Salford’s Health and Wellbeing Board
Annual Review 2017/18

February 2019
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It was a privilege in my first year as City Mayor of Salford City Council to be Chair of Salford’s Health and Wellbeing Board. Over the last two years I have observed continued co-operation and collaboration by colleagues and partners, maintaining user-led reform and delivery of health and social care services in our city.

In 2017/18, Board members have continued with their commitment to joined-up responsive health and social care services, facilitating Salford as one of the standard bearers of innovative practice, not only in Greater Manchester (GM) and the North West, but also nationally. This has been through focusing upon reducing health inequalities and an emphasis on prevention, early intervention and the wider determinants of health.

Our ambitions for health and social care in Salford is outlined in the Salford Locality Plan, there have been a number of significant and exciting milestones during 2017/18 to turn this vision into a reality for the people of Salford, including being able to demonstrate through our annual review that Salford’s Locality Plan (2016/17) is starting to make a difference, in terms of health outcomes, financial savings and continuing our supportive intervention approach, i.e. through the launch and delivery of Salford’s Suicide Prevention Strategy.

We are both honoured to report the Board’s successes in 2017/18, which demonstrate the strength and depth of partnership co-operation and integration in tackling some of the most serious and enduring health inequalities in the country. This has instinctively consisted of working with other partners, such as: the voluntary, community and social enterprise (VCSE) sector, blue light services and as ever … service users/patients.

We are also proud to report partnership progress within the Board, and national recognition thereof, in respect of its work during 2017/18 towards Salford becoming a real Living Wage health and well-being system by 2021.
EXECUTIVE SUMMARY

Salford’s Health and Wellbeing Board’s Annual Review of 2017/18 contains a summary of the business, achievements and progress made towards the Board’s three main responsibilities in its fifth year of statutory operation. The report is intended for Board members and stakeholder organisations for assurance purposes, and contains evidence to demonstrate that the Board is achieving what it set out to do and is meeting its statutory responsibilities.

Key responsibilities of the Salford Health and Wellbeing Board are:
• Assurance,
• Strategy, and
• Informing and Influencing.

The Board’s ambition is –
• to improve life expectancy in Salford so that the gap between Salford and the UK average is reduced, and
• to improve health and wellbeing at every stage of life – starting, living and aging.

Board highlights during 2017/18 have included:
• being able to demonstrate through our annual review that Salford’s Locality Plan (2016/17) is starting to make a difference, in terms of health outcomes and financial savings,
• recognising that Salford’s Population Health Plan proposition, should continue to have a positive impact in the city,
• receiving confirmation of the launch of Salford’s Suicide Prevention Strategy and the continuation of supportive intervention services,
• presentations and feedback of/ from on-going public health communications and engagement (using a wide range of techniques and methods) with Salford citizens, of our Locality Plan’s three themes:
  o START WELL – specifically further development of the Early Years Delivery Model, focus on Oral Health, Transition to Adulthood and Emotional Health and Well-being work (building resilience),
  o LIVE WELL – specifically mental health, physical activity and work and skills strategies, delivery and partnership impact,
  o AGE WELL – specifically falls in over 65’s, flu vaccination uptake and Excess Winter Deaths Index.
• celebrating the Boards real Living Wage work for 2017/18, whereby at the national Living Wage Champion Awards 2018, it was presented with an Industry Leadership Award for its collective efforts on spreading the real Living Wage across the health, care and well-being system in Salford (10 (76.9%) of its 13 member organisations are accredited Living Wage Employers – compared to 6 (44.4%) in 2016).

Holding four business meetings:
• Tuesday 20th June 2017, 9-11am (re-arranged from 9/5/17),
• Tuesday 10th October 2017, 2.30-4.30pm (re-arranged from 12/9/17),
• Tuesday 14th November 2017, 2-4pm, and
• Tuesday 13th February 2018, 2-4pm,
that:
approved a number of reports, protocols and guidance, i.e. GM-Salford Population Health Plan proposition update, GM Public Sector Reform Strategic Self-Assessment and GM Primary Care Reform Investment Agreement,

discussed a number of reports, protocols and guidance, i.e. Better Care Fund update and Health Watch Salford – Priorities for 2017/18 and Annual Report,

assured a number of reports, protocols and guidance, i.e. the quarterly in-year implementation plan highlight report and risk register,

received a range of reports, protocols and guidance for information, i.e. Salford Flu Vaccination Report, Memorandum of understanding between the Health and Social Care Partnership and the GM VCSE sector and Salford Clinical Commissioning Group (SCCG) Annual Report 2016/17.

Held one strategy-development meeting on:

- Wednesday 26th April 2017, 9.30-11.30am, which focused upon the role and purpose of the Board (an induction for new Board members), providing an opportunity for peer learning and discussion focussing on the role of the partners around the table in the Board meetings and how representative members can take direct action, influence others, campaign, or communicate Board priorities – the output being that all Board members are clear of the role that they play in the business of the Health and Wellbeing Board, and how they can take an active part in the delivery of the Locality Plan outcomes.
Nationally, the annual Health Profiles published by Public Health England show how Salford compares with the rest of the country. Our baseline taken from our first year of statutory operation in 2012 is:

**Salford Health Profile 2012:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Local No. Per Year</th>
<th>Local Value</th>
<th>Engl Avg</th>
<th>Engl Worst</th>
<th>England Range</th>
<th>Engl Best</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Depetration</td>
<td>102739</td>
<td>48.1</td>
<td>19.8</td>
<td>83.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>2 Proportion of children in poverty</td>
<td>13125</td>
<td>29.9</td>
<td>21.9</td>
<td>50.9</td>
<td>4.4</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>3 Statutory homelessness</td>
<td>245</td>
<td>2.5</td>
<td>2.0</td>
<td>10.4</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>4 GCSE achieved (5A*-C inc. Eng &amp; Math)</td>
<td>1162</td>
<td>92.9</td>
<td>98.4</td>
<td>94.0</td>
<td>79.9</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>5 Violent crime</td>
<td>4133</td>
<td>18.4</td>
<td>14.8</td>
<td>35.1</td>
<td>4.5</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td>6 Long term unemployment</td>
<td>1278</td>
<td>8.3</td>
<td>6.7</td>
<td>18.8</td>
<td>9.8</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>7 Smoking in pregnancy</td>
<td>807</td>
<td>18.4</td>
<td>13.7</td>
<td>32.7</td>
<td>3.1</td>
<td>9.8</td>
</tr>
<tr>
<td></td>
<td>8 Breast feeding initiation</td>
<td>2171</td>
<td>64.3</td>
<td>74.5</td>
<td>93.0</td>
<td>94.7</td>
<td>9.8</td>
</tr>
<tr>
<td></td>
<td>9 Obese Children (Year 6)</td>
<td>513</td>
<td>23.1</td>
<td>19.0</td>
<td>26.5</td>
<td>12.5</td>
<td>9.8</td>
</tr>
<tr>
<td></td>
<td>10 Alcohol-specific hospital stays (under 18)</td>
<td>58</td>
<td>125.5</td>
<td>61.8</td>
<td>154.9</td>
<td>11.1</td>
<td>9.8</td>
</tr>
<tr>
<td></td>
<td>11 Teenage pregnancy (under 18)</td>
<td>231</td>
<td>57.1</td>
<td>38.1</td>
<td>64.9</td>
<td>11.1</td>
<td>9.8</td>
</tr>
<tr>
<td></td>
<td>12 Adults smoking</td>
<td>n/a</td>
<td>22.6</td>
<td>20.7</td>
<td>33.5</td>
<td>8.9</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>13 Increasing and higher risk drinking</td>
<td>n/a</td>
<td>22.2</td>
<td>22.3</td>
<td>25.1</td>
<td>15.7</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>14 Healthy eating adults</td>
<td>n/a</td>
<td>23.8</td>
<td>28.7</td>
<td>19.3</td>
<td>47.3</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>15 Physically active adults</td>
<td>n/a</td>
<td>10.2</td>
<td>11.2</td>
<td>5.7</td>
<td>18.2</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>16 Obese adults</td>
<td>n/a</td>
<td>23.5</td>
<td>24.2</td>
<td>30.7</td>
<td>13.9</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>17 Incidence of malignant melanoma</td>
<td>30</td>
<td>14.3</td>
<td>13.6</td>
<td>26.8</td>
<td>2.7</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>18 Hospital stays for self-harm</td>
<td>816</td>
<td>355.6</td>
<td>212.0</td>
<td>509.8</td>
<td>49.6</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>19 Hospital stays for alcohol related harm</td>
<td>7860</td>
<td>3192</td>
<td>1895</td>
<td>3278</td>
<td>910.0</td>
<td>49.6</td>
</tr>
<tr>
<td></td>
<td>20 Drug misuse</td>
<td>1915</td>
<td>12.5</td>
<td>8.9</td>
<td>30.2</td>
<td>1.3</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>21 People diagnosed with diabetes</td>
<td>10655</td>
<td>5.5</td>
<td>4.5</td>
<td>8.1</td>
<td>3.3</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>22 New cases of tuberculosis</td>
<td>33</td>
<td>14.7</td>
<td>15.3</td>
<td>124.4</td>
<td>3.3</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>23 Acute sexually transmitted infections</td>
<td>2324</td>
<td>1015</td>
<td>775</td>
<td>2276</td>
<td>152</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>24 Hip fracture in 65s and over</td>
<td>239</td>
<td>526</td>
<td>452</td>
<td>655</td>
<td>324</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>25 Excess winter deaths</td>
<td>111</td>
<td>14.8</td>
<td>18.7</td>
<td>35.0</td>
<td>4.4</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>26 Life expectancy – male</td>
<td>n/a</td>
<td>74.8</td>
<td>78.6</td>
<td>73.6</td>
<td>85.1</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>27 Life expectancy – female</td>
<td>n/a</td>
<td>79.0</td>
<td>82.6</td>
<td>78.1</td>
<td>89.8</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>28 Infant deaths</td>
<td>21</td>
<td>6.0</td>
<td>4.8</td>
<td>9.3</td>
<td>1.2</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>29 Smoking related deaths</td>
<td>511</td>
<td>345</td>
<td>211</td>
<td>372</td>
<td>125</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>30 Early deaths: heart disease and stroke</td>
<td>235</td>
<td>105.8</td>
<td>67.3</td>
<td>123.2</td>
<td>35.6</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>31 Early deaths: cancer</td>
<td>323</td>
<td>144.4</td>
<td>110.1</td>
<td>159.1</td>
<td>77.9</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>32 Road injuries and deaths</td>
<td>78</td>
<td>34.8</td>
<td>44.3</td>
<td>128.7</td>
<td>14.1</td>
<td>0.0</td>
</tr>
</tbody>
</table>

*Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012*
Salford Health Profile 2018:
Salford is one of the 20% most deprived metropolitan authorities in England, about 22% (10,800) of children live in low income families. Whilst life expectancy in Salford is increasing year on year, it is still lower that the England average and the health of people in Salford is generally worse than the England average against a basket of indicators. However, the general trend even against ‘red’ indicators is improvement, although progress is still required:

![Health summary for Salford](image)

### Conclusion
This wide range of activity and achievements demonstrate how the Board and its partners are making a positive difference for the people of Salford, by maintaining and evolving:
- our understanding of the varied characteristics of need and assets across many sectors of the local community,
- a practical and relevant approach to future health and wellbeing in Salford, and
- making in-year improvements, even against ‘red’ indicators, of a basket of health indicators.
The new quarterly themed Board meetings became operational from the 1\textsuperscript{st} April 2017 – these are contributing towards a more community-based integrated health and social care system in and for Salford.
BACKGROUND

This report contains a review of the fifth 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 … making sure that Locality Plan outcomes and transformation objectives are being delivered for the people of Salford … and to inform the planning of the Board’s business and work plan for 2018/19.

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.

Board meetings are jointly led and chaired by the Local Authority Elected representative (Lead Member for Adult Services, Health and Well-being, Cllr Gina Reynolds) and the representative of SCCG (Chair of the SCCG Governing Body, Dr Tom Tasker). The Board brings together a wide range of partners from the City Council, Clinical Commissioning Group (CCG), Health Watch, community, voluntary and social enterprise sector, local providers and employers, as well as Greater Manchester Police, and Fire and Rescue Services. The following sections will explain the purpose and responsibilities of the Health and Wellbeing Board, who is involved, how it is organised, what it has done during 2017/18 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.

Details on the remit of Salford’s Health and Wellbeing Board (including: key responsibilities, ambition, vision, etc.), who is involved and governance can be viewed here on the Salford Health and Wellbeing Board (specifically its Terms of Reference and Membership in the downloadable documents section on the page).

On 24th January 2017, the Board agreed a revised terms of reference (including a new arrangement of sub-groups, with specific responsibilities assigned to reflect delivery of our Locality Plan), covering its statutory responsibilities, role/ purpose and values/ principles, specifically altering its meetings (from 1st April 2017 onwards) from every 6-8 weeks to quarterly with a themed focus at each. This approach has been implemented during 2017/18, including the Locality Plan Programme Management Group becoming a sub-group of the Board, having oversight of delivery of the many work streams in the Locality Plan and reporting back to the Board on progress and performance.
WHAT HAS THE SALFORD HEALTH AND WELLBEING BOARD DONE IN 2017/18?

The following section provides examples of the work of the Salford Health and Wellbeing Board and its sub-groups which have taken place between April 2017 and March 2018.

These listed activities are further illustrated by a series of case studies. The activities are listed under the three Salford Locality Plan themes, these being:

- Start Well,
- Live Well, and
- Age Well.

Start Well – the Health and Wellbeing Board has assured a number of reports, protocols and guidance, including:

- received and discussed START WELL based ‘deep dive’ discussion on: further development of the Early Years Delivery Model, focus on Oral Health, Education Strategy progress/ headlines, Work and Skills Update, Transition to Adulthood, and Emotional Health and Well-being work (building resilience) (10th October 2017),
- specifically further development of the Early Years Delivery Model, focus on Oral Health, Transition to Adulthood and Emotional Health and Well-being work (building resilience),
- Safeguarding Adults Annual Report (to be circulated separately) (10th October 2017),
- Salford CAMHS Transformation Plan: refresh (13th February 2018),
- Salford Children and Young People’s Trust Annual Report 2017 (13th February 2018),
- Salford Safeguarding Children’s Board Annual Report 2016-2017 (13th February 2018),

Delivering the Locality Plan – Start Well Case Study: WellComm Screening in Early Years

What was proposed?
For the past three years, Communication, Language and Literacy has been an area of Early Years learning that children in Salford most need to improve. Reading and writing depend on good speech, language and communication skills. To address this need, all settings with children attending who access three year old funding were entitled to a WellComm toolkit and training. This means timely identification of Speech, Language and Communication needs (SLCN) so that early interventions can be put in place.

What has been delivered?

- **Toolkit + online report wizard:** for PVIs and school nurseries.
- **Professional support:** training on SLCN skills as well as the toolkit.
- **Individual support:** for practitioners to identify and intervene early, and create a communication friendly setting.
What are the successes?
Our achievements to date include:
- 161 Early Years settings have a WellComm toolkit.
- 219 practitioners trained.
- 2,302 children screened (September to December 2018)

What impact are we seeing?
- 1,165 children identified as needing support with SLCN therefore accessing targeted support.
- Increased practitioner awareness of the expected levels of SLCN development in early years and how to support children.
- Increased level of practitioner confidence when discussing a child’s SLCN with parents.

This Start Well Project, coupled with the Early Years Delivery Model, is supporting a systematic approach to early identification and prevention of SLCN to improve school readiness. In providing an evidence-based resource this facilitates longer term self-sufficiency within settings.

Delivering the Locality Plan – Start Well Case Study: Emotional Health and Wellbeing Training

We audited frontline staff skills in supporting Emotional Health and Wellbeing (EHWB). We engaged children and young people to better understand their experiences, views and expectations of EHWB services. From this we developed our EHWB Training Programme for anyone working or volunteering with Salford children and young people.

Since October 2017 this included:
- **Papyrus Suicide awareness training**: 90 minute briefing sessions, 3 hour accredited training and a 2 day Applied Suicide Intervention Skills training. Two of the briefing sessions were also open to any Salford resident. Participants said: “Only 2 weeks after attending the training I had a phone call from a mum threatening to end her life. The training was invaluable in giving me the confidence to support this mum and say the right thing.”

- **Mental Health First Aid (MHFA)**: Participants said: “School refusers have come back into school. Better and more productive conversations have happened with CAMHS which has helped referrals to be accepted. Signs of issues have been picked up faster which has enabled us to act rather than react.” To ensure sustainability, 4 members of staff were funded to undertake the facilitator training to deliver the 1 day Youth MHFA Champion and 2 day Mental Health First Aider training.
Live Well – the Health and Wellbeing Board has assured a number of reports, protocols and guidance, including:

- **LGBTQ awareness** (briefing sessions and training courses including Trans Inclusion in Education, Promoting Diversity, Challenging HBT Bullying) and **LGBTQ resources pack and training session** (co-designed and delivered by 42nd Street and the City Council’s Youth Service): Participants said: “Really enjoyed this session and have learnt a lot around identity and how it affects young people / society”
  - Total 1,124 training places over 43 sessions.
  - 84% attendance rate (948 people).
  - Average cost per place £53.72p.
  - Significant improvement in both confidence and knowledge/understanding reported three months after MHFA training.

![Chart showing which organisations our trainees worked for.](chart.png)

(VCSE = Voluntary, Community & Social Enterprise)

- received and discussed LIVE WELL based ‘deep dive’ discussion aligned to Salford Locality Plan Outcomes, specifically: mental health, physical activity and work and skills strategies, delivery and partnership impact (14th November 2017),
- specifically mental health, physical activity and work and skills strategies, delivery and partnership impact,
- Population Health Plan proposition – update (20th June 2018),
- SCCG Operational Plan 2017/18 (20th June 2017),
- Salford H&WB role of the Board/members to be statutory consultees in decisions relating to pharmacies in Salford and bordering areas proposition discussion (20th June 2017),
- Population Health Plan proposition – including update on how GM Population Health Plan will impact in Salford (for approval) (10th October 2017),
- Salford Suicide Prevention Strategy, including 2017/18 Implementation Plan (10th October 2017),
- GM Primary Care Reform Investment Agreement (for approval) (10th October 2017),
- Health Protection Annual Report (10th October 2017),
Delivering the Locality Plan – Live Well Case Study: ‘Swap to Stop’

World leading smoking cessation e-cig pilot.
Salford piloted an electronic cigarette ‘Swap to Stop’ intervention on behalf of Greater Manchester Health and Social Care Partnership at the start of 2018, with the aim of testing out the effectiveness of electronic cigarettes (e-cigs) in helping motivated smokers to quit and to help build the evidence base for further work.

Despite the fact that e-cigs are in wide use and there is broad agreement they provide a safer alternative to smoking cigarettes, there is little in the way of structured evidence to help stop smoking services tailor support to include e-cigs, for example guidance on dual use of e-cig and nicotine replacement therapy and longer term sustainability of a quit.

The Swap to Stop intervention was designed to provide smokers who wanted to quit with a free e-cig device along with nicotine liquid and high quality stop smoking advice throughout their attempt to quit tobacco smoking.

The intervention targeted smokers from areas of high health inequality in the city, with a focus on social housing tenants who are known to be twice as likely to smoke as the general population.

The e-cig offer was promoted widely through the Council’s Health Improvement Service, My City Health website, Healthy Living Centres, Community Pharmacy, General Practice and through Social Housing Landlords. For 3 months, smokers interested in taking up the free e-cig offer were provided with an e-cig pack. The deal included setting a quit date, agreeing to access support and providing information on progress, from quitting smoking and nicotine products completely, to long term use of e-cigs.

The e-cigs were purchased from an independent supplier ‘Totally Wicked’ who are registered with the British Vape Trading Association – an important consideration as it ensured that there was no connection to the tobacco industry as well as adopting a code of conduct.
1,022 smokers accessed the intervention over 10 weeks between January and March 2018, and the team were able to follow up 600 of these for a 4 week follow up. 57% of these smokers were ‘heavy smokers’, smoking 20 plus cigarettes per day.

As with standard stop smoking provision, there was a significant level of drop out in the first few weeks – approximately 35% dropped out within the first 2 weeks of their programme.

A four week quit is the standard measure for monitoring stop smoking services and this was applied to this intervention.

Of those who were followed up at 4 weeks:
- 62% had quit smoking – this compares with a rate of anything from 10% to 35% for traditional stop smoking support.
- 37% of participants had maintained use of their e-cig.
- 20% were using both an e-cig and smoking.

Carbon monoxide (CO) levels were measured – in a heavy smoker a CO level can be over 60 parts per million, compared with a non-smokers level of 0. For those heavy smokers who switched successfully to an e-cig, or who quit, CO readings dropped from an average of 16ppm to 5ppm. This is significant as it is an immediate benefit for the ex-smoker – it means their blood can carry significantly more oxygen resulting is less stress on the cardiovascular system.

A longer term follow up is being carried out which will assess if those smokers who quit tobacco smoking have maintained their non-smoking and/ or use an e-cig in preference.

The effort required to design and deliver this pilot on behalf of GM was considerable, the commitments and efforts of everyone involved were very much appreciated.

**Age Well** – the Health and Wellbeing Board has assured a number of reports, protocols and guidance, including:
- received a copy of email response from the Mental Health Commissioning Manager and the Salford Safeguarding Adults Board directly to a question from the Mental Health Forum about hoarding in Salford (10th October 2017),
- received and discussed AGE WELL based ‘deep dive’ discussion on a selection of the outcome priorities, specifically: falls in over 65’s, flu vaccination uptake and Excess Winter Deaths Index (13th February 2018),
- Salford Flu Vaccination Report (20th June 2017),
- Winter Resilience – urgent and Emergency Care Update (13th February 2018),

**Delivering the Locality Plan – Age Well Case Study: Salford Age Friendly City – falls programme**

The Age Friendly Cities Baseline Plan was agreed by the Salford Health and Wellbeing Board in early 2018 and soon after the plan was agreed by the World Health Organisation, maintaining Salford’s Age Friendly City Status for another 3 years.
There are many elements to the Age Friendly Cities work a couple of examples with case studies are outlined below.

**Volunteer wellbeing champions:**
Volunteer wellbeing champions are recruited to support wellbeing conversations across a programme of community and person centred approaches which is project managed by Inspiring Communities Together. The projects include Tech and Tea – low level digital skills programme, care homes, scams, falls prevention and community settings including GP’s. The volunteer wellbeing champions are supported by volunteer development workers managed by Salford CVS.

“When I first started volunteering, I wasn’t sure if I could do it regularly and efficiently due to my language and knowledge barriers. I couldn’t understand some of the dialects and was struggling to have an effective conversation. I had the enthusiasm and encouragement to learn and improve so I participated in training courses to grasp the techniques and knowledge needed to perform my role. I worked with the Volunteer Development Workers and learnt a lot from them. Now I feel more confident and have more experience by continually carrying out my volunteer role. I have even encouraged my friend to join as a Volunteer Wellbeing champion. Compared to last year I am more active, healthier, happier and optimistic about the future. I was suffering from depression, anxiety and ADD for which I am on medication. Fortunately I feel much better now and feel peace and happiness. By helping others I feel I am useful and a productive member of society having a positive effect on the wellbeing of the neighbourhood. I have also benefitted from the training and have recently started the accredited Adult Level 3 Education course offered through tech and tea.”

Tech and Tea:
Tech and tea is a five week low level digital skills programme delivered across Salford in community venues. Participants report that “by being in contact with others – especially if they were unwell and could not get out – using social media could allow them to have a laugh and a joke to raise their mood and improve their wellbeing”.

Alex is 73 and lives in East Salford. He attended the tech and tea course at Salford Sports Village. Alex is surrounded by people who know how to use technology:

“My wife is a whizz on her tablet. I’ll ask her a question and she will get the answer straight away. My kids and my grandkids are just the same”.

He decided to attend the course; “because I was getting tired of my family joking that I was a fossil”.

He joined a Tech and Tea course and very quickly developed his skills on the tablet. He was able to learn how to Google and use the iPlayer and listen to the radio.

At the end of the course he decided to purchase a tablet. He also decided to become an ICT environmental volunteer, helping with community litter picks and clean up.
Governance and partnership working – the Health and Wellbeing Board has:

- arranged and held ‘an induction for new Board members’, providing an opportunity for peer learning and discussion focussing on the role of the partners around the table in the Board meetings and how representative members can take direct action, influence others, campaign, or communicate Board priorities – the output being that all Board members are clear of the role that they play in the business of the Health and Wellbeing Board, and how they can take an active part in the delivery of the Locality Plan outcomes (26th April 2017),
- received, discussed and approved quarterly Salford Locality Plan highlight update reports and risk register, incorporating Implementation Plan, Finance and Outcomes progress (20th June 2017, 10th October 2017, 14th November 2017 and 13th February 2018),
- issued the STARTING POINT DATA and INTELLIGENCE – Issue Six: November 2017 – covering tooth decay and hospital admissions for tooth extraction, research into

Six steps to preventing falls community learning:
The six steps to preventing falls is the community element of the falls prevention programme delivered across Salford. The six steps training is delivered by Inspiring Communities Together a local Salford Charity. The half-day session brings together frontline workers, organisations, volunteers and individuals to learn about the six steps to reducing falls and make a pledge to promote the falls prevention message alongside making a small change of their own.

Feed-back from the sessions includes: “I didn’t know about the step up classes. How do I get signposted? I would never have thought how keeping hydrated would have an impact on my health. Going to change my footwear, talk to my wife and family about the 6 steps prevent falls booklet”.

(B) is a 78 year old male from Langworthy who walks with a walking stick that he said the hospital gave him, he is also the main carer for his wife who is also 78. He found out about the falls prevention training from a flyer in the Langworthy Cornerstone window.

When I first met B he was stacking chairs on top of each other I asked him why he was doing this, he answered so I can sit down the chairs were to low and he said that he wouldn’t be able to get up I explained that it wouldn’t be safe for him to sit on stacked chairs we made him more comfortable/ safe. When talking to B in more depth he said that he had had a few falls recently and wanted to find out more information/ help on how to prevent himself from having more falls, B sat through the training and was very involved and asked lots of questions but it became apparent that B was very unstable on his legs when it came to doing the simple exercises.

On the day of training we had a member of the NHS falls team present she had a conversation with him and he was advised of services that would benefit him, Mr B was very interested in attending the Step Up classes.

B has since been referred to Step up classes.
avoidable mortality (highlighting the differences in the most and least deprived areas within Salford), the importance of completing Equality Impact Assessments, the updated Pharmacy Needs Assessment (ensuring that the pharmacies across the city are providing the right services in the right locations for the residents of Salford) and finally a look into the Salford Standard (which describes the level of care you should expect when you go to a GP practice in Salford) (13th February 2018),

- received and accepted a memorandum of understanding between the Health and Social Care Partnership and the GM VCSE sector (20th June 2017),
- undertook and responded to GM PSR Strategic Self-Assessment (3rd October 2017),
- met on five occasions during the year, this included:
  o 1 strategy-development session on Wednesday 26th April 2017, 9.30-11.30am, which focused upon the role and purpose of the Board (an induction for new Board members), providing an opportunity for peer learning and discussion focusing on the role of the partners around the table in the Board meetings and how representative members can take direct action, influence others, campaign, or communicate Board priorities – the output being that all Board members are clear of the role that they play in the business of the Health and Wellbeing Board, and how they can take an active part in the delivery of the Locality Plan outcomes,
  o 4 business meetings on:
    ▪ Tuesday 20th June 2017, 9-11am (re-arranged from 9/5/17),
    ▪ Tuesday 10th October 2017, 2.30-4.30pm (re-arranged from 12/9/17),
    ▪ Tuesday 14th November 2017, 2-4pm,
    ▪ Tuesday 13th February 2018, 2-4pm,
    which are held in public and were attended by local community and voluntary groups and providers and sometimes members of the public, including:
  o approving a number of reports, protocols and guidance, i.e. GM-Salford Population Health Plan proposition update, GM PSR Strategic Self-Assessment and GM Primary Care Reform Investment Agreement,
    ▪ discussing a number of reports, protocols and guidance, i.e. Better Care Fund update and Health Watch Salford – Priorities for 2017/18 and Annual Report,
    ▪ assuring a number of reports, protocols and guidance, i.e. the quarterly in-year implementation plan highlight report and risk register,
    ▪ receiving a range of reports, protocols and guidance for information, i.e. Salford Flu Vaccination Report, Memorandum of understanding between the Health and Social Care Partnership and the GM VCSE sector and Salford CCG Annual Report 2016/17.
- received, discussed and approved the ANNUAL REVIEW of Locality Plan progress against outcomes (2016-17), including finance update, link to outcomes and the implementation plan highlight report ... demonstrating that we are starting to make a difference in terms of health outcomes and financial savings (20th June 2017),
- reviewed and agreed quarterly the Salford Health and Wellbeing Board’s Forward Plan (20th June 2017, 10th October 2017, 14th November 2017 and 13th February 2018 – also including proposed 2018/19 Forward Plan),
- undertaken focused on-going public health communications and engagement (using a wide range of techniques and methods) with Salford citizens, against the Locality Plan’s three themes: Start Well, Live Well and Age Well.
Integrated and Partnership Working Case Study: Real Living Wage System

Background
The UK real Living Wage is set annually by the Living Wage Foundation and is currently £8.75 per hour. Salford’s Health and Wellbeing Board has found strong evidence that adopting the real Living Wage reduces inequalities and improves health and wellbeing at all stages of the life course. For employers, the real Living Wage has a significant beneficial impact on productivity, ease of recruitment and staff reduction. Salford is working towards becoming the country’s first fully Real Living Wage health and wellbeing system by 2021.

A New Approach
Over several years, Salford’s Health and Wellbeing Board has promoted the real Living Wage, with each member committing in mid-2015 to consider working towards: introducing the real Living Wage; becoming an accredited Living Wage Employer; and incorporating the real Living Wage within its procurement. A multi-sector Living Wage task group has taken the work forward, chaired by Unlimited Potential, a local social enterprise. This includes colleagues from the Chamber of Commerce, CCG, CVS, local authority and mental health trust, plus liaison with the Living Wage Foundation.

Adoption of the real Living Wage
Due to this work, 10 of the 13 members of Salford’s Health and Wellbeing Board are accredited Living Wage Employers and a further two members pay all staff the real Living Wage (though they do not currently hold accreditation). Beyond the Health and Wellbeing Board, at least 11 other health and social care providers from all sections operating in Salford are now accredited Living Wage Employers.

This work has been recognised nationally, winning the national 2018 Living Wage Champion Award for Industry Leadership from the Living Wage Foundation.

Laurence Patrick, Finance Support Officer at NHS Salford Clinical Commissioning Group said “I’m doing a placement within the finance team at Salford Clinical Commissioning Group for a year as part of my accounting degree at Manchester Metropolitan University. Being paid the real Living Wage not only makes me feel like a valued member of my team but my dedication and hard work is paying off. Having the capacity to be able to save money now for when I return to my final year will really take off some financial pressure without having a part-time job and allow me to concentrate on my studies fully.”
Integrated and Partnership Working Case Study: Big Health and Social Care Conversation

Over the summer Salford Together held a comprehensive engagement exercise with the people of Salford. Salford Together is the name we use to describe health and care partners coming together to plan and deliver integrated health and care services for adults in Salford. This includes Salford City Council, Salford Clinical Commissioning Group, Salford Royal NHS Foundation Trust, Salford Primary Care Together, Greater Manchester Mental Health and the Voluntary Community and Social Enterprise Sector.

The aim of the Big Health and Care Conversation was to provide early opportunities for active, open, dialogue on developing health and social care plans in Salford and to allow service users, carers and other stakeholders to input to and be involved in the transformation process.

In total 4,200 people were directly engaged with face-to-face and this was backed up by more than 19,000 interactions online (website and social media). From this some 1,671 Salford people filled in a written questionnaire providing some valuable data, which has been analysed and which Salford Together partners have considered as part of developing transformation plans.

Some of the key findings:

- The vast majority of people (more than 90%) were receptive to the idea of change around more community/home based services
- They understand the strain on current services – something needs to change
- People resonate with the idea of maximising their own or their dependents’ independence by taking more self-care responsibility
- Salford Together partners need to build and maintain trust with Salford people as transformation plans develop in the future
- Consistency of future care for service users/patients is key.
In addition Salford Together developed a citizen pledge concept where people were encouraged to consider one step they could take to make a big difference to their own/their dependents health and social care outcomes. A total of 1,050 formal pledges were made. This has now been built upon and a year-long citizen pledge campaign, promoted primarily on social media, has begun.

To show the Salford health and care system is also taking its responsibility to change, partners have also made six system pledges which have been promoted and will be constantly checked.

Quote – Keith Darragh Director of Adult Social Care (Resources) Salford Care Organisation:
“Our engagement with the Salford public as part of the Big Health and Social Care Conversation has shown us we are on the right path with our plans to provide more services in the community and wherever possible in people’s homes.”

All Health and Wellbeing Board papers are available at:
https://sccdemocracy.salford.gov.uk/ieListMeetings.aspx?CId=164&Year=0
DELIVERING SALFORD’S LOCALITY PLAN
The key role of the Health and Wellbeing Board in 2017/18 was to lead delivery on and of the Salford Locality Plan. The Board ensured that all partners had oversight of decisions whilst holding to account those partners and agencies with responsibility for service delivery and progressing transformation thereby embedding what would be required for on-going and future change.

What worked?
This was achieved through partnership and co-operation, consisting of:

- **leadership** – the Board led the process, the success of which relied upon strong leaders across all sectors and organisations to make it happen,
- a **strengths based** approach was used, ensuring that the delivery of the plan made use of existing community and local assets – it promoted 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, community and social enterprise sector leadership. Other key enablers include: social value (building Health and Wellbeing outcomes into wider activity), financial planning and workforce development,
- the plan being grounded in **intelligence** about Salford – making use of the latest data, projections and intelligence from engagement so that we value the opinions of patients and public alongside the data. An on-going part of the Locality Plan has been engagement of stakeholders – partners, service users, patients and wider citizens, and
- a focus on **reform** – the plan encourages really innovative approaches to doing things differently.

What could be improved?

- Our focus on **risk** and its management,
- Ensuring that **financial performance** is understood in the light of health and wellbeing outcomes, and
- Ensuring that resources are distributed in the most effective way across the Board’s partnership to maximise results.
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 2017/18, of which the following demonstrate how it and its members are starting to make a difference:

- the Joint Strategic Needs Assessment and theme updates, continue to help all partners to have an improved understanding of the characteristics of needs and assets across many sectors of the local community, thereby assisting with the planning of future services, resource allocation and programming across the partnership,
- the Locality Plan, based upon solid foundations of intelligence about the city and neighbourhoods, maintains a practical and relevant approach to future health and wellbeing in Salford, and
- whilst the health of people in Salford is generally worse than the England average against a basket of indicators, the general trend even against ‘red’ indicators is improvement.
NEXT STEPS ... for Salford’s Health and Wellbeing Board

Over the next year – 2018/19 – the Board needs to continue to oversee and deliver an integrated health and social care system in and for Salford that:

- has more community/ neighbourhood-based health services that are nearer to users homes (whether as a patient or carer),
- has more people accessing and using primary care facilities/ services,
- has a wider range of test and health checks available for citizens,
- contributes towards and supports better quality housing and good job opportunities, and
- encourages a wide-spread of care and support providers, including voluntary and community sector and social enterprise organisations, in addition to – or sometimes instead of – NHS services.

The Health and Wellbeing Board’s role in this will be:

- quarterly ‘deep dives’ around specific cross-cutting strands of our Locality Plan, specifically:
  - Population Health Plan and Physical Activity Interventions and Salford VCSE Strategy,
  - Mental Health Strategy – all ages,
  - Neighbourhoods and their model for health and wellbeing,
- approving key system leadership pieces of work which transform the arrangements for health and social care in Salford, ensuring integration,
- ensuring strong partner engagement across the major transformational pieces of work,
- remaining focussed on people’s health and wellbeing in Salford,
- maintaining a leading role in the GM Health and Social Care ‘Taking Charge’ and working with other partners from across GM to deliver this.