

# Salford Locality Plan 2020-25



# Foreword

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**It is our pleasure and privilege, as joint chairs of Salford's Health and Wellbeing Board, to introduce this latest refresh of the Salford Locality Plan. Right across Salford, all partners are committed to improving health and wellbeing and to reduce health inequalities. By focusing on our collective resources, we can maximise the social value return to Salford as well as improve health outcomes.**

The Locality Plan is the link between our understanding of needs and opportunities in health and wellbeing, and our coordinated response to them. There is a requirement on all health and wellbeing boards to produce and publish such a plan, complementing the plans at Greater Manchester level.

This plan will inform, challenge, inspire and energise our collective action across Salford. It is timely to look at how far we have come and what remains to be done since the previous version of the locality plan in March 2016. Pooling of the great majority of the health and social care budget, and greater transparency on the rest, has been a major development of the past few years. These pooled arrangements are helping us to invest in prevention, to prioritise spend on areas most needed, and to mitigate the impact of reducing resources on the most vulnerable and on health inequalities.

Despite these collective efforts, the challenges remain. We have not made enough progress in closing health inequalities that may appear intractable and deeply ingrained; but there is a road map towards closing these inequalities. The Marmot report 'Ten years on' demonstrates where change has been made but also where nationally, regionally and locally we have seen the impact of austerity, stalling life expectancy and widening inequalities. Salford has committed to the Marmot principles alongside Greater Manchester commitment to become a Marmot region.

In this document we have set out the strategic aims so that our intentions are clear. This refresh of the Locality Plan emphasises 'Our Salford' as a place to create and develop healthy and sustainable places and communities, to create fair employment and good work for all, and to ensure a healthy standard of living for all. To some degree we must plan for the unknown, guided by values rather than certainties - sensitive and responsive to changing circumstances. This has certainly come to light during the COVID-19 pandemic which we least expected when we were refreshing the locality plan last year.

The plan has been refreshed through a consultative collaborative approach, involving the public, providers, commissioners, and policy makers. The next steps are, therefore, to sustain and grow these collaborations and to collectively hold each other to account for the outcomes.

Our greatest resource is the people of Salford. Our ambition is for their best possible health and wellbeing. We hope that all readers will see that this plan relates to themselves and those they love at their particular stage of life, and it also relates to the neighbourhood in which they live or work. Just as importantly, it shows where everyone can contribute. We hope that you enjoy reading this plan, and as you do, reflect not only what Salford will do for you, but what you will do for Salford.

**Councillor Gina Reynolds and Dr Tom Tasker,**  
Joint Chairs of Salford Health and Wellbeing Board



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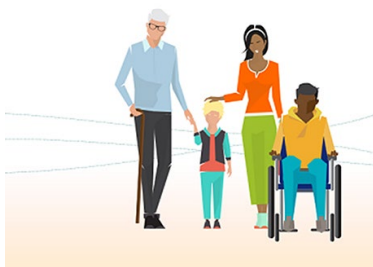
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# Summary

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**Start well.**  
**Live well.**  
**Age well.**  
OUR SALFORD



## Vision

Salford is a place where everyone can enjoy the best opportunities that Salford has to offer.

People in Salford will get the best start in life, will go on to have a fulfilling and productive adulthood, will be able to manage their health well into their older age and die in a dignified manner in a setting of their choosing.

People across Salford will experience health on a parallel with the current 'best' in Greater Manchester (GM), and the gaps between communities will be narrower than they have ever been before.

## Our core outcomes

1. People will live longer and those years will be lived in good health (Increased healthy life expectancy for all).
2. The gap in life expectancy between the most and least deprived communities in the city will be reduced (inequalities index).



### Starting well outcomes:

**I am a child** who is physically and emotionally healthy, feel safe and able to live life in a positive way

**I am a young person** who will achieve their potential in life, with great learning, and employment opportunities

**I am as good a parent** as I can be.



### Living well outcomes:



**I lead a happy, fulfilling and purposeful life**, and I am able to manage the challenges that life gives me.

**I am able to take care of my own health and wellbeing** and I am supported to care for others when needed.

**My lifestyle helps me** to stop any long term condition or disability getting worse, and keeps the impact of this condition or disability from affecting my life.

### Ageing well outcomes:

**I am an older person** who is looking after my health and delaying the need for care.

**If I need it**, I will be able to access high quality care and support.

**I know that** when I die, this will happen in the best possible circumstances.



### Strong and resilient communities:



**I feel safe and connected**, and able to influence the decisions that affect me.

**I feel supported** to make healthy choices in the places where I live, work, volunteer or visit.

**I have opportunities to contribute**, and benefit from, a strong economy with quality local jobs.

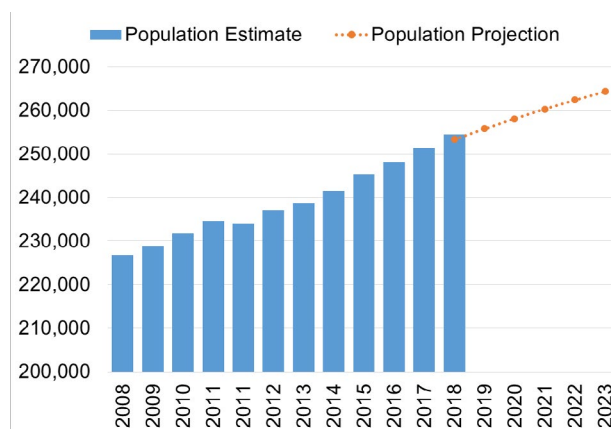
# Salford will continue to grow in the next five years

## The people of Salford

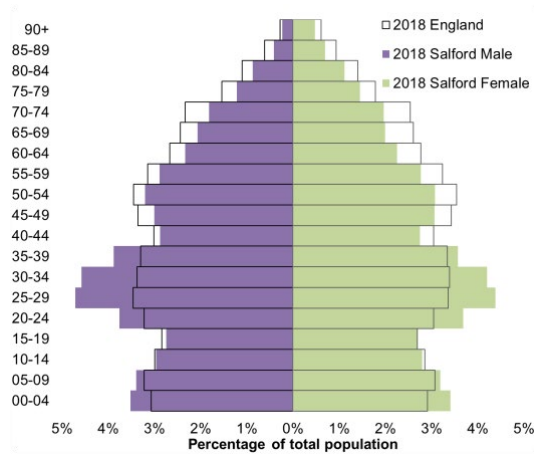
There are just over quarter of a million people living in Salford (254,408 in 2018) and the population has been increasing since 2002. Much of the population growth in the city has occurred in the East, around Salford Quays and Blackfriars. The city growth is expected to continue with a further 11,000 residents in the next five years.

Salford has a younger population than the average for England; with a third of the population aged 20-39 years (compared to 26% across England), a lower proportion in older age groups, and proportionately more young children. Overall, at the time of the census in 2011, 14.4% of Salford population were from BME communities, lower than the national rate of 19.3%. The most diverse parts of the city are found in the eastern half, from Eccles town centre to Chapel Street and north to Higher Broughton.

## Population of Salford 2008-2018, with Projection to 2023

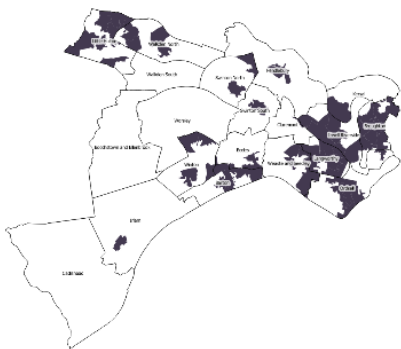


## Population Pyramid for Salford, with England Comparator (2018)

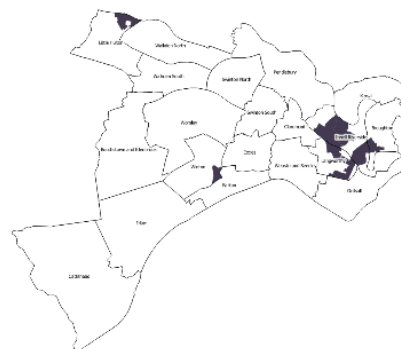


Salford is currently the 18th most deprived local authority area in England (out of 317) and remains the third most deprived locality in Greater Manchester as measured by the Index of Multiple Deprivation. There are 76,400 people (30.4%) who reside in a highly deprived area of Salford. Between 2015 and 2019, the greatest improvements have been in the Health domain and the Employment domain, relative to other local authorities. This is promising as it shows that improvements can be made in the short term. There remain challenges in the Barriers to Housing and Services domain which measures distance to key services as well as measures of homelessness and housing affordability. While the Crime domain showed a marked worsening from 2015 to 2019, this appears to be largely due to change in recording practices between the two time periods. At the start of 2019/20, there has been a reduction of 5% for violent crime, 23% for hate crime contributing to an 8% reduction in overall crime compared to the previous year.

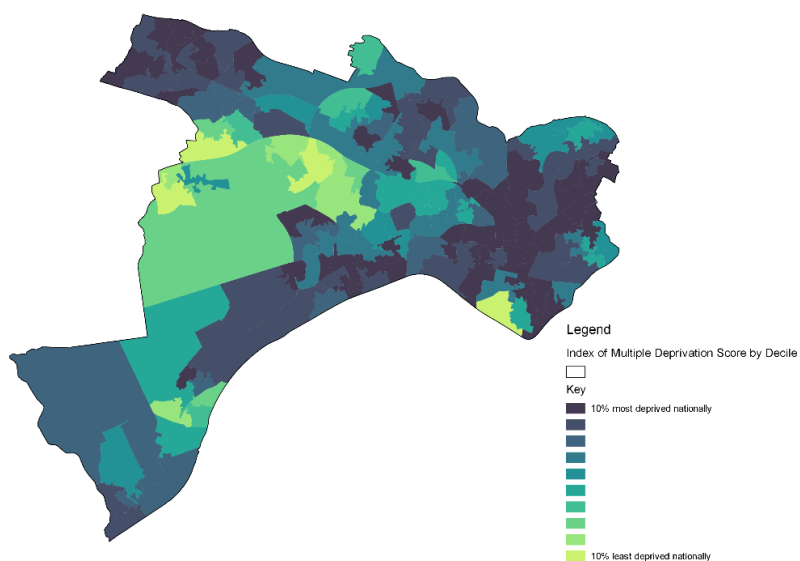
Areas of Salford within the most deprived 10% nationally



Areas of Salford within the most deprived 1% nationally



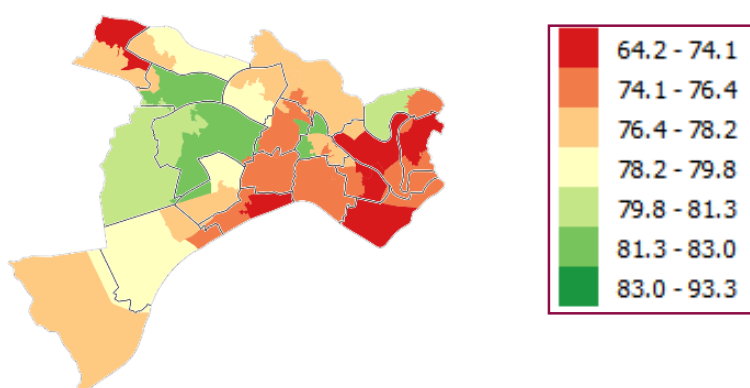




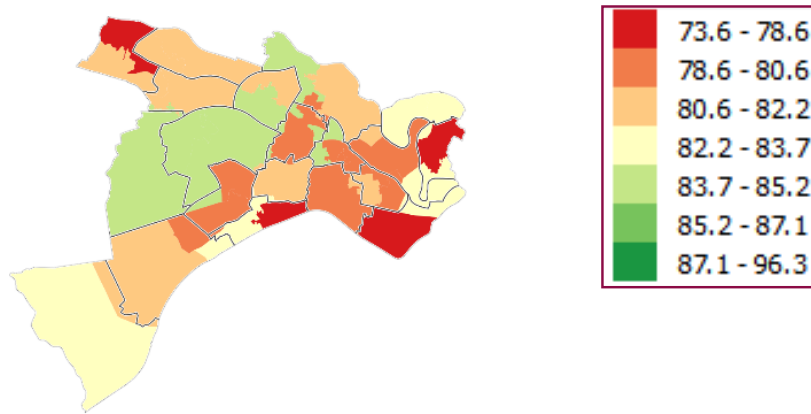
## Life expectancy (and Healthy LE)

While life expectancy has been improving in the last few decades, the rate of improvement has started to slow down. There remains a gap of around 3 years for males and 2 years for females between Salford and the rest of England. Within Salford, residents living in the most affluent areas can expect to live for 11.2 years longer for males and 7.2 years longer for females; compared to those in the most deprived areas. The main causes of death in Salford are cancer, circulatory disease and respiratory disease.

### Male Life Expectancy within Salford (2011-15)



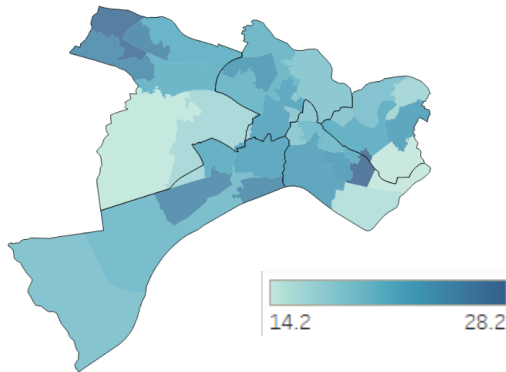
## Female Life Expectancy within Salford (2011-15)



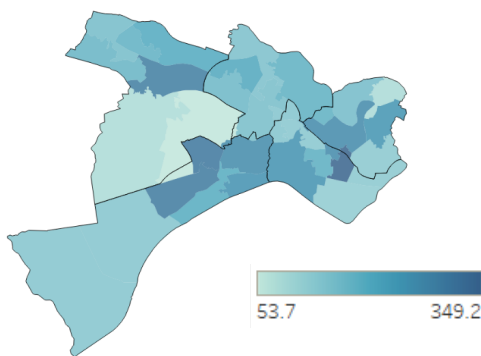
Salford residents spend a higher proportion of their lives in poor health than average for England, and this typically affects the more deprived parts of the city to a greater extent. Healthy life expectancy is 5.5 years below the national average and has remained little changed since it was first measured in 2009-11. The causes of poor health include mental health, mobility and sensory loss. While they may not lead directly to death, they represent a very substantial burden of disability, distress and missed life chances.



Percentage of people who reported having a limiting long-term illness or disability (2011)



Hospital admissions for intentional self-harm, standardised admission ratio 2013/14 – 2017/18



Salford's older population is likely to grow substantially. The population over 50 years is expected to increase from 75,600 in 2014 to 97,100 in 2035, and an estimated 2.5 times increase in people aged over 65 living with one or more disabling conditions by 2050. Approximately 21% of the Salford population currently have a limiting long-term illness. If this proportion stays the same, the numbers of people with a long-term limiting illness will increase due to population growth alone; and potentially there will be 35,000 adult carers aged over 16; an increase by more than 10,000 from 2011.



# Children in Salford will have the Best Early Start

We want children and young people in Salford to be:

- As healthy and safe as possible.
- Achieve the best educational outcomes they can.
- Be well-equipped for adult life.
- Have a sense of belonging and worth.
- Have aspirations and opportunities to achieve.



## Why is it important

Our aim is to work in partnership with families to increase safety and reduce risk by focussing on the family's strengths, resources and support networks. Salford is working with Greater Manchester on the THRIVE Framework for system change; based on five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and the promotion of mental health and wellbeing across the whole population.



## What we will do

The Transformation projects which are likely to have the greatest impact on young people are:

- **Saving Babies Lives**  
This will increase the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally to 35% of women booked on to a continuity of carer pathway by March 2020 and deliver improvements in choice and personalisation so that by March 2021 all women have a personalised care plan and more women can give birth in midwifery settings. This includes antenatal and newborn screening.
- **Salford Early Years Delivery Model**  
In Salford we are ensuring that children are ready to start school by prioritising prevention and early intervention to address health and social inequalities. Support to parents is key to promote attachment and child development. Population Health funding has allowed us to test an internationally unique approach to a Universal Antenatal Parenting offer in two localities in the City and to prioritise closing the word gap for early years children.
- **Early Help**  
Four locality teams made up of staff from different organisations will work together to provide early help to children, young people and families, ensuring families receive the advice, help and services they need, on the basis of an assessment using relationship based practice.
- **Integrated Working**  
Closer working between Salford City Council and NHS Salford Clinical Commissioning Group will continue with particular focus on emotional health and wellbeing, disabilities and speech, language and communication needs.
- **Transforming Care and Neurodevelopmental Pathway**  
We will support families with a child with a disability, providing earlier detection and support and will link parents to mental health support, parenting and peer support.

## How we will measure progress

**Perinatal mental health** - 46.6% of Salford women have their first formal antenatal booking before 70 days gestation thereby the opportunity for earliest possible detection of mental health problems is missed in over half the women. This figure is significantly lower than England (51.6%) and its similar CCG comparators (58.9%). However, 99.1% of newborn babies in Salford had a new birth visit regardless of whether it was within 14 days or not meaning that postnatally women should have the opportunity to discuss their mental health with a health visitor at the earliest chance.

**Smoking at time of delivery** - 12.8% of Salford women were smoking at the time of delivery in 2016-17, significantly higher than the England average (10.7%) but lower than nearest neighbour average (15.7%). Smoking in pregnancy has been linked to harmful consequences for the growth and development of the baby. Smoking in pregnancy can also cause serious pregnancy-related health problems, including complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy which increase the risk of mental health problems in new mothers.

**Infant Mortality** - Salford's infant mortality rate for the period 2015-17 was 4.7 per 1,000 live births. This is higher than for the North West Region (4.6) and England (3.9). Salford, Bolton and Wigan undertook a sector led improvement approach to reducing infant mortality in 2015. Since then, a comprehensive action plan has been overseen by the Safeguarding Partnership and we have been working with partners in our tripartite Child Death Overview Panel to develop an integrated approach to reducing infant mortality. Key interventions are safe sleeping practices, especially for more vulnerable mothers due to young age, family circumstances or alcohol or smoking which are risk factors for sudden infant death. Protective factors are uptake of antenatal and newborn screening, initiation and continuation of breastfeeding, and uptake of childhood immunisations.

**School Readiness** - 67.7% of children achieved a good level of development at the end of Reception (2018/19) similar to the average for the North West (68.9%) but significantly lower than England (71.8%). Some catch-up is happening because at the end of primary school, children are making the expected level of progress and education outcomes are strong and in line with national averages for disadvantaged and non-disadvantaged children. Work has been underway to progress the school readiness agenda including implementation of the WellCom screening tool across Salford; all Early Years providers and schools are trained to identify speech and language and communication needs and a re-specified Speech and Language service now has a whole system approach. The universal 18 months check has been introduced from September 2019, carried out by 0-5 Early Help Practitioners, supporting earlier identification of need.

# Children and Young People will Develop Well in Salford

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The Education strategy for the city strives for children and young people to have the best education experience, in well led schools and settings, leading to sustained education progress. It is recognised that a range of factors impact on academic progress; for example, young people feeling safe, being emotionally and physically healthy and feeling a sense of belonging and value within their community. Our 'team around the school' approach seeks to maximise partnership support for all schools to enable learning and promote wellbeing.

## Why is it important

Educational attainment is one of the strongest predictors of how long and well an individual will live; and helps break the cycle of inequality. Whilst we have some excellent schools working with parents and communities to achieve strong results, educational performance varies greatly across Salford.

The quality of our education settings is a strength for early years, primary and special provision and some secondary schools; 78% of early years, and 86% of primary schools are judged by Ofsted as good or better. A high proportion of children in the city are eligible for free school meals and a high number have Special Educational Needs. The gap between disadvantaged and other pupils widens at secondary school level. Success rates at GCSE are amongst the lowest in England with fewer children making expected progress between primary and secondary school. A-level results have remained static and the number of young adults not in education, employment or training is too high.

Young people's exclusion from employment, education and training opportunities represents a substantial social and economic cost which is experienced by individuals, the economy and wider society. Young people who are NEET are a diverse group who vary in their distance from the labour market; some are unemployed and actively looking for work, others are 'inactive' and not seeking work for a range of reasons including caring responsibilities, complex needs, long-term disabilities or health conditions.

Around 10% of 5-16 year olds in Salford have sought help for mental health problems. The most common presenting factors identified by young people as affecting their mental health and emotional wellbeing in 2016-17 were bullying (25%), money management (12%), running away from home (12%), general anxiety and stress (10%) and threats of violence (10%).

Projecting Adult Needs and Service Information (PANSI) estimates that within Salford in 2017 there were 18,100 people aged 18 to 64 who were survivors of childhood sexual abuse. Being a victim of crime, or exposure to violent or unsafe environments can increase the risk of developing a mental health problem. People in contact with the criminal justice system have substantially more risk factors for suicide (increased prevalence of mental health conditions, substance misuse and socioeconomic deprivation) and are recognised as a priority group in the cross-government suicide prevention strategy.

### What we will do

- **Earlier identification of Emotional Wellbeing needs**  
As part of our population health investment we have developed an evidence-based system for earlier identification of emotional wellbeing needs. Our Emotional Friendly Schools Programme will continue to complement the schools link work provided by Child and Adolescent Mental Health Services (CAMHS). This means teaching staff will continue to be supported with their own wellbeing and resilience and better able to identify needs in others. The school link workers provide a named contact for school staff before referrals to CAMHS take place.
- **Parent Peer Support Offer for the Parents of Children with Wellbeing needs**  
The parents of children with mental health conditions or wellbeing needs can often feel frustrated and despairing. Research shows that peer support can be the most powerful type of support in helping families to overcome some of the challenges they face. Parents can be the best allies for each other and are often best placed to come up with solutions. Salford will invest in the development of a Parent-led Peer Support Network.
- **Adverse Childhood Events**  
ACEs are traumatic events that can significantly negative impact upon a child's future development and health and mental wellbeing due to physiological changes that they led to in brain chemistry. ACE's are nationally a huge public health priority. In Salford we are working to become more aware of trauma and understand how we can support resilience across our city. In addition, Salford will pilot a new initiative that will provide one to one support to children who are at risk of five or more ACEs, to help them to engage in activities to promote wellbeing.



- **Childhood Obesity**

Salford, like other areas has a high incidence of childhood obesity and we will seek creative solutions to activity, nutrition and emotional wellbeing. We are developing an all age strategy to reduce obesity which along with supporting parents to engage in healthy eating and physical activity with their children to role model healthy behaviours, also focuses on outdoor spaces, environmental planning, building community knowledge and confidence and working with food providers. Our local delivery pilot work, funded by Greater Sport (on behalf of Sport England) is targeting young people, particularly inactive girls and young women, and is being delivered in partnership between Salford City Council, Salford Community Leisure, Salford Sports Network and Salford CVS. We will link our approach to wider system change across Greater Manchester (GM) like Greater Manchester Moving, and our other areas of focus such as the Anti-Poverty strategy, Food and Fuel Poverty, Homelessness and the Neglect strategy. We will continue our coproduction approach in the Poverty Truth Commission, and through the Early Years Steering Group we will complete a deep dive and develop a partnership plan to address childhood obesity.

- **Oral Health**

Salford has the second worst levels of decayed, missing or filled teeth in the country, and a great deal of work is underway to support this agenda. Salford is strengthening an approach around supervised brushing and fluoride application in schools and early years' settings. Evaluation from this work will inform future commissioning.

- **Immunisation**

In Salford we have a community childhood immunisation team that identifies children who miss their vaccinations and visits them at home to vaccinate. This is unique in Greater Manchester. School age immunisations are delivered by a Greater Manchester provider together with school nursing. Uptake at this age in Salford, as nationally, is well below needed levels and will be an area for further work.

- **Domestic Abuse**

Domestic violence is one of the 'toxic trio' along with substance misuse and mental health problems, and it is sadly the norm rather than exception for these three to co-exist. Domestic violence, whether witnessed by the child or directly experienced by the child, is one of the commonest 'adverse childhood experiences' (ACEs). It can cause lasting damage to a child's physical, mental and emotional health. Tackling domestic violence is a key priority in Salford, and we will work with families using a trauma informed approach, working closely with Women's Aid and other key VCSE organisations.

- **No Wrong Door (Route29)**

Salford is implementing a version of the North Yorkshire Model. Route29 is an integrated service for adolescents with complex needs that brings together a team of specialists working together through a shared practice framework. The model operates as an edge of care/outreach service, focused around a re-purposed children's home that acts as a hub to bring together a multi-disciplinary team: including a clinical psychologist, police, speech and language therapist and other specialist social workers. Our Route29 service will work with 200 young people each year.

- **The Neglect Strategy**

As part of this strategy, communities will be supported to identify where parents need help. Practitioners and community members will be trained to recognise where support is required and move away from a blame culture. We will introduce a trauma informed approach and support early attachment and parenting.

- **Supporting Transitions**

Work on transitions began in 2019 with the aim of improving the experience of children and young people in transition from and to various services or settings. These include

- Education transitions from primary to secondary school and on to post 16 provision.
- Transitions for Looked After Children, young carers, late entrants to services at age 17.
- Transition into adult mental health care or adult disabilities services.
- Transition back into the city.

## **How we will measure progress**

**Emotional health and wellbeing** - Earlier identification of need from attachment disorders, building resilience in schools, tackling 'adverse childhood experiences' (ACEs), and developing an approach around peer and parent support means we hope to improve outcomes and reduce incidence of mental health needs and risky behaviours. According to the Department for Education special educational needs statistics, an estimated 3.79% of school pupils in 2018 had social, emotional and mental health needs, significantly worse than the rest of the North West and England at 2.35% and 2.39% respectively.

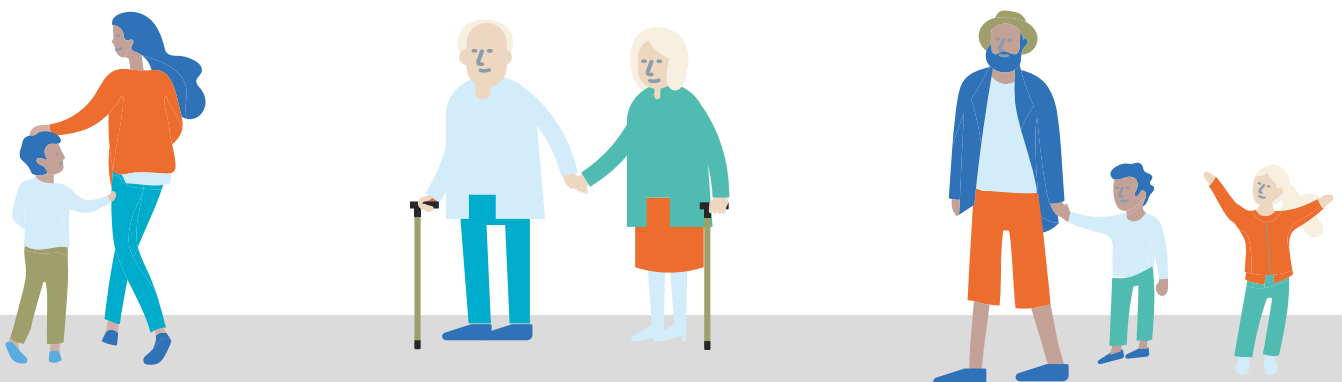
**Childhood Obesity** - Every child at Reception and Year 6 are offered the National Child Measurement Programme and we are seeing the percentage of children who are overweight and obese rising year on year. We will continue to measure if we are making a difference early in childhood and through the school years, and we will focus specifically on measures of physical activity/sport and impact on mental wellbeing and social interactions, and measures of healthy eating and oral health.

**Immunisation** – We will monitor uptake of childhood immunisations, including Meningitis, HPV and Flu vaccines. We will promote booster and catch up campaigns where needed especially for groups with low uptake.

**Education Outcomes** – Attainment in English and Maths at Key Stage 4 is considered one of the key outcomes for children in Salford (Percentage of pupils achieving 9-4 pass in English and Maths). Currently Key Stage 4 outcomes for Salford young people are in the bottom 10% of all LAs nationally and this has been the picture for the past three years. Our Education and School Improvement strategy, alongside other strategies such as our SEND and Inclusion strategies, sets our aims and ambitions to improve education outcomes for our young people.

**Young People Not in Education, Employment or Training (NEET)** - In Salford, there are proportionately more young people who are NEET than in most other areas of the country, and between November 2017 and January 2018, an average of 5.8% of 16 and 17 year olds were categorised as NEET each month, compared to just 2.6% nationally. In addition, local estimates suggest that more than 15% of this age group spent some time NEET over the past academic year. Our NEET reduction strategy and action plan sets out our ambitions to reduce these adverse indicators and missed life opportunities. It is positive that Salford outcomes for children in care are better than the national average for this group.

**Neglect** - Salford is currently undertaking a neglect needs assessment and strategy refresh, this work is significant and aims to develop a public health approach to prevention, early identification and support at an early stage to enable a strengths-based approach to neglect.



# People will value being and feeling well in Salford

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Mental health is one of the top priorities as it impacts on the individual and wider society, productivity, health and care services, and risk of suicide. In addition, we consider cancer (because of its impact on length of life), diabetes (because of its impact on quality of life), and learning disability (because of its impact on individuals, unpaid carers and services).

The wider determinants have a huge impact on mental health and wellbeing; for example, employment, poverty, homelessness, the correlation between physical and mental health, and dual diagnoses – substance misuse and mental health. It is important to provide coordinated services for people with co-existing mental health and substance misuse issues that address their wider health and social care needs.

## Why is it important

The smoking population in Salford has steadily fallen since 2014 but remains higher than the national figures. In 2018 there were 39,000 smokers in Salford (20% of adults). Cancer is the biggest killer in Salford under the age of 75 years, with 106 deaths per 100,000 that were considered preventable in 2016-18.

There are over 16,000 people in Salford living with diabetes. This is a serious condition which, if not properly controlled, can lead to serious complications such as heart disease, stroke, kidney failure, blindness and amputation. The link to obesity means that early diabetes and pre-diabetes are potentially reversible or preventable – weight management contributes to better control of diabetes.

Applying the general estimates from the 2014 Adult Psychiatric Morbidity Survey data shows that there are potentially almost 31,000 people in Salford with a common mental disorder. Women between the ages of 16 and 34 seem to be at most risk. Salford CCG spends £1 in every £6 on mental health conditions.

In 2016-17 there were 785 attendances at Salford Royal Emergency Department where suicidal thoughts were recorded. There were significantly more females aged 15 to 24. For males, attendances by those aged 45 to 54 is significantly higher than the overall male rate. Service user feedback for the All Age Mental Health Strategy in 2019 highlighted that they were unsure of where to turn to when feeling suicidal and thought that isolation was a key risk for suicide.

## What we will do

- **Mental Health promotion**

We will positively promote emotional health and wellbeing, and resilience. This includes initiatives like the Five Ways to Wellbeing, Men's Health Promotion and Time to Change/Time to Talk initiatives. Places to go and things to do promote wellbeing and social interactions; like going to a museum, library, parks and the many community groups and activities in Salford. There are a wide range of commissioned and non-commissioned VCSE support offers in Salford and we will maximise opportunities to promote these.

- **IAPT**

We will meet the national access stretch target by delivering much better access rates for vulnerable groups, particularly those with long-term conditions and perinatal women. We will continue to use additional investment to reduce waiting times and improve recovery rates.

- **The Living Well Programme**

Will radically change the way mental health care is delivered. Salford is one of four sites working with the national Innovation Unit to redesign and co-produce community mental health services; this co-production includes partnerships across traditional mental health providers, VCSE organisations and people with lived experience. In Salford this is specifically focusing on people with more complex needs than can be supported in primary care but whose needs are not met by secondary care services.

- **Suicide Prevention**

Through the all age Salford Suicide Prevention Strategy (2017-2022), all public sector partners in Salford have pledged our commitment to work together to address the devastating impact that suicide has on families and communities and ensure that suicide should always be considered an avoidable occurrence. This strategy highlights key high-risk groups and contains pledges to support existing and new prevention and intervention initiatives that promote positive mental health and wellbeing. Salford will achieve the ten pillars of a Suicide Safer Community, with an action plan to raise awareness and work with communities for innovative local initiatives through coproduction. We will review policies and training, and we will work with high risk groups and those bereaved by suicide. We will also ensure our VCSE sector are embedded in this work.

- **Sexual Health**

A joint sexual health plan for Salford is being developed using the World Health Organisation definition of sexual health (a state of physical, emotional, mental and social wellbeing in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity). Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. We will develop a neighbourhood model to improve access to and take-up of contraception; emergency contraception and Long Acting Reversible Contraception. This includes tackling high rates of HIV and sexually transmitted illnesses. The all age strategy that will seek to develop clinical outreach for young people and populations at high risk.

- **Early diagnosis of Cancer**

Reduced waiting times contribute to improving outcomes for patients; but for patients presenting with late-stage cancer, a reduction in waiting time will have little impact on outcome compared to the benefit of earlier presentation. The Salford Standard will include a measure of cancer early presentations, asking for GPs to audit their own records and lessons learnt. This will be followed by a social marketing campaign in Salford to raise awareness, once we have better understanding of the factors resulting in emergency presentations and/or late diagnosis.

We will put in place cancer rapid diagnostic centres (RDCs) to play a critical role in helping Salford meet increasing diagnostic demand, reduce diagnostic delays and deliver an enhanced patient experience for patients referred with symptoms that could indicate cancer. We will deliver the evidence-based 'best-timed pathway' projects for improving the diagnosis of three types of cancers - prostate, lung and colorectal. These chosen types are common cancers where diagnostic problems and variation are most marked. These projects aim to reduce hospital visits for tests, and cancer to be diagnosed at least 10 days earlier.

The '**Answer Cancer**' programme aims to increase the uptake of cervical, breast and bowel screening across the city by raising awareness of the screening programmes. This GM wide programme (commissioned by GM Health and Social Care Partnership) is VCSE-led, with Salford CVS acting as the lead partner. Answer Cancer specifically works with marginalised and targeted populations where the uptake is lowest.

Salford is in the process of developing a new tobacco control plan. This will include the CURE project (Conversation, Understand, Replace, Expert and Evidence Based Treatments) to reduce smoking prevalence by supporting smokers who are admitted to hospital to quit. The term 'CURE' is intended to 'medicalise' tobacco addiction in hospital moving away from the stigma of a lifestyle choice to disease treatment. The continuation of the project is dependent on successful evaluation.

A lung health check was launched in September 2019 to improve early-stage detection of lung disease (including lung cancer). The free health checks in a community setting, are available to people aged 55 to 74 who are smokers or ex-smokers. The pilot will run in other areas of Salford and will be evaluated.

- **Diabetes education**

Regular reviews and checks for people with diabetes are key for blood glucose control, eye screening, and foot checks. We will continue to deliver education programmes for people with diabetes. Salford has been a demonstrator site for tackling type 2 diabetes. The programme identified, recruited and engaged with patients at risk of developing diabetes. This was delivered through a supportive behaviour change and lifestyle interventions programme. The digital pilot ran for 12 months and this has now been replaced with a face to face programme which is appealing to a different group of patients. More patients should be at reduced risk of developing type 2 diabetes, thus improving their health and wellbeing. The all age obesity strategy will contribute to preventing diabetes, heart disease, cancers and other preventable illnesses.

- **Health Protection, tackling infectious diseases and reducing antimicrobial resistance (AMR)**

New and variants of infectious diseases are increasing – for those diseases with a vaccine, current uptake does not meet the required targets to protect people and their contacts. For those without a vaccine or treatment, we will work together across the Health Protection Forum and wider partnerships in GM to prepare and tackle these diseases (some of which are classed as Infections of High Consequence or new and emerging diseases). Antimicrobials need to be preserved for when they are clinically indicated and high compliance around their use. We will reduce prescribing of broad-spectrum antibiotics and work across sectors to tackle antimicrobial resistance.

- **Learning disability**

The Listening to People local monthly forum will continue to positively influence service design and delivery. We will deliver 'Transforming Care', reducing inpatient beds and supporting more people in the community. Other Salford learning disability priorities are:

1. Making a Contribution – having friends/relationships, employment options/support, being part of the local community, having meaningful lives.
2. Person Centred – using Person Centred Planning and bespoke commissioning including early support and all-age services/transition.
3. Being Safe – including positive risk taking and justice system.
4. Housing/Homes – quality and choice of homes.
5. Good Health – taking care of their own health and accessing mainstream health services.
6. Communication and Advocacy – receiving information and the opportunity to have their say.

## How we will measure progress

**Tobacco Harm** - 20% of the adult Salford population is estimated to smoke, a rate that is significantly higher than England (15.5%) and Greater Manchester (18.2%). Smoking is relatively high in women when compared to England, Greater Manchester and nearest neighbours. 48.7% of people registered with a Salford GP with a recorded diagnosis of serious mental illness are reported to smoke. Again, this figure is significantly higher than England (40.5%). Salford will continue to track smoking prevalence, along with targeted interventions for high risk groups, and those who are least likely to access smoking cessation services. We will measure the number of smokers who access support of smoking cessation services are more likely to quit successfully. The evaluation of the CURE project will identify whether patients go on to quit successfully and maintain a healthier lifestyle.

**Alcohol harm** - Improvements in preventable mortality from liver disease has recently slowed. Salford had a significantly higher directly standardised rate of alcohol related hospital admissions in 2015-16 than England and Greater Manchester. Hospital admissions for mental and behavioural disorders due to alcohol were also more than double the England standardised rate. In 2016-17 there were 525 new presentations to alcohol treatment services. Mental health problems can also cause people to self-medicate with alcohol increasing their consumption. This leads to a destructive cycle as the increased drinking leads to decreased mental health. Increased consumption of alcohol is also often linked to wider physical health and social needs such as self-harm, unemployment, deprivation and poverty, housing issues, crime and family breakdown.

**Substance misuse** - There are an estimated 1,200 opiate users in Salford whilst there were 806 people in treatment for opiate use in 2016. 24.7% of users in specialist drug misuse services were concurrently receiving treatment for mental health services for reasons other than substance misuse. As with alcohol, drug use is associated with wider social harms such as crime to fund drug use, gang violence, unemployment, homelessness and family breakdown.

**Mental Health** - Salford are monitoring a number of indicators for IAPT; 75% people seen in 6 weeks; 95% people seen in 18 weeks; 25% access out of those who have a common mental health problem, and 50% of people reaching recovery. Salford is currently delivering access to around 25%, already meeting the target for 2021. As of September 2019, the recovery rate of people using IAPT services in Salford was 45.8%, marginally under the 50% target set by NHS England. Many services are measuring their impact on health and wellbeing through indicators such as the WEMWBS scale, Outcomes Start and lifestyle indicators.

**Suicide prevention** - In 2016-18 there were 10.7 deaths by suicide per 100,000; a greater proportion of whom were males (15.9 per 100,000). Salford aims to achieve the ten pillars of a Suicide Safer Community, preventing subsequent suicides through earlier response to bereavement, and will continue to monitor emerging trends through the Annual Suicide Audit and the Child Death Overview Panel (CDOP) for suicide in young people.



**Breast screening** – Women in England who are aged 50 to 70 and registered with a GP are automatically invited for screening every 3 years. The programme is commissioned by NHSE, and GPs have the responsibility to support the programme with local uptake. Wythenshawe Hospital, Nightingale Centre is the provider for Salford. They invite patients for screening and then informs the GP in batches of those who didn't attend. GPs are encouraged to contact those patients to attend for screening

**Cervical screening** – All women who are registered with a GP are invited for cervical screening at the GP practice.

- Aged 24.5 to 49 years – every three years
- Aged 50 to 64 years – every five years

**Bowel Screening** - Screening is offered to men and women aged 60-74 years as the risk of bowel cancer increases with age. Men and women are invited to be screened every two years. Bolton Royal is the provider for Salford (SRFT couldn't accommodate the service).

**Diabetes prevention:** It is expected that people will make some lifestyle changes after taking part in the diabetes prevention programme and continue to do so after they have completed all sessions, thus reducing their risk of diabetes and its complications. Numbers accessing the programme will be monitored, and the service outcomes will be reviewed in three years' time, with a view to re-commissioning.

**Outcomes for people with learning disability** – Evaluation of the Transforming Care programme and continuing engagement with the local forum, residents and carers will highlight progress against each of the agreed priority areas. We will monitor qualitative outcomes for person-centred care planning, advocacy and contribution, alongside uptake of health checks, and percentage of people with learning disabilities in employment.



# Carers in Salford will be supported to be and feel well

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A carer is someone of any age who supports, unwaged, a relative, partner or friend who, due to physical or mental illness, disability, frailty or addiction, could not manage without that support.

Our vision is a 'carer friendly' city where the diversity of our carers is recognised and key partners from health and social care work together to ensure that a carer's wellbeing is maximised through appropriate, flexible and accessible support offering the right support at the right time.

## Why is it important

Carers play a vital role in our communities and caring is a fundamental part of family life. But carers are too often unseen, their role comes with responsibilities and complex emotions, and they themselves frequently need support and respite.

As we deal with an ageing population and longer life expectancies, more than ever we need to support people to live in their own homes and communities for as long as possible. Carers are a key partner in making this happen.

## What we will do

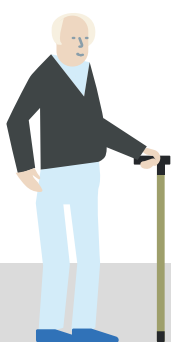
- **The Salford Carers' Strategy**  
has been developed through a steering group with broad representation of local health and social care providers, a number of local VCSE sector organisations and Healthwatch Salford. The strategy has been informed by extensive engagement work hearing the lived experience of carers across Salford. Carers asked for a wider range of peer support, mentoring and befriending networks and informal support options. These would be best delivered through a community resource model, across a neighbourhood area, making best use of community assets, technology and social media.

### How we will measure progress

**Quality of life for carers** as well as those cared for is an important aspect. We will ensure carers have access to health checks, respite support and opportunities for lifestyle activities and social interaction.

**Support for working carers** and young carers has been highlighted in the carers strategy. The Carers Steering Group will oversee and monitor developments in this area to ensure that paid working carers and young carers are being supported.

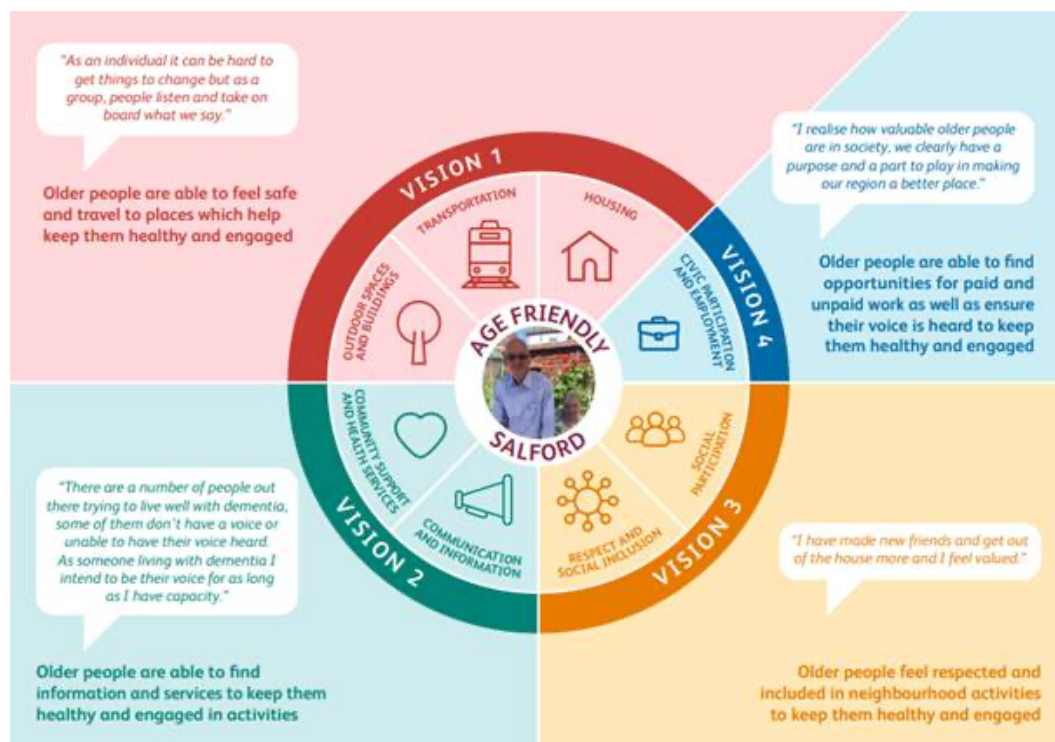
**Following a transformation test of change**, the Carers Support service in Salford will now offer bespoke support to carers when the cared for person is admitted to hospital.



# People in Salford will live independent and fulfilled lives into Active Older Age

Ageing is inevitable but how we age is not. Collectively, we need to act across the life course to ensure that everybody has the same opportunities to achieve a good education, good work, financial security, a decent home, and to develop and maintain connections to family, friends and a supportive wider community. These are the protective factors that underpin good mental and physical health and that help people develop and maintain resilience throughout their lives. Those who have not built up this resilience are more disabled by their environments – such as poor housing – in later life.

Salford started using the World Health Organisation Age Friendly Model from 2014; with commitment from the City Mayor to an older people-led plan for change, considering all the different aspects that affect our lives with age friendly places - our streets, neighbourhoods and communities. An older person network meets quarterly, and each year Salford celebrates the work of older people as part of International Older Persons Day.



## Why is it important

Currently in Salford there are more than 35,000 people aged 65 or older and this number is set to rise. Whilst many live active lives and bring a valuable resource to the city others have complex health and wellbeing needs. The life expectancy for a man living in Salford is 75.5 years and for a woman is just over 80.1 years. These life expectancies are both below the England average.

By 2024, more than one in four people will be over 60 and our longer lives are one of society's greatest achievements. But while many already enjoy a good later life, others risk ill health, poverty and loneliness. Older people often have long term care needs frequently associated with chronic health conditions and may be socially isolated with a poor quality of life.

Loneliness is a key risk factor in the mental health of older people. Age UK has mapped the risk of loneliness in the UK and ranked each neighbourhood within England. Applying their data to the 2016 mid-year population estimates that there are 16,000 adults in Salford aged 65+ living in the most deprived national quintiles in respect to the risk of loneliness. This represents 44% of the 65+ Salford population. The ONS have also predicted loneliness based on the 2011 Census and place Salford as being the 16th worst local authority (of 326) in terms of risk of older adults being lonely.

Applying the Adult Psychiatric Morbidity Survey 2014 estimates of common mental disorders to the Salford population shows that there are potentially 3,700 older adults with a mental health problem. This is likely to be an underestimate as it is based on the England average.

The number of people with a recorded diagnosis of dementia aged 65 and over in Salford has remained around 1,900 in 2017-18. This represents just over 5% of the Salford GP practice population aged 65 and over.

## What we will do

- **Active contribution**

Many people who are made redundant in their 50s never work again, despite trying for years. GM are encouraging employers to invest in and continue to train and employ people well into their 60s. We want to provide workplaces that support health at work, create flexibility in roles if needed, and recruit, develop, promote and retain staff of every age. We want to implement policies and practices that support unpaid working carers. And we want an inclusive approach to supporting older adults to volunteer, including opportunities for older people to provide mentoring and peer support. There should be a focus on extending opportunities to remain engaged with creative, learning and cultural activities as we age. We will seek to coproduce solutions for loneliness and social isolation building on the huge diversity of backgrounds, experience and ambition of the millions of people who are older.

- **Supporting independence**

Adult Social Care (ASC) data indicates that 40% of the people diagnosed with dementia are supported in either a residential or community setting, which in turn is 22% of the total number of people supported by adult social care services in Salford. There are 239 people receiving Home Care and 58 people living in Extra Care who are recorded as living with dementia and are being helped to maintain independence. We will implement new 'strengths based' approaches to social care to enable people's assessed need to be better matched to their own abilities/potential, that of their family and friend, and their local community. We will develop new support and care service models that respond to this 'strengths based' approach where service providers will proactively build the independence potential of people. We will enhance our offer and choice of enabling environments by working with housing partners to improve homes and build new developments that are future-proofed and technology-enabled, for example, new Extra Care facilities and new Supported Housing.

- **Falls prevention**

Salford Postural Stability and Step Up is a programme for older people to manage their health and wellbeing and helps them reduce their risk of falls, especially those caused by non-medical causes such as home hazards, ill-fitting or inappropriate shoes/slippers and lighting especially at night time where there are continence issues. The Fire and Rescue Safe and Well checks also contribute to identifying people at high risk of falls. Use of aids and adaptations will be expanded to support independence in the home and reduce falls.

- **Frailty and multiple comorbidities**

As a system we need to plan and systematically support and care for people with multiple comorbidities. This includes care at home, in the community and responsive models of care from primary care and into hospital or further specialist support to end of life care. As we have seen improvements in life expectancy, increasing numbers of people in the city will be faced with frailty. We will build on the work that SRFT are doing with partners and looking at earlier intervention and supportive and preventative care.

- **Intergenerational work**

We are working with local VCSE organisations to re-shape the commissioned services to respond to our developing neighborhood approaches and to strengthen the relationships between the VCSE sector, statutory partners and local older people. There are now nine green and growing groups across Salford which have been set up through Age Friendly Salford in community spaces, sheltered housing schemes and care homes. Much of the Age-Friendly Salford work is led by local charities Inspiring Communities Together and Age UK Salford, working in partnership with Salford CVS. One of the unexpected outcomes of the project has been the involvement of children and older people working together. The new Intermediate Care Unit that is being built on Stott Lane next door to a nursery and will open in 2021 and creates exciting opportunities for further intergenerational work. We will work with the VCSE sector to develop strong connections between the generations, for example, between schools and Age UK Salford services and care homes.

- **Eat, drink and live well**

Salford Malnutrition Task Force will deliver the Eat, Drink and Live Well project which aims to raise awareness about the risks and signs of malnutrition and dehydration and creates opportunities to bring older people together to learn about eating well in later life and sharing food together to help reduce loneliness. A particular focus will be on care homes and supported living settings.

## How we will measure progress

**Dementia prevalence and admissions** - The NHS England Dementia Prevalence Calculator estimated that in Salford in March 2015 the proportion of dementia cases that were classed as mild was 55%, moderate 33%, and severe 12%. Applying these proportions to the number of people estimated to have dementia in December 2017 indicates that 1,250 people have mild dementia, 740 have moderate dementia and 280 have severe dementia.

Salford will continue to measure dementia diagnosis rates. Over the last 3 years Salford has been in the top quartile nationally for dementia diagnosis rates and best performing in the North West. This may partly explain the high rate of emergency admissions for dementia compared to similar CCGs and Greater Manchester. Salford's value in 2017/18 (5475 per 100,000) was significantly higher than England (3609) and the North West (4101).

**Falls admissions** - Salford has one of the highest rates of falls causing injuries requiring hospital admission amongst older people in Greater Manchester. One in three adults aged over 65 falls at least once a year. This means there are around 11,667 falls by people over 65 years old in Salford.

**Quality of Care provision** - There have been very significant improvements in the quality of care delivered by Salford care homes, as evidenced by a reduction in the percentage of care homes rated as Requires Improvement or Inadequate by the CQC from 62% in 2018 to 17% in 2020.

Homecare providers in Salford also show good CQC performance with over 80% of local providers being rated Good; and none rated Inadequate.

Salford will continue to respond to the Care Act duty to ensure choice, quality and sufficiency in the adult social care market. We will develop a new approach to Market Shaping that will promote service co-design and innovation.

**Measures of Active Contribution** – The Age Friendly Assessment for Salford (2018) adopted the following measures as indicators of inclusion and contribution of older people:

- Public and private partners signed up to being age-friendly.
- Percentage of people who describe their area as being age-friendly.
- Employment rate of those aged 50-64 is comparable to national average.
- Number of those aged 50-64 who are in training or volunteering.
- The proportion of adult social care users and carers who have as much social contact as they would like.
- Rates of Salford residents aged over 50 who are 'active' or 'fairly active'.



# Salford offers the best possible care for Later life and Dying well

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The term 'end of life care' is widely used to describe, not only the approach to care for people in the final dying phase, but also the care they require in the last twelve months of life. It relates to supporting carers and patients with advanced, progressive, incurable illness to live as well as possible before they die. This involves symptom control, including pain management, social, psychological, practical and spiritual support. The term supportive care is often used interchangeably with palliative and end of life care; but is increasingly being used to describe patients receiving care for a life-threatening illness, but not necessarily considered to be in their last year of life.

## Why is it important

All individuals who are experiencing a life limiting illness should be supported to live as well as they can before they die. They should be empowered to make important decisions about their care and wishes at this time. They should be treated with dignity, respect and conversations about their condition and care should be open and honest. If they are not able to make decisions for themselves, then those closest to them should be involved in planning their care. Appropriate and culturally sensitive care should be available to all those who need it regardless of their background, religion, race and gender or characteristics.

The most recent national survey of bereaved people (VOICES, 2016) found that:

- 75% of bereaved people rate the quality of end of life care for their relative as outstanding.
- 69% of people rate hospital care as outstanding, excellent or good; care homes 82%, hospice care 79% and care at home 79%.
- Ratings of poor quality of care are higher for those living in deprived areas.
- 33% report that the hospital services did not work well together with GPs and community services.
- 86% of people understood the information provided by healthcare professionals but 16% said they did not have time to ask questions.
- 74% of respondents felt hospital was the right place for the patient to die despite 3% of respondents stating patients wanted to die in hospital.

## What we will do

- Salford aspires to achieve the commitments included in the draft **Greater Manchester Palliative and End of Life Care Framework**. This Framework aims to ensure that models for delivering care are modern, fit for purpose, safe and sustainable whilst embracing innovation and technology. There are 12 commitments, with a further four supporting system wide commitments, which have been co-produced by patients, unpaid carers and people with lived experience, and professionals from a range of services across Greater Manchester. The Framework aims to improve outcomes for all individuals who are approaching the end of their lives, enabling choice regarding place of care and death, and improved quality of care and support in all settings.
- The GM Framework does not specifically address the needs of children and young people (under 18) with palliative and end of life care needs. While close alliances do exist between adult and children's services, more work is being undertaken with families to support the planning of **children and young people end of life and palliative care services** and the transition to adult services.
- Specialist palliative care services should be available for face to face contact seven days a week and advice should be available 24 hours a day. In-patient specialist palliative care provision should be available to those requiring it, with admissions seven days a week. Provision should be sustainable and equitable. In Salford, we are committed to embedding these fundamental standards and this is enabled through the local investment into the **enhanced seven-day specialist palliative care service and hospice inpatient services** delivered by Salford Royal NHS Foundation Trust and St Ann's Hospice. This has been successfully piloted over the past 2 years with the evaluation showing that patients and their carers value the enhanced service and hospital admissions are being prevented.
- We will enhance **hospice and community support** through senior medical provision at weekends, the development of an Advanced Practitioner role on the hospice in-patient unit, more nurse-led community clinics and a focus on the supportive and palliative care needs of the homeless.
- Salford will continue to support the annual **National Dying Matters 'Let's Talk About It' campaign**. We need to harness the role of the Voluntary, Community and Social Enterprise (VCSE) sector in order to support individuals with life limiting illness or experiencing bereavement and encourage conversations about death and place of death to help shift the culture around how we talk about and prepare for death.

## How we will measure progress

**Salford Electronic Palliative Care Co-ordination System** – Central to our ambition, is the identification of those individuals with a life-limiting and progressive illness who are in their last year of life, followed by the offer of care and advance care planning conversations, with the system capacity and capability to deliver this care and share relevant information digitally. A working group will examine digital tools for early recognition of palliative care patients and better coordination across settings to implement innovative solutions in this area.

**Salford Palliative and End of Life Care Action Plan** – The implementation plan of the GM Framework includes a four-year approach, building on existing work within localities. Salford will develop an action plan against all domains of the GM framework and continuously assess ourselves against national standards, including those that are part of the National Audit of Care at the End of Life (NACEL), NICE quality standards and guidelines and the National Ambitions for Palliative and End of Life Care.

**Quality Improvement** – We will develop and engage in pioneering training and develop programmes for specialist and non-specialist staff. Quality Improvement work, across different disease groups, will be undertaken by senior clinicians. We will develop commissioning plans in relation to children and young people with palliative and end of life care needs. We will continue to undertake local surveys of bereaved individuals and develop action plans for where improvements are indicated.



## Salford places will promote health and wellbeing

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Salford contains a rich and diverse range of parks, open spaces, rivers and canals with a large and significant part of the city being made up of green space. This includes over 30 parks and recreational grounds, two country parks, six local nature reserves and many play areas for people of all ages to enjoy. This provides a positive impact on the health and wellbeing of the people who visit them, whether for walking, taking part in physical activity/sport, socialising, events or to simply use the facilities and green spaces provided.

Regeneration is transforming the city through iconic buildings, new infrastructure and public realm, houses, education, health facilities, businesses and shops. Examples include the £550 million MediaCityUK development at Salford Quays, £26 million Salford City Stadium and future associated development, and the start of works to build Port Salford which will potentially create up to 3,100 jobs.

The city's rich cultural assets include The Lowry through to local community events; which enhance wellbeing and contribute to shaping Salford as a place to live, work and visit. RHS Garden Bridgewater is a real cultural and green space asset opening in May 2021 and offers an extensive community programme (including free entry for Salford residents on Tuesdays). We are also lucky to have a comprehensive network of VCSE groups and organisations in this space – from Friends of Parks to community growing projects.

### Why is it important

Good quality natural landscape in urban areas can positively affect how people feel. It can reduce stress and sadness, lift mood and make people feel better. The benefits of both green and blue space (open water, rivers and canals), and the mechanisms by which they work, are varied. Some are the physical benefits from green infrastructure, for example improved air quality, less noise pollution and reduced risks from flooding or heatwaves. There are also the benefits to active users of these spaces, whether through physical activity or through children interacting with nature, and the impact on mental wellbeing, social networks and sustainable communities.

Stable, good quality housing is a protective factor for mental health and can be a vital element of recovery. Insecure poor-quality housing causes stress, anxiety and depression and exacerbates existing mental health conditions. Poor quality housing can contribute to and exacerbate many long-term health conditions and poor mental health.

## What we will do

Continued investment and regeneration for the future is enabling further improvement and development of our green space to take place to create some inspiring new places that will have regional and national appeal and associated health benefits for our city:

- **RHS Garden Bridgewater**

RHS Garden Bridgewater at Worsley New Hall covers a vast 154 acres. It is the RHS's fifth national garden and will create a new high-profile asset for the city and region. The garden will attract an estimated 700,000 visitors per annum by 2029, making it the second largest RHS garden both in size and by visitor numbers and will build on our visitor economy strengths as well as the popularity of horticultural attractions nationally. The first phase of the new garden is now scheduled to open in May 2021 with four further phases planned to be completed thereafter. Over time and subject to funding the site will include the restoration of the acclaimed Nesfield terraced gardens, a new glasshouse on the former Worsley New Hall and a new Horticultural College and Learning Centre. This will forge links with regional educational bodies to run higher level RHS courses, showcase horticultural science, offer new apprenticeship and student programmes and links with schools and universities. From a health perspective RHS Garden Bridgewater will help deliver better health outcomes by focusing on health priorities and offering a wide range of activities good for general health and specific health conditions. For example, offering a therapeutic garden and personal green space for individuals and health groups. The RHS has established a social prescribing project, the first of many anticipated, which is being evaluated by the University of Salford. We will work to maximise the access and health benefits to Salford residents of RHS Garden Bridgewater.

- **City Forest Park**

Seeks to connect our urban areas and city by providing a high-quality landscape within the northern part of the Irwell Valley in Salford and extending into Bury. The area is rich in biodiversity whilst being roughly the same size and scale as Central Garden in New York and the largest public green space in our region. The area is underused but holds enormous potential to create a natural space for culture and the arts by regenerating the entire site. With over 160,000 people living within a one-mile radius it can benefit local communities with positive economic and social impact. We will consider carefully the health and wellbeing benefits of any planned improvements of the area.

- **Bridgewater Canal masterplan**

Over £7 million has been invested in improvements to the Bridgewater Canal from 2010 – 2020, making it one of the largest single investments in the city's green infrastructure over the last few years. 4.9 miles of towpath will have been upgraded to create a pedestrian and cycle friendly route linking a diverse range of communities to wider greenspace, schools, and to key employment and leisure destinations including Manchester City Centre. Additional investment will provide a new pedestrian and cycling route along the northern side the canal creating a direct off-road link for local communities and visitors to the new RHS Garden Bridgewater, which is due to open in 2021.

- **The Local Plan**

Salford's Local Plan will replace the adopted Unitary Development Plan and is currently being produced in two parts:

**Part one:** The Salford Local Plan Development Management Policies and Designations (this document)

**Part two:** The Core Strategy and Allocations (work will start on this in 2021)

Part one of the plan covers the period up to 2037. It will provide policies that will be used to determine planning applications and identify the designations that will protect the city's most important environmental assets, town centres and infrastructure. Fairness is at the heart of the Local Plan, with its vision being to create a better and fairer Salford for all. It supports the achievement of the United Nations 17 sustainable development goals, which include 'good health and well-being.' The Local Plan has a significant role to play in delivering the Locality Plan vision and supporting health improvements more generally. Health considerations are integrated through all aspects of the plan, for example, through promoting healthy lifestyles and increased activity. This is via the design of new development, improving the city's green infrastructure network and the accessibility of recreation facilities and expanding the network of walking and cycling routes as well as helping to reduce contributors to poor health such as those associated with climate change, poor air quality and flooding. The plan has specific health policies within it which seek to ensure that new development supports an improvement in public health and a reduction in health inequalities. These policies require that health impact assessments are prepared for development proposals where relevant and developers are directed to engage with the Clinical Commissioning Group to determine the health care requirements associated with new development. The plan also supports the further enhancement of the Salford Royal Hospital. Part one of the plan is expected to be adopted in 2021 and supplementary planning documents may be produced to provide further guidance on some of the policies within it.

- **The Green City Programme**

This comprehensive four-year regeneration programme is designed to set the ambition, identify the opportunity and deliver Green Infrastructure within the city. The programme seeks to create a step-change in the way GI is delivered in the city by creating a bold statement of intent; pioneering new standards for tree planting and Sustainable Urban Drainage. The schemes will create environmental, social, health and economic benefits, improve air quality and help to attenuate flood risk.

- **Vibrant District centres**

The completion of Greengate Square and new innovative projects like The Soapworks and The Landing are underway, along with the £650 million scheme to transform Pendleton and the other town centres. Swinton is part of the National High Streets Task Force. A masterplan for Eccles is under development, and neighbourhood deep dives in Walkden and Irlam. Licensing strategy will play a role in achieving the balance of mixed economy and family friendly places.

- **Housing Strategy**

This is a key area of work, as there are clear links between housing and health and wellbeing. We want to improve the quality of our existing mainstream housing stock and future-proof new homes, ensuring they are built to be accessible and adaptable. With a growing proportion of older private renters, we want to improve conditions in the poorest quality private rented accommodation and identify ways of supporting low income owner-occupiers to access funds to repair and improve their homes. We will continue to work with housing providers and the private sector to deliver new affordable homes and tackle homelessness. We will strengthen our approach to supported housing to improve existing supported housing stock and build new facilities, including accelerated plans for additional Extra Care and to re-accommodate people who are placed out of the city back into Salford. We will work with landlords to ensure the services they deliver meet Salford's agreed standards.

- **Physical Activity/Sport**

'Transforming Salford into an Active City' is our framework for reducing the high levels of physical inactivity that exist within the population. It is the blueprint for physical activity in Salford until 2022 and aligns with the GM Plan for physical activity 'Greater Manchester Moving' aiming for 75% of people being more active by 2025. Our focus is on active travel for communities, education and workplaces, and on leisure, physical activity and sport.

- **Active Travel**

Salford is at the forefront of creating active travel routes. Our plans to improve Chapel Street East and a number of other exciting schemes are well under way as part of the Made to Move 'Bee Network' and funded through GM Mayor's Challenge Fund. Our award-winning traffic-free West Salford Cycle Network, Bridgewater Way, Port Salford Greenway and the loop lines are the ideal location to promote walking, cycling, and host to a wide range of activities.

- **Climate change**

We will work together across partners to demonstrate progress towards tackling the climate change emergency and improve our environment to reduce carbon, create sustainable energy, reduce waste, recycle and improve air quality. Our refreshed climate change and adaptation action plan will be overseen by the Climate Action Board and will reflect the GM five-year environmental plan launched in 2019. This is in addition to our work on the Salford Air Quality Action Plan and the emerging GM Clean Air Plan. A 'Local Green Deal' will be part of the Inclusive Economy Strategy. We will work with communities to play their part and devise innovative solutions through coproduction.

- **Wellbeing and Welfare**

Provide a holistic one to one support offer for adults accessing primary care services who may be experiencing what are essentially social issues. In Salford we have a holistic offer of support and community connection for local people via the VCSE-led Wellbeing Matters programme.

### How we will measure progress

The **Community Safety Plan** monitors various indicators for social cohesion, crime, substance misuse and antisocial behavior. As measures of positive social capital, we will measure **participation in cultural and lifestyle activities** delivered by the VCSE sector, local community groups, commissioned services, and the RHS programmes.

Action on the environment will be monitored through the metrics in the **Climate Change action plan** and the **Clean Air Plan**. The **Housing Strategy** actions will report on affordable housing delivered, and in the pipeline, and numbers supported to prevent and support homeless families and individuals.

In the adult population Salford has seen an overall improvement in **physical activity levels** but no improvement for children and young people which, is the emphasis of a Sport England pilot consisting of a programme of six interlinked Salford projects.



# Communities and Neighbourhoods in Salford will promote health and wellbeing

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Harnessing community strengths takes many forms and is supported by many groups and organisations. Salford Together is a consortium covering social care, primary care, community services, mental health services and VCSE services. Notable among the contributors are Salford CVS, the broader VCSE sector, the Health Improvement Service (largely commissioned and provided in-house by Salford City Council), and Salford Community Leisure (supported by a £1m grant from the council, but otherwise self-funding).

## Why is it important

We aim to put people and communities at the heart of what we do, concentrating on what is most important to them and what strengths exist naturally in the places we serve. Salford is at the forefront in Greater Manchester of effective public sector partnerships with voluntary, community and social enterprise organisations. This has had many benefits for the city, for example in the recent development of the Social Value Alliance's 10% Better campaign and pledge, in the promotion of the Living Wage City work and in the response to the December 2015 floods.

Salford has a strong and vibrant VCSE sector. In 2017, there were an estimated 1,513 VCSE organisations in Salford, 77% of which were working to improve people's wellbeing, health and care. 87% were small, with an annual income of £100,000 or less. 14% were social enterprises. 79% had at least one source of non-public funds, demonstrating that they bring additional resources into the Salford care networks. In fact, for every £1 of public sector money invested into the VCSE sector in Salford, it brought in an additional £7 investment into Salford. However, the sector manages largely on non-recurrent income, and 43% of organisations have less than 3 months of running costs in reserves.

The sector is supported by 46,800 volunteers, giving a total of 115,400 hours each week, and an estimated 2.4 million interventions with clients, users or beneficiaries in the previous year. Salford's VCSE sector is supported by Salford CVS, the local VCSE infrastructure support organisation (est. 1919), whose role as a sector leader has been crucial in the development of strong and productive relationships between the VCSE and public sectors in Salford. The Salford VCSE Manifesto (2016) highlights the ongoing contribution that VCSE organisations can make in Salford and challenges partners to continue to engage with and invest in the sector so that local people and communities can help to address the challenges and embrace the opportunities of the future as equal partners. This Manifesto led to the council, NHS, CVS and wider VCSE sector agreeing a Salford VCSE Strategy for the period 2018 – 2023.

## What we will do

- **The Great Eight priorities**

Salford partners have committed to work together to tackle the wider determinants; and an ambitious programme of work is set out in the city's Tackling Poverty and Inequality Strategy, our Work and Skills Strategy, and our Housing Strategy, and the Salford elements of the GM Local Industrial Strategy. These strategies and the Locality Plan are mutually reinforcing, and together form a comprehensive set of actions to underpin improved health and wellbeing of people in the city. The city's approach to economic development and growing a more inclusive economy is designed to ensure that more of our residents can benefit from the economic, social and cultural opportunities in the city. We will enhance the role of Salford's 'anchor institutions' that could significantly affect health and wellbeing in the city. We will pursue further opportunities for good work (including opportunities for those further away from the job market), fair remuneration and the real Living Wage.

- **Providing Opportunities for Communities to Make Changes to Their Health and Wellbeing**

Salford City Council Health Improvement Service deliver hundreds of activities, groups and programmes each year directly within the neighbourhoods of Salford to support residents to make changes to their lives that bring about health or wellbeing improvements.

- **Strengthening and investing in the VCSE sector**

We will deliver the specific actions outlined in the Salford VCSE Strategy. This includes developing a VCSE Investment Strategy, as agreed.

- **Wellbeing Matters**

Salford CVS, working with Salford Third Sector Consortium, has led a significant transformational programme of work under the heading of 'Wellbeing Matters'. The programme has two key work streams – social prescribing, and capacity-building volunteering and voluntary action – and takes a social value and person- and community-centred approach to supporting local people and communities. Wellbeing Matters operates across all of Salford's neighbourhoods and is a key referral pathway for primary care in terms of connecting patients to social and community support.

- **The five Primary Care Networks (PCNs)**

In January 2019, NHS England and the British Medical Association published 'A five-year framework for GP contract reform to implement The NHS Long Term Plan'. This framework sets out several commitments for changes to the GP contract starting from April 2019, through to March 2024. A key commitment was that by July 2019, all the population in England would be covered by Primary Care Networks (PCNs) as an essential building block of integrated care systems, with general practice taking the leading role. In Salford, five PCNs have been established on the same footprints as the historic neighbourhood working arrangements (Broughton; Eccles and Irlam; Ordsall and Claremont; Walkden and Little Hulton; and Swinton). For each PCN, there is now an identified clinical lead with three key objectives to extended opening hours and range of GP special interests for local people, to reduce professional isolation and facilitate shared learning and good practice, and to greatly enhance 'social prescribing' through the existing community connectors and the incoming link workers. Multidisciplinary teams will work together in each of the neighbourhoods to deliver enhanced care wrap around to support patients in the community.

- **Integration and transformation**

Salford's vision for integrated care centres around care closer to home, in communities and neighbourhoods, both supporting people with health and care needs and improving population health and wellbeing. The approach embraces innovation, connecting sectors, practitioners and communities in order to deliver multidisciplinary strength based, pro-active and preventative support. Salford partners have been testing new models of integrated care for the previous three years through a programme of transformation. Over the coming two years Salford will build on what has shown impact, applying both local learning and national evidence. This will include strengthening neighborhood health and care teams and introducing new ways of working together with Primary Care, the VCSE sector and other partners such as housing and homecare. Additional services to help people home safely sooner after a hospital admission will be tested and a Community Urgent Response Service to help people avoid conveyance to hospital A&E will continue.

- **The Digital Strategy**

Through the city's Digital Strategy, we will explore the development of a digital skills pipeline and health and care skills pipeline. Our Learning City programme seeks to activate a grassroots, mass-engagement movement around learning and skills to close gaps in opportunity and promote lifelong learning. We will develop My City Salford as the digital enabling platform for all our city and neighbourhood delivery of services.

- **The strategy for Culture, Creativity and Place**

Is being finalised under the auspices of the Salford Culture and Place Partnership who have a proven track record in regeneration and wider benefits to health and wellbeing. We will continue to work with Salford Community Leisure, Health Improvement Service and related partners to broaden reach and demonstrate tackling of inequality, including community activities, culture, arts, sport and physical activity.

- **Coproduction**

The value of co-production is recognised where power and decision-making are shared equally between decision-makers and citizens (including children and young people). We will continue to engage with citizens and communities and work towards genuine co-production where possible on our priorities and services. This approach is best used to develop innovative local solutions to complex issues such as child poverty, suicide prevention, loneliness and social isolation, and climate change.

## How we will measure progress

**A Health and Wellbeing Survey** is planned in 2021/22 for Salford residents. This will focus on Lifestyle indicators, Place and Community. **The UK Census in 2021** will supply detailed up to date information about our residents which will be extremely valuable for planning and services. Census findings will be released in stages over two to three years so the Salford Health and Wellbeing Survey will be timely and more focused on the specific health indicators not covered in the census. Delivery of the Locality Plan will contribute towards **Salford becoming a Marmot City** in line with the GM ambition.

**Social Impact** - Health and social care is one of the three sectors in which most of the low earners work (together with retail and wholesale, and hospitality, tourism and sport). Salford is an accredited Living Wage City (accredited by the Living Wage Foundation / Citizens UK in November 2019) and aims to become a **Living Wage health and wellbeing system**, including all Health and Wellbeing Board members being accredited Living Wage employers by 2021. Further commitments through procurement and commissioning will be monitored through the council's Social Impact Report and which could potentially be adopted by other partners across the city. As part of the inclusive economy work, measures of **investment in the local economy** will be monitored; such as numbers and growth of social enterprises and start-ups, and employment rates for those further away from the job market. Partners in Salford will work together to Enable Transformation.

This Locality Plan cannot fully reflect the vast array of work ongoing day after day within Salford to improve health and wellbeing. Some of this work is linked directly to health and social care services for local people, however much is outside this immediate sphere, but with significant impacts on improving health and wellbeing. Here is an illustrative, but not exhaustive, list of the range of the local strategies, priorities and plans that have a positive effect of the health and wellbeing of people in Salford:

- The City Mayor's 'Great Eight' priorities (SCC).
- No one left behind: Tackling Poverty in Salford (SCC, Joint Strategy City Mayor and Youth Mayor).
- Salford City Council's Medium-Term Financial Plan.
- Poverty Truth Commission.
- Salford Social Value Alliance and its 10% Better campaign.
- Social Value and Sustainability Policy (SCC).
- City Mayor's Employment Charter (SCC).
- The NHS Long Term Plan.
- Taking Charge: The Next 5 Years (GM HSCP).
- Our People Our Place: Greater Manchester Strategy (GMCA).
- Quality and Safety Strategy (CCG).
- Social Value Strategy (CCG).
- Equality Strategy (CCG).
- Communication, Engagement and Social Marketing Strategy (CCG).
- Innovation and Research Strategy (CCG).
- Primary Care Workforce Strategy (CCG).
- Salford Mental Health All Age Integrated Commissioning Strategy (SCC and SCCG).
- Salford VCSE Strategy 2018 – 2023 (Salford CVS, VCSE Leaders, Salford City Council and NHS Salford CCG).
- The Memorandum of Understanding between the Voluntary, Community and Social Enterprise Sector and the partner organisations in Salford Together.
- Carers' Strategy.
- Suicide Prevention Strategy.

## Why is it important

The Locality Plan is Salford's joint Health and Wellbeing Strategy and will be used to inform business plans for the key partner agencies. In order to maintain accountability to the stakeholder groups with an interest in this plan, and for oversight by members of the Health and Wellbeing Board, performance reporting will include quarterly progress reports to the Health and Wellbeing Board. Reporting will focus on themes and outcomes which will show how this Locality Plan is performing in terms of achieving its vision for the people of Salford.

While delivery of this Locality Plan depends on the specific initiatives outlined in previous chapters, there remain a number of cross-cutting enablers that will facilitate delivery of the plan through our workforce, estate, supportive technology, and our focus on quality and social value.

## What we will do

**For Social value**, we will

- Invest in and work collaboratively with the VCSE sector and other local providers to increase reach, outcomes and impact through procurement commitments and beyond the statutory minimums.
- Commit to the 11 measures of the 10% Better campaign, run by Salford Social Value Alliance.
- As part of the Inclusive Economy Strategy, we will develop an evaluation model and reporting tool to assess return on investment and added social value, with greater precision (including ascribing monetary value in business cases and tendering where possible).
- Create an environment where social innovation and entrepreneurship can flourish.
- Develop a 'Social Capital Account' for Salford and assess its components, growth, deployment and return on investment.

**For quality care,** we will:

- Continue to drive improvements through the refreshed integrated Quality and Safety Strategy. Revised priorities to continue to drive improvements in safety will be agreed by senior leaders from organisations across Salford.
- Continue our support to care homes.
- Continue the focus on improving medicines safety.
- Re-focus on safer handover work to support the interface between hospital and care homes.
- Undertake improvement work targeted at supporting vulnerable adults.

For **Integrated new models of care,** we will:

- Expand integrated neighbourhood health and care teams, to include more therapists, mental health practitioners and pharmacy support.
- Introduce a new pilot of a service to support patients to be discharged from hospital safely sooner.
- Continue to develop a Community Urgent Response Service as part of our same day urgent care transformation.
- Review pathways of care, embracing innovation and transformation for effective multidisciplinary communication, assessment and care planning.
- Introduce new approaches, including strength-based assessments and more clinics in community settings.
- Monitor and evaluate the impacts and outcomes from integrated new models of care.

**For elective care, we will:**

- Continue to engage with the Greater Manchester initiative for Improving Specialist Care (ISC) in Cardiology, Paediatric Surgery, Breast Services, and Neuro-Rehabilitation; so that when new models of care are agreed and implemented, the needs of Salford's residents are fully accounted for.
- Work with the Greater Manchester Elective Care Reform programme to reduce demand for elective care, standardise the approach to referral and make more efficient use of available capacity (Ophthalmology, Gastroenterology and Dermatology).
- Respond to local priorities for elective care transformation through the Salford Scheduled Care programme. We will progress projects to address local issues for example changes to local elective orthopaedic pathways and the establishment of community-based alternatives to hospital cardiology clinics.
- Seek to reduce the total number of Salford residents waiting for elective care, eradicate waits of 52 weeks or more, and a long-term aim of avoiding one-third of outpatient attendances using technology and only offering appointments that are clinically necessary.
- Initiatives for Better Care are ongoing. Pathways of care are being reviewed to maximise the opportunity of integrated care and to best utilise the current bed base in SRFT and the wider hospital system in GM.

**For urgent and emergency care, we will:**

- Aim to achieve the NHS constitutional targets for waiting times and transfers of care.
- Continue to develop a Clinical Assessment Service run by the North West Ambulance Service.
- Develop a Community Clinical Assessment Service that has visibility and connectivity with hospital, community, third sector and social care services.
- Develop a GP lead service that combines GP streaming in A&E, GP Out of Hours, GP Extended Access and a greater connectivity with the Primary Care Networks that will identify the best service for the patient.
- Establish a Same Day Emergency Care service at the hospital that will operate 12 hours a day.
- Develop our mental health support in the A&E department and enhance our processes for Delayed Transfers of Care and Long Lengths of Stay to move patients safely and appropriately to care outside the hospital estate.



**For our estate, we will:**

- Complete the Locality Asset Review and refresh the Salford Locality Estate Strategy. Business cases will be developed for the hub schemes in Lower Broughton and Irlam and Cadishead to ensure these areas are served by high quality premises like those in other areas of Salford.
- Embark on a programme of utilisation improvement and cost avoidance across the Salford community and primary care estate, as a key element of the Salford Best Value programme, including digitisation and mapping of sessional bookable rooms across. The CCG will investigate digitisation of patient records to release scarce estate capacity for clinical use.

**For our workforce, we will:**

- Maintain our status as England's first Living Wage City with plans to double the number of living wage employers by 2022.
- Maximise diversity, access and participation ensuring this includes young people in Salford by further expanding and embedding apprenticeships and other routes to health and care careers, as well as supporting the skills development of existing staff.
- Expand the workforce and the proportion of roles delivering community-based care.
- Provide opportunities to co-design integrated multi-disciplinary models of care.
- Review and maximise the contribution of the non-registered and social care workforce (carers) through the delivery of a focused action plan to address the issues faced by this workforce.

**For our supportive technology,** we will:

- Enable free Wi-Fi access for school age children through Connected City network upgrades, 5G roll out and fibre initiatives.
- Improve digital maturity in health and social care through a digital roadmap to eliminate paper and need for fax communications, digitise medical records, and deliver the target for 30% outpatient appointments to be delivered via non face to face means.
- Engage with care homes and smaller providers, bring them into the NHS and care digital family and paper light processes.
- Ensure single sign on for all professionals in Salford to the Salford Integrated Record (now the GM Care Record).
- Add social care data to the care record and develop the record for maximum benefit in dementia, frailty, the 0-25 programme across GM, and integrate child protection systems to replace dozens of legacy systems.

**Through research and innovation,** we will develop and innovate on our programmes of:

- **Population Health** (currently focused on early cancer diagnosis and immunisation/vaccination).
- **Integrated Care** (currently focused on integrated neighbourhood teams and services which bridge hospital to community).
- **Safety Improvement** (currently focused on medicines safety, particularly antimicrobial resistance, safer care homes and data intelligence for safety).
- **Social Value** (currently focused on reducing the environmental impact of health and care).
- **Coproduction and Engagement** (currently focused on innovative local solutions to complex issues).
- **Workforce Development** (currently focused on new roles in primary care)
- **Northern Care Alliance** (currently focused on data-driven, population health risk stratification).

## How we will measure progress

Progress has been made in several indicators from the previous locality plan and others are ongoing. This is summarised in the Appendix 1. An overview of the main priorities and indicators for 2020-25 is given in Appendix 2.

TIMESCALES – achieving impacts				
<b>START WELL</b>	<ul style="list-style-type: none"> <li>Reducing unintentional injury</li> </ul>	<ul style="list-style-type: none"> <li>Reducing NEET young people</li> <li>Improving school attainment</li> <li>Reduced childhood obesity</li> </ul>	<ul style="list-style-type: none"> <li>Improving school readiness</li> <li>Improving parenting</li> <li>Increasing breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>Reduced childhood poverty</li> </ul>
<b>LIVE WELL</b>	<ul style="list-style-type: none"> <li>Tackling fuel poverty</li> <li>Smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>Primary care standards</li> <li>Alcohol and tobacco controls</li> <li>Increasing employment</li> <li>Increasing physical activity</li> </ul>	<ul style="list-style-type: none"> <li>Increased community resilience</li> </ul>	<ul style="list-style-type: none"> <li>Reduced mortality from cancer, cardiovascular and respiratory disease</li> </ul>
<b>AGE WELL</b>	<ul style="list-style-type: none"> <li>Falls reduction</li> <li>Flu vaccination</li> </ul>	<ul style="list-style-type: none"> <li>Reduced social isolation</li> <li>Support to manage LTC</li> <li>Support for carers</li> </ul>	<ul style="list-style-type: none"> <li>Identifying and reducing dementia</li> </ul>	<ul style="list-style-type: none"> <li>Increased life expectancy</li> </ul>
	2016	2020	2025	2030

**We will monitor the financial implications of the Locality Plan.** The impact of delivering and investing in the priority areas identified in the locality plan has been assessed and closes the financial gap within Salford locality. The table below shows that that £72m of the 2023/24 locality gap could be closed based on current plans and schemes that have already been identified.

### Closing the Locality Financial Gap

	2020/21	2021/22	2022/23	2023/24
	£m	£m	£m	£m
<b>Baseline Position: Do Nothing Locality Gap</b>	-£52	-£65	-£80	-£93

Impact of Best Value: Children's Redesign	£6	£6	£6	£6
Impact of Best Value: Adults Transformation	£5	£5	£5	£5
Impact of All other Best Value Schemes	£2	£4	£4	£9
Impact of Provider Efficiencies and Reform	£12	£25	£39	£52
One Off Funding for Providers (Provider Sustainability Funding)	£10			
<b>Impact of Interventions</b>	£35	£40	£54	£72

<b>Remaining Gap: Recurrent Locality Shortfall After Interventions</b>	-£17	-£25	-£26	-£21
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Whilst significant work has been undertaken to date, to identify opportunities and schemes that will help to address the locality's financial challenge, the full financial gap has not yet been closed. Closing the financial gap in full will be predicated on the service models delivering the expected outcomes and reducing demand pressures, the ability of providers to achieve year on year efficiency savings, and availability of non-recurrent investment for alternative models of care.

We will continue to work together to maximise the benefit of our pooled budget and partnership arrangements to close the locality gap, and to maximise the social value of this investment.

# **We will work together to Deliver our Locality Plan**

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We can all take steps to improve our own health and wellbeing. In delivering the Locality Plan, everyone will play their part. 'Making a contribution' is one of the five 'ways to wellbeing'; along with the other four ways: taking notice (mindfulness), learning, connecting with others, and being active.

## **Why is it important**

From the outset, this refresh has been a collaborative effort through the involvement of members of the public, Salford CVS and the VCSE sector, elected members, employees and leaders of statutory agencies like NHS and Salford City Council, and experts from the fields of education and business. A significant theme that emerged from consultation was that of focusing on strengths and assets rather than needs and limitations. The plan therefore has a strong emphasis on prevention and maintaining health and wellbeing, alongside the provision of services for those in need.

Under the auspices of the Health and Wellbeing Board a learning event was conducted in July 2019 on the theme of co-production: what it meant, who was involved and what difference it could make. There have also been well attended public meetings – one was live-streamed on Facebook and Twitter with contributions coming in from those following remotely. A large online survey brought in further insights. Systematic feedback has been gleaned from Healthwatch over the past three years.

We have asked specific questions about values and aims, and invited ideas for innovation and improvement. In addition to this ground-level local feedback we have taken note of guidance and expectations of Greater Manchester and its partnerships, of the NHS, of national policies and legislation, and of published evidence of effectiveness from the professional and scientific literature.

All sectors of the NHS were consulted: primary care, community care, mental health and hospitals, with especially large contribution from primary care and Salford's NHS Clinical Commissioning Group, as is appropriate in their role as planners and providers. The major elements of the NHS Long Term Plan and the priorities of Greater Manchester have been included, with a special focus on mental health.

## **What we will do**

Monitoring the locality plan since its inception in 2016 has been a standing agenda item for the Health and Wellbeing Board. This role will continue. This Locality Plan is supplemented by an implementation plan setting out measurable milestones and accountable officers. Progress will also be reported via the network of Boards, Governing Bodies and Commissioning Committees that make up the partnerships in Salford. Beyond that, there are lines of formal and informal accountability to Greater Manchester, regulators such as Ofsted and the Care Quality Commission, and Government Departments.

### **Salford Health and Wellbeing Board will:**

- Provide leadership and direction and actively promote collective responsibility for delivering outcomes related to the health, wellbeing and the wider determinant of health.
- Provide a publicly accountable forum for decision making.
- Challenge each other on what we are doing to reduce inequalities, improve health and wellbeing and ensure sustainable services.

### **Commissioners and providers of health and care services will:**

- Provide and commission services which support the priorities of the Salford Locality Plan.
- Make plans with people, understanding their needs and involving them in designing joined-up services around the needs of local populations.
- Target resources for maximum impact.
- Work collaboratively in the interests of Salford and provide the best quality services possible, making the most effective use of our collective resource in the city.
- Ensure that sufficient resource is allocated to prevention and to interventions which aim to reduce demand both in the short and long term.

### **Partnership Boards, groups and key projects will:**

- Support local communities to be healthy, safe and sustainable.
- Ensure equality of opportunity to access the resources required to improve life chances.

- Work together to protect vulnerable members of the community.
- Ensure communities have access to financial entitlements and advice to maintain independence.
- Ensure resources are targeted for greatest impact.
- Promote a strength-based approach to creating local solutions.
- Work together to strengthen our new joint arrangements and models.

#### **Local communities will:**

- Be engaged in designing and delivering the services that affect their lives.
- Play their part in looking after the local area and developing their strength and connectivity.
- Have access to health intelligence and information to share with families, friends and communities.
- Build on the community networks and assets in their local places to improve health and wellbeing and co-design innovative local solutions.

#### **Individuals will:**

- Value being and feeling well.
- Take responsibility for their own health and wellbeing by understanding and implementing those lifestyle choices that will keep them independent and well.
- Feel part of the wider community in Salford and Greater Manchester.
- Access the services they need in a timely and appropriate way.

### **How we will measure progress**

Overall oversight of the key plans and programmes aimed at delivering the priorities within the Locality Plan sits with the Health and Wellbeing Board. We will use governance structures and multi-agency strategic groups in place across the city to monitor whether programmes are on track and if there is momentum around delivery.

## What will you pledge to do?

Some examples of pledges you may take up are as follows:

I will use 'My City Salford' to find local services, events, advice and support in Salford [www.mycitysalford.com](http://www.mycitysalford.com) and the Spirit of Salford [www.salford.gov.uk/spiritofsalford](http://www.salford.gov.uk/spiritofsalford)

I will drink less and use the online resources available to help me [www.nhs.uk/oneyou/for-your-body/drink-less](http://www.nhs.uk/oneyou/for-your-body/drink-less).

I will keep learning and take/sign up for a course on.....

I will use the Active 10 app to incorporate 10 minute bursts of brisk walking into my daily life [www.nhs.uk/oneyou/active10/home](http://www.nhs.uk/oneyou/active10/home)

I will shift from 'Couch to 5k' and download the app to help me [www.nhs.uk/oneyou/apps/#days-off](http://www.nhs.uk/oneyou/apps/#days-off)

I will know my numbers and go and get my blood pressure checked [www.bloodpressureuk.org](http://www.bloodpressureuk.org)

I will go for my flu jab when called to protect myself and my family.

I will stop smoking using the NHS smokefree app for 4 weeks, meaning I am 5 times more likely to quit for good with this expert support [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

I will go for my cancer screening appointment when I'm invited so that I am 'Clear on Cancer' [www.nhs.uk/be-clear-on-cancer](http://www.nhs.uk/be-clear-on-cancer)

As a family we will make healthy home cooked meals for less using apps that are available to help us [www.nhs.uk/change4life/recipes](http://www.nhs.uk/change4life/recipes)  
[www.nhs.uk/Tools/Pages/easy-meals.aspx](http://www.nhs.uk/Tools/Pages/easy-meals.aspx)

I will take control of my day to day stress and anxiety using simple techniques using the Thrive app [www.thrive.uk.com](http://www.thrive.uk.com)

I will take up a free health check to help me look after my health and lifestyle and reduce my COVID risk [www.salford.gov.uk/health-improvement-service](http://www.salford.gov.uk/health-improvement-service)

I will take up the invite for the NHS Health Check so that early signs of developing heart disease, stroke, diabetes and other chronic conditions can be spotted [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)



I will use 'Better off in Salford' to find local services, advice and support in Salford for benefits and money matters [www.salford.gov.uk/betteroff](http://www.salford.gov.uk/betteroff) and I will join my local credit union.

As an organisation, we will work towards achieving the Workplace Wellbeing Charter [www.wellbeingcharter.org.uk](http://www.wellbeingcharter.org.uk)

As a school we will introduce the Daily Mile [www.thedailymile.co.uk](http://www.thedailymile.co.uk)

I will replace short car journeys with walking or cycling at least once a week.

I will look after my emotional wellbeing and use the resources on My City Salford at [www.mycitysalford.com](http://www.mycitysalford.com) and [www.salford.gov.uk/spiritofsalford](http://www.salford.gov.uk/spiritofsalford) to help me.

I will make use of the top tips for 'Stay Well' [www.nhs.uk/staywell](http://www.nhs.uk/staywell) and 'One You' campaigns promoted during the year [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)

I will make use of the top tips for recycling, housing and health as promoted on My City Salford and the council website [www.salford.gov.uk](http://www.salford.gov.uk)

I will explore volunteering opportunities to contribute to my local community <https://www.salfordcvs.co.uk/want-volunteer>

I will aim to only use emergency services such as A&E and ambulances when absolutely necessary.

I will make better use of local green space and parks and gardens to help improve my overall wellbeing.

I will look after myself as I get older, by incorporating exercise into my week to keep me strong and making sure I stay connected to my community.

# Celebrating the work of the VCSE sector in Salford

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## Salford Credit Union

Credit unions are 'people helping people'. Salford Credit Union has been helping people get better off in Salford for over 30 years. We've helped more than 15,000 people become regular savers. With these savings we've been able to provide more than a thousand people a year with affordable, ethical and lower cost loans, often costing a quarter of doorstep lenders' loans. Savings from these loans keep a million pounds each year in local people's pockets – to spend on local services. We are a member owned social enterprise, so members' interests are at the heart of everything we do and providing money management information is part of how we make a difference to individual's lives. Any surplus gets reinvested or shared as a dividend for our members. By working with local partners, we contribute to tackling poverty and supporting the local economy.

## Aspire CIC

Aspire CIC offers support for people living with dementia and their care partners across Salford. We offer support at four day centres, one resource centre and a new respite facility. The people we support, both people living with dementia and those who support them, have indicated that peer support and people 'in the same boat' are the greatest source of support at diagnosis and throughout the trajectory of the disease helping with social isolation.

“ As soon as you walk through the door you get that 'right' feeling. I was on my guard at first but the welcome we received from other centre users and the staff has been brilliant and the environment is ideal for anybody .”

(Centre user who attends music therapy at the Humphrey Booth Resource Centre with his mum).

“ I honestly do not know what I would do if xxx was not here because I have met such a lot of good people and we all look out for each other .”

(Carer who supports her mum with Lewy Body dementia).

## **Salford Malnutrition Taskforce**

Age UK Salford has hosted the Salford Malnutrition Taskforce since 2014, working with partners to reduce preventable malnutrition in older adults. The group designed the innovative PaperWeight Armband© so members of the public, front-line staff and volunteers could raise the issue of malnutrition with people who may need to gain weight. The success was highlighted by the Greater Manchester Health and Social Care Partnership, who provided investment to pilot this way of working in five boroughs.

Since April 2018, partners from health, social care and the voluntary sector have increased their collaborative working and over 14,000 older people have now benefited from simple conversations. Emerging findings from the University of Manchester show that 86% of people at risk of malnutrition have gained or stabilised their weight. One of our residents, Shirley (84), gained much needed weight after returning to full fat milk and cheese and said, “ I’ve much more energy and can’t believe the difference. ”

## **Falls Prevention Training**

Six steps to preventing falls training, brings together frontline workers, organisations and individuals to learn about the six steps to reducing falls. As part of the training all those who attend make a pledge to share their learning and make at least one change in their own lives. After three months the development worker from Inspiring Communities Together, who delivers the training, contacts participants to ask them if they have done the things that they had pledged to do:

“ I am finally able to cook freely in my kitchen as I have decluttered it and it has given me the freedom and manoeuvrability I need within my own home. ”

“ I have recently purchased two new pairs of shoes to improve my comfort and stability; I bought a pair of trainers as well as a pair of sturdy boots that support my ankles. ”

“ I have spoken to my dad about the falls training that I had attended, he is 80 years old and even though he is now living in a bungalow without the fear of stairs there are new risks that we have made him aware of to ensure his is safe within in own home and independent. ”

## Reach Out; Start to End Suicide

Start's Reach Out; Start to End Suicide campaign has maximised its impact through its innovative and creative interventions including:

- 'Sea of Hands of Support', a participatory arts installation of pledges of support, on yellow cut out hands, for those experiencing suicidal thoughts now and in the future, with conversations that smash suicide associated stigma, and empower the community to support those at risk.
- 'Surviving Suicide; voices of suicide and attempt survivors' therapeutics creative arts that offers peer support and lived experiences through creative arts. The artworks are touring Salford as educational and engagement tools accessible to all Salford residents. Participants reported a 111% increase in their mental health and wellbeing.
- 'Vigil and Procession of Remembrance' which brings the Salford community together in remembrance of those we have lost to suicide and in support of those who have lost loved ones.
- 'Builders Lunch' which saw outreach workers visiting the hardest to reach and highest risk of suicide profession construction workers at their work sites. We served pizza and spoke to them about mental health along with suicide prevention.

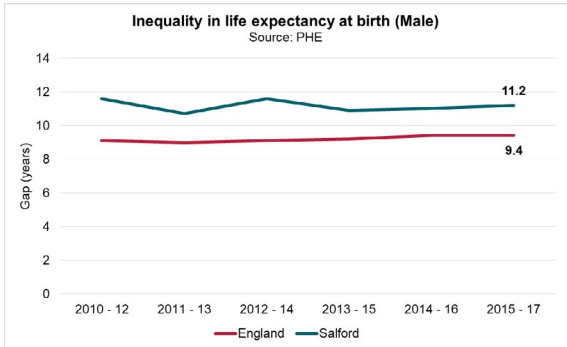
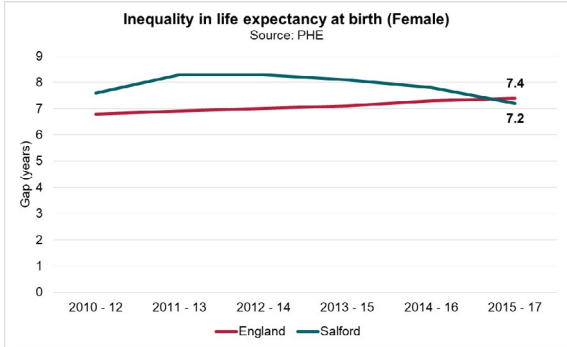
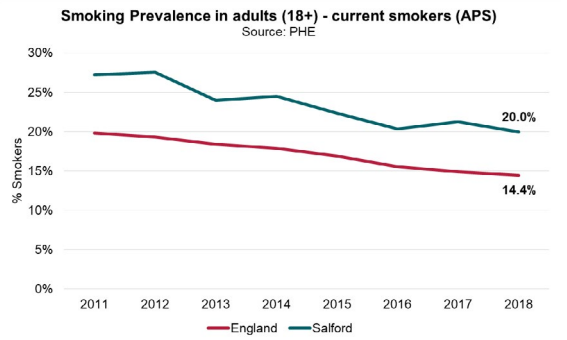
## Salford Foundation – Digital Buddies

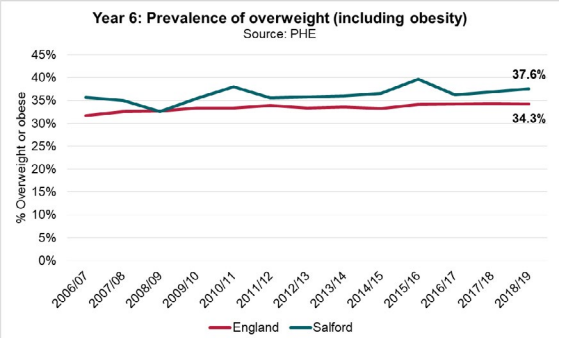
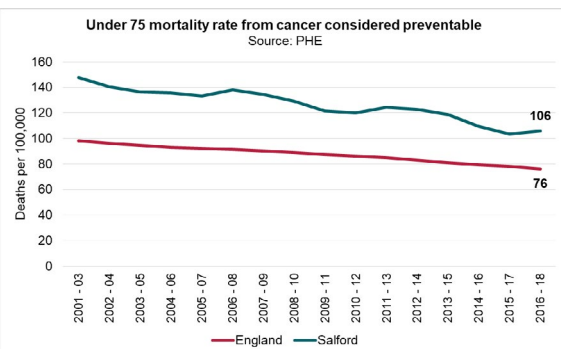
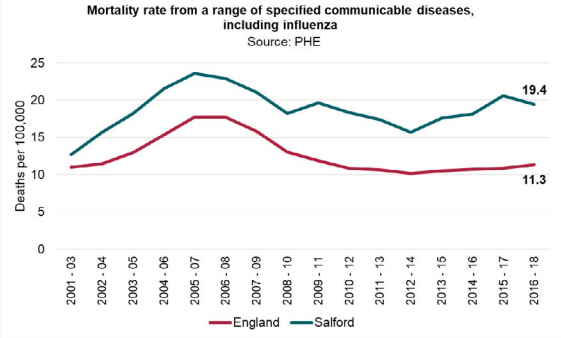
Digital Buddies is a new ‘social connection’ and support project as part of Salford Foundation’s COVID-19 response which aims to help people who are struggling to use their phone, tablet or computer to communicate well. It does this by linking each person with a trained young person who will provide remote one-to-one support to help them solve their particular digital skills challenges.

- Tommy, aged 16, was matched up with his buddy Irene, aged 69, who along with her husband had asked for help with getting set up on Zoom as well as other issues. Tommy spent around three hours in one day to help his buddy with multiple calls taking place as he had wanted to make sure he could give them the best advice. He had an initial phone call to find out what issues she was having, and how he could help. In this call he first helped to set up email accounts and PayPal to make online shopping easier for his buddy. Then he was able to set up Zoom, and talked Irene through how it works to ensure that she was confident in using the app. He was very kind and patient, and he went above and beyond to ensure that everything was as clear as possible. He also offered extra support if needed.
- “ Just wanted to say a big thank you for your referral to my Digital Buddy. She was so patient and explained everything carefully and very well. In fact she was a real joy to talk to. I really couldn't have set my phone up without her as I've always had it done for me. Sad but true! So thanks again and please pass it on. ” Linda.
- “ Being a digital buddy is an amazing thing to do during this difficult time. It really shows that people care and are trying to make a difference. It isn't just about helping with technology, it's about being someone to talk to. ” Annabel, aged 16.

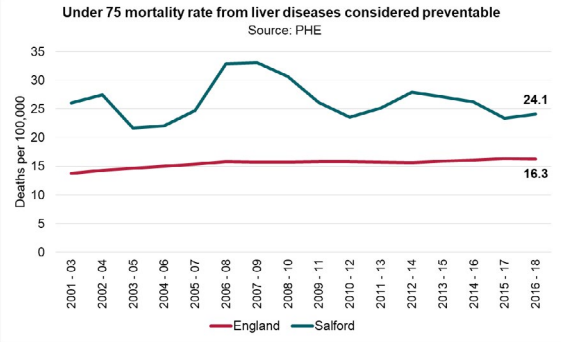
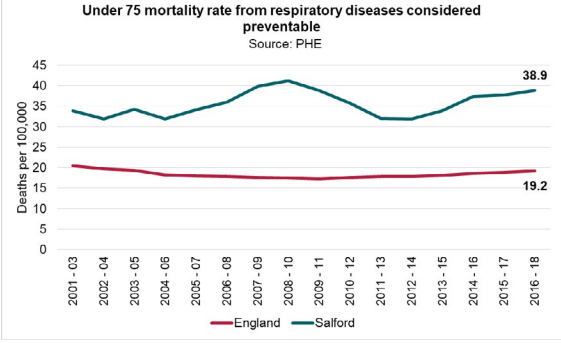
# APPENDIX 1: Progress from the previous locality plan in 2016

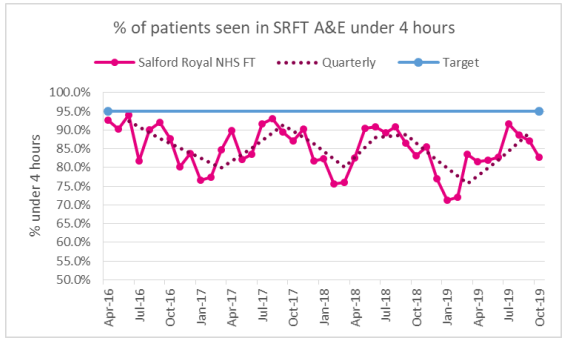
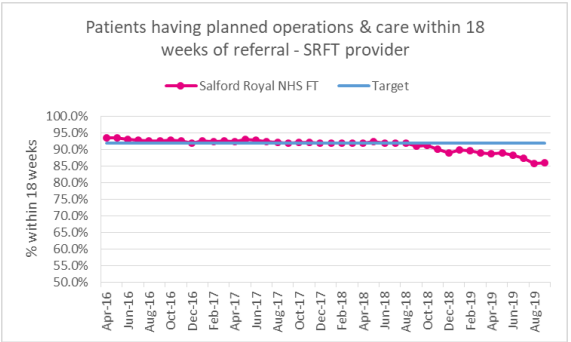
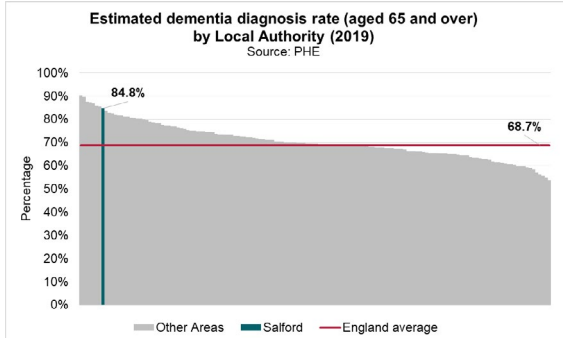
Strategic Intent in 2016 Locality Plan	Update (at November 2019)																																					
Too many people live in highly deprived areas.	<p>‘Highly deprived’ is defined as the most disadvantaged 10% of small areas in the country. 45 of Salford’s 150 small areas meet this definition (compared to 43 previously). 31% of the population (77,733 residents) live in those 45 areas. The overall position is little changed in the last few years but with some movement between areas, and some progress on health and employment indicators, offset by deterioration in others. The slightly faster growth in population in highly deprived areas has also contributed to the upward trend.</p>	<div><p><b>Percentage of Salford Residents Living in Highly Deprived Areas (IMD 2015 and IMD 2019)</b> Source: MHCLG, ONS</p><table><tr><th>Year</th><th>Highly deprived (IMD 2015)</th><th>Highly deprived (IMD 2019)</th></tr><tr><td>2011</td><td>28.7%</td><td>28.8%</td></tr><tr><td>2012</td><td>28.8%</td><td>28.8%</td></tr><tr><td>2013</td><td>28.7%</td><td>28.8%</td></tr><tr><td>2014</td><td>28.7%</td><td>28.8%</td></tr><tr><td>2015</td><td>29.0%</td><td>30.2%</td></tr><tr><td>2016</td><td>29.0%</td><td>30.4%</td></tr><tr><td>2017</td><td>29.0%</td><td>30.4%</td></tr><tr><td>2018</td><td>30.6%</td><td>30.6%</td></tr></table></div>	Year	Highly deprived (IMD 2015)	Highly deprived (IMD 2019)	2011	28.7%	28.8%	2012	28.8%	28.8%	2013	28.7%	28.8%	2014	28.7%	28.8%	2015	29.0%	30.2%	2016	29.0%	30.4%	2017	29.0%	30.4%	2018	30.6%	30.6%									
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Reduce the number of children in poverty.	<p>Child poverty has seen a fall from 26.8% to 21.1% between 2014 and 2016. Despite a growing population there are at least 2,000 fewer children in poverty in 2016 (latest figure) compared to 2014. Halving child poverty in nine years is not on track but the trend suggests it could be at 19.2% or 2,400 fewer children in poverty by 2021 compared to 2014.</p> <p>The current national child poverty indicator has been discontinued. A new measure will be introduced in Spring 2020. It is unclear how this will allow trends to be tracked.</p>	<div><p><b>Children in low income families (under 16s)</b> Source: HMRC</p><table><tr><th>Year</th><th>Salford</th><th>England</th></tr><tr><td>2006</td><td>30%</td><td>22%</td></tr><tr><td>2007</td><td>31%</td><td>23%</td></tr><tr><td>2008</td><td>30%</td><td>22%</td></tr><tr><td>2009</td><td>30%</td><td>22%</td></tr><tr><td>2010</td><td>29%</td><td>21%</td></tr><tr><td>2011</td><td>28%</td><td>20%</td></tr><tr><td>2012</td><td>27%</td><td>19%</td></tr><tr><td>2013</td><td>26%</td><td>18%</td></tr><tr><td>2014</td><td>27%</td><td>19%</td></tr><tr><td>2015</td><td>22%</td><td>17%</td></tr><tr><td>2016</td><td>21.1%</td><td>17.0%</td></tr></table></div>	Year	Salford	England	2006	30%	22%	2007	31%	23%	2008	30%	22%	2009	30%	22%	2010	29%	21%	2011	28%	20%	2012	27%	19%	2013	26%	18%	2014	27%	19%	2015	22%	17%	2016	21.1%	17.0%
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Our success rates at GCSEs are amongst the lowest in England.	<p>This remains the case. We have the third lowest average attainment 8 score and third lowest average progress 8 score out of 150 LAs in England (2019).</p>	<div><p><b>Average Attainment 8 Score at Key Stage 4 by Local Authority (2018/19 (provisional))</b> Source: DfE</p><table><tr><th>Local Authority</th><th>Average score</th></tr><tr><td>Salford</td><td>39.0</td></tr><tr><td>England average</td><td>46.7</td></tr></table></div>	Local Authority	Average score	Salford	39.0	England average	46.7																														
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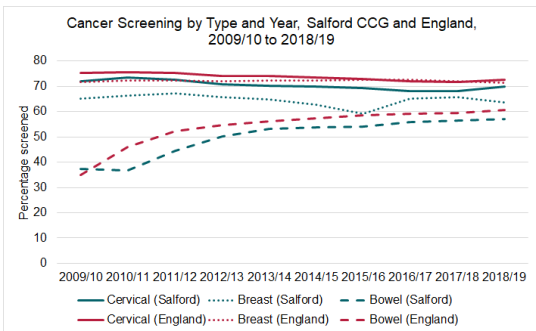
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8.8 per 1,000 working age population were in receipt of Job Seeker's Allowance (JSA) over 12 months.	That has fallen to 4.4 per 1000 in 2017. Future data is not likely to be comparable due to Universal Credit replacing JSA.	Reliable trend data isn't available due to the full service rollout of Universal Credit, which took place in Salford in September 2018.																																										
People living in poorer areas live up to 11 years fewer than those living in our richer areas. (2013-15 data: 8.1 years for females, 10.9 year for males).	<p>The inequalities gap in life expectancy (between the most deprived 10% and most affluent 10%) has narrowed to 7.2 years for women and remains unchanged at 11.2 years for men (2015-17), though the gap is still too wide and unjustifiable.</p> <p>Life expectancy for males and females is highest (best) in Worsley, Boothstown, and Claremont (and Clifton for females only). It is lowest (worst) in Barton, Broughton, Irwell Riverside, and Pendleton.</p>	 <p><b>Inequality in life expectancy at birth (Male)</b> Source: PHE</p> <table border="1"> <thead> <tr> <th>Period</th> <th>England (Gap in years)</th> <th>Salford (Gap in years)</th> </tr> </thead> <tbody> <tr> <td>2010 - 12</td> <td>~9.0</td> <td>~11.5</td> </tr> <tr> <td>2011 - 13</td> <td>~8.8</td> <td>~10.5</td> </tr> <tr> <td>2012 - 14</td> <td>~9.0</td> <td>~11.5</td> </tr> <tr> <td>2013 - 15</td> <td>~9.2</td> <td>~10.5</td> </tr> <tr> <td>2014 - 16</td> <td>~9.4</td> <td>~11.0</td> </tr> <tr> <td>2015 - 17</td> <td>9.4</td> <td>11.2</td> </tr> </tbody> </table>  <p><b>Inequality in life expectancy at birth (Female)</b> Source: PHE</p> <table border="1"> <thead> <tr> <th>Period</th> <th>England (Gap in years)</th> <th>Salford (Gap in years)</th> </tr> </thead> <tbody> <tr> <td>2010 - 12</td> <td>~6.8</td> <td>~7.5</td> </tr> <tr> <td>2011 - 13</td> <td>~6.9</td> <td>~8.2</td> </tr> <tr> <td>2012 - 14</td> <td>~7.0</td> <td>~8.2</td> </tr> <tr> <td>2013 - 15</td> <td>~7.1</td> <td>~8.0</td> </tr> <tr> <td>2014 - 16</td> <td>~7.2</td> <td>~7.5</td> </tr> <tr> <td>2015 - 17</td> <td>7.2</td> <td>7.4</td> </tr> </tbody> </table>	Period	England (Gap in years)	Salford (Gap in years)	2010 - 12	~9.0	~11.5	2011 - 13	~8.8	~10.5	2012 - 14	~9.0	~11.5	2013 - 15	~9.2	~10.5	2014 - 16	~9.4	~11.0	2015 - 17	9.4	11.2	Period	England (Gap in years)	Salford (Gap in years)	2010 - 12	~6.8	~7.5	2011 - 13	~6.9	~8.2	2012 - 14	~7.0	~8.2	2013 - 15	~7.1	~8.0	2014 - 16	~7.2	~7.5	2015 - 17	7.2	7.4
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Smoking rates will reduce, with the effect of 7,500 fewer smokers.	<p>Smoking rates have been steadily falling for several years. In 2016 the rate was 20.3% of adults (39,300 smokers). Reducing this by 7,500 would mean 31,800 smokers by 2021, equivalent to a rate of 15.8% adult smokers. The rate in 2018 was 20.0%, which, due to population increase, is 200 smokers more than the 2016 baseline.</p> <p>Quit rates amongst expectant mothers have fallen faster.</p>	 <p><b>Smoking Prevalence in adults (18+) - current smokers (APS)</b> Source: PHE</p> <table border="1"> <thead> <tr> <th>Year</th> <th>England (% Smokers)</th> <th>Salford (% Smokers)</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>~20.0</td> <td>~27.0</td> </tr> <tr> <td>2012</td> <td>~19.5</td> <td>~27.5</td> </tr> <tr> <td>2013</td> <td>~19.0</td> <td>~24.0</td> </tr> <tr> <td>2014</td> <td>~18.5</td> <td>~24.5</td> </tr> <tr> <td>2015</td> <td>~17.5</td> <td>~22.0</td> </tr> <tr> <td>2016</td> <td>~16.5</td> <td>~20.5</td> </tr> <tr> <td>2017</td> <td>~15.5</td> <td>~21.5</td> </tr> <tr> <td>2018</td> <td>14.4</td> <td>20.0</td> </tr> </tbody> </table>	Year	England (% Smokers)	Salford (% Smokers)	2011	~20.0	~27.0	2012	~19.5	~27.5	2013	~19.0	~24.0	2014	~18.5	~24.5	2015	~17.5	~22.0	2016	~16.5	~20.5	2017	~15.5	~21.5	2018	14.4	20.0															
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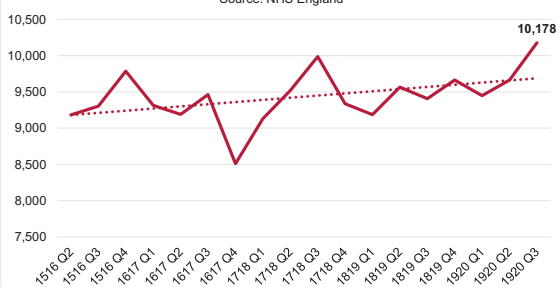
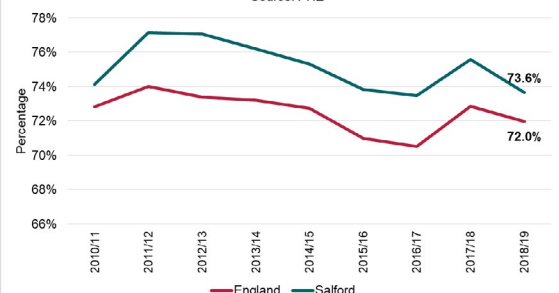
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400 fewer overweight 11 year olds.	<p>In 2016 there were 985 overweight or obese 11 year olds in Salford, equating to 39.6% of those measured. To achieve a reduction of 400 would require a rate of approximately 21%. The latest figure is for 2019 when 1039 (37.6%) 11 year olds were overweight or obese.</p>	<p><b>Year 6: Prevalence of overweight (including obesity)</b> Source: PHE</p>  <table border="1"> <caption>Year 6: Prevalence of overweight (including obesity)</caption> <thead> <tr> <th>Year</th> <th>England (%)</th> <th>Salford (%)</th> </tr> </thead> <tbody> <tr><td>2006/07</td><td>32.0</td><td>35.0</td></tr> <tr><td>2007/08</td><td>33.0</td><td>34.0</td></tr> <tr><td>2008/09</td><td>33.0</td><td>33.0</td></tr> <tr><td>2009/10</td><td>33.0</td><td>34.0</td></tr> <tr><td>2010/11</td><td>33.0</td><td>37.0</td></tr> <tr><td>2011/12</td><td>33.0</td><td>35.0</td></tr> <tr><td>2012/13</td><td>33.0</td><td>35.0</td></tr> <tr><td>2013/14</td><td>33.0</td><td>35.0</td></tr> <tr><td>2014/15</td><td>33.0</td><td>36.0</td></tr> <tr><td>2015/16</td><td>33.0</td><td>39.0</td></tr> <tr><td>2016/17</td><td>33.0</td><td>36.0</td></tr> <tr><td>2017/18</td><td>33.0</td><td>36.0</td></tr> <tr><td>2018/19</td><td>34.3</td><td>37.6</td></tr> </tbody> </table>	Year	England (%)	Salford (%)	2006/07	32.0	35.0	2007/08	33.0	34.0	2008/09	33.0	33.0	2009/10	33.0	34.0	2010/11	33.0	37.0	2011/12	33.0	35.0	2012/13	33.0	35.0	2013/14	33.0	35.0	2014/15	33.0	36.0	2015/16	33.0	39.0	2016/17	33.0	36.0	2017/18	33.0	36.0	2018/19	34.3	37.6									
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At least 56 fewer premature deaths from cancer (under age 75) per year.	<p>There has been a falling trend in premature deaths from cancer over the last 15 years. In the last few years that improvement has slowed. In order to reduce deaths by 56 per year Salford would need to see a rate of around 68 deaths per 100,000 population. The latest rate is 106 deaths per 100,000 residents (2016-18). Current projections suggest a reduction of around 30 premature deaths per year compared to 2016.</p> <p>Indicator: Under 75 mortality rates from cancer considered preventable.</p>	<p><b>Under 75 mortality rate from cancer considered preventable</b> Source: PHE</p>  <table border="1"> <caption>Under 75 mortality rate from cancer considered preventable</caption> <thead> <tr> <th>Year</th> <th>England (per 100,000)</th> <th>Salford (per 100,000)</th> </tr> </thead> <tbody> <tr><td>2001-03</td><td>100</td><td>150</td></tr> <tr><td>2002-04</td><td>98</td><td>140</td></tr> <tr><td>2003-05</td><td>96</td><td>135</td></tr> <tr><td>2004-06</td><td>94</td><td>130</td></tr> <tr><td>2005-07</td><td>92</td><td>130</td></tr> <tr><td>2006-08</td><td>90</td><td>135</td></tr> <tr><td>2007-09</td><td>88</td><td>130</td></tr> <tr><td>2008-10</td><td>86</td><td>125</td></tr> <tr><td>2009-11</td><td>84</td><td>120</td></tr> <tr><td>2010-12</td><td>82</td><td>120</td></tr> <tr><td>2011-13</td><td>80</td><td>125</td></tr> <tr><td>2012-14</td><td>78</td><td>120</td></tr> <tr><td>2013-15</td><td>76</td><td>115</td></tr> <tr><td>2014-16</td><td>74</td><td>105</td></tr> <tr><td>2015-17</td><td>72</td><td>100</td></tr> <tr><td>2016-18</td><td>76</td><td>106</td></tr> </tbody> </table>	Year	England (per 100,000)	Salford (per 100,000)	2001-03	100	150	2002-04	98	140	2003-05	96	135	2004-06	94	130	2005-07	92	130	2006-08	90	135	2007-09	88	130	2008-10	86	125	2009-11	84	120	2010-12	82	120	2011-13	80	125	2012-14	78	120	2013-15	76	115	2014-16	74	105	2015-17	72	100	2016-18	76	106
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31 fewer premature deaths per year from infectious diseases like flu, measles and hepatitis.	<p>The indicator definition was changed in May 2016, having previously included pneumonia (ICD 10 J12-J18). There has been a slight rise in preventable mortality in recent years. In order to reduce deaths by 31 per year Salford would need to see a rate of around 4 deaths per 100,000 population. The latest data gives a rate of 19 deaths per 100,000 residents (2016-18). Current projections suggest an increase of around 8 deaths per year compared to 2016.</p> <p>Indicator: Mortality rate from a range of specified communicable diseases, including influenza.</p>	<p><b>Mortality rate from a range of specified communicable diseases, including influenza</b> Source: PHE</p>  <table border="1"> <caption>Mortality rate from a range of specified communicable diseases, including influenza</caption> <thead> <tr> <th>Year</th> <th>England (per 100,000)</th> <th>Salford (per 100,000)</th> </tr> </thead> <tbody> <tr><td>2001-03</td><td>12</td><td>13</td></tr> <tr><td>2002-04</td><td>13</td><td>16</td></tr> <tr><td>2003-05</td><td>14</td><td>18</td></tr> <tr><td>2004-06</td><td>16</td><td>21</td></tr> <tr><td>2005-07</td><td>18</td><td>23</td></tr> <tr><td>2006-08</td><td>18</td><td>22</td></tr> <tr><td>2007-09</td><td>17</td><td>20</td></tr> <tr><td>2008-10</td><td>15</td><td>18</td></tr> <tr><td>2009-11</td><td>14</td><td>19</td></tr> <tr><td>2010-12</td><td>13</td><td>18</td></tr> <tr><td>2011-13</td><td>12</td><td>16</td></tr> <tr><td>2012-14</td><td>11</td><td>15</td></tr> <tr><td>2013-15</td><td>11</td><td>17</td></tr> <tr><td>2014-16</td><td>11</td><td>18</td></tr> <tr><td>2015-17</td><td>11</td><td>21</td></tr> <tr><td>2016-18</td><td>11.3</td><td>19.4</td></tr> </tbody> </table>	Year	England (per 100,000)	Salford (per 100,000)	2001-03	12	13	2002-04	13	16	2003-05	14	18	2004-06	16	21	2005-07	18	23	2006-08	18	22	2007-09	17	20	2008-10	15	18	2009-11	14	19	2010-12	13	18	2011-13	12	16	2012-14	11	15	2013-15	11	17	2014-16	11	18	2015-17	11	21	2016-18	11.3	19.4
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Strategic Intent in 2016 Locality Plan	Update (at November 2019)																																																				
20 fewer premature deaths from heart disease per year.	<p>There has been a falling trend in deaths from heart disease over the last 15 years. In the last few years that improvement has slowed. In order to reduce deaths by 20 per year Salford would need to see a rate of around 54 deaths per 100,000 population. The latest data gives a rate of 64 deaths per 100,000 residents (2016-18). Current projections suggest we are on target to achieve our ambition.</p> <p>Indicator: Under 75 mortality rates from cardiovascular diseases considered preventable.</p>	 <p>Under 75 mortality rate from cardiovascular diseases considered preventable Source: PHE</p> <table border="1"> <thead> <tr> <th>Year</th> <th>England</th> <th>Salford</th> </tr> </thead> <tbody> <tr><td>2001-03</td><td>100</td><td>145</td></tr> <tr><td>2002-04</td><td>95</td><td>135</td></tr> <tr><td>2003-05</td><td>90</td><td>130</td></tr> <tr><td>2004-06</td><td>85</td><td>125</td></tr> <tr><td>2005-07</td><td>80</td><td>115</td></tr> <tr><td>2006-08</td><td>75</td><td>105</td></tr> <tr><td>2007-09</td><td>70</td><td>95</td></tr> <tr><td>2008-10</td><td>65</td><td>90</td></tr> <tr><td>2009-11</td><td>60</td><td>85</td></tr> <tr><td>2010-12</td><td>55</td><td>80</td></tr> <tr><td>2011-13</td><td>50</td><td>75</td></tr> <tr><td>2012-14</td><td>48</td><td>70</td></tr> <tr><td>2013-15</td><td>45</td><td>65</td></tr> <tr><td>2014-16</td><td>45</td><td>60</td></tr> <tr><td>2015-17</td><td>45</td><td>55</td></tr> <tr><td>2016-18</td><td>45</td><td>64</td></tr> </tbody> </table>	Year	England	Salford	2001-03	100	145	2002-04	95	135	2003-05	90	130	2004-06	85	125	2005-07	80	115	2006-08	75	105	2007-09	70	95	2008-10	65	90	2009-11	60	85	2010-12	55	80	2011-13	50	75	2012-14	48	70	2013-15	45	65	2014-16	45	60	2015-17	45	55	2016-18	45	64
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6 fewer premature deaths from preventable liver disease per year.	<p>There has been a falling trend in deaths from liver disease over the last 15 years. In the last few years that improvement has slowed. In order to reduce deaths by 6 per year Salford would need to see a rate of around 19 deaths per 100,000 population. The latest rate is 24 per 100,000 (2016-18). Current projections suggest a reduction of around 2 deaths per year compared to 2016.</p> <p>Indicator: Under 75 mortality rates from liver disease considered preventable.</p>	 <p>Under 75 mortality rate from liver diseases considered preventable Source: PHE</p> <table border="1"> <thead> <tr> <th>Year</th> <th>England</th> <th>Salford</th> </tr> </thead> <tbody> <tr><td>2001-03</td><td>14</td><td>26</td></tr> <tr><td>2002-04</td><td>14</td><td>28</td></tr> <tr><td>2003-05</td><td>14</td><td>22</td></tr> <tr><td>2004-06</td><td>14</td><td>22</td></tr> <tr><td>2005-07</td><td>15</td><td>25</td></tr> <tr><td>2006-08</td><td>15</td><td>33</td></tr> <tr><td>2007-09</td><td>15</td><td>33</td></tr> <tr><td>2008-10</td><td>15</td><td>30</td></tr> <tr><td>2009-11</td><td>15</td><td>25</td></tr> <tr><td>2010-12</td><td>15</td><td>23</td></tr> <tr><td>2011-13</td><td>15</td><td>25</td></tr> <tr><td>2012-14</td><td>15</td><td>28</td></tr> <tr><td>2013-15</td><td>15</td><td>27</td></tr> <tr><td>2014-16</td><td>16</td><td>26</td></tr> <tr><td>2015-17</td><td>16</td><td>24</td></tr> <tr><td>2016-18</td><td>16.3</td><td>24.1</td></tr> </tbody> </table>	Year	England	Salford	2001-03	14	26	2002-04	14	28	2003-05	14	22	2004-06	14	22	2005-07	15	25	2006-08	15	33	2007-09	15	33	2008-10	15	30	2009-11	15	25	2010-12	15	23	2011-13	15	25	2012-14	15	28	2013-15	15	27	2014-16	16	26	2015-17	16	24	2016-18	16.3	24.1
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17 fewer premature deaths from respiratory diseases, like pneumonia or lung disease per year.	<p>There has been a fluctuating trend in deaths from respiratory diseases over the last 15 years, with a slight increase in recent years. In order to reduce deaths by 17 per year Salford would need to see a rate of around 27 deaths per 100,000 population. The latest rate is 39 deaths per 100,000 residents (2016-18). Current projections suggest a reduction of around 6 deaths per year compared to 2016.</p> <p>Indicator: Under 75 mortality rates from respiratory disease considered preventable.</p>	 <p>Under 75 mortality rate from respiratory diseases considered preventable Source: PHE</p> <table border="1"> <thead> <tr> <th>Year</th> <th>England</th> <th>Salford</th> </tr> </thead> <tbody> <tr><td>2001-03</td><td>20</td><td>34</td></tr> <tr><td>2002-04</td><td>20</td><td>32</td></tr> <tr><td>2003-05</td><td>20</td><td>34</td></tr> <tr><td>2004-06</td><td>19</td><td>32</td></tr> <tr><td>2005-07</td><td>19</td><td>34</td></tr> <tr><td>2006-08</td><td>19</td><td>36</td></tr> <tr><td>2007-09</td><td>19</td><td>40</td></tr> <tr><td>2008-10</td><td>19</td><td>42</td></tr> <tr><td>2009-11</td><td>18</td><td>38</td></tr> <tr><td>2010-12</td><td>18</td><td>35</td></tr> <tr><td>2011-13</td><td>18</td><td>32</td></tr> <tr><td>2012-14</td><td>18</td><td>32</td></tr> <tr><td>2013-15</td><td>18</td><td>34</td></tr> <tr><td>2014-16</td><td>19</td><td>37</td></tr> <tr><td>2015-17</td><td>19</td><td>38</td></tr> <tr><td>2016-18</td><td>19.2</td><td>38.9</td></tr> </tbody> </table>	Year	England	Salford	2001-03	20	34	2002-04	20	32	2003-05	20	34	2004-06	19	32	2005-07	19	34	2006-08	19	36	2007-09	19	40	2008-10	19	42	2009-11	18	38	2010-12	18	35	2011-13	18	32	2012-14	18	32	2013-15	18	34	2014-16	19	37	2015-17	19	38	2016-18	19.2	38.9
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Strategic Intent in 2016 Locality Plan	Update (at November 2019)	
<p>95% of people who go to A&amp;E will be seen within four hours.</p>	<p>SR FT last hit 95% in August 2015. Over the last available 12 months (Oct-18 to Sep-19) Salford Royal has seen 82.9% of patients within the four-hour target. In order for Salford to have hit the 95% objective, this would have meant seeing an extra 14,350 patients within four hours.</p>	
<p>92% of people will wait no longer than 18 weeks for treatment after a GP referral.</p>	<p>SRFT last met the 92% target in August 2018. Over the last available 12 months (Oct-18 to Sep-19) 88.6% of patients have been referred to treatment within 18 weeks. In order for Salford to have hit the 92% target then a further 18,350 patients would have had to have been referred within 18 weeks.</p>	
<p>Increase the number of people diagnosed with early dementia.  in the early stages of the disease will increase to 90%.</p>	<p>There are no reliable figures for 'early' diagnosis of dementia, but the overall dementia diagnosis rate in Salford is currently (2019) 84.8% which implies a higher than average detection rate than for England (68.7%). The Salford value was the eighth highest in England.</p>	

Strategic Intent in 2016 Locality Plan	Update (at November 2019)																																																																														
The number of people who are checked for the early signs of cancer will increase by 30%.	<p>The proportion of people who were checked for early diagnosis between 2012 and 2017 varied between (40% and 52%). Based on that experience, the most ambitious projection for the next five years (i.e. by 2022) would be an increase by 17% from the 2017 value.</p> <p>2017 figures: Salford 46.8%, England: 52.2%.</p> <p>Nationally the best performers manage around 61% early diagnosis. We'd need to exceed this rate to increase the number diagnosed early by 30%. (source PHOF 2.19).</p> <p>There has been an annual increase of around 2.1% in the numbers screened for cancer. About two-thirds of this is due to population growth (1.5% annually for these cohorts).</p>	 <table><caption>Estimated data from 'Cancer Screening by Type and Year, Salford CCG and England, 2009/10 to 2018/19'</caption><thead><tr><th>Year</th><th>Cervical (Salford)</th><th>Breast (Salford)</th><th>Bowel (Salford)</th><th>Cervical (England)</th><th>Breast (England)</th><th>Bowel (England)</th></tr></thead><tbody><tr><td>2009/10</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2010/11</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2011/12</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2012/13</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2013/14</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2014/15</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2015/16</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2016/17</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2017/18</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr><tr><td>2018/19</td><td>45</td><td>65</td><td>35</td><td>75</td><td>65</td><td>45</td></tr></tbody></table>	Year	Cervical (Salford)	Breast (Salford)	Bowel (Salford)	Cervical (England)	Breast (England)	Bowel (England)	2009/10	45	65	35	75	65	45	2010/11	45	65	35	75	65	45	2011/12	45	65	35	75	65	45	2012/13	45	65	35	75	65	45	2013/14	45	65	35	75	65	45	2014/15	45	65	35	75	65	45	2015/16	45	65	35	75	65	45	2016/17	45	65	35	75	65	45	2017/18	45	65	35	75	65	45	2018/19	45	65	35	75	65	45
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There will be £45m annual investment in mental health services to make sure people get the help they need as quickly as possible.	Comparable figures in health and social care in mental health are difficult to source, but mental health is by a wide factor the largest area of spend by Salford CCG, accounting for about £1 in every £6.																																							
Emergency admissions to hospital will be reduced by 20%.	<p>The most ambitious achievable reduction in the next five years would be 11%, based on the Q4 2018/19 number of admissions of 9,663.</p> <p>The trend over recent years has been an annual increase of around 1.3%.</p>	<p><b>Emergency Admissions by Quarter, Salford Royal Foundation Trust</b> 2015-16 Q2 to 2019-20 Q3 Source: NHS England</p>  <table><caption>Emergency Admissions by Quarter (Estimated Data)</caption><thead><tr><th>Quarter</th><th>Admissions</th></tr></thead><tbody><tr><td>1516 Q2</td><td>9,200</td></tr><tr><td>1516 Q3</td><td>9,300</td></tr><tr><td>1516 Q4</td><td>9,800</td></tr><tr><td>1617 Q1</td><td>9,400</td></tr><tr><td>1617 Q2</td><td>9,300</td></tr><tr><td>1617 Q3</td><td>9,400</td></tr><tr><td>1617 Q4</td><td>8,500</td></tr><tr><td>1718 Q1</td><td>9,200</td></tr><tr><td>1718 Q2</td><td>9,400</td></tr><tr><td>1718 Q3</td><td>10,000</td></tr><tr><td>1718 Q4</td><td>9,400</td></tr><tr><td>1819 Q1</td><td>9,300</td></tr><tr><td>1819 Q2</td><td>9,500</td></tr><tr><td>1819 Q3</td><td>9,400</td></tr><tr><td>1819 Q4</td><td>9,600</td></tr><tr><td>1920 Q1</td><td>9,500</td></tr><tr><td>1920 Q2</td><td>9,700</td></tr><tr><td>1920 Q3</td><td>10,178</td></tr></tbody></table>	Quarter	Admissions	1516 Q2	9,200	1516 Q3	9,300	1516 Q4	9,800	1617 Q1	9,400	1617 Q2	9,300	1617 Q3	9,400	1617 Q4	8,500	1718 Q1	9,200	1718 Q2	9,400	1718 Q3	10,000	1718 Q4	9,400	1819 Q1	9,300	1819 Q2	9,500	1819 Q3	9,400	1819 Q4	9,600	1920 Q1	9,500	1920 Q2	9,700	1920 Q3	10,178
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85% of over 65s will have the flu vaccination every year.	<p>This was an ambitious projection. Using the exponential smoothing methodology, we may estimate the flu coverage to be around 76% in the next five years, based on the experience of the coverage between 2011/12 and 2018/19.</p> <p>2018/19 figure: 73.6% of over 65s. Some vaccinations done privately may be missing from the uptake figures.</p> <p>(England rate 72.0%).</p>	<p><b>Population vaccination coverage - Flu (aged 65+)</b> Source: PHE</p>  <table><caption>Population vaccination coverage - Flu (aged 65+) (Estimated Data)</caption><thead><tr><th>Year</th><th>England (%)</th><th>Salford (%)</th></tr></thead><tbody><tr><td>2010/11</td><td>72.5</td><td>74.5</td></tr><tr><td>2011/12</td><td>74.0</td><td>77.0</td></tr><tr><td>2012/13</td><td>73.5</td><td>76.5</td></tr><tr><td>2013/14</td><td>73.0</td><td>75.5</td></tr><tr><td>2014/15</td><td>72.5</td><td>74.5</td></tr><tr><td>2015/16</td><td>71.0</td><td>73.5</td></tr><tr><td>2016/17</td><td>70.5</td><td>73.0</td></tr><tr><td>2017/18</td><td>72.5</td><td>75.5</td></tr><tr><td>2018/19</td><td>72.0</td><td>73.6</td></tr></tbody></table>	Year	England (%)	Salford (%)	2010/11	72.5	74.5	2011/12	74.0	77.0	2012/13	73.5	76.5	2013/14	73.0	75.5	2014/15	72.5	74.5	2015/16	71.0	73.5	2016/17	70.5	73.0	2017/18	72.5	75.5	2018/19	72.0	73.6								
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## APPENDIX 2: Overview of Priorities and Indicators 2020-25

Priorities	Indicators
Starting Well	
<b>Children in Salford will have the Best Early Start:</b> Saving Babies Lives. Salford Early Years Delivery Model. Early Help and Integrated Working Transforming Care and Neurodevelopmental Pathway.	Perinatal mental health. Pregnancy and newborn screening. Low birth weight and smoking at time of delivery. Infant mortality. School readiness at age five Early childhood vaccinations.
<b>Children and Young People will Develop Well in Salford.</b> Earlier identification of emotional wellbeing needs. Childhood obesity and oral health. Immunisation. No Wrong Door. Domestic abuse. Neglect strategy.	Childhood obesity at Reception and year six. School immunisation rates. Attainment in English and Maths at key Stage four. Children in care outcomes and transitions. Young people NEET and Teenage conceptions. Safeguarding outcomes. Hospital admissions due to substance misuse and self-harm.
Living Well	
<b>People will value being and feeling well in Salford.</b> Access to IAPT services. The Living Well programme. Wellbeing Matters. Suicide Prevention. Early diagnosis of Cancer. Diabetes education. Sexual health. Supporting people with Learning Disability and Mental illness.	Smoking prevalence in high risk groups, smoking attributable mortality. Alcohol related hospital admissions, alcohol related mortality. Successful completion of treatment for alcohol, opioids and non-opioids. Access to IAPT and recovery. Mortality rate from suicide and injury undetermined. Cancer and cardiovascular disease incidence and mortality. Bowel, Breast and Cervical Cancer Screening rates. New diagnoses of sexually transmitted infections, contraceptive use. Salford Standard outcomes in primary care. Gap in employment rate for people with long term conditions, learning disability, and mental illness.

Priorities	Indicators
<p><b>Carers in Salford will be supported to be and feel well.</b></p> <p>Supporting working carers and young carers.</p> <p>Carers in hospital.</p> <p>Neighbourhoods model and use of technology.</p>	<p>Respite care</p> <p>Health checks for carers.</p> <p>Measures of wellbeing for carers.</p>
Ageing Well	
<p><b>People in Salford will live independent Active Older Age.</b></p> <p>Active Contribution.</p> <p>Supporting Independence.</p> <p>Intergenerational work.</p> <p>Eat, drink and live well.</p> <p>Falls prevention, frailty and co-morbidities.</p>	<p>Life expectancy at age 65.</p> <p>Dementia prevalence and admissions.</p> <p>Admissions due to falls and broken neck of femur.</p> <p>Excess winter mortality and flu immunisation uptake.</p> <p>Quality of care in care homes and home care providers.</p> <p>Measures of active contribution.</p>
<p><b>Salford offers best care for Later life and Dying well.</b></p> <p>Palliative and End of Life Care Framework.</p> <p>Children and young people end of life.</p> <p>Enhanced specialist palliative and hospice inpatient service.</p> <p>Hospice and community support.</p> <p>National Dying Matters 'Let's Talk About It' campaign.</p>	<p>Place of death.</p> <p>National Audit of Care at the End of Life (NACEL),</p> <p>NICE quality standards and guidelines.</p> <p>National Ambitions for Palliative and End of Life Care.</p>
Places, Communities and Neighbourhoods	
<p><b>Salford places will promote health and wellbeing.</b></p> <p>New green developments like RHS Garden Bridgewater.</p> <p>The Local Plan and Supplementary Planning Documents.</p> <p>Housing Strategy.</p> <p>The Green City programme.</p> <p>Vibrant district centres.</p> <p>Physical Activity and Active Travel.</p> <p>Climate Change.</p>	<p>Community safety indicators, including substance misuse, violent crime, hate crime and antisocial behaviour.</p> <p>Participation in lifestyle activities and cultural activities.</p> <p>Adults undertaking the CMO minimum recommended physical activity per week.</p> <p>Affordable housing and new housing delivery.</p> <p>Homelessness preventions and Households in temporary accommodation.</p> <p>Clean Air Plan - exceedances in NOx and particulates.</p> <p>Carbon footprint or reductions.</p>

Priorities	Indicators
<p><b>Communities and Neighbourhoods in Salford will promote health and wellbeing.</b></p> <p>The Great Eight priorities, Inclusive Economy and a Marmot City.</p> <p>Strengthening the VCSE sector.</p> <p>Coproduction with local people.</p> <p>Wellbeing Matters.</p> <p>Primary Care Networks.</p> <p>Enhanced Care in the community.</p> <p>Digital Strategy.</p> <p>Strategy for Culture, Creativity and Place.</p>	<p>Health and Wellbeing Survey 2020/21, and the UK Census 2021.</p> <p>Male and female life expectancy and ward inequalities.</p> <p>All age all cause mortality, and mortality considered preventable.</p> <p>Childhood poverty, food and fuel poverty.</p> <p>Evaluation of new health care models.</p> <p>Investment into the VCSE sector.</p> <p>Coproduction of innovative local solutions (case studies).</p> <p>Progress towards Living Wage health and wellbeing economy.</p> <p>Social Impact reports.</p> <p>Numbers and growth of social enterprises and start-ups.</p>
Enablers	
<p><b>Partners in Salford will Enable Transformation.</b></p> <p>Social value.</p> <p>Quality care.</p> <p>Integrated new models of care.</p> <p>Improving Specialist Care and Elective Care reform.</p> <p>Salford Scheduled Care.</p> <p>Urgent and Emergency Care.</p> <p>Estates and Workforce.</p> <p>Supportive and Assistive Technology.</p>	<p>Research and innovation.</p> <p>Antimicrobial resistance and medicines safety.</p> <p>Safer care homes and quality audits.</p> <p>Waiting times and numbers waiting.</p> <p>Numbers of outpatient attendances.</p> <p>Numbers of delayed transfers of care .</p> <p>Family and friends test.</p> <p>Environmental impact of health and care.</p> <p>Locality financial monitoring.</p>
<p><b>We will work together to Deliver our Locality Plan</b></p> <p>Role of the Health and Wellbeing Board.</p> <p>Commissioners and providers of health and care services.</p> <p>Partnership Boards, Groups and Key Projects.</p> <p>Local communities and Individuals.</p>	<p>Quarterly themed reports to Health and Wellbeing Board.</p> <p>Annual Locality report and Core JSNA.</p> <p>Annual Public Health Report.</p>

# Salford Locality Plan 2020

