health and Wellbeing Board on its work on an ongoing basis. |
| 2. The strategy may become out   | The strategy will be updated in 12  |

of date and irrelevant in the months time.  
light of new legislation or  
priorities.

## **Financial Implications**

24. The strategy sets out the main areas for joint working between health, public health and social care. Demographics and budgetary constraints provide a clear imperative for further joint working. The detailed financial implications of joint working or joint commissioning will be considered as detailed proposals are put to the Board.

## **Legal Implications**

25. Legislation and government guidance sets out various requirements relating to the Joint Strategy. Namely Section 116A and 116B of the Local Government and Public Involvement in Health Act 2007 which deal with the Joint Strategy; and section 196 of the Health and Social Care Act 2012 which deals with the Board's involvement in the Joint Strategy, together with statutory guidance on preparing JSNAs and JHWS.
26. The Council and the CCG (acting through the Board) must prepare the Joint Strategy. The Shadow Board delegated preparation of the first draft Joint Strategy to the Steering Group (referred to at paragraph 7 above). The Steering Group has completed the consultation exercise outlined above and has made the resulting amendments to the first draft which are the subject of this report.
27. In preparing the Joint Strategy, the Board must:
- consider how needs can be met more effectively using "Section 75" partnership arrangements. Many of the joint activities described in the Joint Strategy are under active consideration for section 75 agreements and could form the basis for these. Detailed proposals for s75 agreements will be developed for sign off on the basis of the areas for joint working in the strategy.
  - have regard to (i) the Secretary of State's annual "Mandate" to NHS England. The NHS Mandate is structured around five key areas where the Government expects the NHS Commissioning Board to make improvements:
    1. preventing people from dying prematurely
    2. enhancing quality of life for people with long-term conditions
    3. helping people to recover from episodes of ill health or following injury
    4. ensuring that people have a positive experience of care
    5. treating and caring for people in a safe environment and protecting them from avoidable harm.

Each of these is considered explicitly in the Strategy. The success of the mandate is being measured through the NHS Outcomes

Framework which is also the basis of performance measures in the strategy.

- involve Local Healthwatch on a continuous basis. Wiltshire Involvement Network (the predecessor body) helped with the consultation event and Healthwatch Wiltshire Board had the opportunity to comment on early drafts of the document together with consultation results. Healthwatch will also be involved with the revision to the JSNA and the next draft of the strategy
  - involve the local community: as detailed above the strategy has been subject to wide-ranging consultation.
28. The Council must publish the Joint Strategy. The Joint Strategy will be published on the Council's website once it has been formally adopted.
29. The Council and the CCG (acting through the Board) must have regard to the Joint Strategy in exercising any functions. The Strategy will form the basis of future joint working and joint commissioning.

### **Options Considered**

30. Options considered including not undertaking the work but this would mean the Board would not have in place a joint strategy as required.

### **Conclusions**

31. The Board is asked to note the consultation findings (Appendix 1); adopt the updated strategy (Appendix 2) and agree to review the strategy in 2014.

**Carolyn Godfrey**  
**Corporate Director**  
**(Children's Services)**  
**Wiltshire Council**

**Debbie Fielding**  
**Chief Officer**  
**Wiltshire CCG**

**Maggie Rae**  
**Corporate Director**  
**(Adults and Public Health)**  
**Wiltshire Council**

---

Report Author: David Bowater, Senior Corporate Support Officer, 01225 713978  
2 August 2013

### **Background Papers**

Statutory guidance on JSNAs and JHWSs:

<http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>

No unpublished documents have been relied on in the preparation of this report.

### **Appendices**

Appendix 1 Consultation Findings

Appendix 2 Post-Consultation Draft of the JHWS



## Comments received: Appendix 1

Organisation (if applicable)	What do you think you or your organisation could do to make the strategy a success?
Wiltshire Health Improvement Partnership	The Health Improvement Partnership believes it has a critical role to play in supporting implementation of the Health and Wellbeing Strategy, especially when it comes to those ambitions and activities relating to prevention. It has a leadership role in relation to prevention - and a number of sub groups link in to the partnership with strategies that support such activity. Other comments: The Health Improvement Partnership wasn't entirely comfortable with the style of the ambitions, particularly the use of the personal 'I' and felt a more generic approach to writing these ambitions would be a more appropriate approach Recognised there was overlap between some of the priorities for action
Member of the Public	Engage fully in the development and not be apathetic
Great Western Hospital	Continue to strive to provide Wiltshire Cardiac Patients with a high quality, evidence based Cardiac Rehabilitation service. To encourage patients to make healthy lifestyle choices and lead healthy longer lives.
SW Seniors Network	Work in close partnership with all service providers, help to monitor services. Support Older People in having a stronger voice in the decision making processes that affects their quality of life. Engage and improve lines of communications including desirable consultations processes with older people, such as the Council, NHS/PHE, the Health and Wellbeing Board and also with Health Watch
Wiltshire Police	I work for Wiltshire Police in the area of strategic planning. From this strategy, which is really comprehensive, it is drug and alcohol awareness and Domestic Abuse that are the main areas where close working to tackle the various aspects of these will produce enhanced outcomes.
Salisbury Healthcare Trust Governor	Change from the first person "I" in the 'Healthy Ambition' column to a less patronising 'To' goal.
MS Individual	Personally as a direct self funder aged over 75, living alone and independantly with secondary MS I would like more infomation about the availabilty of PAs and private carers.
Provider	Encourage independance and involvement in the decision making
Member of the Public	I am already involved in providing a programme to give information to help families live healthier lives. extend this programme to other organisations/employers etc. I also work as a volunteer bereavement counsellor.
Care	Being inolved in a structural, long-term service provision for people with mental health needs that is offered throughout the county and which becomes firmly established over time; this for those people who are both in employment and struggling as well as those who are not in employment.

Headway Salisbury and South Wiltshire	Headway Salisbury and South Wiltshire can help with support programmes with drop in and advice services for people with acquired brain injury, their families and carers. As a specialist Group and the only one that provides support for people with a brain injury in South Wiltshire we should be considered as 'best value'. We help clients with spotting health problems which leads to reduced hospital visits etc
Member of the Public	Be honest.
West Wiltshire Multi Faith Forum	those involved in delivery can come to meetings/events to make people aware of Health and Wellbeing. WE would be happy to discuss how the group can help depending on resources/capacity
multi organisations	To have opportunities for all people whether young, poor, disabled, uneducated, old or with mental health can participate, valued and be respected in our community. with us all helping each other in terms of work, social, emotional, physical and spiritual ...so really we need to form a working village or community.
Housing	Strengthen the understanding and contribution of the role that regulated housing providers ( especially housing associations ) can make to the delivery of the strategy. Good quality , warm , safe and scure well managed housing should be a cornerstone of the health and well being strategy.
Devizes Community Area Partnership, Transport Group	Help with accessibility and personal travel planning.
	I believe the strategy is too focused on cancer with little or no consideration to other high impact disease groups such as diabetes and in particular renal where there is very limited local access to secondary care resources and thus more local and primary care needs to be considered. These are long term high costs areas which have big impact on health and wealth being of patients and their carers.
Officer	Ensure joint working is productive for the benefit of the customer.
arts together	isolation and lack of mental stimulation are highly detrimental to health and wellbeing. Arts together offers both meaningful stimulation and the opportunity to make lasting friendships. Our service has been proved to work.
multi sensory art project	Following and working with the community nursing teams, I could make this strategy a success by being commissioned to bring art ,creativity and complementary therapies into homes to introduce all the information needed, reducing isolation in a fun ,caring and supportive way.

British Red Cross	British Red Cross are committed to developing services which provide short term practical and emotional support to people in, or at risk of crisis, in order to prevent unnecessary hospital admissions. Examples of their work include; Hospital discharge Hospital prevention - both in the community and operating from A&E departments Carers support services Emergency Response First Aid learning and community resilience Dementia support services Short term medical equipment loan Therapeutic Care Home risk assessment - for factors such as fire, falls, warmth, isolation services can be publically or privately funded
Individual	There is nothing in the strategy to encourage people of all ages to cycle and walking instead of using cars. This is particularly important for those who live within 3 miles of where they work. Fewer cars means better air quality, more people cycling and walking to work or for recreation means less demand on NHS services. All school children should receive Bikeability training for 3 consecutive years.
Member of the Public	Link up with people carers charity helpers who know the issues and problems and how to get actions done rather than always words and surveys being created
GP Surgery	Greater access and input to district nurse and social services for our patients
GWH NHS FT	Work in partnership with other agencies and professionals to support intergrated working and to meet the priorities of the health and wellbeing strategy.
Community First	Community First are very interested in supporting the strategy and action plan - especially where there is a rural context, children and young people and military families. We are currently writing our 3year Community Health and Wellbeing strategy in terms of priorities from a rural context which will hugely compliment the health and Wellbeing strategy.
	Take part in planning and delivering this ambition. I work in 2 healthcare environments seeing people from across Wiltshire, encouraging safe mobility and helping to maximise participation.
Age UK Wiltshire	Support older people to live healthily (prevention) by offering tailored physical activity programmes for older people and provide key health messages such as falls prevention.
Children and Young People	Having staff who are well trained and able to offer a high quality of help and advice to parents/carers and young people to ensure early intervention to support health needs and encourage healthy choices.
Splitz Support Service	We can be actively involved at a practical or strategic level in support of reducing domestic abuse
Member of the Public	I will go to various club to keep fit and healthy as a drop in. I go to church sometimes

Salisbury Walking for Health	The emphasis is on the right care and support and little on basic overarching aims throughout life such as the right to a warm home, clean air and access to greenspace. Any reference to active travel in the form of walking and cycling is missing. Little is said about the importance of access to greenspace. Green gyms and conservation work is mentioned but Walking for Health, recognised as one of the best forms of exercise and also free, is not. One target would be to achieve NE greenspace standards of access to local greenspace and high quality, well maintained footpaths close to where people live. A high quality natural environment leads to healthier lives.
SW Veterans Advisory & Pensions Committee	The strategy appears to be quite comprehensive and seems to cover the relevant issues. Given the large Armed Forces and Veteran Community in Wiltshire, we would like to see something along the AF element on page 8 repeated in some way in the "Pre-natal, pre-school and school" section starting on page 6 and in the "Retirement and Old Age" section starting on Page 12. The VAPC would like to be able to help in any way possible in relation to the Armed Forces and Veteran Community. Please do feel free to contact us. With best wishes Stephen Coltman Chairman
Sustrans	Sustrans is already working with public health delivering a project to tackle obesity by encouraging people to walk or cycle, especially focusing on the school journey. Working with schools- the target groups are pupils, parents and teachers. We aim to make the school commute safer by reducing the number of cars outside the school gate and promoting active travel, car share and park and walk sites. There is a range of evidence and support in NICE guidance as well as local Wiltshire figures from the project.
Member of the Public	Take responsibility for keeping ourselves fit. Make GPs focus on preventing ill health ie by early intervention with arthritis so people remain mobile and fit. Help push for a national Health service not a national illness service. Have national not local standards
Sustrans	The SUSTRANS Volunteer Rangers maintain the marked long-distance cycle routes that criss-cross Wiltshire. In addition, my local group based on Salisbury also maintain the Golden Way, a 7.5 mile circular route that is ideal for commuting to schools, work and recreational use. This voluntary work encourages people to get cycling as part of their daily lives. We also publicise through marketing material and talks the work of SUSTRANS and we complement the Bikeability scheme which gets children cycling proficiently.
Salisbury NHS Foundation Trust	Salisbury NHS Foundation Trust would like to endorse and support this strategy which is clear, focused on promoting good health in its widest sense and based on clear outcomes. SFT is keen to work with commissioners and providers to develop innovative services across health and social care which will promote independence and ensure patients are cared for in the most appropriate setting. As an organisation we would like to see greater emphasis on reducing harmful drinking in adults and would like to contribute to the general health promotion agenda wherever and whenever appropriate.

Great Western Hospitals NHS Foundation Trust	Support the implementation of the Child Obesity Pathway and the Adult Obesity Pathway (the latter missing from this document). The activities listed to tackle excess weight in adults (PH OF 2.12) are those which aim to increase activity only - there is no mention of any that involve changing diet and eating behaviour. NICE guidance (2006) makes it clear that multicomponent programmes are the most effective in addressing existing overweight and obesity - increasing activity/exercise or reducing sedentary behaviour alone is not sufficient.
Trowbridge Town Council	Support charities and other organisations who are contributing to making this strategy work
WSTP	As a Wiltshire wide tenant group we are the voice of tenants across Wiltshire. We also have many local tenant's panels across Wiltshire that residents or tenants are able to access and have a voice.  Housing needs more mention. Concerned that housing does not seem to be a key partner agency on the health and wellbeing board
Sustrans	In 2 specific areas: Page 6 "I eat well and get enough exercise"; page 8 "I have access to a range of opportunities for physical activity, including outdoors"  The Bike It Plus project works with schools, parents and teachers to increase the number of people walking and cycling as part of the obesity reduction program. We focus on the school journey but also encourage walking, cycling and scooting out of school and are giving pupils a skill for life in being able to choose to walk, cycle or use public transport with the skills they have gained.
Officer	In this draft strategy there is no mention of the impact on, and risks to health and wellbeing, of being a victim, or a perpetrator of crime or anti-social behaviour. I would very much like to see inclusion of a reference to this in all stages of life. Involvement in crime or ASB often runs parallel to other disadvantage and equalities - for example a high % of males in prison have additional learning needs, consequently low literacy, and frequently dependencies in substances/alcohol. It would be good to see some reference therefore to the interconnection of crime and asb factors in health and wellbeing of the Wiltshire population.
Transport Group, Devizes CAP	If walking and cycling are to contribute to a town (or village's) health and well-being the total walking and cycling environment needs to be properly considered. You have already mentioned marketing and promotion. In addition to these we would like to see you include: <ul style="list-style-type: none"> <li>• 20mph speed restrictions for town centres and all residential areas</li> <li>• 30mph for all village roads and lanes</li> <li>• Confidence building separated cycle lanes, clearly sign posted quiet roads</li> <li>• Access to the countryside along bridleways adapted for cycling</li> <li>• Travel plans with targets and timetable for traffic reduction</li> <li>• Buses and lorries using alternative fuel</li> <li>• Pavements that are wide enough for prams/buggies/trolleys to pass</li> <li>• Ease of crossing the road to a bus stop, shops, leisure centres etc</li> <li>• High quality maps for best routes and signage for wayfinding</li> </ul>

	<p>Legal exceedences in air pollutants which mainly come from local traffic fumes are a worrying cause of ill-health. The pollutants are known to be particularly damaging to young children as well as those with asthma, heart and lung disease. Therefore the right to clean air should be clearly stated.</p>
--	---

It is well known, but needs re-iterating, that the traffic problems we currently face are symptoms of transport policy failure over many years. The main weakness we see is that Wiltshire Council no longer has officers dedicated to walking, cycling and encouraging smarter choices. However we are aware of NICE's recent public health guidelines on walking and cycling and would like to draw your attention to their advice about nominating a senior member of the public health team to promote and oversee walking and cycling.

Longer submissions (available on request) were also received from:

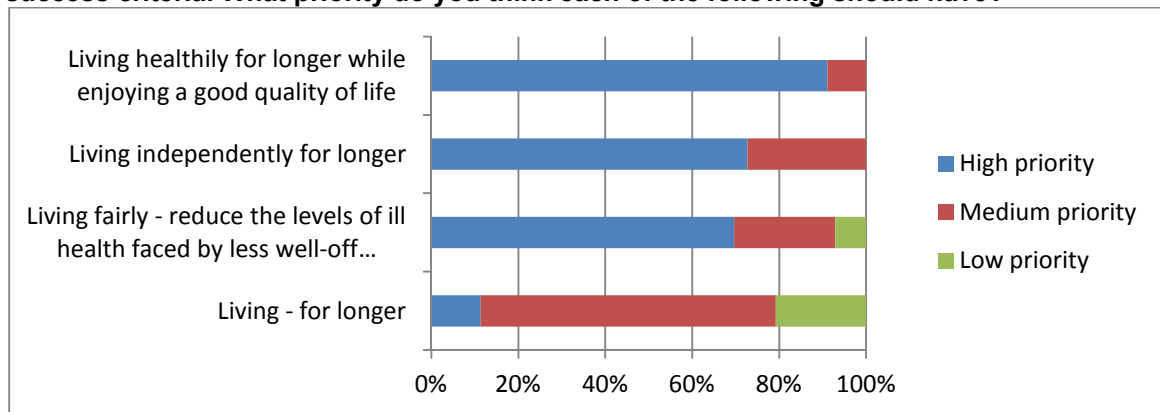
**Wiltshire and Swindon Local Nature Partnership:** Asking for emphasis on - air quality; walking, cycling and access to green space; adapting to climate change; production of Green Infrastructure Strategy to improve access to green space in deprived areas which is needed to deliver the benefits outlined in the JSA topic report; the scope for expanding structured service provision such as organised walking and running groups.

*Transport Theme Lead, Salisbury City Community Area Partnership:* Mainly focused on NICE public health guidance 41 "Walking and cycling: local measures to promote walking and cycling as forms of travel and recreation"

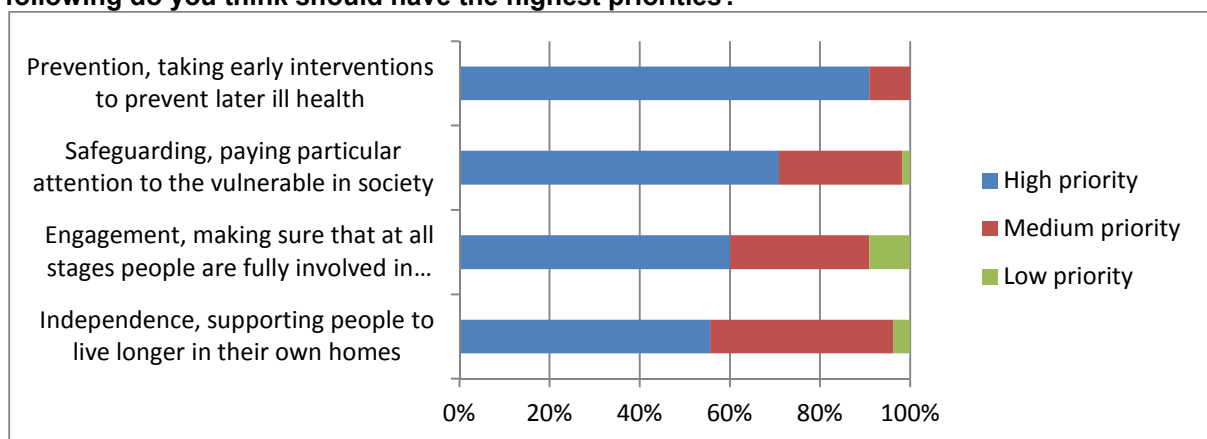
**Cycling Opportunities Group for Salisbury:** Mainly focused on NICE public health guidance 41 and the need for a senior member of the public health team to promote walking and cycling. Emphasis on active travel and offering involvement in implementing any strategy promoting active travel by helping to provide information on cycling, cycle routes and by leading cycle rides on the routes around Salisbury.

**Wiltshire Money:** There are substantial links between the financial situation of an individual and his or her mental and physical health and wellbeing. One in four people has a mental health problem; one in four people with a mental health problem is in debt; One in two people in debt has a mental health problem. Taking preventative action to support people to live healthily can include support to develop financial capability.

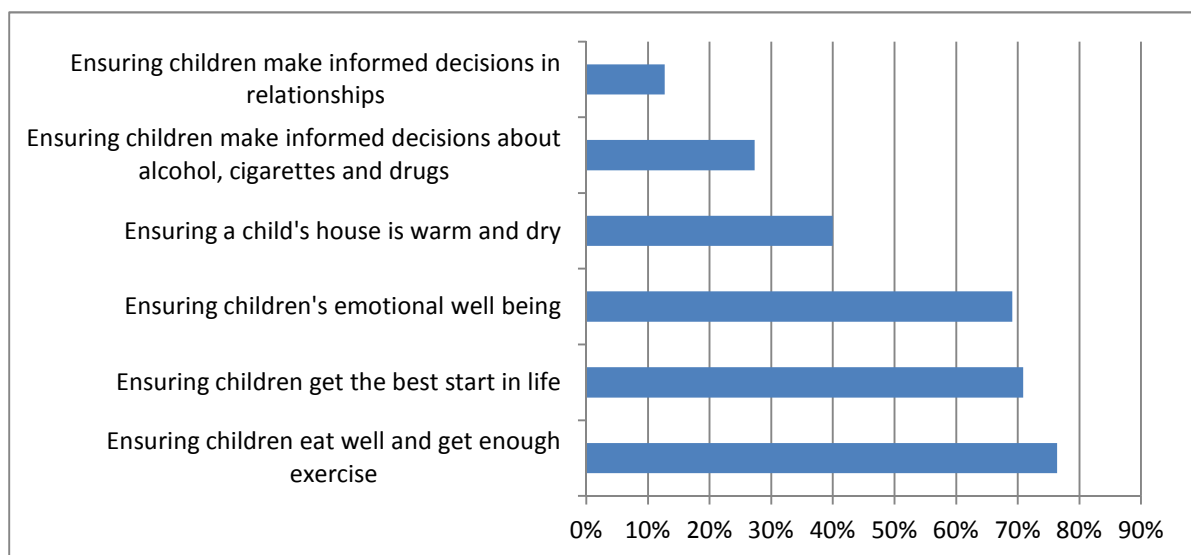
**Q1. Wiltshire's draft Joint Health and Wellbeing Strategy sets out four overarching success criteria. What priority do you think each of the following should have?**



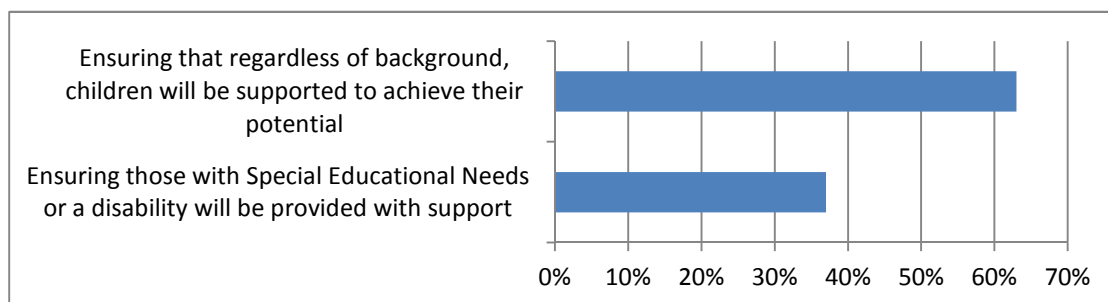
**Q2. The strategy embraces a number of cross cutting themes that underpin all the activities. Are the cross-cutting themes in the strategy the right ones? Which of the following do you think should have the highest priorities?**



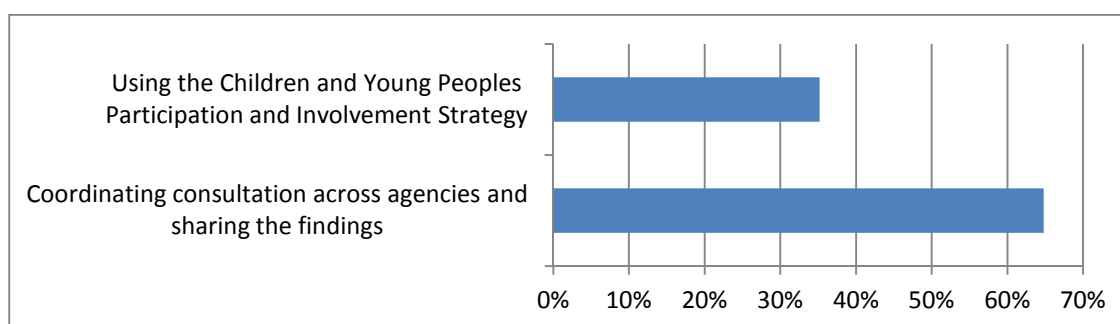
**Q3. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the prevention theme do you consider the priority for more resources? (Please tick three boxes only)**



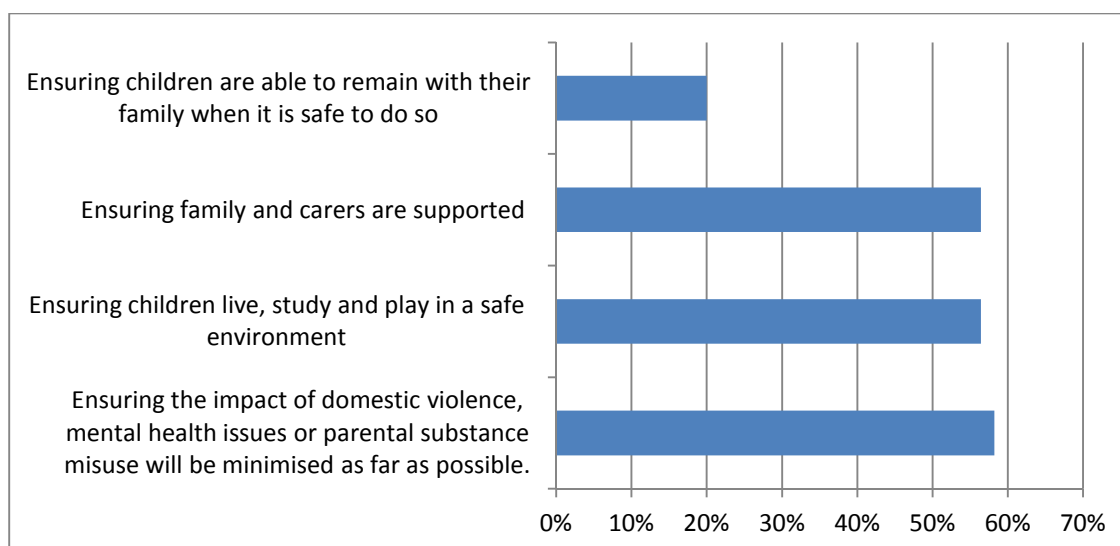
**Q4. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the independence theme do you consider the priority for more resources? (please tick one box only)**



**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)**

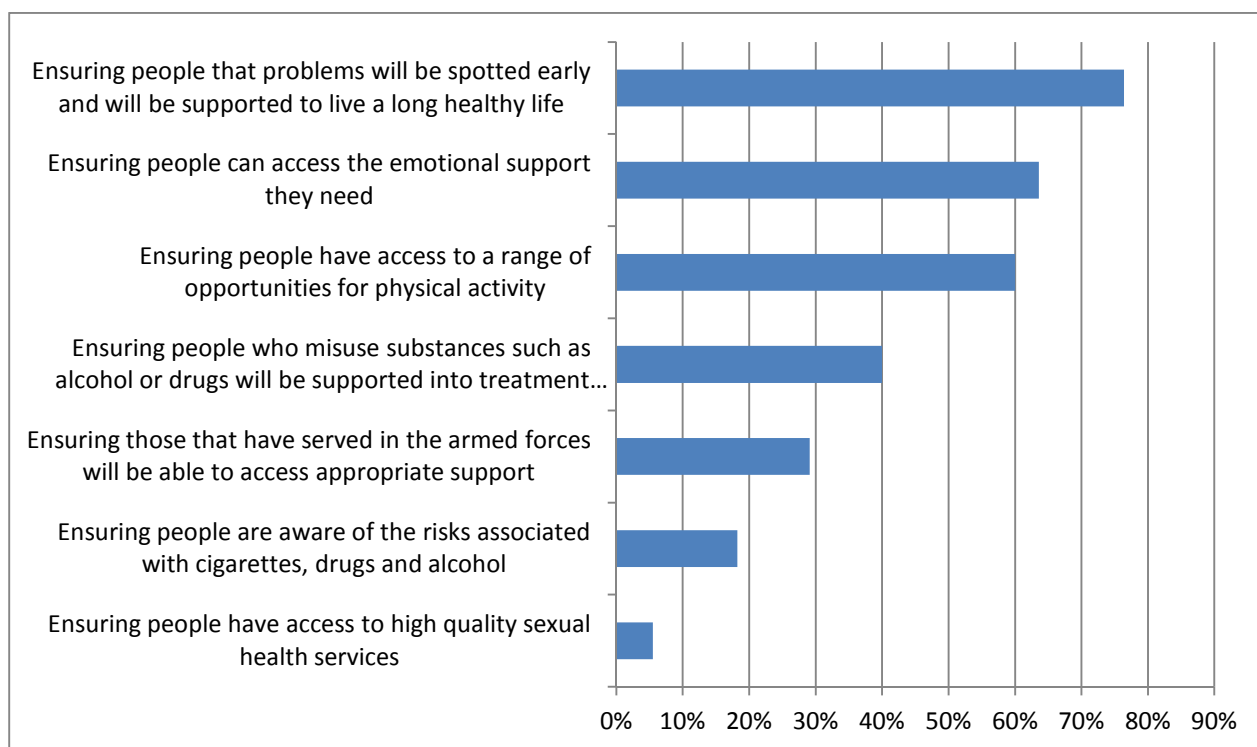


**Q6. Considering the ambitions and activities set out in the pre-natal, pre-school and school life-stage, which area under the keeping safe theme do you consider the priority for more resources? (Please tick no more than two boxes)**

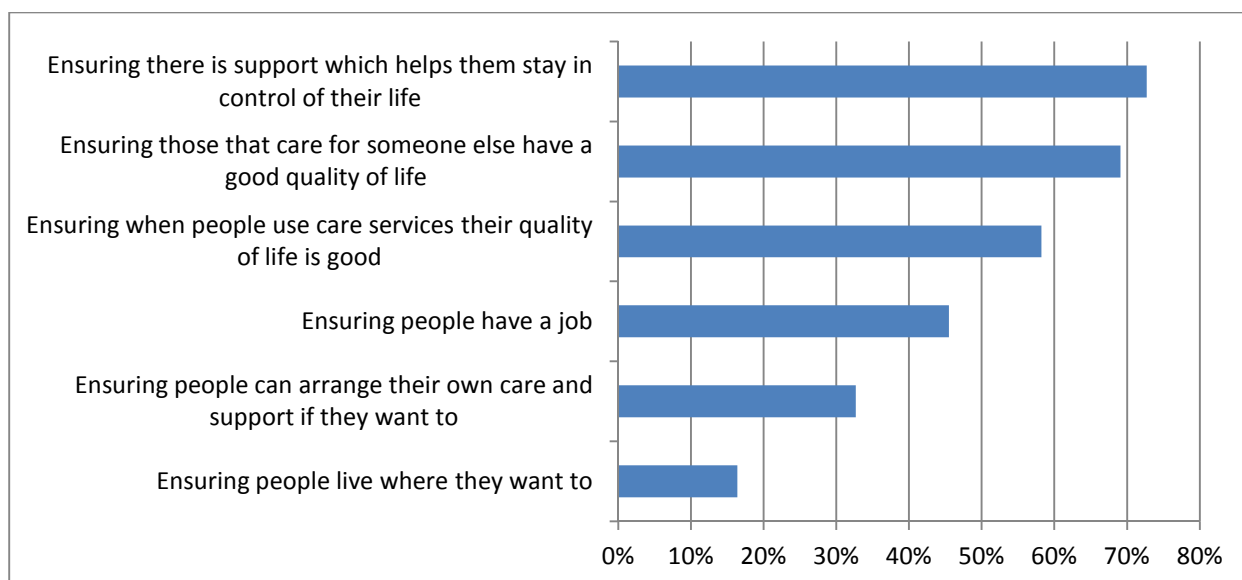




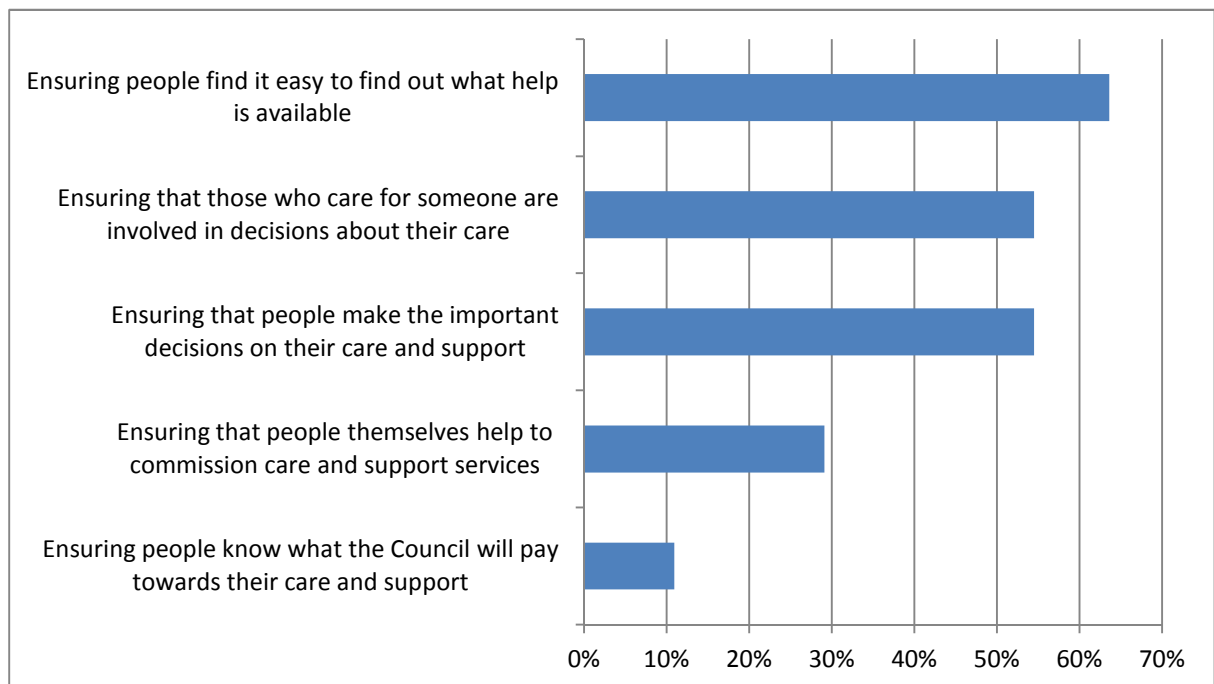
**Q7. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the prevention theme do you consider the priority for more resources? (Please tick no more than three boxes only)**



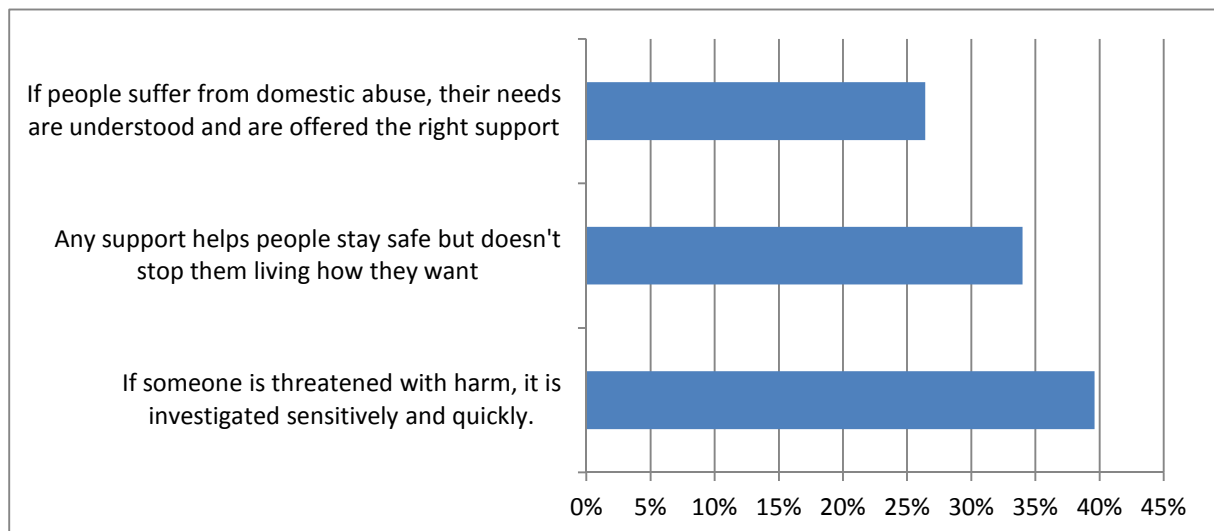
**Q8. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the independence theme do you consider the priority for more resources? (Please tick no more than three boxes)**



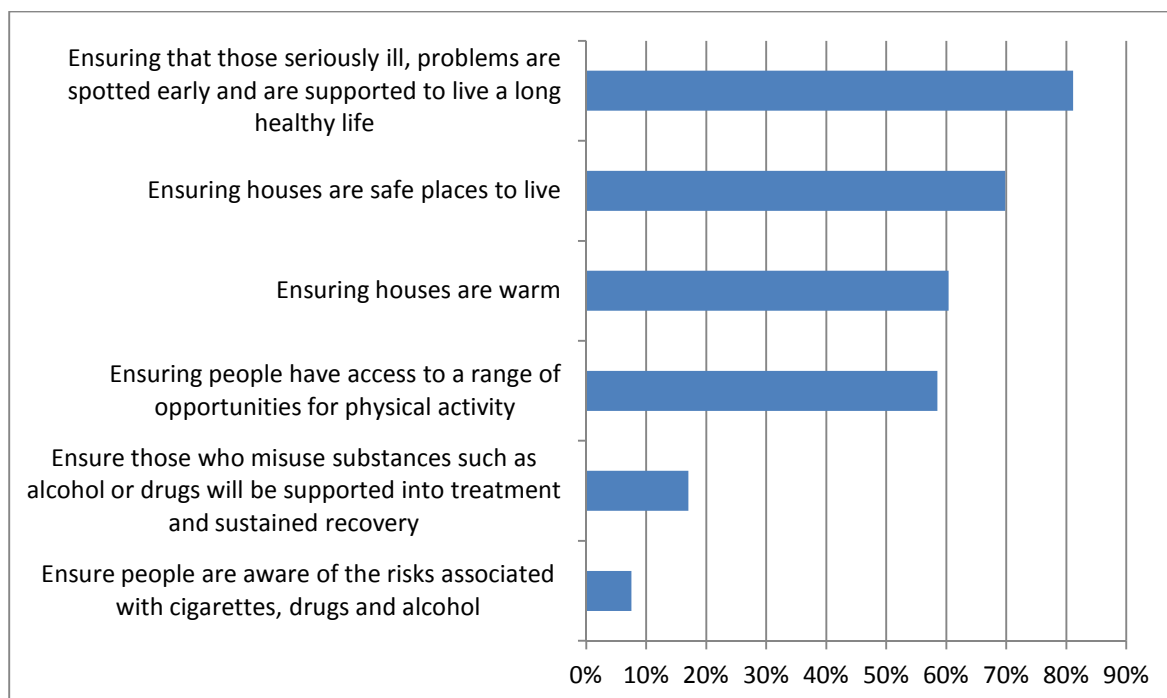
**Q9. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the engagement theme do you consider the priority for more resources? (Please tick no more than two boxes only)**



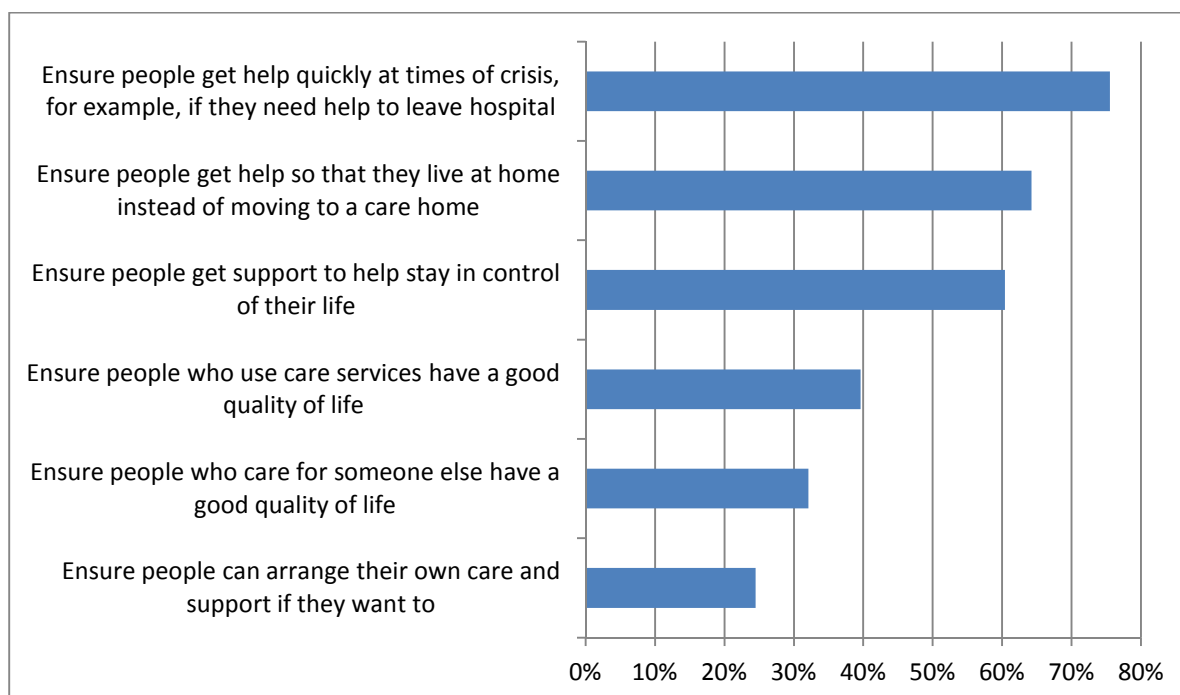
**Q10. Considering the ambitions and activities set out in the training, employment and family life-stage, which area under the keeping safe theme do you consider the priority for more resources? (Please tick one box only)**



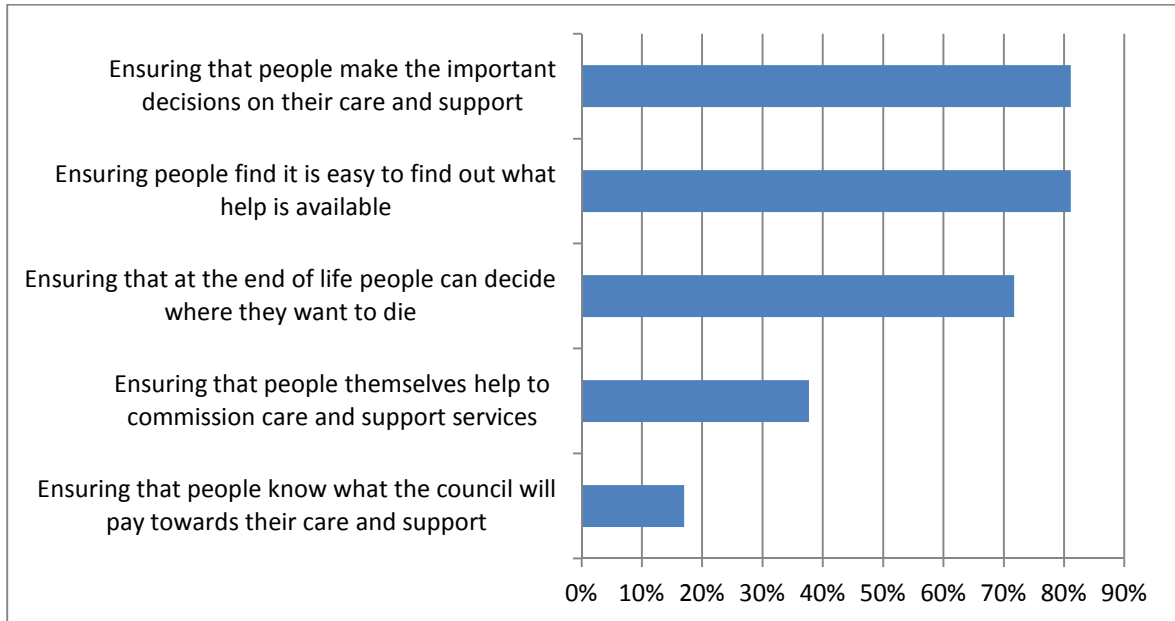
**Q11. Considering the ambitions and activities set out in the old age and retirement life-stage, which area under the prevention theme do you consider the priority for more resources? (Please tick no more than three boxes only)**



**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)**



**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)**



**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? (Please tick one box only)**

