



Public Health Annual Report 2012/13

# Integrating services in Salford

*making it  
happen*

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Melanie Sirotkin

As the Director of Public Health I am pleased to present my public health annual report for Salford. This year has been one of significant change for public health as responsibility for our work has passed from the National Health Service to local authorities, and Public Health Salford has completed a move to Salford City Council. This has prompted me to look afresh at what we do and to examine how the public health approach can be integrated into almost every aspect of the work of the local authority.

The theme of this report is integration. Integration is one of the key aims of the Joint Health and Wellbeing Strategy for Salford. This strategy provides an overall vision for the city.

In this report, there is an in-depth look at three areas in which Salford services are making major progress with integration and refocusing of services.

Last year my report announced the forthcoming launch of the Way to Wellbeing Service and the Way to Wellbeing website. This is now up and running and is described in Chapter one. Building on the 'Making Every Contact Count' training, the service offers a single point where people can be signposted to local groups or services at an appropriate level. The aim is to help people help themselves, and this self-management is an important aid to keeping people well longer. Simply telling people that they need to alter their lifestyle is unlikely to work, however motivating small changes through nudging and support are key. At the same time, those who need more intense support or clinical interventions will also benefit from services which are integrated.

Salford has a population with an increasing proportion of older people. Services have developed historically in separate disciplines but people may have several areas of health need. When someone uses several different services, they have had to manage their contacts separately, compartmentalising their treatments. Integration to focus on the individual offers better outcomes from a clinical point of view. Importantly, it will also mean a sense of control for the person themselves. The way we are working to change older people's services in Salford is described in Chapter two.

Drug and alcohol services are working toward a major change in approach for Salford. The plan is to integrate these services and refocus the goal for those who use them from treatment to recovery. Recovery involves people in a journey towards better overall wellbeing rather than simply addressing their alcohol or drug dependency. This development is described in Chapter three of this report.

Health inequalities continue to exist in Salford with some people much more likely to have fewer healthy life years than people in other parts of England. There are also inequalities within the city, and we aim to reduce the differences that people currently experience. As public health works within its new home at Salford City Council, we will continue to bring a focus on the benefits of designing services that are right for individuals and communities in Salford. Our work on integration will carry on into the future, bringing out the best services have to offer, ensuring that people's individual needs are understood and met and reducing inequalities.

The goal of public health is to promote, protect and improve health and wellbeing. To achieve this goal it is important that people are able to access services and support that will help them. If we are to help Salford people to do this, services need to work well together and 'wrap around' the people they are there to serve. This goal of integration has been a major focus during 2012/13.

One of the initiatives helping Salford move towards integrated public health services is the Way to Wellbeing programme. This programme seeks to provide a portal or gateway as a single source of information for health and wellbeing services, in a format that is accessible. When delivering services, the integration of care around the individual person is at the heart of this approach. We report here on how this work is going, with some case study examples.



This report also looks at two other areas of care: services for older people and drug and alcohol services. Reporting on the first of these shows how the diverse individual needs of older residents of Salford, along with their family and carers, can be placed centrally to make sure these needs are met. Our report on the plans for reshaping services for drug and alcohol users indicates how the ethos of integration and placing the person at the centre of their recovery journey will look.

Integration of services and supporting positive experiences for people in Salford is a major goal of the Health and Wellbeing Board through Salford's **Joint Health and Wellbeing Strategy**. The work highlighted in this report gives a flavour of the contribution of public health to the aims of this strategic work across the city.

### Wellbeing

In this report we talk about **health and wellbeing**. We usually understand health is about our physical state, and being healthy means having a good physical state. **Wellbeing** is about how we feel about ourselves in our world. If someone has a good sense of wellbeing it means they are feeling happy, feeling good about themselves and feeling that life is worthwhile.



## Public Health

The goal of public health is to promote, protect and improve health and wellbeing. It is fundamental that individuals themselves are involved in deciding what they need to live healthier and longer lives. The organisation of services should aim to help people do this and help them get this support. Organisations, including the NHS, Salford City Council and communities have the challenge of working together in an integrated way to support improvements in people's health and wellbeing and to avoid or reduce the risk of illness. A partnership approach where everyone works together with the same aims will support people to achieve their own personal health and wellbeing goals and maximise the benefit of available resources. Taking partnership a step further, integration of services can help to make sure that, once people access a service, all of their needs are considered and supported. A person might require help for a single condition, a few conditions or with a lifestyle issue. All these should be considered together rather than be divided.

An important consideration in the approach public health takes to encouraging the integration of services and community work is a focus on reducing inequalities. We know that families and individuals in poorer socioeconomic circumstances may experience more challenges in attaining good health and wellbeing. This can be measured by looking at the variation in rates of disease and uptake of services in different parts of Salford. The aim of public health programmes and approaches is to reduce these differences to ensure that everyone can experience improvements in health and wellbeing.

## A snapshot of Salford

Over the last few years the population of Salford has grown to just over 234,000, reversing an 80 year decline<sup>1</sup>. The majority of Salford's local communities are classified as urban. While around 50% of these are extremely poor, nearly 5% are extremely wealthy, leading to local people having unequal experiences of health and wellbeing<sup>2</sup>. There is a strong relationship between high levels of deprivation and unemployment, and high levels of teenage pregnancy, crime, smoking rates, alcohol, drug abuse and long-term chronic illness<sup>3</sup>.

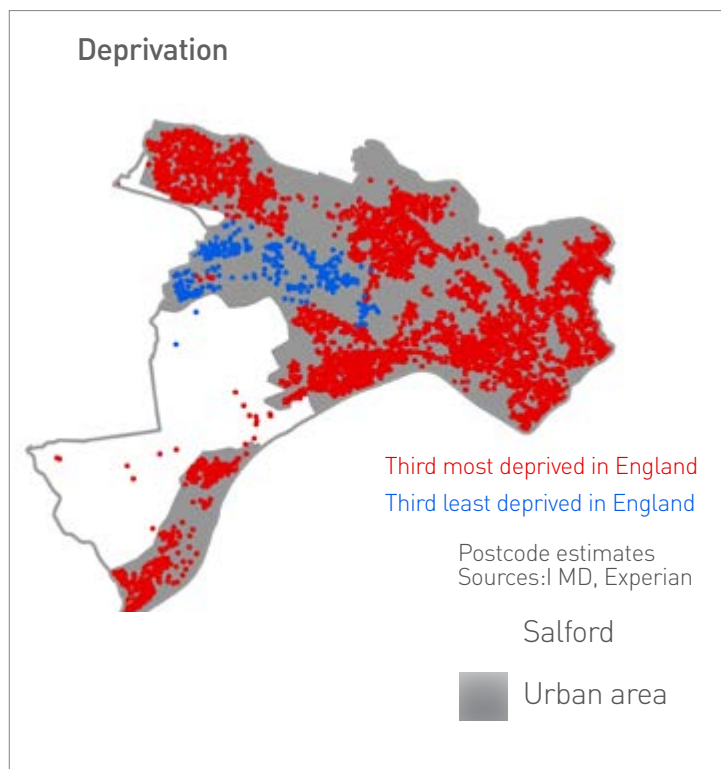
Salford has a higher than average number of women of child-bearing age, meaning there are more children aged up to four years old than would be typical for the size of population. The percentage of the population who are elderly is also increasing, because people are living longer. In the future, a steady increase of the population in all over-65 age bands is expected, for both men and women, however this will be at a lower rate than most of England. The overall population is expected to rise, reaching 300,000 by 2035<sup>4</sup>.

1 2011 Census

2 2011 Census: Table PP01UK Usual resident population by single year of age, unrounded estimates, local authorities in the United Kingdom

3 Health Profile 2012, APHO

4 Population Projections, Office of National Statistics, 2011. Interim 2011-based sub national population projections, females by single year of age for local authorities in England



The map above shows deprivation in Salford compared to the national picture and the most and least deprived areas within the city.

Salford is a city with considerable diversity and a distinct local character in each of its neighbourhoods. 84% of Salford residents are white British (England/Wales/Scotland/Northern Ireland), with 6% other whites (mainly Irish, Polish and other Europeans), making 90% white in total. The remaining 10% of the population are mainly Black British/Black and South Asian British/South Asian<sup>5</sup>. It is estimated that the Orthodox Jewish population in Salford is about 10,000.

#### Some aspects of the health of local people

- Over the last ten years, rates of death for the under-75s have fallen. Early death rates from cancer and from heart disease and stroke have fallen, but remain worse than the England average.
- The health of people in Salford is generally worse than the England average. Over 13,000 children live in poverty.
- Life expectancy for both men and women is lower than England. Life expectancy is 11.1 years lower for men and 8.2 years lower for women in the most deprived areas of Salford than in the least deprived areas.
- Estimated levels of adult 'healthy eating' and smoking are worse than the England average. Rates of hip fracture, smoking related deaths and hospital stays for alcohol related harm is higher than average<sup>6</sup>.
- About 21% of year 6 children are classified as obese, higher than the England average (NCMP, 2012). A lower percentage of pupils than average spent at least three hours each week on school sport. Levels of GCSE attainment and tooth decay in children are worse than the England average<sup>7</sup>.

All of these aspects of Salford mean that there are many challenges in the goal of improving health and wellbeing.

<sup>5</sup> 2011 Census: KS201EW Ethnic group, local authorities in England and Wales

<sup>6</sup> Health Profile 2012, APHO

<sup>7</sup> Child Health Profile, 2013. CHIMAT.



## Integration

Keeping people healthy and feeling a sense of wellbeing for longer is of huge benefit to individuals and for the whole of Salford. Providing good information so that people take greater responsibility for their own care is important. It can contribute to keeping people well and ensuring that medical services are used only for when people really need them.

This report concentrates on three areas of work in Salford which have seen an integration of services and a change of focus onto supporting individuals to meet their needs. We are featuring the Being Well Service, which gives information about all services so that a package can be tailored around every individual seeking or needing to make changes. Two service areas are described in more detail to give a flavour of what integration of services means and how it can benefit individuals and the overall health of Salford. These are services for older people and drug and alcohol services. The chapters give examples of the ethos of integrated working in practice. This ethos will be incorporated into the way all services work in future.



## Integration of health and wellbeing services and support for adults in Salford



### How are you?

A simple question from a front line worker in Salford, to a Salford resident. In terms of asking about a person's wellbeing, this question might well lead to a range of replies like the ones in the diagram. These responses are typical and what they tell us is that many people will acknowledge they want to make a lifestyle change but that change is often linked into other areas of their lives. For most people, lifestyle factors are closely linked to all the things going on in their lives. For example; what's going on in the street they live in, the influence of other people around them and their expectations about what is normal in terms of health.

### We can take Harry and Pam's stories below as typical –

**Harry says:** "I really like getting out seeing my mates and talking to people. I want to feel good when I start my day. I know stopping smoking would make me feel better in the mornings, but I had a fall last winter and I've not been able to get out much lately. So I put on weight and I'm feeling really fed up. Smoking is like the one thing I can enjoy at the moment!"

**Pam says:** "I'd feel better about myself if I could lose a couple of stones, but there are so many other things going on in my life. I have to feed the family and I don't have time to plan meals or think about myself."



In Salford, we have been looking at how we deliver our lifestyle services to using a more integrated approach that helps people to make changes in ways that are positive and acknowledge the links people make between wellbeing and other areas of their lives. We have called this our Way to Wellbeing System.

We started off by getting a good understanding of how Salford people viewed issues such as responsibility and health and wellbeing, so that we could ensure a citizen-based perspective was placed at the heart of the design of the wellbeing service. We did this by asking for views through field research from over 600 people and 16 focus groups (119 participants)<sup>8</sup>.

#### **Way to Wellbeing views from our field research**

"You may be physically fit, but you may be depressed...It's about being well rounded."

"It's how you feel inside, confidence and stuff that can affect health"

"I think the value ... is to nip something in the bud that could become serious, saving resources in the long run."

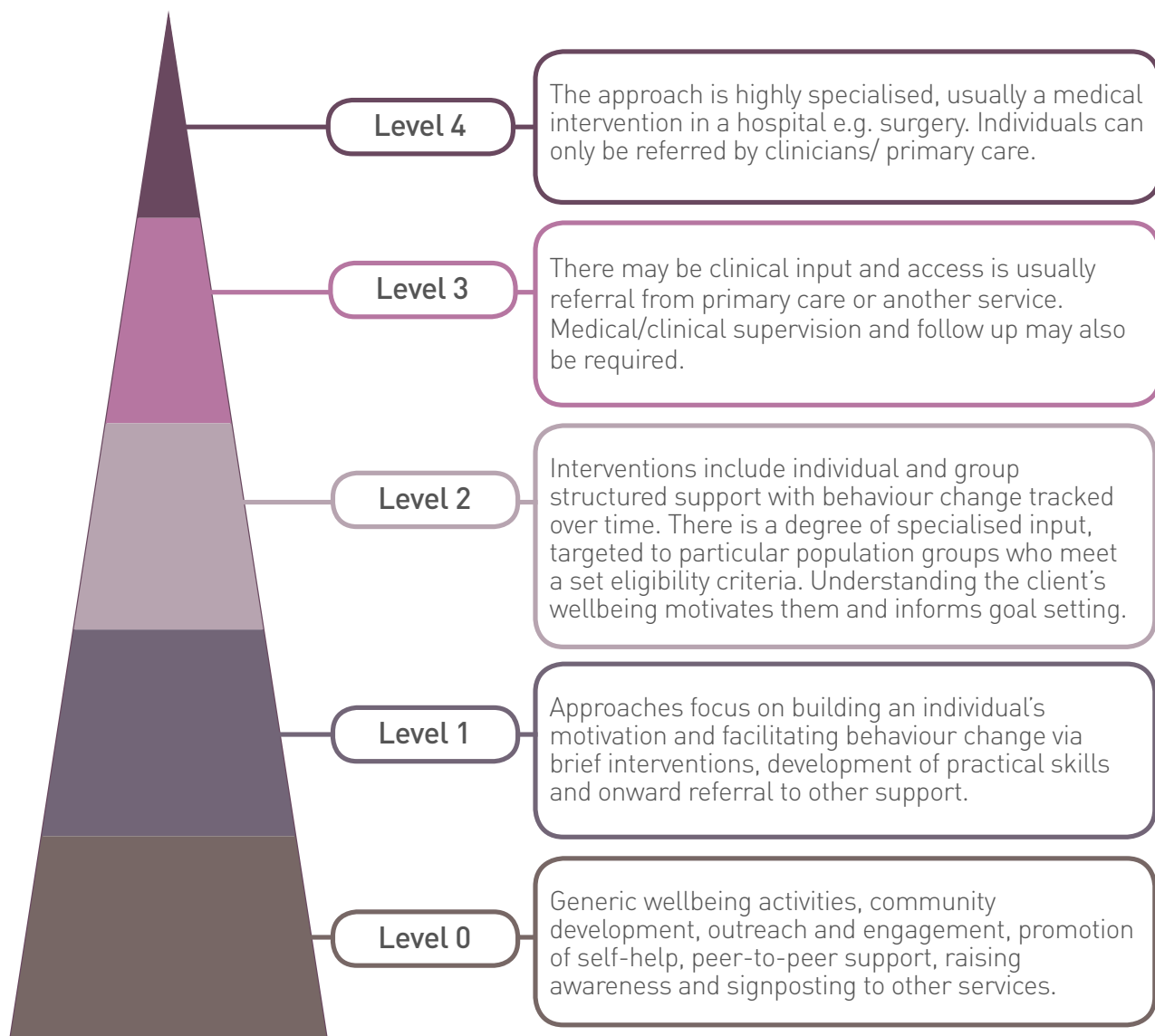
We asked people about different types of activities and services for promoting health and wellbeing. They told us that they want:

- ▶ To pick and choose from what is on offer, to find what helps them most to manage wellbeing.
- ▶ Good quality information that signposts them to support, whether that's a service or a local activity.
- ▶ Services that help them to make the right connections across different areas of wellbeing, rather than just dealing with one issue.
- ▶ Self-help tools that are accessible and provide encouragement to take steps to manage wellbeing.

We also know that many people do make changes like quitting smoking, reducing drinking and being more active, often without the involvement of a service. Communities and individuals have skills and resources that can be important for encouraging and helping people to manage their wellbeing. Supporting people and communities to use their assets is an important part of an integrated system.

<sup>8</sup> NHS Salford. Way to Wellbeing Insight Research, 2011

In the Way to Wellbeing System, all these different aspects are integrated to help someone to get to the right level of support in a way that works for them. There are five tiers or levels in the system.



## The Way to Wellbeing System

- ▶ At the top of the triangle, services deal with a specific issue and are specialist. These may involve surgery and/or clinical intervention. This could be bariatric surgery (e.g. a gastric bypass) for a person who is very overweight.
- ▶ The higher the level in the system, the more structured the support and intervention.
- ▶ For levels 0 to 2, there is an emphasis on the person, rather than the 'issue' or risk.
- ▶ At level 0, there is a focus on community support, helping individuals and communities develop their skills to improve wellbeing and self-management.
- ▶ The levels aren't isolated, people can step up or step down from levels and services can work together to help people to get to the right level.
- ▶ The overall system is supported by Making Every Contact Count and the Way2Wellbeing website.



Level 0 is a really important part of the system. It includes all those community and neighbourhood based resources that help people to manage their wellbeing. One aspect of this is local community assets. Assets are the skills that people have, the links they have with other people in their neighbourhood, the spaces and buildings in a local area. Often we hear of places having a good community spirit, or even a lack of community spirit. Where people are encouraged to make links with each other, there tends to be good community spirit and this helps to build wellbeing. It is how these assets are used to support a person to make positive wellbeing choices that is important. In the Way to Wellbeing System, the **Health Improvement Service** works directly in communities across the city to help groups to form, to connect people to each other and to wellbeing opportunities in their local area.



## The Way to Wellbeing System in action

### Level 0 – Linda’s story

Linda had a history of poor health leading to her having low self confidence, depression and isolation. To start with, she came to a local craft session following a contact from the Health Improvement Service. It was clear she was benefiting from being involved in the sessions and being with other people. She started by not being able to make eye contact but soon became more talkative and took a role in setting up the group. Making cups of tea for people was a big step.

As she started to interact more with people in the group, with support and encouragement she applied for a position as a volunteer in a local charity shop. The combination of a supportive local group and a bit of help over a prolonged time has had a very positive impact. Linda’s wellbeing has really improved and she is making steps to manage her other health problems much more effectively.

Salford City Council’s Health Improvement Service helps people to live longer, healthier lives by working with individuals, families and communities to support healthy lifestyles.

**At level 1**, the approaches start to focus on targeting groups to engage them in a wide range of programmes, from screening for risk of heart disease, to healthy lifestyle offers such as healthy cooking programmes and falls prevention for older people. At level 1, there is also a focused effort on engaging with people and families who may be showing some of the early signals of risk to steer them into wellbeing support. Again, the Health Improvement Service is a big feature at this level. The programmes of work include family health, promoting awareness and access to screening for cancer and heart disease, helping older people to maintain their mobility and independence and keeping well for people who are managing a long term condition.

### Level 1 – Kath’s story

Kath is overweight and is very conscious that her eating habits and lack of physical exercise are contributing to her weight gain and not good for her general health.

She came along to a weight support and activity session delivered by the Health Improvement Service called ‘Shape Up’. She attended with two family members. Kath’s goal was to exercise for 15 minutes at each session and not to feel totally exhausted doing this.

After three sessions, Kath was able to do her 15 minutes comfortably. She then started to attend a women’s only exercise programme running in her area. Over a ten-week period, Kath changed from being bright red in the face and struggling, to being able to keep a good level of exercise going for the whole session. She lost nine pounds (four kilograms) in weight over ten weeks and has come down two dress sizes. She uses a food diary to help her to be more aware of how she eats and situations that trigger over-eating. Kath has said she is much more confident about herself and has no problem being at the front of the group. She has also taken up a role in helping out with running the women’s Shape Up group.

**At level 2**, the activities and support offered is more structured and targeted to particular groups or areas. For example, **Being Well**, a new service in Salford, targets people who have a combination of lifestyle and wellbeing issues, and need support to help them make sense of their world, and to make changes.

## Being Well

Being Well offers a tailored service for adults in Salford with interconnected and multiple wellbeing issues in their life. The service works with them over a prolonged period of time, to help them establish their motivation to change, build their skills and confidence to make small but meaningful changes, apply them and embed the changes in their everyday approach.

Being Well sits alongside our more traditional lifestyle support services and is aimed specifically at adults who want to address multiple lifestyle and wellbeing issues, including low mental wellbeing. Someone who comes to the service sees a Being Well Coach, who has the skills to support them across a wide range of areas. The coaches work in local venues across the city.

A Being Well Coach will meet with a client, spend time finding out about their wellbeing, help to identify their motivation to change and perceptions about their health and wellbeing. They will find out about their goals and confidence to change and develop practical support they could benefit from. This package of support might include a physical activity programme at a Salford Community Leisure facility, along with goal-setting techniques to build confidence, feedback and mentoring. The aim, over a period of up to one year, is to help the individual make the changes and embed them.

We know that if people reduce their risk of early death through stopping smoking, being more active, drinking within recommended guidelines and eating more healthily then there will be longer term improvements in how long people live for and their years spent in good health. We are evaluating this change closely as it is a different approach to the usual way of commissioning a service and the outcomes we expect from it will inform how future wellbeing services are commissioned in the city.

### Big Life

The Big Life Group is a social business which works across the North of England. Big Life works with people to change their lives and has a strong ethos of looking for new solutions to issues.

Big Life is delivering the Being Well Service in partnership with a number of well-established third-sector organisations who all have great local expertise and who are already delivering services across Salford neighbourhoods. These include:

- Langworthy Cornerstone
- Salford Community Leisure
- Salford Health Matters
- Salford Unemployed and Community Resource Centre
- Social adventures
- Unlimited Potential
- YMCA
- People's Voice Media

**At level 3 and level 4**, the interventions get much more specialist, and often include clinical input e.g. drug therapy, they usually involve a referral from a GP or a clinician based in a specialist service. At this level, there may also be supervision over a period of time, such as for a Cardiac Rehabilitation programme which supports people recovering from a heart attack or heart surgery.

Level 4 interventions include clinical and highly specialised medical intervention in a hospital setting e.g. surgery and individuals can only be referred by clinicians/primary care. An example would be a person undergoing bariatric surgery as part of a structured plan to manage their obesity.

Salford has worked with Central Manchester and Wigan Public Health teams to commission a weight management programme for people with a BMI over 35. A BMI of this level is a serious risk to health - surgery can sometimes offer a weight management solution, but not always. The 'Choose to Change' programme is one approach to help very obese adults in Salford to manage their weight and bring it down to a safer level.

#### **Level 4 – Bev's story**

Bev came to Choose to Change with a high level of obesity, and was quite scared that her health was deteriorating. Things got worse when she fell and broke a bone in her knee. She was referred to Choose to Change by her doctor.

The programme quickly taught her that losing weight is about understanding food, the effects of various ingredients in food, learning how to take a regular and balanced approach to meals and fitting in physical activity, so that it becomes part of a daily routine. She discovered that slow and steady weight loss is far better than crash dieting.

After eight weeks on the programme Bev lost 18 pounds (eight kilograms) and started to feel much more confident and mobile again.

She was delighted to realise that the programme was:

"...not a diet. It's engaging, it's achievable, it's a way of life and it fits round pretty much any lifestyle....even mine, where part of my job is to go out and eat....I have more energy and my body aches less."



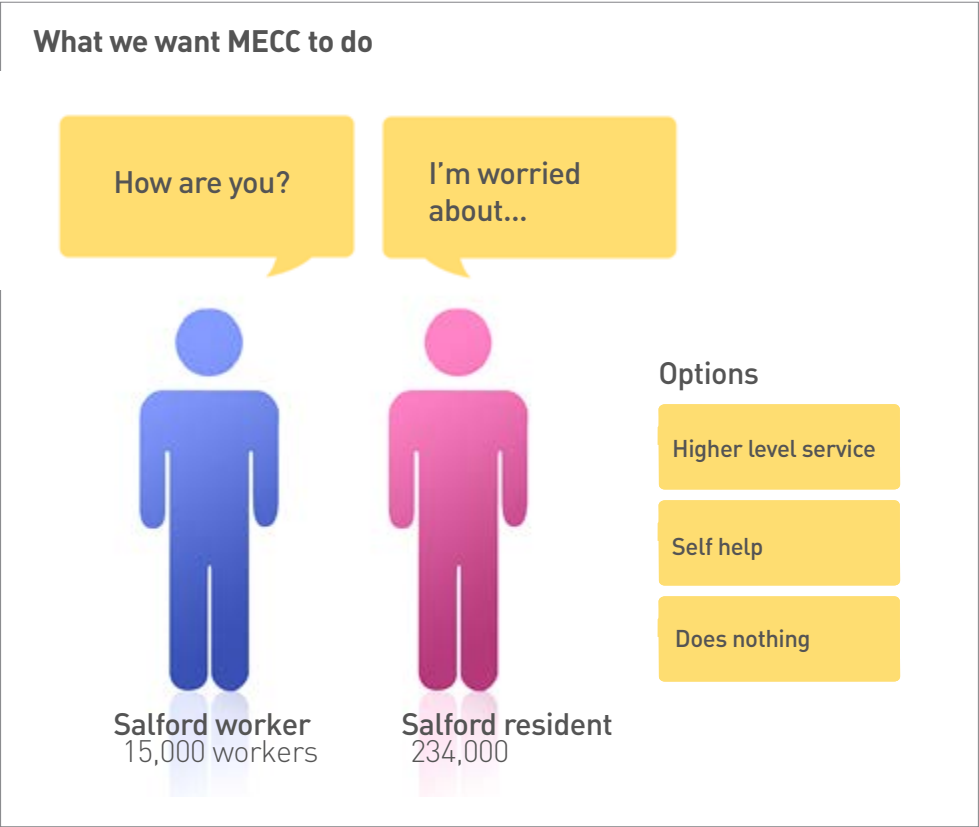
Supporting the system to work:  
Making Every Contact Count and the Way2Wellbeing website

Making Every Contact Count

Making Every Contact Count (MECC) is an approach in Salford to do exactly that! It is about all front line workers in the city 'doing the right thing' to notice or ask how someone is, and to know what to do if that person has a wellbeing issue or need.

There are 15,000 front line workers in Salford who all have conversations with Salford residents every day. That conversation could be about a money issue, a health matter or a housing problem – what MECC tries to do is to help the person acknowledge the importance of that issue for their wellbeing

and offer simple guidance to encourage them to take a next step. This could be a contact number for the Welfare Rights Service, a referral for stop smoking support, or a link to a neighbourhood health improvement worker. It is a short/very brief intervention and there will be many instances where that advice isn't acted on. But with 15,000 workers using MECC as a core part of their day-to-day interaction with their clients, some people will take on that advice and start to make a positive change to a wellbeing area in their lives.



Way2Wellbeing website: [www.way2wellbeing.org.uk](http://www.way2wellbeing.org.uk)



Example of  
Way2Wellbeing  
page

The Way2Wellbeing website has been designed to help Salford citizens to find out about and self manage their wellbeing.

It offers a range of tools and information across 11 topic areas, encouraging someone who accesses it to explore their wellbeing, to set wellbeing goals and personalise their wellbeing pathway.

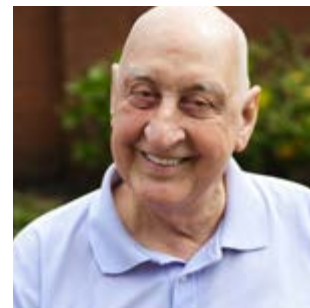
Its key features are:

- A wellbeing checker.
- A range of tools to support change, goal setting and tracking and where required, an online referral to a specialist service.

- A range of wellbeing 'topics' including the lifestyle areas such as weight, alcohol and smoking, but extending to cover money and debt, housing, work and skills. This acknowledges the links between lifestyle and other life areas.
- A facility to allow the user to save their wellbeing progress and journey in the website, to allow them to revisit and monitor progress.

Staff in the Eccles Gateway did a trial of the website with their clients in 2013. It will now be developed further with improvements such as a wider range of self help tools to be included. This is supported by work in a number of departments of Salford City Council.

# Integrated Care Programme and Older People



The term **integrated care** is also used to describe the integration of health services and social care services. In this chapter, the focus is on how these services in Salford work with older people (people aged 65 and over) to help them take a more active role in looking after themselves and reduce avoidable demand on services. Many older people are under the care of multiple services – and we want to ensure this care is as coordinated and effective as it can be.

### Why integrate?

Our focus in Salford is on integrating care around the needs of individuals and local populations. This means understanding the role that health, social care services and community resources currently have in the care of older people and identifying ways we can improve this. We also believe that older people (and their carers, families and local communities) should be supported to take a more active role in their own care.

The core argument for integration is that service users should be able to access effective, efficient and well-coordinated care. By overcoming disjointed service provision, we should be able to improve outcomes and the experience of using our services, as well as reducing duplication.

Older people often have long term care needs (frequently associated with chronic health conditions) and therefore are likely to benefit from better care planning and coordination across health, social care and the non-statutory sector.

- There are 33,969 people aged 65 or older registered with a GP practice in Salford – almost 14% of the total population. This is predicted to grow to 43,300 by 2030.<sup>9</sup>
- There is likely to be a substantial growth in the number of older people with a limiting long-term illness, from an estimated 18,660 in 2011 to 24,076 in 2030.
- The number of healthy life years people can expect to enjoy in Salford is 56.1 years for men and 59.4 for women – 4.5 and 3.5 years lower than the England average respectively.<sup>10</sup>
- The number of people aged 65 or over who live alone is projected to grow from 12,542 in 2011 to 15,998 in 2030.<sup>11</sup> Older people often suffer from social isolation and have a negative perception of crime and their safety.

<sup>9</sup> Whilst the former figure is the registered GP population for Salford the latter is an ONS projection based on the resident population. However, registered and resident population figures are almost identical though there are some patients registered with Salford GPs that do not reside in Salford (and vice versa).

<sup>10</sup> ONS data, 2001.

<sup>11</sup> Data taken from the Projecting Older People Population Information System (POPPI).



A significant proportion of health and social care budgets is spent on the care of older people:

- Approximately 40% of all healthcare activity delivered in either an acute (hospital) or community setting, accounting for approximately £52 million of commissioner spending<sup>12</sup>.
- Salford City Council spends £81 million on Adult Social Care, of which £41 million relates to older people.<sup>13</sup>

Salford has some of the highest rates of emergency admissions to hospital for this client group (10,000 per year) and admissions to permanent residential and social care (287 per 100,000 population) – both among the highest in the North West.

### The Integrated Care Programme for Older People

The aims of the Integrated Care Programme are:

- Reducing emergency admissions and readmissions.
- Reducing permanent admissions to residential and nursing care.
- Improving quality of life for users and carers.
- Increasing the proportion of older people that feel supported to manage own condition.
- Increasing satisfaction with the care and support provided to older people.
- Increasing flu vaccine uptake for older people.
- Increasing the proportion of older people that die at home (or in their preferred place of dying).



The work of integration is being done by a partnership between Salford City Council, NHS Salford Clinical Commissioning Group, Salford Royal NHS Foundation Trust and Greater Manchester West NHS Foundation Trust. The team which manages the project work has engaged a wide variety of other organisations and services in the programme. Ultimately any organisation or service that supports older people is likely to be involved in some form, such as:

- General practice.
- Integrated teams – district nurses and social workers.
- Intermediate care services.
- Nursing and residential care homes.
- Specialist health services - care of elderly, long term condition services (e.g. chronic obstructive pulmonary disease (COPD), diabetes, heart failure), palliative care.
- Neighbourhood teams.
- Mental health services (e.g. psychiatric liaison).
- Voluntary and community sector.

Public health input includes the analysis of information, trends and evidence base, ensuring prevention and early intervention services form part of the the integrated offer as the programme develops.

<sup>12</sup> Local analysis of commissioner based activity.

<sup>13</sup> These are gross expenditure figures for 2010/11 and exclude expenditure which is funded through the joint arrangements with health (e.g. Learning Difficulties pooled budget).

## How public health helped create Sally Ford

To support the drive in the UK to integrate health and care services, making them more efficient and patient-focused, several areas have created fictitious characters to help focus planning on the people using the services. Care teams can then use this to ensure their care will help to maintain this person's independence, prevent avoidable hospital admission and facilitate early discharge.

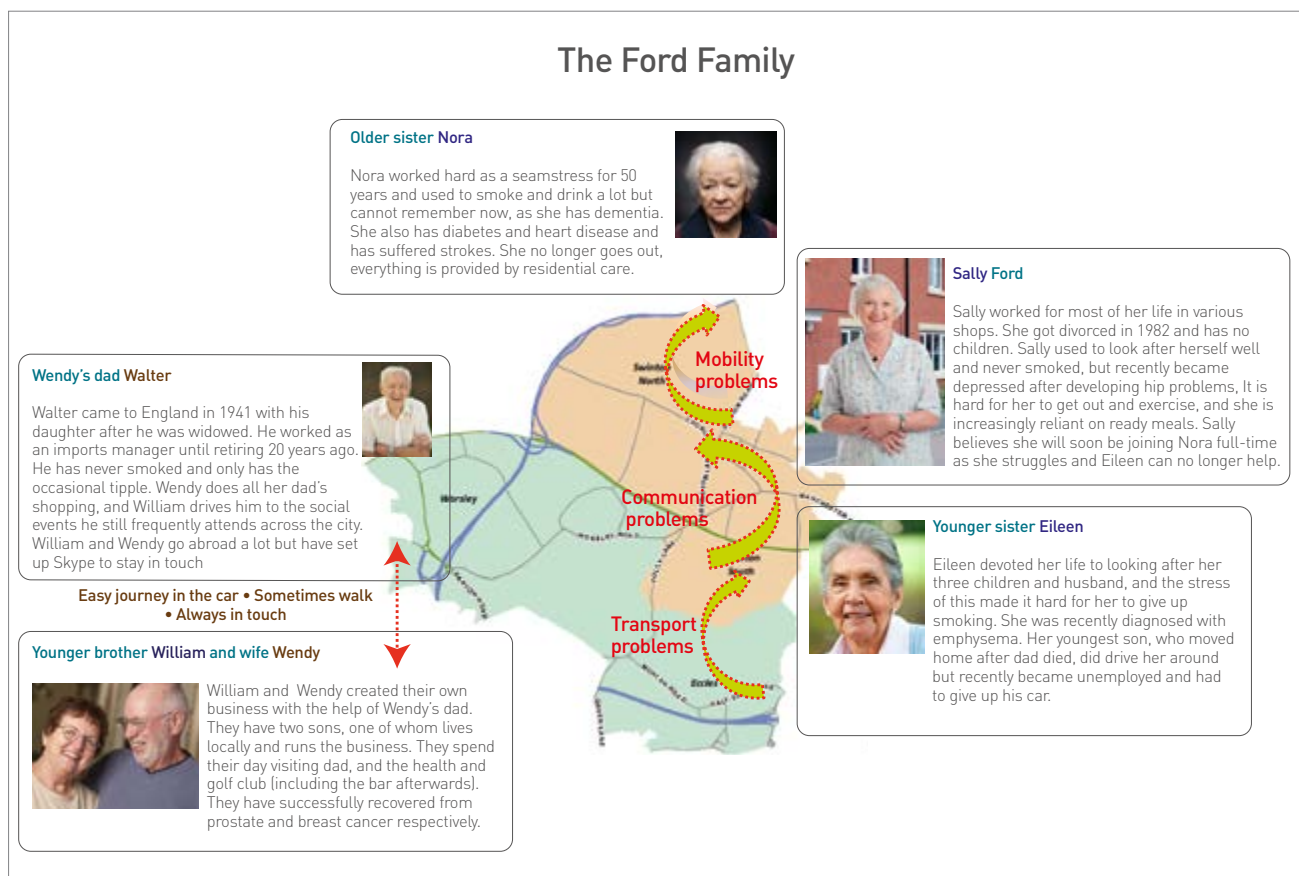
We have taken time to speak to people using the services to hear their views. From this work we hear that:

- Patients want their health needs and experiences to be viewed as a whole and not dealt with separately. They don't want to be treated as 'pill disposal units'.
- People feel they need more information to encourage them to manage their health themselves. Key issues include how to manage diet; build exercise in to daily routines; avoid known risk and trigger factors; quitting smoking and reducing alcohol consumption.

- Fatigue, depression and anxiety are issues experienced which can be alongside primary symptoms – often severely impacting on quality of life and making it difficult to cope with the physical condition.

Public health has taken information about the population of Salford and identified some of the most common characteristics of our older citizens. Turning this into someone called 'Sally Ford', and developing her family background provides a way of focussing on a typical older family in Salford. The illustration highlights key issues for Sally and her sisters – mobility, transport, communication and therefore access to care. The sisters live in more deprived parts of Salford and their health is poor whereas their brother's family are more affluent, healthier and more able to use technology to support their daily needs.

The challenge for integrated care providers in Salford is getting to know what works best for Sally and all her family.



### Integrating drug and alcohol services



Salford has been working with 'treatment' and 'recovery' services from the NHS, Salford City Council and Voluntary Sector to redesign our drug and alcohol services. This followed new national guidance and three new national strategies on drugs, alcohol and mental health between 2011/12.

In 2013/14, we will be seeking a new 'lead provider' to co-ordinate a range of other providers to deliver redesigned drug and alcohol services from September 2014. A recovery model has been agreed which will integrate the drug and alcohol treatment systems.

Previously 'treatment' services for drug users and for alcohol users were provided separately; it is clear however that these individuals face very similar life issues and similar approaches to 'treatment' and 'recovery' are appropriate, no matter which substance has been misused. It is relatively common for people to have problems across drug use, alcohol use and with their mental health.

Currently if someone with a drug or alcohol problem wants help they have to attend different services. Getting treatment and then moving into recovery is complicated. This affects the motivation to change of the individuals seeking help.

In the future, integrated drug and alcohol services will identify the people with the most complex and severe problems at an earlier stage.

The new service will not just treat each individual as a drug user or as an alcohol user but as a person. For example some individuals coming into treatment may have a network of family and friends and a supportive neighbourhood. Others will need to develop such assets for their future recovery via the recovery community (a group of people in Salford who have successfully passed through drug and alcohol treatment).

The new service will be more flexible and more mobile, dealing with people's needs as they present to treatment, not as treatment presents to them. The service will identify those most in need of help and also those ready to move on to recovery.



## What is recovery?

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If asked, most people are able to describe drug and alcohol treatment which is often reported in the press linked to celebrities. The concept of recovery is less familiar and looks different for different people; it involves building a new life for the person affected.

Recovery can mean different things:

- ▶ Being drug and alcohol free.
- ▶ Regaining 'control' over drug and alcohol use.
- ▶ Being on medication (a substitute drug, or one which discourages or limits use).

Recovery is also about what is around the person: friends, family, neighbours, other people in recovery, employers, housing, mental and physical health support, mutual aid groups and self help. These assets will be crucial in helping the individual in their recovery journey. Moving from treatment to recovery may include one or all of these approaches; so it can look complex - because it is!

## Why integrate drug and alcohol services?

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Offering treatment is very different to supporting recovery. Without better integration of these two distinct elements, people become stuck in treatment and rarely progress to recovery.

Our approach is based on the evidence that almost anyone can recover and that receiving help and support of the right kind, which builds on the person's assets or strengths, will lead more people to moving from treatment to recovery.

This means a new role for doctors working with those in treatment whilst they make the transition to recovery. Doctors have been challenged to encourage more patients to try recovery in all forms much earlier. This is a highly desirable outcome for individuals, families and local communities in Salford as people will be offered the opportunity to rebuild their lives away from their drug and alcohol use.

Below are some statements from people who live in Salford and who experienced the old system of drug and alcohol treatment and look forward to the new recovery approach; they are also putting something back – a key part of recovery and mutual aid:

“...What you have to understand is that ‘treatment’ and ‘recovery’ are different things... it’s like two different worlds....”

“...When you have been there you are not bothered about picking up the phone...it means helping someone else get through another day...people have been there for me, so why shouldn’t I be there for someone else...”

Examples of putting something back include:

- Volunteering one-to-one support to those new to recovery.
- Volunteers running recovery and mutual aid groups.
- Volunteers offering reassurance at liver screening clinics to first-time attendees.
- Volunteers working to improve local neighbourhoods e.g. helping with local youth or older people activities – sometimes with a view to gaining employment skills.

## Where does the work of treatment end and recovery begin?

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Integration of drug and alcohol services in Salford will mean more of a focus on self-help, social and support activities. To make this happen, more people are needed who have been through treatment themselves, to volunteer to guide others through their treatment. Some will play an even bigger part by helping paid staff in drug and alcohol services.

This will have an impact on the current workforce; however we see the importance of putting this new recovery workforce alongside the existing treatment workforce, to use their experiences to help others.

## A focus on young people and families

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Salford has a group of young people who started using drugs and alcohol at around the ages of ten to 12. They are usually known to the statutory health and social care services, and many of them come from families where the parents are also struggling with drug, alcohol, mental health and other social problems. These children largely become the adults we see in our drug, alcohol and mental health services.

To help break the family patterns, we need to focus on young people:

- who are known to young peoples’ services, family services and adult social care services
- who have family members known to statutory services
- entering and leaving treatment and prison.

## Expected benefits

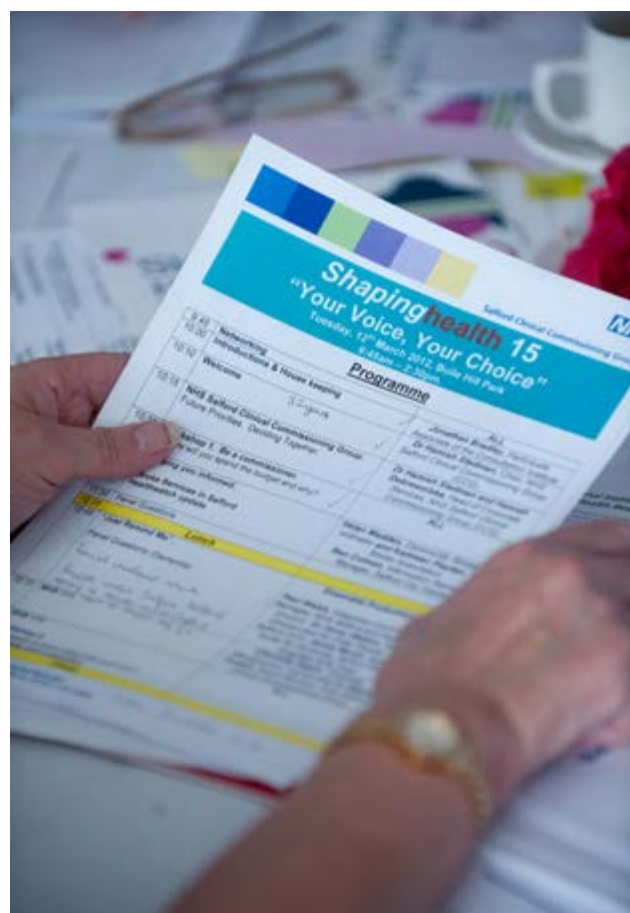
We expect the main benefits and the new focus of integrated drug and alcohol services to be:

- Identifying those most at risk of the greatest harm early.
- Working with the whole family, in both the treatment and recovery system.
- Having better pathways to recovery as early as possible.
- Keeping in better touch for longer with the highest risk individuals.

Taking time to examine the philosophy behind our services and make sure the changes reflect what is needed is expected to achieve:

- Better treatment engagement – people more willing to come to treatment.
- Better treatment completions – more people finishing the course of treatment.
- Fewer re-presentations – fewer people coming back into treatment.
- Reduced crime.
- Better mental health and wellbeing.
- Better family life and social cohesion.
- Better school engagement.

This will benefit the people who use the services, their families and neighbourhoods and ultimately, all of Salford.



### Updates on recommendations from last year's report and recommendations for the future



Salford's public health report for 2011/12 focused on the role of clinicians in public health work. We wrote about actions we were planning in 2012/13, and here we provide an update on some of these:

- GP practices sent text messages to contact patients who had tried to quit smoking and referred those who wanted to have another go to community-based Stop Smoking Support. 1,246 smokers made a quit date, compared with 987 the year before, and 40% quit for at least four weeks.
- More patients (867 compared with 290 the previous year) were seen by the hospital stop smoking service after a new electronic referral system was developed. 43% quit for at least four weeks.
- The uptake of seasonal influenza vaccine was improved by a city-wide partnership approach across health and social care; this included a widespread media campaign, opportunistic vaccination, robust commissioning arrangements and an improved letter of invite to patients.
- All health visiting staff were trained in breastfeeding management using a programme based on the UNICEF Baby Friendly Initiative curriculum.
- An increase in the numbers of health visitors has allowed them to deliver more public health information.
- Salford rigorously enforces breaches of alcohol licensing and during 2012/13 has worked with licensing colleagues across Greater Manchester and the North West to look at proposals to better regulate the sale of strong cheap alcohol.





- A new system for screening patients at high risk of liver disease has been developed in a partnership between Salford GPs, Salford Royal Foundation Trust and Greater Manchester West NHS Foundation Trust.
- An evaluation of the Emotional Aspects of Consultation (EAC) course, delivered to staff in 2011/12, was carried out six months later, and found an increase in the participants' confidence in dealing with the emotional needs of patients with long-term conditions.
- There has been extensive training of teaching and non-teaching staff in secondary schools on self-harm awareness. Self-harm as an expression of mental distress has been identified as an important emotional health problem for young people.
- Cancer awareness initiatives have been expanded during 2012/13 and will continue to develop in 2013/14 to promote earlier presentation and detection of cancer which will help reduce deaths from cancer.
- All pharmacy teams across the city received cancer awareness training in 2012 and evaluation of this work has shown pharmacies felt supported with delivery of cancer messages and information to customers.
- Training of General Dental Practitioners (GDPs) on oral cancer has commenced with campaigns planned to raise awareness with the public during autumn and Christmas 2013. The work completed with GPs during 2012 using the Cancer Commissioning Toolkit was positively received and is recommended for further roll out in 2013/14.
- Targeted cancer awareness activities within communities using volunteer-led approaches were extended to cover all areas of Salford after evaluation.
- To understand the barriers people experience to taking up the offer of a health check, non-attendees from one GP practice have been identified and will be surveyed. The health checks invitation letters have been re-worded to be more attractive to the residents of Salford.



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IN Salford

## Taking this work forward

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Looking ahead, we have identified what should happen to take the work of integration forward in Salford.

### **Joining up strategically across the city**

The Joint Health and Wellbeing Strategy currently focuses on nine outcomes which are considered a priority for the wellbeing of Salford. Innovative and integrated solutions are currently being developed in these areas. This work is being led by the Health and Wellbeing Board, which has the role of helping all Salford partners to design co-ordinated and joined up services and improving health and wellbeing. As part of this, integration needs to take account of the skills of local residents, and the power of local associations or groups already in our neighbourhoods. This 'asset-based approach' will help build communities and services that are stronger and sustainable.

### **Reporting**

Work is being done on a performance reporting framework. This will mean we will be able to report the progress we make towards integrating services and achieving better public health outcomes.

### **Evaluation and review of integration projects**

This report has highlighted approaches to existing services which are innovative, which emphasise integration and ensuring that the people in Salford using these services are helped to take an active role in their own wellbeing. These new ways of working have had evaluation built in to the proposals so that we can be sure that we understand how the changes are impacting. In particular, we want to be sure that people are receiving the benefits we are expecting. Evaluation is also important to fine-tune new services. We hope to be able to report next year on how these new approaches are working.

### **Roll out of integration models and ways of working to other services**

Although we have focused on three areas, the ethos of integrating services is something that the public health team will be supporting to implement across a much wider set of services. One project which is already underway is 'Troubled Families'. The aim is to turn around the lives for families where no adult is working, children are not in school and family members are involved in crime and anti-social behaviour. Public health will provide a health profile to support the work.

Ensuring integration is of critical importance if we are to influence the health inequalities people in Salford experience, which were highlighted at the beginning of this report. We look forward to being able to report further on the contribution public health has made to the development and achievements of integration in future years.

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**For further information about this report please contact:**

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