Salford City Partnership

Salford’s Health and Wellbeing Board
Annual Review 2015/16
August 2016
FOREWORD

Ian Stewart, City Mayor

I was honoured to be Chair of Salford’s Health and Wellbeing Board in my final year as City Mayor of Salford City Council. It was inspiring to see the commitment and creativity of a group of partners without whom Salford could not have undertaken such an ambitious programme of health and social care transformation. We have made considerable progress together as a Board.

In 2015/16 our Board members continued to demonstrate the strong commitment to partnership working which has enabled Salford to be at the forefront of innovative organisational practice for the provision of health and social care.

We have produced a Locality Plan which provides a blueprint for the future of health and wellbeing in Salford. An independent assessment of this Plan highlighted that it was the best developed of all 10 Greater Manchester locality plans and acknowledged the mature and productive nature of our partnership working. Our Locality Plan was found to more than meet the peer challenge recommendations and we are seen as leaders in the Greater Manchester.

Cllr Lisa Stone (Assistant Mayor for Health and Wellbeing),

Dr Hamish Stedman (Chair of Salford’s Clinical Commissioning Group)

Vice Chairs

We are pleased to report the Board’s successes in 2015/16, which show the strength and depth of partnership co-operation and integration which have most recently been demonstrated in the setup of an Integrated Care Organisation (ICO) – Salford Together. Our ICO brings together Salford Royal Foundation Trust, council, CCG, mental health and primary care services delivered to older people.

The first health devolution ‘deal’ for Greater Manchester was signed in February 2015 in which this Health and Wellbeing Board has been strongly represented. Greater Manchester and NHS England announced groundbreaking plans around the future of health and social care with a signed memorandum agreeing to bring together health and social care budgets – a combined sum of £6bn. We look forward to the opportunities that this presents for the Board to tackle some of the most serious and enduring health inequalities in the country.

The Board has been pleased to work with other partners such as the community and voluntary sector and blue light services in particular the Critical Response Intervention Team pilot which promotes the reduction of risk whilst also providing a response to high volume, low priority calls, such as falls in the home and incidents relating to mental capacity.
EXECUTIVE SUMMARY

Salford’s Health and Wellbeing Board’s Annual Review of 2015/16 contains a summary of the business, achievements and progress made towards the Board’s three main responsibilities in its third year of statutory operation. The report is intended for Board members and stakeholder organisations for assurance purposes, and contains evidence to show whether the Board is achieving what it set out to do and is meeting its statutory responsibilities.

Key responsibilities - the Health and Wellbeing Board should:

- Understand and use health and wellbeing needs, inequalities, risks and assets locally, to
- Determine priorities for local action, and
- Promote integration and partnership in addressing these priorities and delivering services.

The Board has an ambition –

- To improve life expectancy in Salford so that the gap between Salford and the UK average is reduced
- To improve health and wellbeing at every stage of life

The Board has continued to develop its understanding of the needs of the residents of Salford with new data profiles of neighbourhoods and wards and analysis of the requirements of specific groups as part of the Joint Strategic Needs Assessment.

The priorities for Salford are explored in detail in the new Locality Plan for the city developed in partnership with Board member organisations. Greater Manchester assessors found our Locality Plan to be one of the best in the city region.

Further work was undertaken in 2015/16 to progress the integrated model of care for older people in the City ready to launch in July 2016. The aim is to provide holistic care for older citizens, with a greater focus on prevention, planned and early care, reducing duplication and fragmentation of services. The council, Salford Royal, CCG and GM Mental Health are working in partnership to deliver the new service through an integrated care organisation – Salford Together.

Our ambition as a Board is to reduce the gap between life expectancy in Salford and that for all England. Life expectancy in Salford is increasing year on year but is still lower that the England average. The gap between Salford and England averages is static. In addition the inequalities between those living in different parts of Salford are increasing, with gaps of 11.5 years for male and 9.1 years for female life expectancy between the most deprived and the least deprived parts of the city.

The work of the Board is not just concerned with adults and older people. There are just over 81,000 children and young people aged under 25 years old in Salford; one third of the population. A 0-25 integrated support programme commenced in early 2015. This programme includes reviewing and redesigning provision and commissioning of services and seeks new ways of supporting communities to raise aspirations for the 0-25 age range in Salford. The principle of this initiative, working across partners, is to align the whole-system resources, including community assets, with achieving the right outcomes for young people and their families, moving away from historical, cultural and organisational constraints. It includes Midwives, Health Visitors, GPs, and Children’s Centres, and services should engage with families as soon as possible, ideally during pregnancy.
In 2015/16, the achievements of the Health and Wellbeing Board have included:

<table>
<thead>
<tr>
<th>What the Board has done</th>
<th>What happened as a result</th>
<th>The difference that this is starting to make....</th>
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<tr>
<td>Put in place arrangements for the implementation of the Integrated Care Programme for older people.</td>
<td>The programme will provide a more joined up way to support and deliver care for older people. The integrated care model was tested and refined in Swinton and Eccles. The successes and challenges of implementing integrated care in these areas has been fully evaluated and local citizens have been engaged to help us develop the model and shape various aspects of integrated care, in particular, shared care plans.</td>
<td>The Integrated Care Organisation, Salford Together, which will deliver the programme, started operation on 4 July 2016.</td>
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<td>Developed a Locality Plan for Salford</td>
<td>We have produced a Locality Plan which provides a blue print for the future of health and wellbeing in Salford. The Health and Wellbeing Board led this work and a peer review of the plan by other Greater Manchester authorities acknowledged the mature and productive nature of our partnership working.</td>
<td>Our Locality Plan was found to more than meet the peer challenge recommendations and we are seen as leaders in Greater Manchester.</td>
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<td>Disabled Children’s Charter: The HWBB has a duty to ensure that the needs of disabled children are analysed, articulated effectively and met.</td>
<td>The Disabled Children’s Charter was signed by Cllr Merry assistant mayor for children’s services and City Mayor Ian Stewart.</td>
<td>The Charter sets out how the council is aware of and addressing the needs of disabled children in the city.</td>
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<td>Published research which focused on 0-25 services, cancer needs assessment, end of life care plus place based research covering the makeup of wards and neighbourhoods</td>
<td>A better understanding of the wellbeing and health characteristics and needs of particular citizens or the citizens in particular parts of the city which can inform commissioning decisions.</td>
<td>The results of this research are available on the internet to enable services to be tailored to meet particular needs.</td>
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Nationally, the Health Profiles published by Public Health England show how Salford compares with the rest of the country:

This is our baseline taken from our first year of statutory operation.

2012 Health Profile:

The general trend is improvement across the basket of indicators although progress is still required in certain areas.

2015 Health Profile:

Joint Health and Wellbeing Strategy

The following pages contain an analysis of performance against the priorities of Salford’s Joint Health and Wellbeing Strategy.
### Joint Health and Wellbeing

<table>
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<th>Strategy measure</th>
<th>Baseline</th>
<th>Current status</th>
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<tr>
<td>Life expectancy</td>
<td>Life expectancy – female 2012 = 79.9</td>
<td>2012-2014 = 80.7뭣&lt;sup&gt;+&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>Life expectancy – male 2012 = 74.8</td>
<td>2012 - 2014 = 76.7莉&lt;sup&gt;+&lt;/sup&gt;</td>
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<tr>
<td>Infant mortality</td>
<td>Infant deaths 2012 = 6.0/1,000</td>
<td>2011-2013 = 3.9/1000 Ventures</td>
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### Priority 1 – BEST START IN LIFE

| 1a. Promoting healthy weight at primary school age | Baseline: 21.0% Salford (2011/12)                                          | 21.3% (2014/15)                                                              |
|                                                  | Aim: Reduce Year 6 obesity overall, and also reduce differences between neighbourhoods | X Worse than the average for England. Changes have been made to Public Health services in order to prioritise this issue. |

| 1b. Increasing breastfeeding initiation          | Baseline: 58.2% 2012-13                                                   | 61.8% (2014/15)                                                              |
|                                                  | Aim: Increase breastfeeding initiation to 61% (March 2014) and 64% (March 2015) | X Below target and below the England average by 12%.                           |

| 1c. Reducing teenage conceptions                | Baseline: 57.9 (Salford 2010)                                             | 31.3 (2014)                                                                  |
|                                                  | Aim: reduction of 5% year on year                                         | ▼ There has been a 38% reduction over the last 14 years.                       |

### Priority 2 – WELLBEING - leading a healthy lifestyle, supported by resilient communities

| 2a. Provide more effective joined up systems and services to support the wellbeing of people who are vulnerable | Baseline: 2,381 crimes in 2012/13                                          | 3,475 (2015/16)                                                             |
|                                                                                                             | Aim: Maintain and improve on current % reduction                            | X Representing an 18% increase on the previous year, due in part to improved reporting. |
| 2b. Positively influence individual and neighbourhood health and wellbeing                                 | Baseline: 1,012 admissions per annum / 100,000 population (2011/12)          | 919 per 100, 000 (2014/15) against a target of 939 per 100,000 (2014/15)       |
|                                                  | Aim: Maintain a 1% reduction per year.                                    | ▼ Admissions have been steadily reducing year on year.                        |

### Priority 3 – ACCESS TO CARE – accessibility of quality health and social care, and its appropriate use

| 3a. Timeliness of access: Take up of NHS Health Checks programme by those eligible, joint new initiatives to increase uptake | Baseline: 100% of annual cohort invited, 30% received Health check (July 2013) | 7,614 people invited                                                        |
|                                                                                                             | Aim: Year on year improvement with a target to achieve 75% uptake by 2016, retaining the level of checks offered | 4,624 people received, 61%                                                  |
| 3b. Ensuring people feel supported to manage their condition                                             | Baseline: to be established through the work plan                           | ▼ Overall numbers invited for health checks are down compared to last year but the proportion of those invited who received a health check has increased to 61% (up from 56% last year 2014/15). |
|                                                  | Aim: increase the proportion of people reporting that they feel supported to manage their condition | A variety of measures have been used specific to long term conditions         |

| 3c. Enhanced quality of life for carers                                                               | Baseline: 1. 4,790 (Carers Centre database Sept 2013) 2. 79.2% (Carers Survey 2012) | 1. 6,932 (Carers Centre database 2016)                                      |
|                                                  | Aim: Increase the numbers of carers identified and referred to the Carers Centre by a minimum of 5% per annum. Increase in satisfaction to 84.2% by 2015 | 2. 78%, Survey of carers in 2015/16                                         |
|                                                  |                                                                                   | ▼ There has been a 45% increase in the number of identified carers and evidence of strong partnership working. |
|                                                  |                                                                                   | X A slight reduction in carer satisfaction and the target was not met.        |
Background

This report contains a review of the third year of operation of Salford’s statutory Health and Wellbeing Board. It is intended for assurance - used by the Board and its partner organisations to understand whether it is achieving its purpose, and to inform the planning of the Board’s business and work plan for 2016/17.

The scope of this report includes the activities and discussions of the Health and Wellbeing Board and its sub-groups when carrying out Board business. Findings included can be directly attributable to the actions of the Board and its members.

Chaired by the directly elected City Mayor of Salford at the time, Ian Stewart, the Board brings together a wide range of partners from the City Council, Clinical Commissioning Group (CCG), Health Watch, community and voluntary sector, local providers and employers, as well as NHS England, Greater Manchester Police and Fire and Rescue Services. The following review will explain the purpose and responsibilities of the Health and Wellbeing Board, who is involved, how it is organised, what it has done during 2015/16 and how it has started to have an impact on the wellbeing and health of the citizens of Salford. Links are provided to more information about the Board and its work.

What is Salford’s Health and Wellbeing Board?

Health and Wellbeing Boards are a key element of the Health and Social Care Act (2012) and they are a means to deliver improved strategic co-ordination across the NHS, social care, children’s services and public health. The Boards must assess the needs and assets of the local population, produce a strategy that addresses these needs and builds on any assets, influence commissioning plans of organisations and promote joint commissioning and integrated provision.

In Salford, the Board ‘will be a strong, effective partnership to improve commissioning and delivery of services through an intelligence-led, and evidence based approach. There will be a clear focus on reducing health inequalities and an emphasis on prevention, early intervention and the wider determinants of health. The focus will be on continuous improvement, whole systems approaches, joint accountability, strong leadership, transparent decision-making and outcomes’.

Key responsibilities - the Health and Wellbeing Board should:

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- Determine priorities for local action, and
- Promote integration and partnership in addressing these priorities and delivering services.

The Board has an ambition –

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- To improve health and wellbeing at every stage of life

Vision - the Board has a vision for wellbeing and health in Salford

- To improve health and wellbeing across the city and remove health inequalities.
- To create an integrated system that responds to local needs and assets, and gains public confidence.

1 HWB Terms of reference approved April 2013 http://www.partnersinsalford.org/salfordhwbboard.htm
To empower people to improve their quality of life, improve the long-term health of their communities and promote individual responsibility and behavioural change.

In Salford, the Board’s **priorities** come from the Joint Health and Wellbeing Strategy\(^3\) and are:

- **Ensure all children have the best start in life and continue to develop well during their early years**
- **Local residents achieve and maintain a sense of wellbeing by leading a healthy lifestyle, supported by resilient communities**
- **All local residents can access quality health and social care and use it appropriately**

The Health and Wellbeing Board has agreed a number of **values**, which underpin the way that it intends to achieve its vision and ambition:

- Valuing the assets the people of Salford bring
- Supporting strong and vibrant neighbourhoods that promote health and wellbeing
- Social Justice and tackling inequality
- Health and wellbeing will be everyone’s responsibility
- Partnership and integration of provision
- Prevention and early intervention throughout life
- Quality, Innovation and Evidence-based

**Who is involved in the Board?**

Salford’s Health and Wellbeing Board has the following members\(^4\):

- Salford City Mayor (Chair)
- Executive Lead Member for Health and Wellbeing (Deputy Chair)
- Chair of Salford CCG (Deputy Chair)
- Strategic Director - Children’s Services and Adult Services
- Director of Public Health
- Representative of Health watch
- Additional five elected representatives from Salford City Council
- Additional three representatives from Salford CCG
- NHS England representative
- Chamber of Commerce representative
- Voluntary and community sector representative (Salford CVS)
- Greater Manchester Police representative
- Greater Manchester Fire & Rescue Service representative
- Salford Royal Foundation Trust representative
- Greater Manchester West Trust representative
- Joined in 2015/16 by chair of Salford’s Strategic Housing Partnership

During 2015/16 Board membership has been stable in terms of the organisations represented apart from the addition of the chair of Salford’s Strategic Housing Partnership and the Director of Environment and Community Safety leaving the group.

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\(^3\) Salford’s Joint Health and Wellbeing Strategy

\(^4\) For information on Board members [http://www.partnersinsalford.org/hwbmembers.htm](http://www.partnersinsalford.org/hwbmembers.htm)
Governance

As part of its governance arrangements, the Board has a number of sub-groups as shown in this diagram. The Board delegates responsibilities to the sub-groups to oversee some of its work, including publishing the Joint Strategic Needs Assessment (JSNA), delivering the priorities of the Joint Health and Wellbeing Strategy (JHWS), assurance around health protection, joining up commissioning between the Council and CCG and ensuring effective communication and engagement with the Board’s stakeholders.

The Board is formally part of the Constitution of Salford City Council, and is accountable to the Council’s Cabinet and ultimately the City Mayor. It also forms a member of the Salford City Partnership, feeding into the City Partner Group and leading on Health and Wellbeing issues within the City Plan.

The Board has a group of wider stakeholders ranging from the people of Salford, through the other Boards and partnerships operating in the City, local employers, service providers and regulatory bodies. The Board engages with these wider stakeholders through its sub-groups, through the Board meetings in public which includes an opportunity for questions, and by putting in place a communication and engagement strategy. The diagram below shows how the Health and Wellbeing Board works with other Boards and partnerships to collect intelligence for the Joint Strategic Needs Assessment, deliver programmes for the Joint Health and Wellbeing Strategy and work towards the integration of delivery. Joint work programmes already existing with the Children and Young People’s Trust (around Best Start in Life), Community Safety Partnership (reducing the impacts of violence and alcohol abuse on wellbeing), Skills and Work Board (Workforce Resilience and Wellbeing), Strategic Housing Partnership (Housing and Health programme), and the Salford Safeguarding Children Board (endorsement of the Safeguarding Children Compact).

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5 http://www.salford.gov.uk/constitution.htm
Case study

**Mental Health Recovery & Horticulture service:**

This was previously located at Buile Hill Garden Centre and presented the successful provider with a range of business opportunities from which the City Council wanted to ensure that any profits went straight back into the development of the service and community. The following narrative was included in the specification: ‘Business Development: Social Value. The successful organisation will be expected to identify business and trading opportunities it would intend to develop, identifying the additional investment and revenue this would be expected to attract and, crucially, how this additional revenue and investment would benefit the further development of the Recovery and Horticulture service and the people of Salford.’

Social adVentures, a Salford based social enterprise, won this contract and took up the management of this service at the end of April 2014. They have significant experience in this area which is starting to strengthen and further develop this service and its social value outcomes.

The students enrolled with the open awards in horticulture programme have been learning new skills and have posted some videos on incredible education Facebook page. Garden maintenance teams have been set up with the securing of 4 contracts with local residents. This is the start of a new stream of work where teams will be given necessary training in use of mowers, strimmer’s and other power tools and will support a staff member in the maintenance of gardens.

Since the beginning of the service we have held regular volunteer meetings where we all gather to have updates and engage everyone with the progression of the garden centre and all those who work within it. The peer support model works to support people in activities at Garden Needs providing a supportive atmosphere for people to engage in the service.

New relationships with Cowherds Café and Salford Ranger service has meant that we can offer routes through to further volunteering opportunities or training. We are now offering out-reach work for those volunteers who have the confidence to be more public facing and can accompany our staff members in the delivery of a wide range of work in schools, housing association and local resident’s gardens.

What has the Health and Wellbeing Board done in 2015/16?

The following section provides examples of the work of the Health and Wellbeing Board and its sub-groups which have taken place between April 2015 and March 2016. These listed activities are further illustrated by a series of case studies. The activities are listed under the three main objectives of the Board:

- Understand and use health and wellbeing needs, inequalities, risks and assets locally (*Joint Strategic Needs Assessment*);
- To determine priorities for local action (*Joint Health and Wellbeing Strategy*);
- Promote integration and partnership in addressing these priorities and delivering services.

**Joint Strategic Needs Assessment – the Health and Wellbeing Board has:**

- Reviewed neighbourhood health and wellbeing profiles and published a series of thematic needs assessments relating to key groups within Salford’s population (see examples below). Needs Assessments and other research reports published in 2015/16 include:
• Ward and Neighbourhood Profiles - A set of neighbourhood profiles has been prepared which look at children's services, environment, housing, health and wellbeing plus know your area for each of Salford’s eight neighbourhoods and 20 wards.

• Children’s 0 – 25 Strategic Review – data to support the 0-25 review covering a wide range of information about children and young people who make up a third of the population in Salford.

• Cancer needs assessment - presents cancer data for Salford with the aim to inform future local strategy and actions to improve cancer outcomes in Salford and to reduce inequalities.

• Prevalence and detection of Attention Deficit Hyperactivity Disorder (ADHD) in Salford adults. This assessment provides information on the prevalence of adult ADHD in Salford to inform future service developments to meet needs.

• End of life care needs assessment - describes end of life care and the key factors that influence the care an individual is likely to receive.

 Delivering the Joint Health and Wellbeing Strategy – the Health and Wellbeing Board has:

• Approved 19 individual schemes under the CCG’s Innovation Fund to deliver the priorities of the Joint Health and Wellbeing Strategy.

• Signed the Disabled Children’s Charter.

• Carried out a review of the Health and Wellbeing Strategy 2013-2016 prior to the development of the new Locality Plan. An engagement exercise was carried out over the summer 2015. There was general support for the vision and aspirations of the current strategy plus a feeling that health is everyone’s business. There was also a desire to have more interaction with service users and the public, so that people could see what is happening and be encouraged to get involved

• Developed a ‘dashboard’ of measures and indicators that the Board will use to see whether the Locality Plan is making a difference and achieving what it has set out to do. Projections will be prepared which set targets for the indicators based on the ‘best in GM’.

• The Salford Standard - NHS Salford CCG was developing a set of ‘Primary Care Quality Standards for General Practice which described the level of care that Salford patients should expect’.

• Board members agreed to endorse the evidence about the Living Wage produced by the Institute for Health Equity and that the Living Wage and its benefits should be acknowledged within the Board’s strategy and Locality Plan.

 Integrated and partnership working – the Health and Wellbeing Board has:

• Led on the development of the Locality Plan which was well received by the Greater Manchester assessors. The Board noted the need to set clear outcome measures, and were shown arrangements for them to take part in the selection of outcome measures for the Plan. Furthermore, it was noted that Salford’s transformation work streams would be accurately reflected in the Plan.

• Supported work towards achieving the aspirations of the city to become age friendly and agreed to work collaboratively to act as ambassadors for the Age Friendly City approach.

• Agreed to support the National HIV ‘Halve It’ Campaign on 18th March 2015 which aims to halve late diagnosis and halve the people living with undiagnosed HIV in Salford. It was agreed that the importance of HIV testing should be publicised amongst their staff and networks.
Continued the pilot of the Community Risk Intervention Team involving Greater Manchester Police (GMP), Greater Manchester Fire and Rescue (GMFRS) and the North West Ambulance service. The team pilot built on the successful prevention work carried out over the last 10 years by GMFRS by providing specific home safety advice to those identified as being at higher risk from fire, falls, burns, crime and poor health, and fitting equipment to reduce that risk. This preventative approach helps to reduce demand for all three emergency services and adult local authority social care services. As well as providing a prevention service, they also responded to calls from GMP involving low level mental health.

Case study

Integrated Care Organisation – Salford Together

*Salford Together* is a partnership formed between the City Council, Clinical Commissioning Group (CCG), Salford Royal and Greater Manchester West Mental Health NHS Foundation Trusts, working closely with General Practice that has a shared vision, leadership and individual track record of delivering excellence. Awarded Vanguard status by NHS England, Salford Together’s work aims to extend the existing programme of integration for older people to the entire adult population, with integrated care and services deployed on an asset based approach through a Salford-wide locality model. These changes will be enabled and supported through the creation of an Integrated Care Organisation, bringing together responsibility for adult health and social care provision through a prime provider model. Importantly, this will operate within the context of a much more integrated care system, underpinned by collaborative decision-making, whole-system transformation and the co-commissioning of services. Given the need to significantly improve outcomes, this will require innovation and experimentation - testing different model of care and funding across the health and social care economy.

Furthermore, significant ongoing work streams are ongoing around the “*Salford Standard*” for Primary Care which will include incorporating and localising standards from the Greater Manchester community based care standards, in order to improve the quality of provision in primary care; as well as our aspiration that general practice will operate on a larger scale, possibly on a federated basis at neighbourhood level, and will work in a more integrated way with other services, with general practice being at the hub of local communities and networks of services.

As part of the national [acute care collaboration Vanguard](#) programme, Salford Royal and Wrightington, Wigan and Leigh NHS Foundation Trusts are working together to test the concept that a standard operating model delivers standards-based care more effectively and reliably than current models. This will then be deployed through a Group model of healthcare organisations. This is consistent with NHS England’s Five Year Forward View and Greater Manchester Devolution transformation proposals, recognising that the delivery of high quality, reliable hospital care will increasingly depend upon partnership working and operating at a scale much larger than any single organisation can achieve.
Governance – the Health and Wellbeing Board has:

- Met on 10 occasions during the year, this included 5 strategy discussion meetings and 6 business meetings which are held in public (the May meeting had a strategy and a business section). The public meetings were attended by an average of two members of the public at each meeting including local community and voluntary groups and providers.
- Explored what is changing as a result of implementing the Locality Plan and GM devolution, and agreed to convene a special task and finish group to look at governance and risks associated with the Plan. This will aim to develop and propose the best way for the Board to operate in the future, and will include a review of the purpose and operation of all of the Board sub-groups.
- Discussed updated proposals relating to governance for the first stage of a devolved health and social care system in Greater Manchester from October 2015 (in shadow form) and April 2016 (in final form). We are currently reviewing the implications of the Locality Plan on the governance arrangements surrounding the Health and Wellbeing Board and across the system as a whole.

Peer Challenge

In January 2015, Salford’s Health and Wellbeing Board took part in a national Peer Challenge, which is organised by the Local Government Association and is co-designed with the Department of Health, Public Health England and other health, local government, national and local partners. It aims to help Boards implement their statutory health responsibilities, and involves review of the Board’s operation, partnership working and whether it is achieving its purpose effectively.

Salford’s feedback was extremely positive, and described the Board’s work as being led by ‘highly motivated people with a strong affinity to the place, who understand the big strategic picture and have a strong commitment to improving health and wellbeing outcomes for local communities’. It was noted that the Salford health and wellbeing system is considered to be one of the higher performing across Greater Manchester and that we are working together trusted relationships and exemplary partnership working with evidence of services being joined up and integrated at both the strategic and operational levels.

The Board is thought to have been a good relationship builder and there is widespread recognition of its importance. The report went on to describe an ‘engaging style of leadership’ which is ‘accessible and committed’.

Finally, the Peer Challenge team suggested that we should accelerate work on building community resilience by developing social capital at local levels through targeted support, good communication, community engagement and empowerment.

The Peer Challenge review made a number of key recommendations for the future, and the following table provides an update on progress made towards delivering these recommendations:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action</th>
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<tr>
<td>1. Performance: Show a strong ‘golden thread’ from strategy to action to impact. Show the linkage between the City Plan, the JHWS and the corporate plans of partner organisations. Put in place robust and integrated monitoring, evaluating and performance management arrangements across the system with safe sharing of data and intelligence.</td>
<td>The Board put in place an action plan to take forward the recommendations from the Peer Challenge and incorporate them into the development of the Locality Plan.</td>
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<tr>
<td>Recommendation</td>
<td>Action</td>
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<td><strong>2. Integration:</strong> Accelerate your planned integrated approach to improving health and wellbeing outcomes for the 0-25 age group.</td>
<td>A 0-25 integrated support programme commenced in early 2015. This aims to achieve the best outcomes for children and their families in the most cost effective way possible, enabling all children to achieve their full potential. The principle of this initiative, working across partners, is to align the whole-system resources, including community assets, with achieving the right outcomes for young people and their families. It includes Midwives, Health Visitors, GPs, and Children’s Centres.</td>
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<td><strong>3. Partnerships:</strong> Simplify your partnership arrangements across the council to reduce duplication and ensure there are visible linkages with your strategic objectives, well understood roles and remits and clear lines of accountability.</td>
<td>The Locality Plan provides a clear statement of priorities for Salford and identifies the key roles and responsibilities. Further work is ongoing to develop robust governance arrangements to deliver the Locality Plan.</td>
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<td><strong>4. Engagement:</strong> Strengthen wider community engagement, communication and accountability to the public by making better use of your existing channels and developing new ones. Ensuring you make use of scrutiny, Healthwatch, and your wider VCS to connect with ‘hard to reach’ groups.</td>
<td>The Board has set up a Communications and Engagement sub-group, which is steering work to both engage with stakeholders around the development of the Locality Plan and initiate a new, participatory conversation around health and wellbeing in Salford. An action plan was developed for engagement activities which took place during the year and included the CCG’s patient’s panel, a series of events and meetings with the VCSE, twitter campaign, web pages and a video.</td>
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<td><strong>5. Neighbourhoods:</strong> Develop approach to neighbourhood working, using intelligence to targeting resources to where they are most needed.</td>
<td>Neighbourhood and ward profiles have been produced to inform resource targeting. The Council’s transformation programme on place is exploring how to make best use of community assets and work at a neighbourhood level. Salford’s Collaborative Integrated Neighbourhood approach includes using neighbourhoods as the focus of place-based delivery of health and social care services, serving natural geographical communities of 44,000 to 63,000 people. The development of the Salford standard for primary care will aim for general practice to work in a more integrated way with other services and being at the hub of local communities and networks of services.</td>
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<td><strong>6. Reform:</strong> Capitalise on your position in the wider discussions about health and wellbeing across the sub region and push for public</td>
<td>Senior politicians and managers across all Board member organisations are involved in Greater Manchester devolution discussions and work which</td>
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service reforms that will enable you to achieve your ambitions for integration, prevention and early intervention. Related to this, consider new approaches to developing the workforce across the system and continue supporting system leaders of the future. Enables them to influence work across the city region. A workforce and organisational development strategy is being developed for various organisations across the city to which will help to address the workforce issues. The “Salford Together Workforce Strategy” will support the development of our Integrated Care Organisation and includes all four partners (NHS Salford CCG, SRFT, Salford City Council, and GMW).

Salford has been awarded Vanguard status for Integrated Primary and Acute Care Systems. As part of the national acute care collaboration Vanguard programme, Salford Royal and Wrightington, Wigan and Leigh NHS Foundation Trusts are working together to test the concept that a standard operating model delivers standards-based care more effectively and reliably than current models. This will then be deployed through a Group model of healthcare organisations.

| 7. Celebrate: and promote the excellent work you are doing – become a ‘centre of excellence’ and share your innovations and best practice on the sub-regional, regional and national stage. | Salford’s Health and Wellbeing Board has been recognised across GM for the robustness of its Locality plan and the processes which have been employed to develop it. However, the Board has not rally had chance to celebrate its success. |

Role of Health and Wellbeing Board in developing Salford’s Locality Plan

What worked

The key role of the Health and Wellbeing Board in 2015/16 was to facilitate partnership in development and writing of the locality plan for Salford. The Board ensured that everyone had a say and all could input into the content and design. The focus was very much on partnership in delivery looking at integration and working together.

- **Leadership** - The Board led the process, the success of the plan relies upon strong leaders across all sectors and organisations to make it happen.

- **A strength based** approach was used, so that the delivery of the plan will make use of existing community and local assets. The Locality Plan promotes good practice so that we make use of what works.

- **Partnership in delivery** - The Board looked to build upon existing programmes, services, relationships and joint working through the plan.

- **Strong enablers** have supported the plan such as the focus on IT and voluntary and community sector leadership. Other key enablers include social value (building Health and Wellbeing outcomes into wider activity), financial planning and workforce development have all contributed to the foundations of the plan.
• The plan is also grounded in intelligence about Salford. The development of the plan made use of the latest data, projections and intelligence from engagement so that we value the opinions of patients and public alongside the data. An ongoing part of the development of this Locality Plan has been engagement of stakeholders – partners, service users, patients and wider citizens.
• Focus on reform – the plan encourages really innovative approaches to doing things differently.
• The Board learned from the Peer challenge and has used its findings as a mandate for improvement.

What could be improved?

• The Greater Manchester Assessment rated our Locality Plan highly but did mention that the plan needed to show stronger links with the Greater Manchester programme.
• The assessors noted that key measures of performance needed to be linked more closely to the financial framework and felt that a more detailed implementation plan would be useful particularly in the first two years.

These two issues are currently being addressed through the Implementation Planning stage for the Locality Plan.
So what? – Conclusions on how the work of the Health and Wellbeing Board and its members is starting to make a difference for the people of Salford.

The activities and case studies described in this report show the coverage of the work of the Board in 2015/16.

The Joint Strategic Needs Assessment, which involves work across partners to better integrate data and intelligence, continues to help all partners to have an improved understanding of the characteristics of needs and assets across many sectors of the local community. This intelligence is being used to plan future services, resource allocation and programmes across the partnership, thereby adding to their likely success.

The Locality Plan is based on the solid foundations of intelligence about the city and about neighbourhoods so that our plans for the future of health and wellbeing in Salford are practical and relevant. The assessment of our Locality Plan noted that it was a “well written strategic document that reads across well to other key drivers and presents the rationale for change effectively across well defined transformation programmes.” The assessors also noted that there was “significant evidence of locality wide collaboration.”

Improvements are being seen in a number of indicators such as fewer teenage conceptions, reduced infant mortality, fewer alcohol specific hospital stays (for under 16s) and reduced smoking prevalence.

The Integrated Care Organisation, Salford Together, started operation in July 2016 and will deliver the Integrated Care Programme. Salford Together brought together 2,000 members of staff from across the city’s health and social care system into one single organisation. It has a combined budget of £213m and is now responsibility for securing Salford’s mental health services, home visits and care homes.

Salford Together has identified four levels of support, the levels start at “able” and move to “needs help” ending with “needs a lot of help”. Support systems are being developed to deliver the needs of people at each level. These systems include the organisation of staff into neighbourhood multi-disciplinary groups to support “able” and “needs some help” people and care home and supported living multi-disciplinary groups for those people who “need a lot of help”.

Partner organisations have been working together to identify the community assets available across the city available to support older people and this work will continue by Salford Together. As part of this work the community assets group has been visiting community asset across the city and raising awareness of Salford Together, completing wellbeing plans with older people and using the malnutrition tools to engage older people in conversation about eat well in latter life;

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Health and care statistics in Salford are showing an improvement and the Health and Wellbeing Board has been at the forefront of work across the City to understand the needs and assets of the local population, set out a clear strategy and integrate services for maximum impact and efficiency. That this is clearly working has been recognised in both the Peer Challenge and more recently by the GM assessment of our Locality plan.
Next Steps for Salford’s Health and Wellbeing Board

The coming year is an exciting one for the Board and for Salford with the start of the Integrated Care Programme by the Integrated Care Organisation – Salford Together – bringing in new ways of working to benefit older people in Salford. At a City region level there is the start of the Greater Manchester health and social care devolution which will give greater control over these important areas at a regional rather than national level.

Salford and Stockport are the first two localities to benefit from part of a £450 million ‘Transformation Fund’ which was awarded to the Greater Manchester Health and Social Care Partnership to help the region achieve the fastest and greatest improvement to its health and wellbeing through the process of devolution. The money will be used to provide patients with better access to GPs, pharmacies and community care, improve mental health services and reduce the length of time patients are spending in hospitals through the setting up of local Integrated Care Organisations (ICO).

The decision to award Salford £17 million over three years has been made following an independent application process, which assessed the region’s health and social care plans. The money will be used to improve health and social care services for adults across the city. GP practices will be able to work more closely together on effective patient care and some practices will now be able to stay open longer. The money will also fund the development of new projects to encourage healthier lifestyles and reduce the number of avoidable hospital admissions.

Further investment is being sought by Salford Royal Foundation Trust for improvements in efficiency, and the Trust is leading the way nationally in its use of digital technology.

Local people want to see actions to address the wider determinants of health including reducing the barriers to work such as employment conditions, access to advice and information; addressing poverty; and providing access to transport for older people. Aligned with its Locality Plan, Salford will focus particularly on reducing overall poverty levels in the City, as well as addressing inequalities in financial situation between neighbourhoods.

The Implementation Plan for the Locality Plan is at its early stages, and a high level summary has been provided to the GM team. On completion, the final Implementation Plan for 2016/17 and beyond will be appended to the Locality Plan. Salford’s Health and Wellbeing Board has asked that the financial, clinical and other risks associated with delivery of the Locality Plan should be identified and assessed. This will be carried out as part of the implementation planning process and appended to the final Locality Plan.

Furthermore, the Health and Wellbeing Board is reflecting on its own governance, to ensure that it maximises links across the system to achieve the Locality Plan. There will be increased focus on performance and delivery of the Plan’s outcomes for the people of Salford. A forward plan will be agreed for the Board which focuses on the Board’s role around assurance and driving forward the strategy outlined in the Locality Plan.

The Health and Wellbeing Board is developing a Memorandum of Understanding with the City Council’s Scrutiny Committee and Health watch Salford to ensure that the interests of the people of Salford are at the heart of the work of these three bodies, and that they work together effectively. This will be launched in 2016.

The role of the local voluntary, community and social enterprise sector as a strategic partner in health and social care in Salford is articulated strongly in our Locality Plan, and further work will follow in 2016 to better articulate the contribution that the sector is making and can make in the future towards the health and wellbeing of the people of Salford.