

Vocal

VCSE forums facilitated by
Salford CVS

Vocal Wellbeing, Health & Social Care Forum



Date: Monday 12th June 2023

Time: 10.00am – 12.00pm

Venue: Zoom

Number of people registered: 16

Speakers

Dr Muna Abdel Aziz (Salford City Council)
Wendy Hodgson (Greater Manchester NHS)
Ali McLeod (Healthwatch Salford)
Ben Colman (Salford Care Organisation)

Salford CVS staff present:

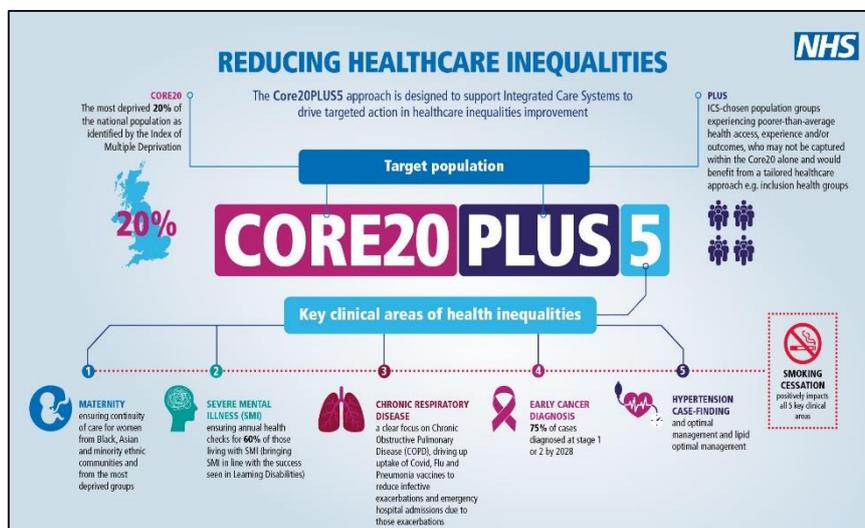
Michelle Warburton (Chair)
Helen Johnson (minutes)
Bruce Poole (facilitator)
Hannah Flint (facilitator)
Beatty Osborne (facilitator)

The theme for this forum meeting: Core20 plus 5

Michelle Warburton welcomed everyone and asked attendees to introduce themselves.

Core20 plus 5 Adults

Dr Muna Abdel Aziz, Director of Public Health for Salford, shared a presentation on Core20 plus 5 Adults.



The Locality Plan started in 2015 and explored the health and wellbeing outcomes for residents in Salford. The vision is that Salford is a place where everyone can enjoy the best opportunities that Salford has to offer. The core outcomes of the Locality Plan are:

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

The outcomes are condensed further into the following areas:

- Starting well
- Living well
- Ageing well
- Strong and resilient communities

Muna added the strong and resilient communities in 2020 as she is passionate about tackling health inequalities, especially with challenges from Brexit, Covid and the cost of living.

TIMESCALES – achieving impacts				
START WELL	•Reducing unintentional injury	•Reducing NEET young people •Improving school attainment •Reduced childhood obesity	• improving school readiness • improving parenting •Increasing breastfeeding	•Reduced childhood poverty
LIVE WELL	• Tackling fuel poverty •Smoking cessation	• Primary care standards •Alcohol and tobacco controls •Increasing employment •Increasing physical activity	•Increased community resilience	•Reduced mortality from cancer, cardiovascular and respiratory disease
AGE WELL	•Falls reduction •Flu vaccination	•Reduced social isolation •Support to manage LTC •Support for carers	•Identifying and reducing dementia	•Increased life expectancy
	2016	2020	2025	2030

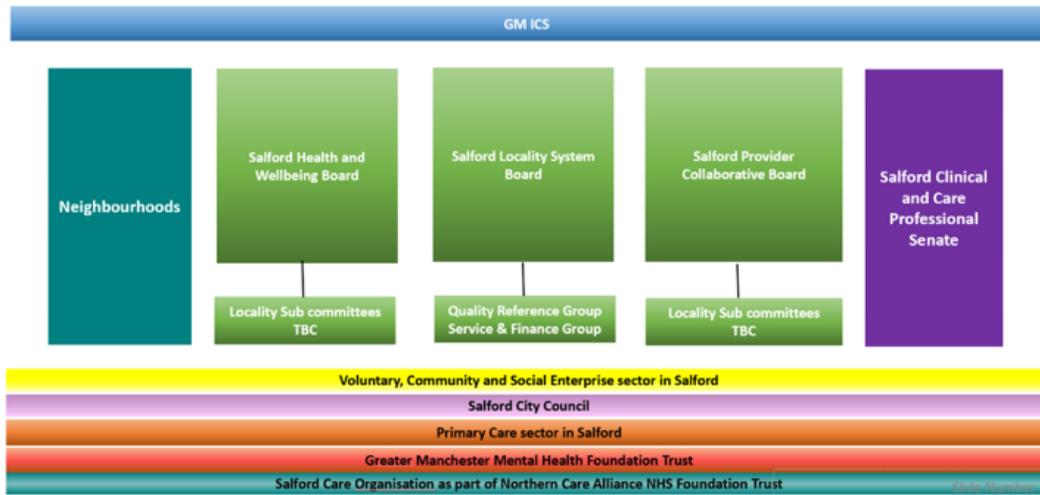
The biggest challenges include exacerbation of the issues of:

- Mental Health impact
- Cancer prevention and treatment
- Respiratory illnesses: Interactions of COVID with smoking and seasonal flu
- Primary care capacity for secondary prevention and work with pharmacies

These challenges can be tackled through neighbourhood working including secondary prevention and asset-based approaches, integrated care including

working on full prevention pathways outlines in Core20 plus 5, using the Salford Way – a Marmot programme of work, and co-production by working with communities to build on their strengths.

Health and wellbeing partnerships are a broader way of accessing care than health and care services alone. The VCSE sector role is to help make it easier for care colleagues and improving the access to health and care through neighbourhood working.



The next two years will look at city and neighbourhood priorities and in particular:

Segments of Population Health –

- Children’s health
- Mental health
- Sexual health
- Healthy ageing
- Creative health
- Healthy lifestyles

Neighbourhood priorities –

- Community – cost of living, health of diverse communities
- Early help for families – Family Hubs and Start for Life programme
- Education – reducing school absence, work and skills
- Primary care – long term conditions, screening and immunisation uptake, Healthy Living Pharmacies

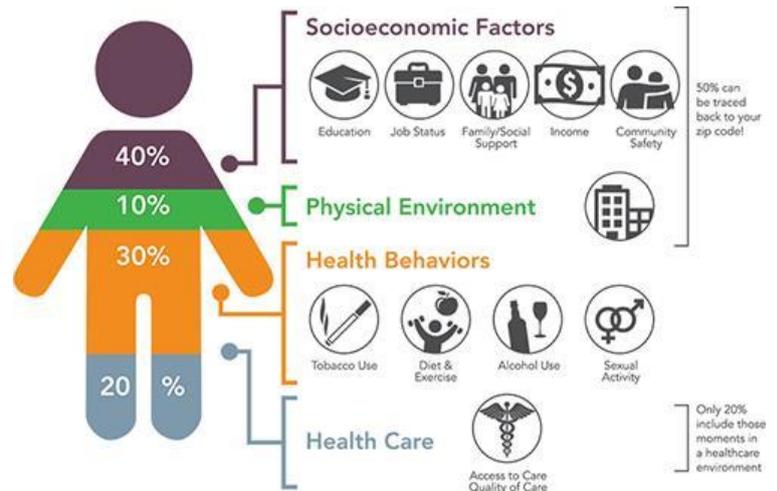
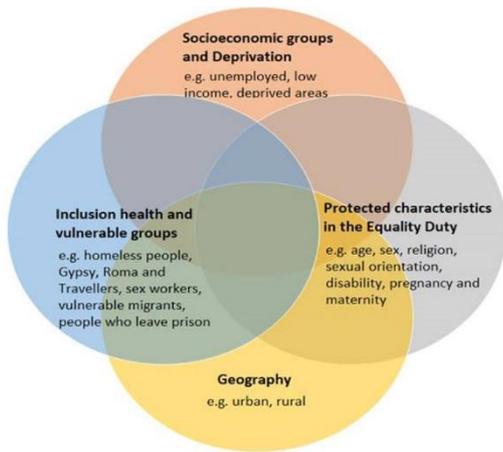
Everything is not achieved by one partner alone at the city level, instead there is lots going on at a community level. A neighbourhood delivery model with thriving at the centre can be used to support communities through getting advice, getting help, getting risk support and getting more help through community level support.

Neighbourhood partners are sharing that important areas include health and care in neighbourhoods, including managing long term conditions. Since Covid more focus has been on screening, uptake and long term support.

The key clinical areas of health inequalities are:

- Maternity – ensuring continuity of care for women from Black, Asian and minority ethnic communities and the most deprived groups
- Severe mental illness – ensuring annual health checks for 60% of those living with severe mental illness
- Chronic respiratory disease – a clear focus on Chronic Obstructive Pulmonary Disease (COPD), increasing uptake of Covid, Flue and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations
- Easy cancer diagnosis – 75% of cases diagnosed at stage 1 or 2 by 2028
- Hypertension case finding – and optimal management and lipid optimal management
- Smoking cessation – positively impacts all 5 key clinical areas

50% of Salford residents are represented by Core20 Plus 5. The 'plus' are the communities who are more disadvantaged due to the circumstances in which they live. For instance, trying to get a person with mental health needs to attend an annual health check and how they can be supported in improving their health or for in order to have early cancer detection, there needs to be easy access to screening and health care. 1 in 4 people have high blood pressure and do not know it, which is a wider determinant for stroke, heart disease and early onset dementia.



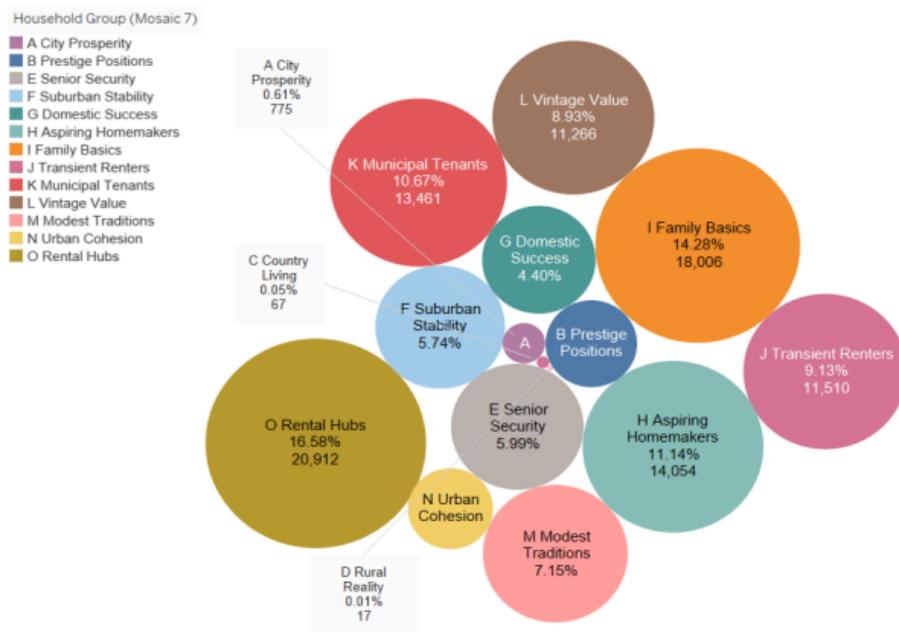
Health inequalities damage lives and are bad for everyone in society, not just those who are at the bottom of the social gradient. The pandemic exposed and exacerbated inequalities, which damages lives. Social, economic and environmental factors, alongside political and cultural factors, constitute the ‘social determinants of health’ which drive the health inequalities.

In the provision of healthcare, inequalities can be seen across access, experience and outcomes. There is a moral case to tackle health inequalities to provide a fairer society with outcomes for everyone.

Health literacy is a barrier to access. 3 in 4 residents aged 16-64 years would likely have difficulties in understanding or interpreting written health information including numbers, half of residents would likely have difficulty understanding or interpreting without numbers. There is impact from adherence to treatment and medication and understanding important information such as appointment letters and test results. Not everyone feels confident to say when they don't understand. Pharmacies can explain dispensing of medication. There is a process of looking at strengths as well as need within healthcare.

A Joint Strategic Strengths and Needs Assessment (JSSNA) programme is taking place in Salford. This programme is based on experience and is refreshed every 6 months. There is a collaborative approach with a task and finish group delivering each chapter of the paper, including a partnership board manager, chapter author, PH analyst, VCSE representative, asset representative, domain experts and a resident representative alongside the thematic lead. The JSSNA paper will provide an analysis of current and predicted health and wellbeing outcomes, an account of what people in the local community want from their services, and a view of future need. Neighbourhoods can be offered coordinated offers, a range of activities and the interventions asked for.

The chart below shows the number and proportion (%) of households across Salford which are categorised into each Household Group



O Rental Hubs (16.6%) contains predominantly young, single people in their 20s and 30s who live in urban locations and rent their homes from private landlords while in the early stages of their careers or pursuing studies.

I Family Basics (14.3%) are families with children who have limited budgets and can struggle to make ends meet. Their homes are low cost and are often found in areas with fewer employment options.

H Aspiring Homemakers (11.1%) are younger households who have, often, only recently set up home. They usually own their homes in private suburbs, which they have chosen to fit their budget.

Dr Muna Abdel Aziz has suggested the below links for more information on health in Salford:

[Public Health Annual Report for Salford 2021-22 \(PartnersInSalford.org\)](https://www.partnersinsalford.org/public-health-annual-report-for-salford-2021-22)

[Salford-Locality-Plan-2020-to-2025.pdf \(PartnersInSalford.org\)](https://www.partnersinsalford.org/salford-locality-plan-2020-to-2025.pdf)

[Salford Locality Plan dashboard \(updated regularly\)](#)

[Salford's Joint Strategic Strengths and Needs Assessment \(JSSNA\)](#)

[Ward profiles • Salford City Council](#)

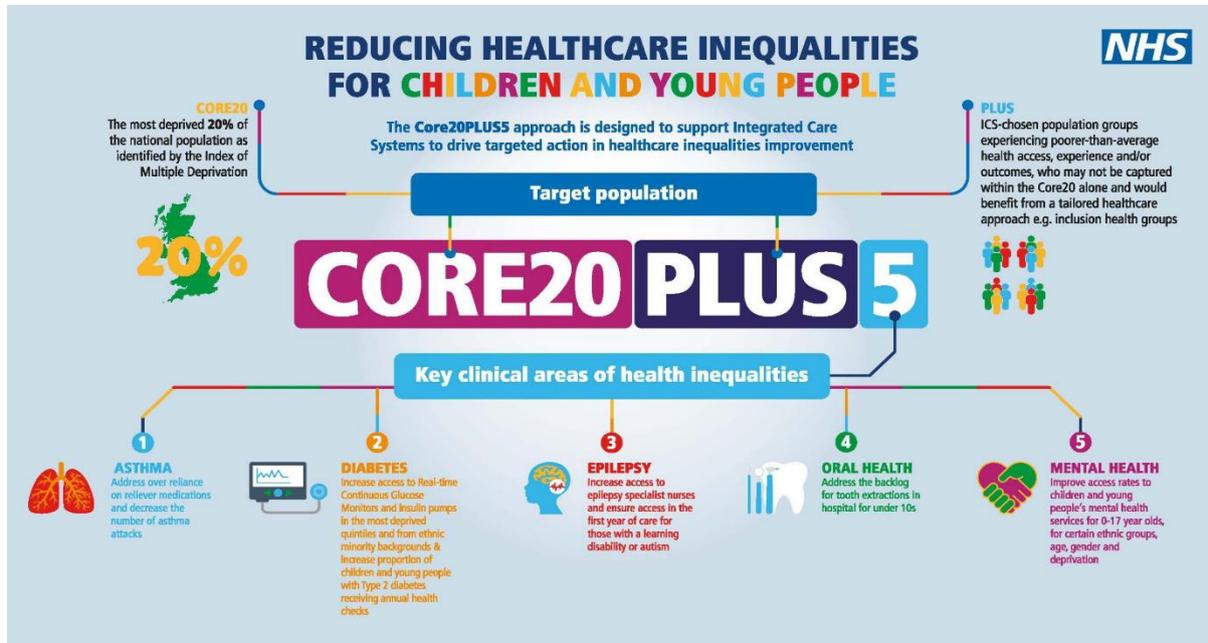
[The Salford Way • Salford City Council](#)

[The Salford Way Year 1 • Partners in Salford](#)

[Suprema Lex \(Culture, Creativity and Place Strategy\)](#)

Core20 plus 5 Children

Wendy Hodgson, Senior Improvement Manager from NHS Greater Manchester, shared a presentation on Core20 plus 5 Children.



The Core20 Plus 5 for children and young people was published in November 2022 as it was quickly recognised that children and young people had different core needs. The focus is similar to the adult version as it is on the most deprived 20% identified by the index of multiple deprivation.

There are 5 clinical key areas of health inequalities identified:

- Asthma – address over reliance on reliever medications and decrease the number of asthma attacks
- Diabetes – increase access to real-time continuous glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds and increase proportion of children and young people with Type 2 diabetes receiving annual health checks
- Epilepsy – increase access to epilepsy specialise nurses and ensure access in the first year of care for those with a learning disability or autism
- Oral health – addressing the backlog for tooth extractions in hospital for under 10s
- Mental health – improve access rates to children and young people’s mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

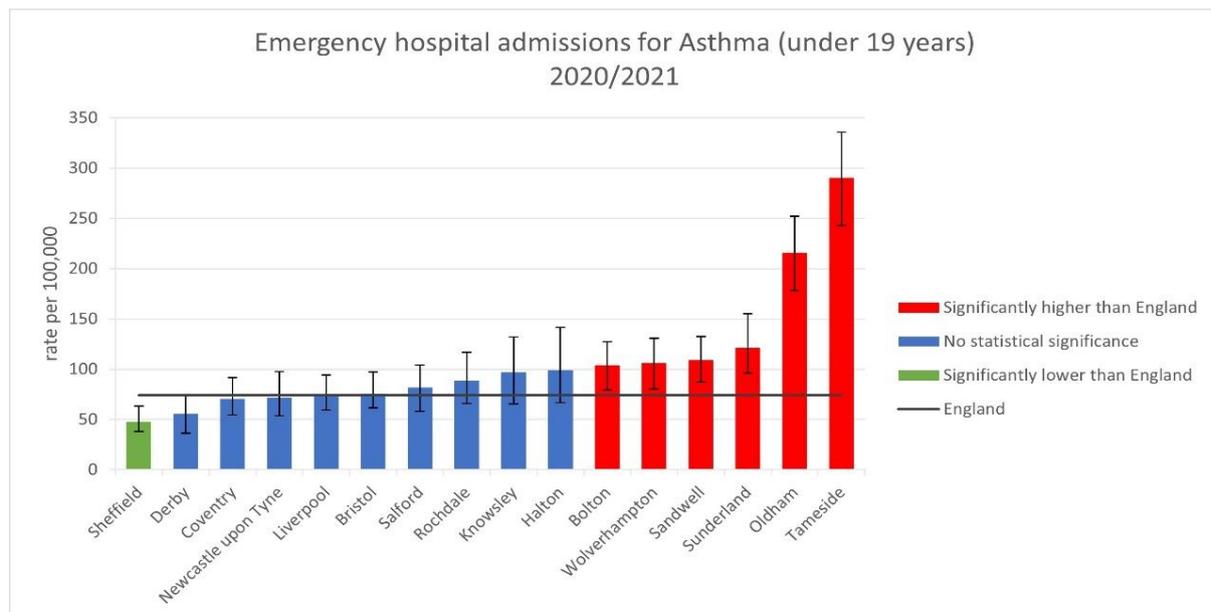
Asthma

Asthma is one of the most prevalent childhood long term conditions. There are links to asthma and poor housing, environment and deprivation.

Salford asthma admissions:

Age Range	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
0 to 4	161	155	154	145	93	39	84
5 to 16	372	316	347	338	336	161	317
17 to 24	567	569	543	632	607	509	511
25+	5070	5117	5835	6161	6195	4838	5881
Grand Total	6170	6157	6879	7276	7231	5547	6793

There has been an increase of admissions for asthma, and also an increase of steroid inhalers. Salford hospital admissions are not as strong as they could be but there is work to be done.



There is currently an asthma friendly school pilot across GM, the idea being that reliever medications can be accessed in school, as well as other environments, around people who understand. Data shows there is a lack of green space around schools and higher rates of asthma. The project includes staff training, medication administering, sickness and monitoring. There is a collaboration project with the University of Salford to create a video to help children to understand cognitive testing.

Work is being done across GM to implement an asthma care bundle, to improve data, to work with housing providers and to standardise diagnosis. In Salford there is a local task and action group looking at the asthma care bundle with representatives

from primary and secondary care, asthma specialist nurse/community nursing teams, education, housing and medicine optimisation. Work has also been undertaken with primary care to develop a template for the annual reviews for children with asthma as part of the Salford standard, alongside national training for staff in primary care.

Diabetes

There was an increase in hospital admissions for diabetes in the NHS over the last 7 years.

Age Range	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
0 to 4	2	4	9	15	13	6	15
5 to 16	31	26	41	50	35	34	59
17 to 24	80	77	66	59	64	48	51
25+	7595	8212	8743	9405	9554	7004	8746
Grand Total	7708	8319	8859	9529	9666	7092	8871

Salford had a diabetes peer review in 2022. The use of technology was identified as an area for improvement. Salford started work on this element in 2022. The Northern Care Alliance were successful in a bid for some funding for Salford, Bury and Rochdale to improve work in this area. Literature has been translated into different languages, a wider range of clinic appointment times have been offered and there is support towards travel costs to attend clinics. In January – March 2023, Salford saw 34 children starting to use continuous glucose monitoring and pumps.

Epilepsy

Salford epilepsy admissions increased and then have seen a decrease over the last few years.

Row Labels	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
5 to 16	1					1	6
25+	155	199	240	250	247	169	171
Grand Total	156	199	240	250	247	170	177

In Salford, work for epilepsy patients has included ensuring that an appointment is offered within 2 weeks of referral as per NICE guidance, contact details for an epilepsy nurse is provided at the appointment, first aid and water safety advice is given at the appointment, support from epilepsy nurse in between appointments is offered, and an individualised care plan is provided when a diagnosis is made and is sent to patients in an educational setting, as well as parents and carers.

Oral Health

Over 1/3 of 5 year olds had tooth decay experience in GM between 2019-2020. Half of under 18 year olds saw an NHS high street dentist in 2021-2022. 5,765 children aged 10 years and under had dental extractions in hospital in 2019-2020. 89% of cared for children saw a dentist in 2021-2022.

Salford healthcare are to look at and agree metrics for dental services and oral health. This will include who will provide support for data collection and analysis, where the data will be hosted, and how the data sets links across clinical areas. There are also actions to increase provision of dental general anaesthetic, and ensure oral health is embedded across the Integrated Care System with a focus on the other key clinical areas.

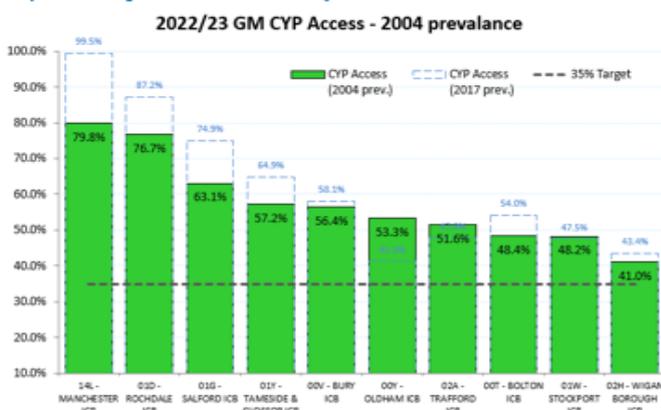
Mental Health

There are national and GM key performance indicators which measure access to mental health services. These indicators include:

- Number of individual young people receiving treatment through GM also continues to monitor the previous access rate and number of children and young people with 2 contacts and both measures are included in Salford locality & GM reporting
- Community eating disorder services – indicator 1, the proportion of children and young people with eating disorders (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment – indicator 2, the proportion of children and young people with eating disorders (routine cases) from referral to start of NICE-approved treatment

CYP Access

Source NHS Digital (MHSDS): Data shows CYP receiving treatment at March (provisional) 2023 (defined by 2 or more contacts)



ICB	Rolling 12 months	2017 Prevalence	CYP Access (2017 prev.)	2004 Prevalence	CYP Access (2004 prev.)
14L - MANCHESTER ICB	9,870	9,919	99.5%	12,364	79.8%
01D - ROCHDALE ICB	3,900	4,470	87.2%	5,086	76.7%
01G - SALFORD ICB	3,435	4,584	74.9%	5,445	63.1%
01Y - TAMESIDE & GLOSSOP ICB	3,140	4,838	64.9%	5,485	57.2%
00V - BURY ICB	2,185	3,759	58.1%	3,877	56.4%
00Y - OLDHAM ICB	2,115	5,124	41.3%	3,965	53.3%
02A - TRAFFORD ICB	2,370	4,959	47.8%	4,593	51.6%
00T - BOLTON ICB	3,140	5,810	54.0%	6,484	48.4%
01W - STOCKPORT ICB	2,605	5,483	47.5%	5,400	48.2%
02H - WIGAN BOROUGH ICB	2,625	6,047	43.4%	6,400	41.0%
TOTAL GM	35,385	54,995	64.3%	59,089	59.9%

Greater Manchester have achieved an access rate of 59.9% for the 12 months to the end of March 2023 provisional data .

Salford continues to achieve 100% on both national target measures and is currently the best performing in GM as seen below:

GM EATING DISORDERS A SNAPSHOT

Source NHS Digital: Data shows CYP ED waiting Times for Routine at March 2023

	Jun-22	Dec-22	Mar-23
ENGLAND	69.1%	80.7%	82.5%
GMIC	93.6%	93.8%	94.7%
NHS BOLTON	100.0%	75.0%	89.5%
NHS BURY	92.3%	89.0%	91.4%
NHS HMR	92.9%	95.0%	96.3%
NHS MANCHESTER	100.0%	98.9%	97.7%
NHS OLDHAM	93.8%	96.2%	92.0%
NHS SALFORD	100.0%	100.0%	100.0%
NHS STOCKPORT	92.6%	93.7%	94.5%
NHS TAMESIDE	92.3%	90.3%	84.6%
NHS TRAFFORD	98.7%	97.9%	98.5%
NHS WIGAN BOROUGH	77.8%	82.4%	89.4%

Source NHS Digital: Data shows CYP ED waiting Times for Urgent at March 2023

	Jun-22	Dec-22	Mar-23
ENGLAND	67.9%	77.5%	78.7%
GMHSCP	83.7%	81.7%	83.5%
NHS BOLTON	66.7%	80.0%	83.3%
NHS BURY	100.0%	80.0%	75.0%
NHS HMR	100.0%	100.0%	100.0%
NHS MANCHESTER	100.0%	93.8%	90.0%
NHS OLDHAM	100.0%	80.0%	66.7%
NHS SALFORD	100.0%	100.0%	100.0%
NHS STOCKPORT	76.9%	80.0%	75.0%
NHS TAMESIDE	77.8%	70.0%	66.7%
NHS TRAFFORD	100.0%	100.0%	100.0%
NHS WIGAN BOROUGH	50.0%	56.3%	63.6%

Recent work in Salford has included work with LGBTQ+ and the appointment of a new fulltime senior youth worker to lead on LGBTQ+ youth work in Salford. This is to create a better coherent LGBTQ+ youth offer across Salford. Youth groups are available at every locality on different days:

- Monday – Bridgewater Youth Centre, Little Hulton
- Tuesday – Castle Community Centre, Eccles
- Wednesday – Deans Centre, Swinton
- Thursday – Beacon Centre, Charlestown

There is a joint approach to supporting the Orthodox Jewish community across Salford, Manchester and Bury, with a ‘cultural exchange’ between the Orthodox Jewish schools, education leads and mental health services.

A data group started in July 2023 to source any gaps for those struggling to access services and how to support this work.

Health Inequalities

Ali McLeod, Engagement Officer for Healthwatch Salford, shared a presentation on health inequalities work.

Healthwatch Salford are an independent champion for people who use health and social care services in Salford. It was set up in 2013 following the Health and Social Care Act 2012 and is an independent organisation made up of volunteers, staff and a Board of trustees. There are 152 local Healthwatch across England.

The work that Healthwatch Salford does includes:

- **Influencing** – gathering views and experiences from people who access health services and informing the providers where services are working well or not
- **Signposting** – placing people into correct pathways for raising complaints or referring them for advocacy support
- **Watchdog** – monitoring existing health and care services particularly during periods of change

Healthwatch Salford have a 2021-2024 strategy with a vision of a health and social care system that is accessible and equitable for everyone. Their mission is to work as an independent agent of change working with everyone to ensure voices are heard in health and social care decision making. They have 5 core values – inclusive, transparent, be collaborative, accountability and making a difference.

Healthwatch Salford have 4 objectives:

- Seeking the views of people on their experience of needing or using health, public health and social care services
- Seeking the views of people whose voices and views are seldom heard and reducing the multiple barriers that some people face in being heard
- Acting on what is heard to bring about improvements in the health and care policy and practice
- Healthwatch Salford is a strong and well governed organisation that uses its resources for the greatest impact

The plan for April – June 2023 included a focused engagement project with stakeholders and the public across Salford by going to local community events and attending groups, establishing an intelligence group with members of the board, team and volunteers which will meet every quarter to review feedback that has been shared and make recommendations to the board for the next work priority.

The next quarter July 2023 – March 2024 will focus on defining priorities from the intelligence group with the Board's approval, utilising the Enter and View strategy and process to expand the areas covered such as GP practices and mental health services. The visits will be completed in conjunction other work priorities that gives a bigger picture of what else is happening in Salford. There is a plan for an equalities group made up of staff, Board members and volunteers and there will be a review of projects, volunteer opportunities and engagement.

The Healthwatch Salford calendar for 2023-2024 is below:

April 2023	May 2023	June 2023	July 2023	August 2023	September 2023
Revisit the Home Care and Dentistry Report Healthwatch 10 Year Anniversary Public Board Meeting – 11 th April	Volunteer Social event – 13 th May	Volunteer Social event – 1 st June Publication of Annual Report Public Board Meeting – 13 th June Volunteers Week	Review of Enter & View Reports	Volunteer Social event – 1 st August Public Board Meeting – 8 th August	Revisit the GP Report Cost of Living Survey Autumn
Public and stakeholder Engagement Project			Young Peoples Mental Health project		
October 2023	November 2023	December 2023	January 2024	February 2024	March 2024
Public Board Meeting – 10 th October Volunteer Social event – 14 th October	Revisit the Mind over matter report	Public Board Meeting – 12 th December Elfwatch campaign	Volunteer Social event – 9 th January		

Breakout rooms

The attendees were split into breakout rooms to discuss:

How is the VCSE Sector already responding to the 5 areas relating to adults?

How is the VCSE Sector already responding to the 5 areas relating to children?

What are the opportunities for us to collaborate without public sector colleagues?

Feedback:

Group 1

- Sector contribution
- Huge amount of work in VCSE sector
- Trust and relationship building – collaboration opportunities
- Need for central point of VCSE organisations to know of each other and introductions – platform for NHS colleagues too
- CVS website organisation search – website review – Michelle to look at this as part of the review, VCSE groups to talk to each other and react

Group 2

- VCSE groups doing things for Core20 plus 5 agenda focus work
- VCSE delivery – we might not know what they're doing, wellbeing groups etc need to find a way of piggybacking
- How can the public sector know about what there is
- Data sharing

Adult Social Care Self-Assessment against Care Act 2014 Duties

Ben Colman, Senior Project Manager at Adult Social Care, shared a presentation on the Adult Social Care Self-Assessment against Care Act 2014.

CQC have introduced a new assurance framework and from autumn they are starting to inspect how well organisations are delivering on Care Act Duties. The self-assessment will help to understand how partners feel about the performance and where improvement and focus is needed in Adult Social Care.

Adult Social Care in Salford is unique as it's provided by the NHS only, which can provide challenges around governance. Other areas have provision from local authorities or in partnership.

An online questionnaire has been created and VCSE organisations are invited to complete it. There are four themes with nine quality statements:

- **Working with people** – assessing needs, supporting people to live healthier lives, equity in experiences and outcomes
- **Providing support** – care provision, integration and continuity, partnerships and communities
- **Ensuring safety** – safe systems, pathways and transitions, safeguarding
- **Leadership** – governance, management and sustainability, learning, improvement and innovation



Work is undergoing on a new target operating model and vision for the service, under which are a number of workstreams. The VCSE input will be required for some of the workstreams as the work develops.

The survey is made up of 3 questions against each quality statement. VCSE organisations are invited to complete the survey using the below link:

<https://www.smartsurvey.co.uk/s/504EDC/>