

Greater Manchester Health and Social Care Devolution

Locality Plan for Salford

DRAFT

March 2016

Start well.
Live well.
Age well.

OUR SALFORD



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NOTES TO THIS VERSION

March 2016

This document is a living and breathing blueprint for change and is intended to be reviewed on a periodic basis. We have carried out a self assessment of the robustness of this Locality Plan, using the template received from the GM Health and Social Care Transformation team, (see Appendix 12). The following issues should be noted whilst reading this Plan:

- The Financial Plan is undergoing review in the light of NHS planning guidance, the requirements of the Foundation Trust regulator, government budget settlements and the Council's Budget for 2016/17. Furthermore, financial projections from all 37 statutory organisations across GM are to be reviewed together in order to re-cast the gap in funding across the whole of GM. These actions are ongoing and are due to be completed by the end of March. Therefore, although section 4.4 of the Plan presents the current position, it may need to be revised in the light of this work.
- The Greater Manchester (GM) Health and Social Care Devolution Team is considering the robustness and alignment of Locality Plans against the GM Strategic Plan. Furthermore, arrangements for the Transformation Fund have not been finalised. The GM team is considering use of a set of assessment criteria which will be applied to all Locality Plans to ensure that they will deliver the 5 objective areas in the GM Strategic Plan. This is required to provide assurance to NHSE England under the national planning guidance for CCGs. It is not clear at this stage whether this work will require amendments to Salford's Locality Plan. Where available, we have used emerging criteria to carry out a high level self assessment of our proposals, and these are contained in the relevant appendices.
- We have strongly articulated the year 1 (2016/17) priorities for Transformation Funding in Salford, all of which are ready to commence delivery. Over the coming months, we will work to further develop propositions for further investment over the 5 year period of the Plan.
- We are currently reviewing the implications of the Locality Plan on the governance arrangements surrounding the Health and Wellbeing Board and across the system as a whole. Section 4.1 of the Plan may require review in the light of this work.

- The Implementation Plan for the Locality Plan is at its early stages, and a high level summary has been provided to the GM team. On completion, the final Implementation Plan for 2016/17 and beyond will be appended to the Locality Plan.
- Salford's Health and Wellbeing Board has asked that the financial, clinical and other risks associated with delivery of the Locality Plan should be identified and assessed. This will be carried out as part of the implementation planning process and appended to the final Locality Plan.
- Further work is also required to set aspirations for the indicators stated in section 1.9, and align these aspirations with those stated in the GM Strategic Plan.
- An ongoing part of the development of this Locality Plan has been engagement of stakeholders – partners, service users, patients and wider citizens. This work is seen as key to driving forward prevention and managing demand for services through a new conversation which empowers rather than consults. A public facing Executive Summary of the Locality Plan, which seeks to describe the change which is being sought through the Plan, has been developed. Furthermore, a shorter and more concise leaflet has been printed, which describes the transformational change to health and social care in Salford. However, although there has been provider engagement through members of the Health and Wellbeing Board, including with the voluntary, community and social enterprise sector, it is recognised that further discussion will be required with a wider group of providers of services in the City.
- A Community Impact Assessment (CIA) is taking place, using the City Council's arrangements for assessing impact of the Plan in the 9 protected groups under the Equalities Act. Development of the CIA is ongoing alongside the Implementation Planning work and the final version will be published at **Appendix 7** to the Locality Plan.

Whilst acknowledging the large number of activities which are still happening around the Locality Plan, the narrative which it contains around our shared Vision and Outcomes for health and wellbeing in Salford; the life course approach; and transformation objectives, have all been endorsed by Salford's Health and Wellbeing Board following its meeting in March 2016. The Health and Wellbeing Board has clearly stated that it recognises the need for ongoing review of Salford's Locality Plan. This will now take place on a quarterly basis throughout 2016/17, with revised versions being published as required.

SECTION ONE – STRATEGY AND OUTCOMES

EXECUTIVE SUMMARY – See separate document

KEY TERMS

This Locality Plan uses the following terms:

Local	This plan is for the residents of the City of Salford , but recognises that things which happen outside the City may impact upon them; or that care and support may need to be planned or delivered outside of the geographical limits of the City.
System	We have used ‘system’ to describe the set of connected things or devices that operate together to support people’s health and wellbeing. This doesn’t just mean hospitals, GPs and council services – but also community and voluntary groups, carers, families, patients and service users.
Wellbeing	Our Plan aims to improve wellbeing – that is the state of feeling healthy and happy – for our citizens
Strategic Commissioning	Strategic Commissioning is a way to describe all the activities involved in: <ul style="list-style-type: none"> • assessing and forecasting needs • links investment to agreed desired outcomes • planning the nature, range and quality of future services; • working in partnership to put these in place
Partners	This Locality Plan has been written by the partners involved in the Health and Wellbeing Board in Salford. We will build on relationships between people or organisations which are already working closely together, so that the right partners can contribute
Integration	Integration is the combination of processes, methods and tools within and between organisations. Integrated care focuses on improving services in relation to access, quality, user satisfaction and efficiency. The aim is to enable better coordinated, joined-up and more continuous care, resulting in improved patient experience whilst achieving greater efficiency and value from health and social care delivery systems.
Health inequalities	Health inequalities is the gap which exists between the health of different population groups such as the affluent compared to poorer communities or people with different ethnic backgrounds.
Co-production	Co-production is about combining our mutual strengths and capacities so that we can work with one another on an equal basis to achieve positive change.

1.1 INTRODUCTION – PURPOSE

1.1.1 This Locality Plan – *Start Well, Live Well, Age Well Our Salford* - details the strategic approach to improving the health outcomes of residents of the City, while also moving towards financial and clinical sustainability of health and care services. It is the blueprint for the health and social care system in Salford for the next 5 years, and supports the development and delivery of the Greater Manchester (GM) Health and Social Care Devolution Programme.

1.1.2 The Locality Plan develops from and now replaces our Joint Health and Wellbeing Strategy 2013-2016, and has been led and coordinated by Salford's Health and Wellbeing Board. Setting out a clear set of priorities which will transform the commissioning of health and wellbeing services, it focuses delivery around 9 outcome statements which put citizens at the heart of this Plan.

1.1.3 We have described major changes in how the health and social care 'system' will appear and operate, as well as looking beyond current provision, to ensure that the greatest impact can be made through strategic influence across the wider determinants of health. It is felt that this focus on citizen health and wellbeing not only provides a road map for future action but encapsulates the drive and ambition of our city.

1.1.4 Partners will work together differently in the future, and the creation of an Integrated Care Organisation, an acute care "group" delivering patient centred highly reliable care at scale and lower cost, focus on place-based, neighbourhood focussed working and "Salford Standard" for Primary Care, are all examples of the shift towards prevention, efficiency and effective achievement of outcomes. We believe that integration should develop from a sound foundation of co-operation and partnership in our city; focussing on a common aim we will be able to really make a difference at a local level.

1.1.5 Salford locality currently spends £485m each year on Health and Social Care, with an estimated financial shortfall of circa £157m over the 5 year period of this Plan unless we make changes now. These figures are subject to ongoing review and the latest position is contained at section 4 below.

1.1.6 Section 3 of this Plan describes the transformation – the substantial change – that we are already starting to make to the arrangements which are in place for supporting the health and social care of the citizens of Salford. Our Plan focuses both on community based care, increasing efficiency through standardisation, use of digital technology and reductions in

variation, and on prevention, expanding co-production, personalisation and social action in communities. This is supported by a sound financial plan, which can be found in Section 4.

1.1.7 This Locality Plan is aligned with the GM Strategic Plan *Taking Charge of our health and social care in Greater Manchester*, but has been tailored to the specific assets, population and health characteristics of our City. It has been informed by our Joint Strategic Needs Assessment (JSNA) and engagement with citizens, patients and service user groups.

1.2 LOCAL CONTEXT

1.2.1 Salford is growing - with a bold ambition to become a modern global city. More people than ever before are choosing Salford as a place to live, work, invest and visit: today nearly 240,000 people call the city their home, an increase of 8.3% since 2001. These people are the city's greatest assets. The number of households in the city has already increased by 10% over the last ten years, and Salford's population is expected to increase faster than the national average over the coming ten year period.

1.2.2 Encouragingly, our economy is also forecast to grow at a faster rate than the rest of the UK. We have a strong and vibrant voluntary, community and social enterprise (VCSE) sector, with Social Enterprise City status demonstrating that this a core part of the city's economic and social offer, as well as in this Plan. The city is embracing diversity as the proportion of our population born outside the UK steadily increases.

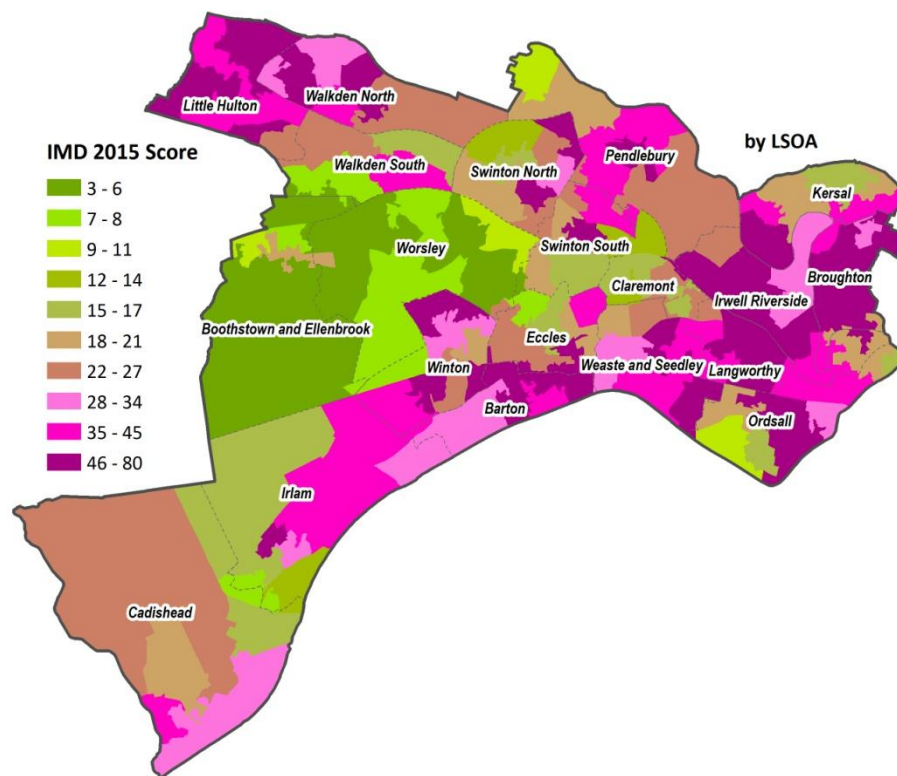
1.2.4 The recent significant growth has been the result of sustained and well planned investment in the city to attract businesses and residents alike, such as the development of the Media City complex in Salford Quays, home to both the BBC and ITV which is expanding Salford's digital capability; as well as the increase of capacity at Port Salford. Over the past five years, we have secured £1.3 billion of private sector investment and £425 million public sector investment, creating over 5,000 jobs, encouraging new businesses, building new homes and developing the city's education and health services. Some neighbourhoods of the city are just minutes walk away from the business and shopping areas of Manchester and this makes Salford an attractive place to set up business, live, work and study.

1.2.5 Half of the city is made up of green spaces including parks, forests and nature reserves giving opportunities to enjoy the outdoors on the doorstep. Projects such as the new Royal Horticultural Society's planned new garden at Worsley New Hall provide opportunities to further derive wider benefits for our citizens.

1.2.6 Continued growth is a sustainable answer to realising our ambitions for the city and for our residents. However, we realise that this must be achieved in balance with the wider social, environmental and economic wellbeing of the city and its residents.

1.2.7 Salford’s changing demography brings new challenges in the provision of sufficient and appropriate services for a population that, whilst improving overall in terms of wellbeing and health, is still challenged by significant deprivation in parts of the city. This means that there are significant inequalities within the City that will need to be considered in service planning.

1.2.8 There also exists a challenge to narrow the gap between Salford and the rest of England in terms of access to opportunities, education, employment, health and wellbeing, as well as within Salford where there is a huge diversity in social and economic characteristics between neighbourhoods. The diagram below is taken from the 2015 Index of Multiple Deprivation, which shows that Salford has some of the most (high numbers – pink) and some of the least (low numbers – green) deprived neighbourhoods in England.



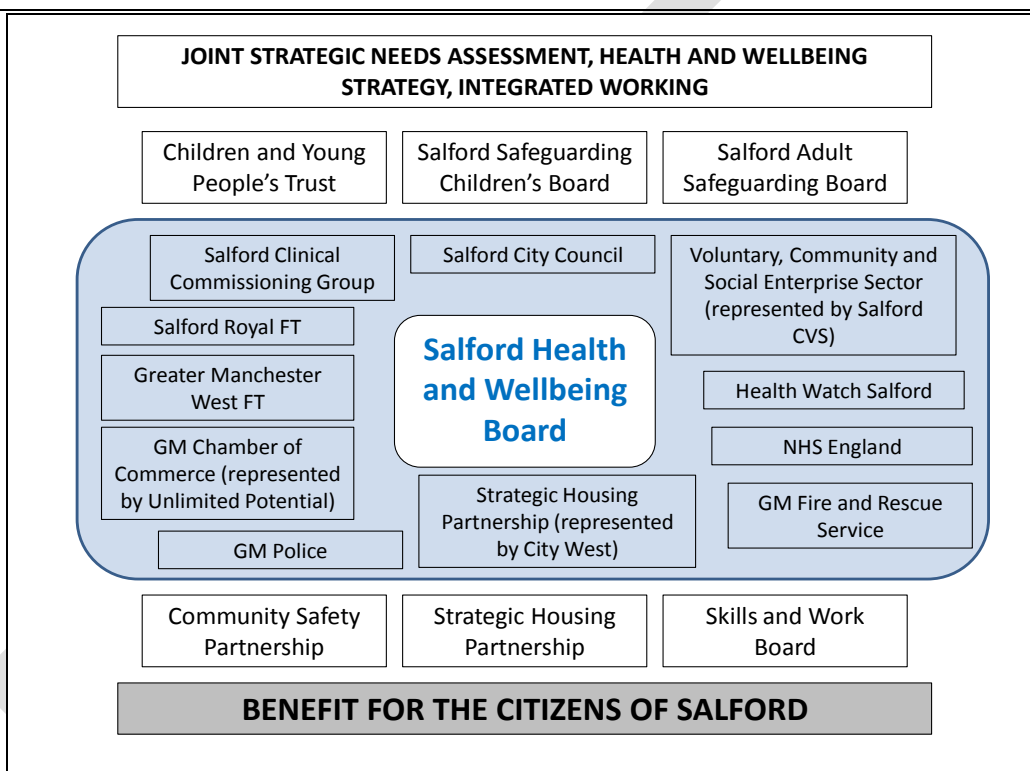
SOURCE: Index of Multiple Deprivation 2015

1.2.9 There is great interest in population health and wellbeing amongst our citizens, and our Locality Plan has been informed by extensive public engagement around Salford’s Joint Health and Wellbeing Strategy (JHWS), which has shown that there is a need to set a clear / realistic ambition around tackling the inequalities in the City. There is agreement that ‘health is everyone’s business’ and that more interaction is required with service users and the

public, so that people can see what is happening and have information to be able to play an active role in developing solutions and approaches to the challenges in Salford.

1.3 PARTNERS IN THIS LOCALITY PLAN

1.3.1 The development of Salford’s Locality Plan has involved representatives from all partners in the Health and Wellbeing Board, which is described in the diagram below. The final draft Plan has been endorsed by the Board and recommended for approval through the relevant governance arrangements of the City Council, Clinical Commissioning Group and key partners.

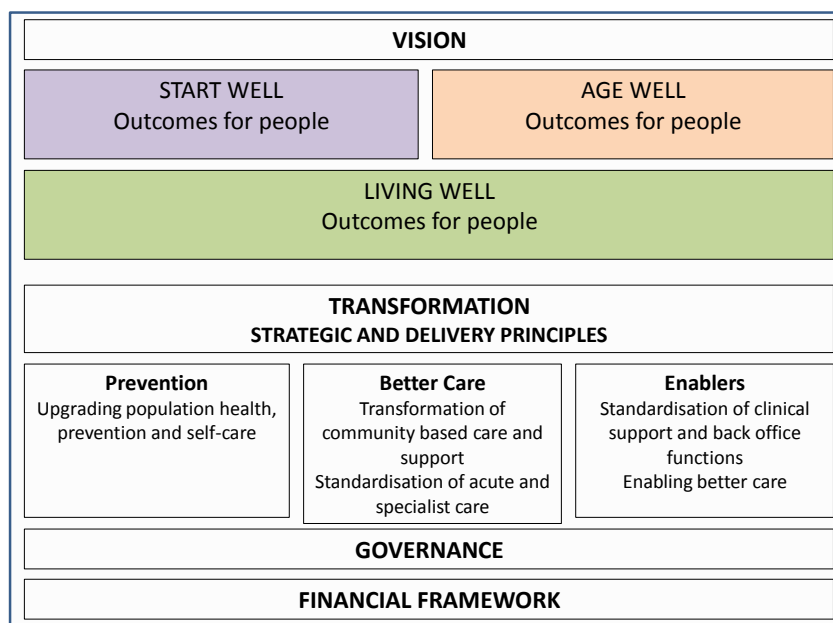


1.3.2 We recognise the extremely strong partnerships that exist across Salford between the VCSE sector, the Council, the Clinical Commissioning Group, NHS providers and other statutory partners, and will continue to build from this over the next five years through our collective and joint commitment to:

- **An Inclusive Approach:** including all partners in decision-making at the early stages of strategic planning and the development of new models of service delivery.
- **Development of Alliances:** within and across sectors, thematic, as well as population and place-based, dependent on the issues presented and the solutions required.
- **Recognition of Community and Individual Assets:** Individuals’ and communities assets are vital to improving Salford resident’s health outcomes

1.4 METHODOLOGY

1.4.1 Our Plan is structured as follows:



1.4.2 Our methodology has included:

- Citizen engagement through online surveys, citizen panels, members meetings and service user / patient participation groups (summarised at **Appendix 4**)
- A review of health and wellbeing outcomes data available through our Joint Strategic Needs Assessment and benchmarking with both Greater Manchester and national comparator data sets
- Development of population, health and wellbeing projections, including the ‘State of the City’ which describes future demographic and physical change and growth.
- Analysis of programmes and services which are already in operation across the Start Well, Live Well and Age Well system, including community asset mapping
- Looking at where we can learn from our existing programmes of work and expand the approaches to create new transformation. This has included describing how Greater Manchester level programmes will impact at a local level.
- We have used a rational approach to prioritisation of our interventions and outcomes, based on guidance from NHSE and PHE, as well as practice tested through our Integrated Care Programme.
- Development of a number of Vanguard projects which will allow Salford to ‘hit the ground running’ and commence delivery of this Locality Plan at April 1st 2016.

1.4.3 Further details are available within the supporting papers to this Plan.

1.5 RATIONALE – the case for change

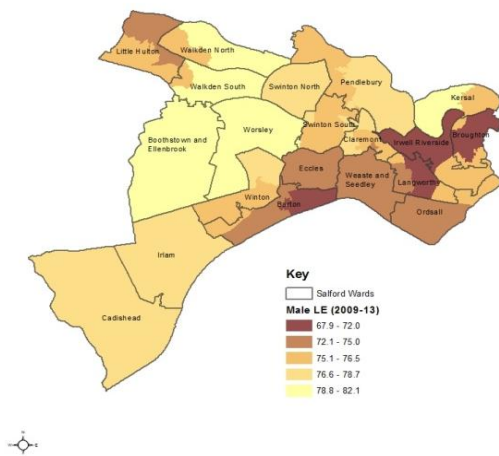
1.5.1 From our JSNA, we know that in Salford:

- 70% of the population live in areas classified as highly deprived
- Over 25% of young people under 16 in the city (12,300 children) live in poverty
- But 5% of the population live in wards amongst *least* deprived in the country
- We have the second highest proportion of primary school children eligible for free school meals in GM, at 24%, one and a half times the England average
- Early years & primary schools perform well – but success rates at GCSE are amongst the lowest in England
- Nearly 10% of the working population is long-term unemployed
- Salford’s residents’ health and wellbeing that is worse than the national average
- Life expectancy is increasing, but for women is 2.5 years less than the England average, for men 2.8 years less. The life expectancy gap **within** the City is increasing.
- Death rates are reducing but not fast enough to narrow the gap with the England average
- The major causes of ill health include CHD/CVD/Cancers & respiratory conditions

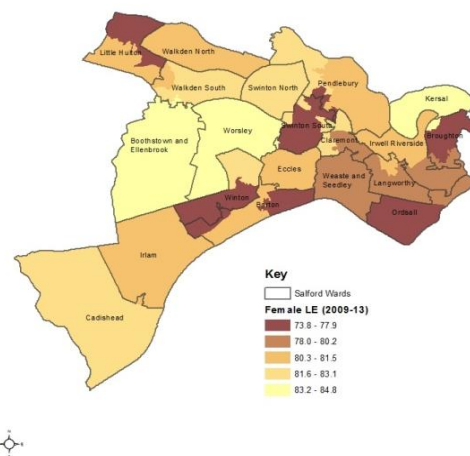
1.5.2 Linked with inequalities in deprivation, Salford also faces a number of health challenges, both in comparison to national outcomes and within the city itself. Further information is provided in our supporting documentation.

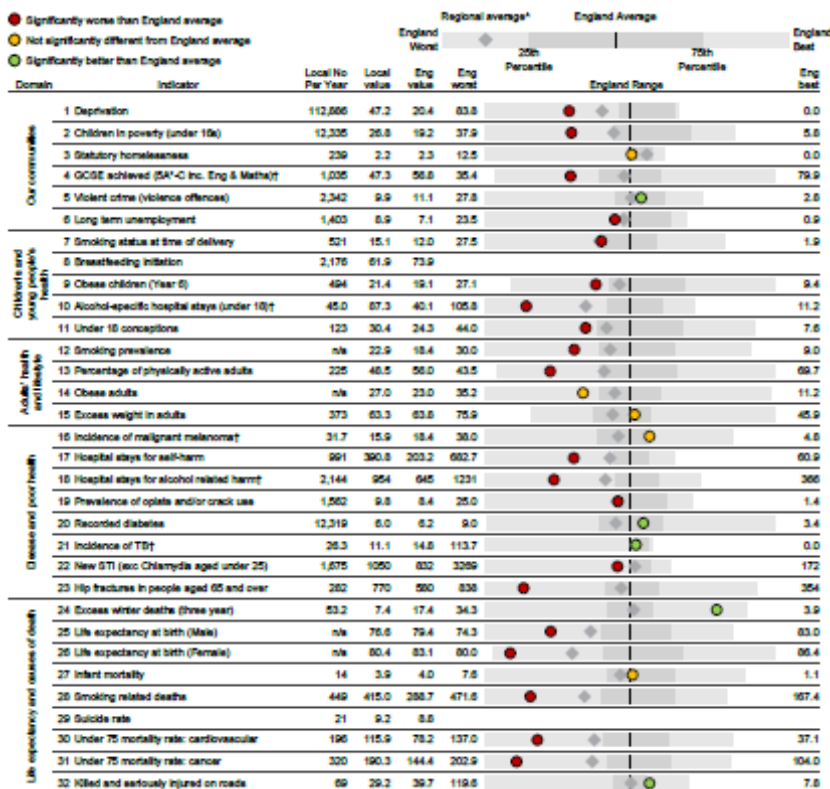
1.5.3 There are extreme health inequalities within Salford, most notably between the east and west of the city. The following map of life expectancy for males and females across the city shows the difference between different parts of the city, currently around 11 years for females and 14 years for males (2008-12).

Male life expectancy in Salford by MSOA
2009-2013



Female life expectancy in Salford by MSOA
2009-2013





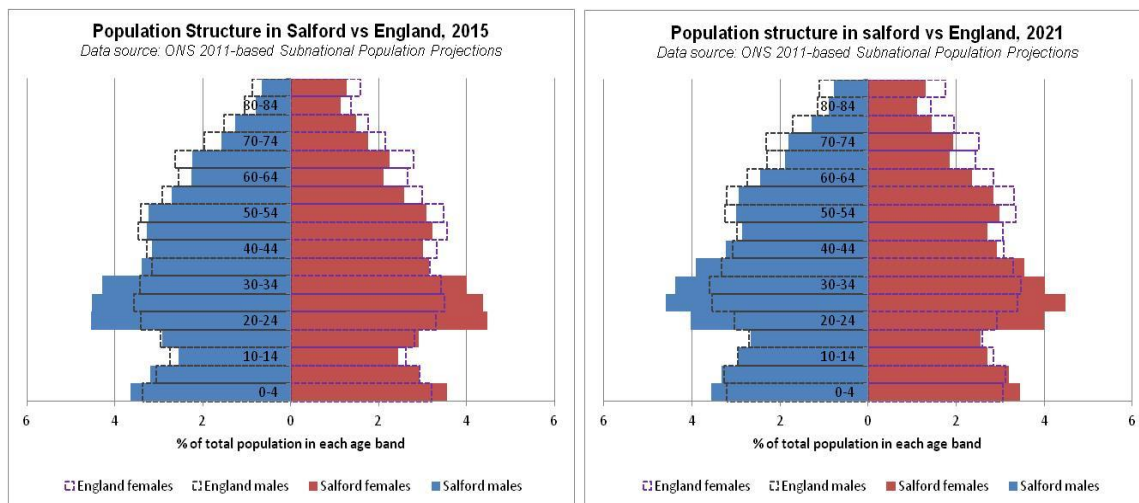
1.6.4 The level of challenge is reported in the 2015 Health Profiles published by Public Health England for each local authority area. Salford’s relative performance across the range of health, wellbeing and lifestyle outcomes is illustrated in the 2015 profile (left). We have also mapped our direction of travel against the other authorities in Greater Manchester, helping us to highlight where greater improvement is needed.

1.6.5 Reducing the numbers of people in Salford affected by the ‘biggest killers’ of cardiovascular disease, cancer and respiratory disease remains our biggest challenge, and must be the way that we can narrow the health gap between our residents and the rest of England. This means helping to prevent people from becoming ill in the first place, by focussing efforts not only on addressing the key lifestyle risks that cause these diseases i.e. smoking, excessive alcohol intake, physical inactivity and poor diet, but also on the ‘causes of these causes’ which are factors encountered throughout the life course.

1.5.6 For example, a good education can lead to better chances of employment and help people to overcome the challenges of socioeconomic deprivation. Housing and the environment are factors that can help people maintain wellbeing and support healthier communities. Early detection and effective treatment of all the major preventable major diseases will help to improve premature mortality rates, and investment in primary care and community services will be required to achieve this.

1.5.7 It is essential therefore that our plan meets not only the short term challenges of keeping people well, but tackles the longer term determinants of health such as education, housing, support for children and the environment to ensure Salford residents have every chance to stay healthy and live longer lives. We also must note the increase in the number of people with caring responsibilities in our population, and the physical and mental wellbeing needs that these responsibilities will bring.

1.5.8 Furthermore, Salford’s changing demography will present challenges in terms of service design and modelling. Although there will be a higher number of older people in Salford, it is predicted that the proportion of the population aged over 65 will increase at a slower rate than both England and Greater Manchester. Instead, Salford will have a population in 2021 which is young compared to the England average, containing a greater number of people in the under 5 and 20 to 39 age group. This is illustrated in the following population pyramids.



The Marmot review “Fair society healthy lives: strategic review of health inequalities in England (2010)” has strongly influenced the development of this Locality Plan.

The review highlights that reducing health inequalities is an issue of fairness and social justice. Many people die prematurely each year as a result of health inequalities and the lower a person’s social position, the worse his or her health. The review advocates that actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage (proportionate universalism). Six policy objectives set the broad scope of the report and a call to action for central and local government and the NHS in partnership with wider agencies and local communities:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

1.6 VISION AND OUTCOMES

1.6.1 Our Plan describes a Vision for the people of Salford supported by Start Well, Live Well and Age Well outcomes.

Vision

Start, live and age well in Salford - Citizens 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.

1.6.2 We recognise however, that the current public sector financial pressures are significant. Our aim is to achieve the required level of savings in a way that has the least impact on achieving our vision for Salford. This will require transformational changes in service design and usage, collaboration and co-operation across partner organisations, as well as challenging conversations about shared priorities and services that will need to cease.

1.6.3 The overall aim of this Locality Plan remains as described in our previous Joint Health and Wellbeing Strategy; to “*improve health and wellbeing across the city and remove health inequalities*” in Salford. Our approach to achieve this prioritises prevention, self-care and public health, whilst creating integrated, effective and financially sustainable health and care services. It acknowledges the importance of both mental and physical health in achieving our vision, and aligns with the priorities of the Salford Partnership; *Wellbeing, Growth and Social Value*.

1.6.4 The Plan is built around a whole life course model:

<p>Starting well - Children will have the best start in life and continue to develop well during their early years</p>	<p>Ageing Well - Older people will maintain wellbeing and can access high quality health and care, using it appropriately</p>
<p>Living Well - Citizens will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities</p>	

1.6.5 In response to our public engagement, the life course model has been translated into outcomes for the people of Salford. These are statements which put people at the heart of our Plan:

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:

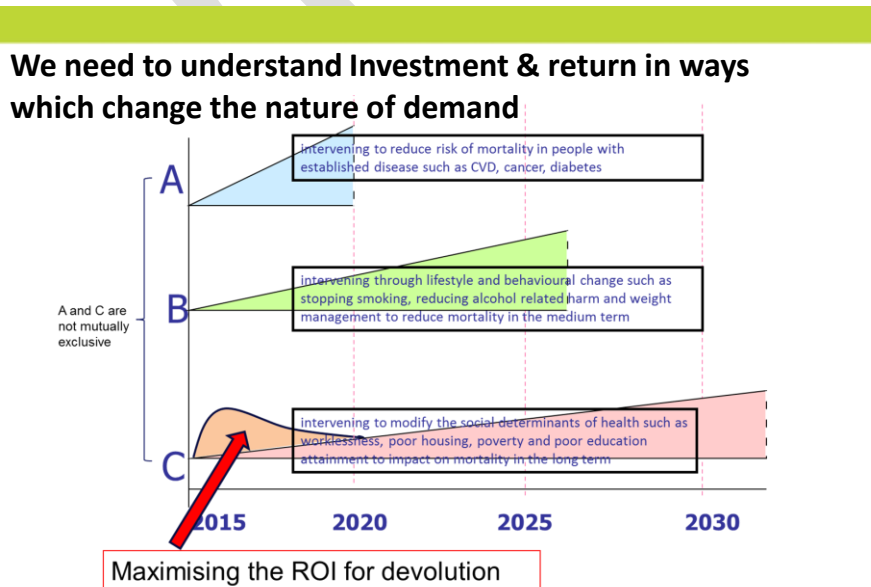
- I am able to take care of my own health and wellbeing, and am able to manage the challenges that life gives me
- My lifestyle helps me to stop any Long Term Condition or disability getting worse, and keeps the impact of this condition or disability from affecting my life
- I lead a happy, fulfilling and purposeful 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

1.7 TIMESCALES FOR CHANGE

1.7.1 We have considered how our activity will be focused towards achieving outcomes and impacts in three horizons: those that will impact immediately i.e. within 1-2 years; in the medium term i.e. the next 5-10 years; and in the longer term i.e. 10 years and beyond. This signals our recognition of the importance of making immediate improvements whilst being careful to ensure we don't lose sight of the prevention agenda and the importance that the wider determinants of health will play. Our strategy is built on a three life stages model, each of which will articulate our planning for the three horizons:



1.7.2 Later in this Plan, we will further analyse our delivery proposals across the life course, as we recognise the need to be clear about how we will practically keep an equal focus on the medium-term and long-term horizons when short-term pressures may be intense.

1.8 SETTING OUT OUR AMBITION

1.8.1 The Public Health Outcomes Framework (PHOF) benchmarking tool has been used to provide data to facilitate an analysis of how Salford is performing compared to other authorities in Greater Manchester and compared to England. We have analysed Salford's relative performance across the range of health, wellbeing and lifestyle outcomes in preparing this Locality Plan.

1.8.2 Whilst trend calculations have a number of caveats and the confidence intervals we can apply to these projections are likely to be wide, we can use these data to set our ambition for the improvement seen if Salford followed the trajectory of the best improving area in Greater Manchester rather than following current trends:

- Nearly 7,500 fewer people would smoke and most of these (over 6,000) would be in the routine and manual groups.
- Child Poverty could be reduced by half in nine years, taking an additional 5,350 children out of poverty.
- Per year, by 2021 there would be 20 fewer deaths from CVD, 6 fewer from liver disease, 17 from respiratory disease and 31 from communicable disease.
- There would be double the reduction in hospital admissions for falls for over 65's each year i.e. 518 fewer admissions than Salford's current prediction. Most of this reduction would be in the over 80's age group.
- Prevalence of both teenage conceptions and late stage HIV could be reduced 3 or 4 years sooner than if the current rate continues.
- Alcohol related hospital admissions will still increase, but if this matched the best in GM, the increase would be reduced by one quarter.

1.8.3 Further work is now required to consider the full range of Adult Social Care indicators, NHS Outcomes and Children's Services data locally and across Greater Manchester in order to fully articulate the scale of our ambition.

1.8.4 Background information about our ambition and potential scale of improvement is contained within the supporting papers.

1.9 OUTCOME MEASURES

1.9.1 We have applied a methodology used for our Integrated Care Programme in order to select the outcome measures which we will use for this Plan:

Long list of potential outcomes	A long list was produced from the three national outcome frameworks and other indicator sets we are currently measured on, with indicators selected based on their fit to the target population (Starting Well, Living Well, Ageing Well) and the degree of dependency on partnership effort to secure improvement;
Medium list of outcomes	A medium list has been selected based on the fit to our triple aim (better outcomes, improving experience, and reducing costs) and the opportunity for improvement (Salford's distance from top quartile or decile performance in GM);
Engagement and support	Board members and partners were asked to vote on the medium list of indicators, with the results debated at the next Health and Wellbeing Board meeting, to ensure shared ownership and support. Bespoke engage is also being undertaken with Salford residents to ensure the indicators reflected areas they also feel are important;
Plausibility, evidence base and target setting	Each measure selected will be assessed for plausibility and cross referenced to the evidence base (what has been delivered in other systems). Targets were set on moving to either the top quartile or decile by 2021

1.9.2 Our approach gives us three levels of outcome measures:

- **Priority outcome measures** which we will use to understand the impacts of this Plan on the health and wellbeing of Salford's citizens
- **Programme outcome measures**, used in transformational programmes and business plans of our partner organisations
- **Outcome framework measures** such as the PHOF or NHS Outcome Framework, which we will use on an annual basis in 'horizon scanning' to check whether this Plan is still focussing on the right issues.

1.9.3 It should be noted that we have used the healthy lifestyle outcome measures in Living Well to underpin the whole life course, as for example, outcomes for children and young people in the Starting Well age group will be impacted upon by smoking prevention, avoidance of drug taking, reasonable use of alcohol and healthy eating in the household in which they live.

1.9.4 The **DRAFT** priority outcome measures are described in the following table. We will continue to work on finalising the agreed basket of outcome indicators which our partnership will sign up to, over the coming months. The indicators are currently best developed for Ageing Well as they are an integral part of our existing Integrated Care Programme. We are beginning to shape our performance priorities through wide engagement and evidence review and will have completed our first set of indicators by April 2016 (see **Appendix 5**).

Vision		Overarching measures used at end of 5 years to see the difference made:	
Outcomes for people		Outcome measures	Dashboard indicators used for quarterly / annual monitoring
Starting Well Children will have the best start in life and continue to develop well during their early years	I am a young person who will achieve their potential in life, with great learning, and employment opportunities	<ul style="list-style-type: none"> Increased proportion of young people who achieve their potential in learning and employment 	<ul style="list-style-type: none"> 1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception 1.05 - 16-18 year olds not in education, employment or training GCSE achieved (5 A*-C including English & Maths) or replacement
	I am a child who is physically and emotionally healthy, feel safe and able to live life in a positive way	<ul style="list-style-type: none"> Improved physical and emotional health in young people 	<ul style="list-style-type: none"> 2.08 - Emotional wellbeing of looked after children 4.02 - Tooth decay in children aged 5 2.06ii - Excess weight in 4-5 and 10-11 year olds Low birth weight babies (less than 2500g)
	I am as good a parent as I can be	<ul style="list-style-type: none"> Improved support provided for young people by families and carers 	<ul style="list-style-type: none"> 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) Child Wellbeing Index: Average Score (replaced by national child mental wellbeing survey using WEMWEBS) Criminal justice indicator?
Living Well Citizens will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities	I am able to take care of my own health, wellbeing and am economically active	<ul style="list-style-type: none"> Healthier lifestyles and situation for Salford people 	<ul style="list-style-type: none"> Long term unemployment 2.12 Excess weight in adults or 2.13ii - Percentage of physically active and inactive adults (inactive adults) 7.01 Alcohol-related hospital admission (Broad) 1.17 - Fuel poverty?
	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	<ul style="list-style-type: none"> Improved lifestyle, which lead to longer, more contented lives for those with long term health conditions 	<ul style="list-style-type: none"> Smoking attributable hospital admissions Mortality rates (various long term conditions) Long-term health problems or disability: % of people whose day-to-day activities are limited by their health or disability

	I lead a happy, fulfilling and purposeful life, and am able to manage the challenges that life gives me	<ul style="list-style-type: none"> Increased happiness and life satisfaction, with improved personal resilience 	<ul style="list-style-type: none"> 2.23iii - Self-reported wellbeing - people with a low happiness score OR 2.23v - average Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score 1.11 - Domestic abuse rates A&E attendances? Health Watch Salford locally collected Wellbeing Star survey (range of wellbeing measures)
Ageing Well Older people will maintain wellbeing and can access high quality health and care, using it appropriately	I am an older person who is looking after my health and delaying the need for care	<ul style="list-style-type: none"> Improved health and situation for older people 	<ul style="list-style-type: none"> Increased flu vaccine uptake Number of falls in the over 65s or over 80s Proportion of people that feel supported to manage own condition Number of avoidable emergency admissions and re-admissions ASCOF 2B(1) proportion of older people (65+) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services ASCOF 2A(2) Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 1000 population
	If I need it, I will be able to access high quality care and support	<ul style="list-style-type: none"> Increased quality and personalisation of care for older people 	<ul style="list-style-type: none"> Estimated diagnosis rate for people with dementia (place holder) Quality of Life of service users and carers Patient / service user experience or satisfaction measure
	I know that when I die, this will happen in the best possible circumstances	<ul style="list-style-type: none"> Improved end of life care 	<ul style="list-style-type: none"> Proportion of people that die at home/in usual residence (or preferred place of dying) 4.15i - Excess Winter Deaths Index (single year, all ages)

The measures in the table include a combination of National Framework indicators supplemented by locally sourced measures and surveys. Some of the local surveys will be new and some of the existing indicators may have changed their definition or methodology, and therefore at this time there may be no baseline figures or historic performance data. For each indicator measure, we will monitor current performance including direction of travel. Where possible, we will set a future ambition for indicators based on a comparison with GM best and UK, as well as a possible trajectory showing the improvement each year that would require. We will also review the indicators and measures that we use as our Implementation Plan develops, and refine those that we use through the life of the Plan.

SECTION TWO – THE LIFE COURSE

2.1 STARTING WELL

2.1.1 There are just over 81,000 children and young people aged under 25 years old in Salford; one third of the population. The proportion of young people ranges from 25% of the population in Worsley to 41% in Kersal.

2.1.2 In Salford, there is a clear need to focus on children and young people:

- The infant mortality rate is better than England; between 2007-9 and 2011-13 the rate fell from 6 to less than 4 per 1000 infants under one.
- Low birth weight at 6% of births is better than England but varies across Salford wards from 2% to 12% of births.
- Salford is also the top performing Local Authority in GM for childhood immunisations.
- The percentage of women smoking at the time of delivery of their baby has reduced from 25% in 2003/4 to 15% in 2013/14. However, this rate is still higher than England and is the third highest in GM.
- The rate for women starting breastfeeding has fallen recently to 62% in 2015, which is 12% lower than the England average.
- 25% three year olds in Salford have decayed, missing or filled teeth, and Salford has the second highest rate of its statistical neighbours for injuries in 0 – 14 year olds.
- Almost one in ten reception age children are obese in Salford which is similar to England. However, when children reach year six, obesity levels increase to 21.1%, which is significantly higher than England (18.9%).
- 11.5% of 15 year olds and 19% of 16-17 years olds are estimated to regularly smoke in Salford compared to 8.7% and 14.8% for England.
- 21.3% of Salford children have special educational needs (18.6% England).
- The rate of children achieving five GCSEs at A*-C grades, (with English and Maths) has fallen 3% since 2010. Salford is among the worst local authority areas nationally.
- Over the past 14 years there has been a 38.4% fall in teenage conceptions.
- Salford has a rate significantly higher than England of Looked After Children (161.8 per 10,000 children aged 16-17).
- At the end of September 2015 the number of young people Not in Education, Employment or Training (NEET) in Salford was 8.4%, the highest in Greater Manchester and well above the national and regional averages

2.1.3 Children have rights as stated in the United Nations Convention on the Rights of the Child, which include “the right to be healthy, the right to be educated, the right to be treated fairly, the right to be heard and the right not to be hurt.” We want to enable all children and young people in Salford to achieve their potential.

2.1.4 We will also build from the City’s [Early Help Strategy](#). One of the most important ways we can prevent ill-health in later life is by supporting all children in Salford to have the best start in life. There is now considerable evidence demonstrating that the care received during pregnancy and the early years is vital for the future health, wellbeing, and development, as well as life chances of children. It will take a decade of continued effort to realise the ambition set out below, but without this, Salford will not be able to reduce the level of health inequality in the City.

2.1.5 Our aspiration for Starting Well supports the GM ambition to develop new approaches for services for children that as well as significantly improving outcomes will reduce demand for high end targeted and specialist services and future pressure on a range of public service budgets. The work involves developing innovative proposals to re-configure services for children across all ten local authorities and key public service and other partners. This is likely to involve a fundamental change in collaboration, which could be across the whole of GM for some areas of work, or on a clustered basis. Salford is leading this work on behalf of GM, and it will be an integral part of our Locality Plan. Further information on how we will achieve this ambition is contained at section 3.4.9 below.

2.1.6 Support both at the ante and post-natal stages is vital in ensuring parents are able to maximise their role in promoting good physical and mental health for their children and in identifying those that need additional support to do this. This must be delivered in a holistic, preventative and seamless way if children are to maximise their future potential, with the right support at the right time along the journey to adulthood:

- A healthy, planned and cared-for pregnancy, free from tobacco smoke, high rates of breastfeeding, good early years provision and high levels of immunisation and vaccination
- A strong education with access to stimulating learning, plus opportunities to be physically active and have a good diet
- An emotionally friendly environment in which the voice of all children is heard and valued

These things help children to grow into healthy adults, preventing diseases both physical and mental in later life.

2.1.7 We have undertaken a strategic review of the situation and provision for the 0-25 age group, and will use the gaps identified from our evidence review and data analysis alongside the evidence-based recommendations to reconfigure the services we offer for children and young people in Salford. Detailed proposals are being developed which will build on initial work prompted by the strategic review.

2.1.8 Three areas are being developed as test cases to explore the best pathways for children and young people, and to improve effective collaborative working. These are:

- Emotional Health and Wellbeing, including Child and Adolescent Mental Health Services (CAMHS)
- Children with disabilities
- Therapies (Speech and Language, physiotherapy, occupational therapy, audiology)

Work is also underway to explore the development of a place-based and a people-based pilot; these will explore new ways of working and developing community capacity. We will use family based approaches already in place from the Helping Families programme.

2.1.9 An increasing area of concern in Salford is the impact that domestic abuse has on the lives of children and young people in our City. Concerns about domestic abuse were raised in 43% of Children in Need cases in 14/15 and this is rising. Further information about work to address this issue is contained in section 2.2 and 3.4 below.

Improving fathers' and children's wellbeing – Salford Dadz, Little Hulton

'Salford Dadz' is a constituted group of local fathers based in Little Hulton. It emerged from a piece of action research commissioned in August 2013 from Unlimited Potential (a Salford based social enterprise) by Salford CCG. The purpose of the research is to see whether the wellbeing of children may improve by improving the wellbeing of their fathers. Unlimited Potential used an asset-based approach called 'positive deviance' which is based around the idea of finding and sharing the wisdom of the community. In this case the fathers themselves seek to understand what the problems facing local fathers are.

The project enabled the dads to uncover an interconnected picture of multiple disadvantage: dysfunctional family relationships, unemployment, poverty, housing and mental health. The project found that when things go wrong men feel ashamed – they bottle their feelings up and this often resulted in depression, stress, anxiety and sometimes feeling of suicide. The presenting problem was social isolation: fathers admitted that they do not talk about feelings like mothers might do, but isolate them or are indeed isolated by their own families.

Salford Dadz showed that when fathers overcame their pride and shame and talk openly about their problems, it offered hope. Social narrative, or story telling – often in public community meetings and sometimes very privately, became the key. The early adopters have literally begun to transform their

lives, overcoming long term mental illness, volunteering, training and in one case getting a job after 12 years of unemployment.

A two year external academic evaluation led by Leeds Beckett University has been published which confirms that 'emotional openness' between fathers has been the key to not only overcoming social isolation but in raising confidence and overcoming 'maladaptive coping mechanisms' such as excessive drinking, drug taking and gambling. Salford Dadz has given local men in a father role a new found sense of responsibility and identity as men and fathers. This in turn is taken into the family home, where children likewise are overcoming stress-related conditions such as psoriasis and are more happy and confident.

2.1.10 The key transformation initiatives within this programme are shown in the following table:

DRAFT

2.1.11 STARTING WELL – Plan on a Page		VISION: Children will have the best start in life and continue to develop well during their early years		
CASE FOR CHANGE	OUTCOMES FOR PEOPLE	ENABLERS	PROGRAMME AREAS	LEAD PARTNER(S)
Interdependencies between children’s services and adult services, which must meet the needs of all family members	I am a child who is physically and emotionally healthy, feel safe and able to live life in a positive way	Quality – where young people access specialist services, they will have confidence in the quality of care they will receive Participation – young people and their carers are involved in planning and self care Technology - developing enhanced digital resources and pathways to maximise options for self-help Partnership – young people will have access a much more integrated health and social care system, which is better able to anticipate and respond to their needs Financial – pooled budget arrangements and integrated business and service financial planning Work force – integrated workforce planning, training and support Social Value – ensuring that commissioning maximises social, environmental and economic value from investment	Prevention: Promotion of strong and effective parenting approaches, asset based thinking, implementing the Early Years New Delivery model and preventing unhealthy behaviours in all environments and settings.	SCC
Need to streamline services across the life course, reducing the impact of transition				
Arrangements need to be flexible as demography, epidemiology and knowledge changes	I am a young person who will achieve their potential in life, with great learning, and employment opportunities		Early intervention: Identifying health, social care and education needs within families early, and providing support before problems become complex and entrenched.	SCC
Financial and operational sustainability of health and social care system for young people			‘The Bridge’: comprising both the existing Multi Agency Safeguarding Hub (MASH) and the Public Sector Reform (PSR) Hub, providing a ‘single front door’ for receipt of referrals and requests for service from professionals and the public and is the gateway into specialist and early help support.	SCC, GMP, ?
Improved health and wellbeing outcomes for younger people and families	I am as good a parent as I can be		Early Help Provision: Tier two or early help provision will be provided in localities.	SCC, CCG
Need to maximise independence and resilience, and make transparent decisions about focussed use of resources			Specialist provision: Tier 3 and 4 services, including CAMHS, with the aim of managing families back to self-support where appropriate.	SCC, CCG, GMW, SRFT

2.2 LIVING WELL

2.2.1 Around three quarters of all deaths in Salford the last decade were due to cardiovascular, cancer and respiratory disease. Whilst early death rates from cancer and from heart disease and stroke have fallen, these remain worse than the average for England.

2.2.2 We know that:

- The mortality rate from cardio-vascular disease is the third highest across Greater Manchester and is fourth highest in the country. That for cancer is over 30% higher than the England average
- Salford is one of only two areas in Greater Manchester that has shown a reduction in under 75s mortality from liver disease from 2001/3 to 2011/13.
- The rate of utilisation of outdoor space for exercise/health reasons is significantly lower than England and the North West, as the rate in other areas has increased greatly.
- Nearly 60% of the Salford population do not undertake any physical activity.
- Smoking prevalence in Salford has fallen to around 23% in 2013 from 28.4% but this is significantly higher than England, and is the second highest in Greater Manchester. The rate of smoking related death is 43% higher than the England average.
- The rate of alcohol-related admissions to hospital is the highest in Greater Manchester at 967.9 per 100,000 in 2012/13.
- Salford has shown a 5.4% increase in the rate of adult self harm, from 370.6 in 2012/13 to 390.8 in 2013/14, the rate is the highest in Greater Manchester.
- Nearly 5 in every 1,000 residents (aged 15-59) have HIV. This is more than twice the national average (2.1 in every thousand) and equals approximately 700 people in Salford (aged 15-59).

2.2.3 All residents regardless of their age should “live well” in Salford and this theme focuses on positive investment in healthy lifestyles and behaviours as well as our residents’ neighbourhoods and working environments. This workstream runs through the start and age well strands: parents need to be healthy themselves to care for their children and people need to live as healthily as they can for as long as possible so that their whole adult life is as healthy as it can be. This work includes commissioned services to raise awareness of common conditions, supporting people to prevent these diseases through providing opportunities to live a healthy lifestyle including reducing smoking, eating healthily, and exercising appropriately.

2.2.4 This programme will be delivered through activity led at a local, Greater Manchester and national scale. It will include both direct and indirect intervention, with influencing the activity of others being as important as commissioned services. Over time, budgets will need to be 'flexed' to focus increasingly on prevention, and breaking out of the traditional 'health', 'social care' or other silos, so that our dwindling resources can be targeted where they will make the most difference. Further information about Salford's place-based approaches is contained in section 3.

2.2.5 Our engagement exercises show that local people feel that we should prioritise health improvement programmes and initiatives to improve wellbeing in the community. This included healthy eating and exercise programmes and also early diagnosis of long term conditions and illnesses through screening programmes.

2.2.6 Local people also wanted to see actions to address the wider determinants of health including reducing the barriers to work such as employment conditions, access to advice and information; addressing poverty; and providing access to transport for older people. Salford will focus particularly on reducing overall poverty levels in the City, as well as addressing inequalities in financial situation between neighbourhoods. We will publish a new Poverty Strategy and Work and Skills Plan for the City in 2016.

2.2.7 Furthermore, we want to link with partners from outside the health and social care system to address factors which impact on citizen wellbeing, including employment, tackling poverty, domestic abuse and community safety. Our Locality Plan explores the role that these activities have on supporting our citizens to live well. Of particular note are the roles of the uniformed services, housing sector, advice and leisure services, all of which will have a major role in the delivery of this Plan. Our aim is to improve the health, wellbeing and aspirations of our population.

2.2.8 One of the key priorities proposed by citizens through our engagement work was mental health across the life course. Our ambition is that citizens will achieve and maintain a sense of physical and mental wellbeing, feeling they are valued and have a purpose in society. We have a number of established services which support this, and these will be aligned with advice networks, VCSE projects and national healthy living campaigns such as One You, in order to address anxiety, depression, and low level mental health problems in our communities. Our Plan will promote mental wellbeing and positive emotional health, ensuring that there are step up pathways into clinical support for people to manage mental health conditions. We have an aspiration for zero suicides in the City and are working with GM partners in suicide prevention.

2.2.9 Each year one in four British adults experience at least one diagnosable mental health problem. Salford has a higher prevalence of mental health than other parts of the UK with around 36,500 adults and 6,000 children estimated to have some kind of mental wellbeing need. Our [Integrated Mental Health Commissioning Strategy 2013-2018](#) invests in the region of £45m each year on mental health service provision and our vision is that all residents of the city will have access to high quality, compassionate world-class mental health services.

2.2.10 We will use models such as Social Prescribing as part of the wellbeing pathways, mapping the community organisations that are already offering opportunities that could be integrated into the programme and stepped model. This will broaden out to include arts, cultural, recreation, sports, organisations that are operating within communities. We need to differentiate offers and assets within communities and across age ranges.

2.2.11 Physical inactivity is the fourth leading risk factor for global mortality and in the UK 1 in 6 deaths are caused by inactivity. The cost to the NHS is estimated at over £1 billion a year. In Salford, 60% of the adult population (16years+) are inactive, higher than the figure for England and the North West. To address the problem of inactivity in the City, a framework for an Active Salford is being produced, looking at how to get more residents active across the life course.

Case study: Costs of Smoking to the Social Care System

Research by Action on Smoking and Health (ASH) has shown that across England, local authorities spend £600m every year on social care for people with health problems caused by smoking. This is on top of a £450m annual bill faced by individuals to cover the cost of their own care for smoking-related illnesses. In England, 47,000 people are receiving council-funded social care for health problems caused by smoking including chronic obstructive pulmonary disease (COPD), while 846,000 are receiving unpaid care from friends or family members.

If the findings of this research are used to estimate the costs of social care for people with health problems caused by smoking **in Salford**, we arrive at the following annual figures:

Social Care costs to the public sector for those aged 50+	£3,085,600/annum
Social Care costs to self-funders aged 50+	£2,287,812/annum
Number of people needing additional care from LA/Social Services	191
Number of people needing additional care from friends and family for <u>smokers</u>	2,211
Number of people needing additional care from friends and family for <u>ex-smokers</u>	2,080

Furthermore, it has been estimated that for every smoker who dies, 20 are living with a smoking-related illness. This research shows that smokers are likely to need care on average 9 years earlier than non-smokers. Being a smoker doubled the chances of receiving care of any sort and increased the risk for ex-smokers by 25%.

2.2.12 The key transformation initiatives within this programme are shown in the following table:

2.2.13 LIVING WELL – Plan on a Page		VISION: Citizens will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities		
CASE FOR CHANGE	OUTCOMES FOR PEOPLE	ENABLERS	PROGRAMME AREAS	LEAD PARTNER(S)
Importance of healthy lifestyles across the life course	<p>I am able to take care of my own health and wellbeing, and am able to manage the challenges that life gives me</p> <p>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</p> <p>I lead a happy, fulfilling and purposeful life</p>	<p>Quality – where people access services, they will have confidence in the quality of care they will receive</p> <p>Participation – citizens are involved in planning and self care</p> <p>Technology – integrated systems to support better patient care, including self care</p> <p>Integration – people will have access a much more integrated health and care system, which is better able to anticipate and respond to their needs</p> <p>Financial – pooled budget arrangements and integrated business and service financial planning</p> <p>Work force – integrated workforce planning, training and support</p> <p>Social Value – ensuring that commissioning maximises social, environmental and economic value from investment</p>	<p>Prevention: Programmes to support people to reduce their chances of developing the common conditions of heart disease, cancer and respiratory disease, as well as prevention and treatment services, promoting active lifestyles and work with partners in housing to deliver health and wellbeing messages to residents</p>	SCC, CCG,
Improved health and wellbeing outcomes			<p>Building resilience for individuals and communities: Developing community assets, signposting services through digital media, patient and carer education programmes and engaging people with services through the VCSE sector and fire service</p>	SCC, CCG, SCVS
Financial and operational sustainability of health and social care system			<p>Early Detection & Preventative Management: NHS Health Checks, encouraging uptake of national screening programmes, developing a “Salford Standard” for GP practices and supporting those with learning disabilities</p>	SCC, CCG
Recognition of asset based approaches – building from individual and community strengths			<p>Wider Determinants: Programmes to support work (paid and unpaid) skills, learning and routes back into employment, identifying ways to improve the quality of life for residents</p>	SCC, SCVS
Influence of ‘wider determinants’ – poverty, housing, education, employment, etc				

2.3 AGEING WELL

2.3.1 Salford has a resident adult population of 183,237, of which nearly 33,200 are aged 65 or older. Compared to other areas, Salford is in the worst quartile or decile for a number of outcomes relating to long term conditions in the adult population:

- Health related quality of life for people with long term conditions.
- Unplanned hospitalisation for chronic ambulatory sensitive conditions.
- Under 75 mortality rate from both cardiovascular and respiratory disease.
- Potential years of life lost from causes considered amenable to healthcare.

2.3.2 The elderly population is projected to increase by almost 37%, to over 45,600, by 2030. If no changes are made to the way we support adults and older people, there will be a corresponding growth in ill-health and demand on services:

- There is likely to be a substantial growth in the number of older people with a limiting long-term illness, from an estimated 20,712 in 2014 to 27,110 in 2030.
- It is estimated that 2,406 people currently live with dementia in Salford and this is set to rise to 3,413 by 2030. People with dementia are over-represented in acute beds, with longer lengths of stay.
- Disability-free life expectancy in Salford is 60 years for men and 58.4 for women – 3.6 and 6.4 years lower than the England average respectively.⁵
- The number of people aged 65 or over who live alone is projected to grow from 12,865 in 2014 to 16,643 in 2030. Older people often suffer from social isolation and have a negative perception of crime and their safety.
- By 2030 an extra 5,318 people will have a hearing impairment, and there will be an additional 3,044 falls in the elderly.
- In the same timeframe, an additional 4,653 people will be unable to manage at least one domestic task, and 3,817 one self-care task or more. This will increase the need for caring support in these communities.

2.3.3 Our local proposal is most fully developed for adults and older people, notably through the move towards an Integrated Care System including Adults and the establishment of an Integrated Care Organisation. These Vanguard programmes have been nationally recognised for leading the way in the integration of health and social care. Both are illustrated in some detail in section 3 and are fully aligned with the GM PSR programme.

2.3.4 Salford's 2020 vision for older people is for a radically changed health and social care system, where older people are enabled to retain their independence and take a much more

active role in their own care. Whilst specialist care and support will continue to be required for those with the greatest need, the focus will include giving older people more control and supporting them to be less dependent on services.

2.3.5 More care will be delivered in a community setting, largely in people's homes, with a corresponding reduction in unplanned demand for hospital care and expensive packages of social care. Where individuals need to access specialist services, they will have confidence in the quality of care they will receive and be supported to return to their own home as soon as possible. As a consequence, quality of life should improve for older people and their carers. Older people should feel more able to manage their condition and service users should benefit from being able to access a much more integrated health and social care system, which is better able to anticipate and respond to their needs.

2.3.6 Salford's Integrated Care Programme (ICP) for Older People aims to provide:

- Better outcomes for older people
- Improved experience for older people and their carers
- Better use of health and social care resources

2.3.7 Salford supports the development of a Greater Manchester age friendly city region, and GM Ageing Hub. Salford has actually just received confirmation (February 2016) that it will be a member of the World Health Organisation global network of Age Friendly Cities and Communities. Salford will ensure that it has representation on the GM Ageing Hub partnership group to ensure its local work will both inform and develop with any GM approach and pilot programmes. This work will ensure that GM will be a global centre of excellence for aging, pioneering new research, technology and solutions across the whole range of ageing issues and will increase economic participation amongst the over 50. We are also part of the Big Lottery Funded Ambition for Ageing Project; the outcome of this project will see joint working with the 'Salford Together' Integrated Care Programme for Older people (community asset work stream).

2.3.8 Salford is also leading on GM work around dementia (see case study below), which forms an important workstream in the GM Strategic Plan. Early diagnosis and improved life are key facets of this work, but we also see dementia as being underpinned by our transformation work around prevention. Identifying and addressing the lifestyle behaviours and environments which can lead to dementia in later life.

Case Study: Dementia United

Dementia has been identified as an early win for the devolution programme, and a core team has been working with a broad group of stakeholders to determine the components of a 5 year plan which will aim to improve the lived experience for people living with dementia and their carers and reduce dependence on health and social care services

Salford will set out its improvement plans using the framework below and will describe a portfolio of activity in each of the domain areas.

- **Preventing Well** – reducing the risk of dementia in the local population, particularly vascular dementia
- **Diagnosing Well** – developing a robust seek and treat system that offers early, comprehensive, evidence based assessment for all
- **Living Well** – establishing dementia friendly communities, networks and support AND ensuring that EVERY person has access to tailored post diagnostic advice / support
- **Supporting Well** – regular access to the health and social care system as required which reduce the number and duration of emergency admissions, re-admissions and care home placement. Ensuring care continuity, irrespective of the location of the individual.
- **Dying Well** – Focusing on understanding where people living with dementia are dying and continuously striving to ensure the place of death is aligned with the person and family preference.

Further information is provided in section 3.

2.3.9 The key transformation initiatives within this programme are shown in the following table:

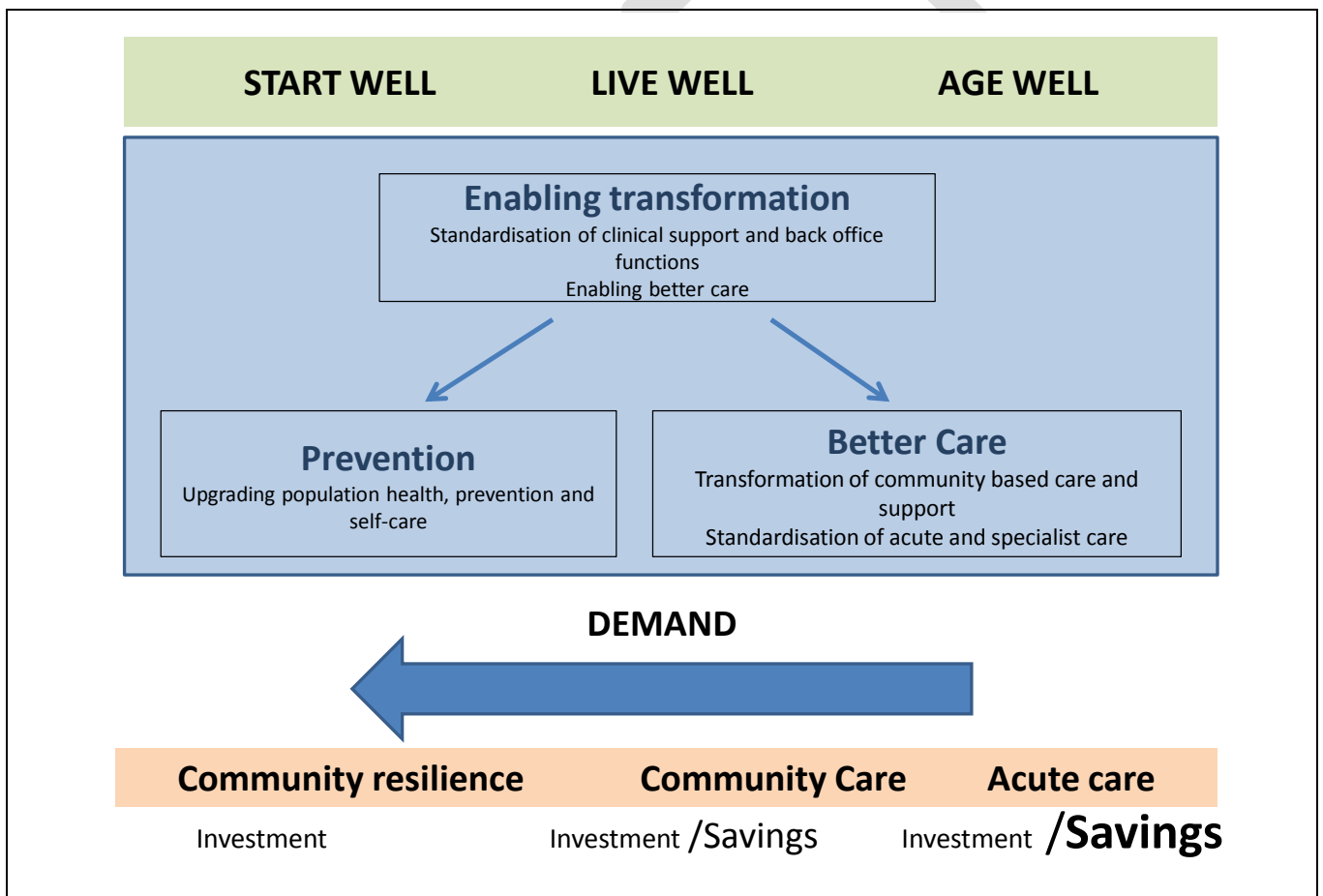
2.3.10 AGEING WELL – Plan on a Page		VISION: Older people will maintain wellbeing and can access high quality health and care, using it appropriately		
CASE FOR CHANGE	OUTCOMES FOR PEOPLE	ENABLERS	PROGRAMME AREAS	LEAD PARTNER(S)
Ageing population – increased demand for older people’s services	I am an older person who is looking after my health and delaying the need for care	Quality – where older people access specialist services, they will have confidence in the quality of care they will receive and be supported to return to their own home Participation – older people and their carers are involved in planning and self care Technology – integrated systems to support better patient care, including self care Integration – older people will have access a much more integrated health and social care system, which is better able to anticipate and respond to their needs	Salford Together Integrated Care Vanguard Programme – focus on engagement, activation and asset building, risk stratification and co-ordination, enhanced access and enabling changes for adults including the creation of an Integrated Care Organisation, bringing together the responsibility of adult health and social care provision through a prime provider model	SCC, CCG, SRFT, GMW FT
Financial and operational sustainability of health and social care system	If I need it, I will be able to access high quality care and support	Financial – pooled budget arrangements and integrated business and service financial planning Work force – integrated workforce planning, training and support Social Value – ensuring that commissioning maximises social, environmental and economic value from investment	Community assets network - a fundamental part of Salford’s Integrated Care Programme (ICP) for older people which helps support older people to stay healthy and well, through greater use of the assets that exist locally in communities	SCC, VCSE PARTNERS
Improved health and wellbeing outcomes for older people	I know that when I die, this will happen in the best possible circumstances		Neighbourhood Connectors and Ambition for Ageing - Age UK Salford has been commissioned to develop a network of Neighbourly Connectors across the city. Initially focused around promoting Winter Welfare this will be developed into wider themes to support the community asset network.	AGE UK, GMCVO, delivery partners tbc
Improved patient experience and access to care			End of Life Care - Engagement around the development of Salford’s Integrated Care Programme showed that end of life care was important to a large number of people. All care plans will include for end of life care under the Programme	SCC, CCG, SRFT, GMW FT
Increased demand for care in a community setting, largely in people’s homes			Dementia United - focusing on improvements which directly impact on the ‘lived experience’ for people with dementia	SRFT and GM Steering Group, Salford Dementia Action Alliance

SECTION THREE - TRANSFORMATION

3.1 OUR TRANSFORMATION PRIORITIES

3.1.1 The Nuka health system in Alaska sees the [Southcentral Foundation](#) arrange state-funded health care to a population with extremely high levels of need, and is predicated in the building of relationships to create a ‘multispecialty community provider’ offering expanded and integrated primary and community services. We considered this and other innovative systems in our ambition for social activation, design of services, and personalised care.

3.1.2 We believe that our approach to local delivery and transformation should be applied across the life course. This is strongly driven by a focus on prevention, and is described in our Plan under 3 broad areas using the following model:



Our transformation programmes are listed below, with further information being contained in sections 3.3 3.4, and 3.5, as well as in a series of appendices which accompany this Plan.

ENABLING TRANSFORMATION

GM Standardisation of clinical support and back office functions

- Integrated commissioning arrangements
- Streamlined back office support across public sector organisations

GM Enabling better care

- Information management and use of digital technology
- Rationalisation of estates infrastructure
- Workforce capacity building
- Co-production and social value
- Innovation
- Public engagement

PREVENTION

GM Upgrading population health, prevention and self-care

- Social Movement for Change
- Place based working
- Best start in life
- Promoting healthy lifestyles
- Improving mental wellbeing
- Screening and early detection
- Wider determinants of health and wellbeing
- The role of carers

BETTER CARE

GM Transformation of community based care and support

- Quality of Care
- Integrated care
- Community based primary care

GM Standardisation of acute and specialist care

- Long term conditions
- Mental health
- Hospital care

3.1.3 As part of our work to radically transform health and social care in Salford, our initial **priority workstreams for transformation in 2016/17** include:

- Salford Together Integrated Care Vanguard Programme (see below and **Appendix 9**)
- Development of integrated commissioning arrangements, supported by the Kings Fund
- Primary care neighbourhood model and Salford Standard – linked to PACS Vanguard
- Mental health services transformation, including Dementia United programme
- Implementation of Healthier Together
- NW sector other Acute Care Collaboration Vanguard (see **Appendix 10**)
- Development of a scaleable prevention proposition involving local VCSE organisations
- Integrated Place and development of single City Strategy
- Enabling work around community based care, including estates and IT

3.1.4 A sound foundation has already been put in place in order to deliver all of the above and all will be in a position to deliver from April 1st 2016. Where Transformation Funding is being sought in order to realise these priorities, we have carried out an initial assessment using the high level criteria agreed across GM. These self assessments are contained within **Appendices 9 and 10.**

3.1.5 We believe that it will be critical to invest in activity across all three areas of our Plan; prevention, better care and enablers. Savings will only be possible in better care, if there is a radical upscale of prevention activity, and investment in infrastructure and workforce, for example. The three are intrinsically linked and we have been working to better understand the interdependencies throughout. Further information of how prevention underpins better care is provided in section 3.4 below.

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

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

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

Public, private and VCSE partner organisations across the city are already working on a **place-based and asset-based** approach to achieving the vision and outcomes of this Plan, building from pioneering work around social value, community resilience and neighbourhood-based services including GPs, pharmacists, opticians and community care.

3.2 DRIVING CHANGE

3.2.1 In this Plan, we seek to push the boundaries and challenge current ways of working. In order to do this, the Health and Wellbeing Board has endorsed a number of guiding principles which will underpin the activities of all partners.

3.2.2 Our vision is therefore supported by the following high level **strategic principles**:

- Salford will have the *safest most productive health and wellbeing system* in England, with consistently high quality service standards and metrics.
- Our *local citizens will help to shape and be fully engaged* in this system, but they will also recognise the vital role they have in sustaining it by maintaining their own health, supporting neighbours and friends, and contributing to the local economy.
- Across Salford, partners will come together across the public, private, faith, voluntary and community sectors to create a *fully integrated offer, local accountability and an accompanying reduction in the acute health and care sector* to reflect this shift.

3.2.3 Locally, partners across the city are developing proposals for transformation and reform across all service areas and sectors – at city level and within individual organisations. We will underpin the approach to our work going forward with the following **delivery principles**:

- Ensure care and services in Salford are financially and operationally sustainable, allocating resources to achieve the best outcomes
- Deliver services are high quality, safe and effective
- Integrate activity wherever possible in planning, commissioning, and delivery
- Put outcomes for people at the heart of the way we work and the care we provide
- Maximise the use of effective digital technology
- Ensure Salford learns and develops, using data and intelligence sourced from across the public, private and voluntary sectors
- Share leadership and responsibility across all sectors and stakeholders to achieve the best results for Salford people
- Enable care and support to be accessed as close to home as possible
- Focus on prevention and early intervention
- Ensure the transformation of care delivers benefits in the short, medium and long term
- Work closely with the people of Salford to shape what it looks like

3.2.4 We will ensure that data and intelligence is used from across the public, private and VCSE sectors to design, and target the available collective resources at those that need

them the most. There is a recognition that services work best when all aspects of people's needs including psychological, physical and social factors are taken into account and seen as a whole.

3.2.5 Our plans will be strongly aligned with local equality, diversity and human rights work in order to target protected characteristic groups for their input and feedback. This includes ensuring connectivity with the Salford Equality Strategy 2015 and the Salford Equality Network. Our greatest asset is the people who live and work in Salford. Ensuring equality in everything we do and recognising the rich diversity and opportunities provided by the communities within Salford is vital for our city moving forward. We have prepared a Community Impact Assessment, which is available at **Appendix 7**.

3.2.6 Part of our inclusive approach will be to include all partners in assessing the effects of transformation initiatives and specific programmes on vulnerable and protected characteristic groups. All partners can also help to minimise barriers and reduce inequalities and to ensure that services are provided so all groups can access the same level of care, as well as ensuring that services are culturally competent. Voluntary sector partners can be invaluable as they can reach into communities that do not engage with health services particularly well.

3.2.7 Section 1.6.1 above gives a few selected health inequalities and health needs facts about Salford, which have informed our transformation initiatives. Within these inequalities, there are some protected characteristic groups who have worse health outcomes than others, (eg LGBT people are more likely to smoke and have mental health issues than the population in general), and all programmes will reflect our understanding of these. We will keep refining our knowledge of the issues faced by specific groups in order to target information more effectively and make sure that services are delivered in a way that enables access by these groups. These needs assessments will be published as part of our [JSNA](#).

3.2.8 This Locality Plan is built on the principles of delivering the four objectives of our Equality Strategy:

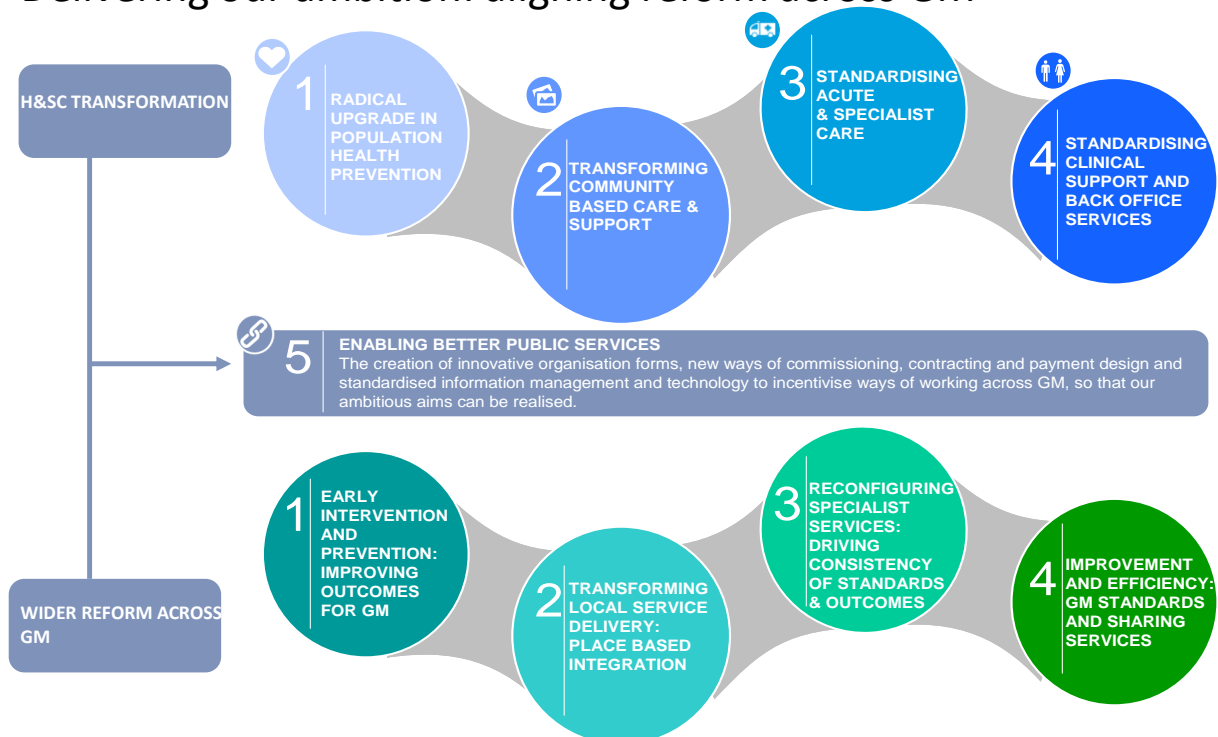
- Increasing voice and influence
- Promoting community cohesion
- Supporting and capacity building community organisations and individuals
- Maximising potential and realising aspiration

3.2.9 Our implementation will be guided by Salford's Adult and Children's Safeguarding Boards towards compliance with relevant legislation, and uphold the six principles of safeguarding:

1. *Empowerment* - presumption of person led decisions and informed consent
2. *Prevention* - it is better to take action before harm occurs
3. *Proportionality* - proportionate and least intrusive response appropriate to the risk presented
4. *Protection* - support and representation for those in greatest need
5. *Partnerships* - local solutions through services working with their communities
6. *Accountability* - accountability and transparency in delivering safeguarding.

3.2.10 Each of the transformation programmes includes work which operates across both local and Greater Manchester footprints. Where a Greater Manchester transformation programme exists, this is referenced into the appropriate place in our Plan. We have also aligned this Plan to the City Council-led ‘*Shaping our City*’ programme, which aims to transform public services across the city, identifying, exploring and managing dependencies across programme but also with GM work, partners, ensuring appropriate and sufficient resource to deliver changes (eg PMs, ICT development, training, etc) and engaging and involving members, residents, staff and partners.

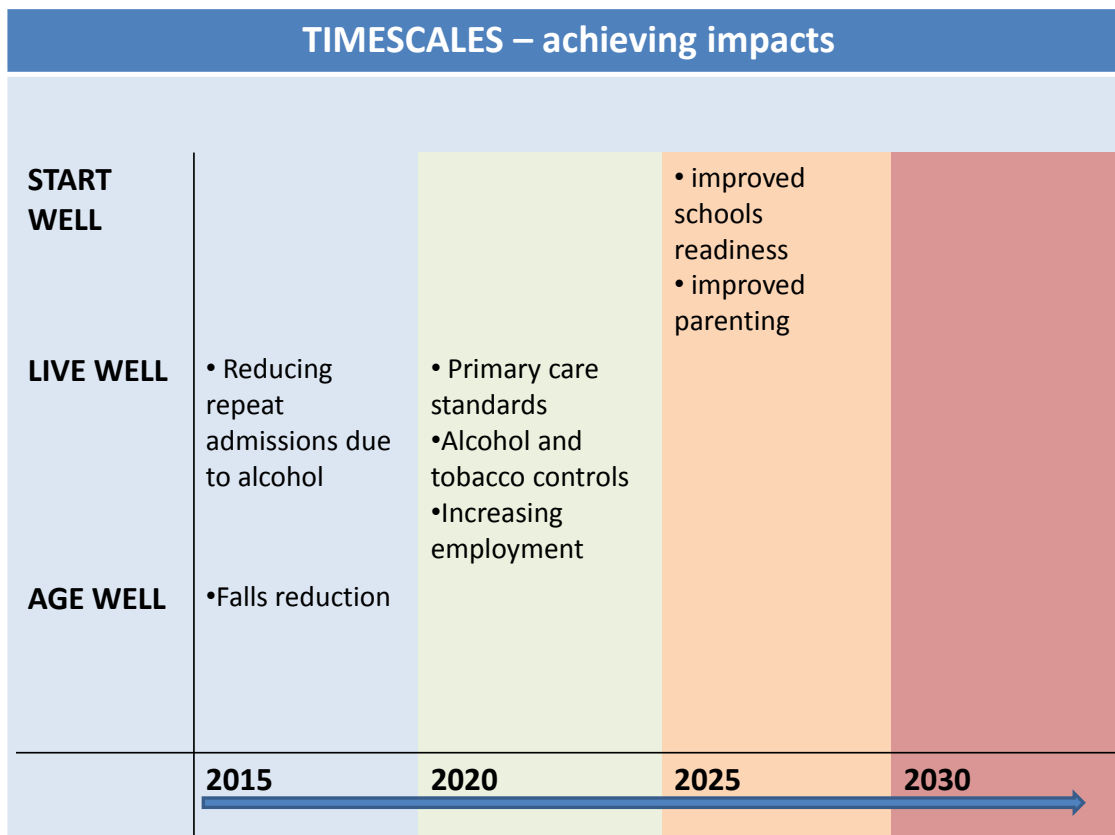
Delivering our ambition: aligning reform across GM



3

3.2.11 We have also started to align our work in the locality with that of the wider Public Sector Reform agenda, and our programme is a blend of locally and GM driven programmes, all of which will contribute towards the objectives described in the diagram above.

3.2.12 We will also ensure that delivery happens across both the life course of Starting Well, Living Well and Ageing Well, as well as in the short, medium and long time horizons described in section 1.7. The following diagram examines how we have started to map this:



3.2.13 Across the life course, we will align our work to achieve the outcomes described in sections 1 and 2, through an Implementation Plan described in the table at **Appendix 6**. The Implementation Plan builds from the 2016/17 priorities listed in section 3.1.3 above, and links into the operational business plans of the partner organisations in the Plan. As delivery commences, this Implementation Plan will be kept under constant review, in order to track the transformation which is happening across the system.

3.2.14 We also recognise the need for de-commissioning in order to achieve the resource shift required to drive change in Salford. We will need to make tough decisions about what to stop, and will ensure safe removal of funds, managing the impact of this on outcomes. We will take guidance from publications such as Bunt L. and Leadbeater C., *The Art of Exit - In search of creative decommissioning*, Nesta, 2012 in this work.

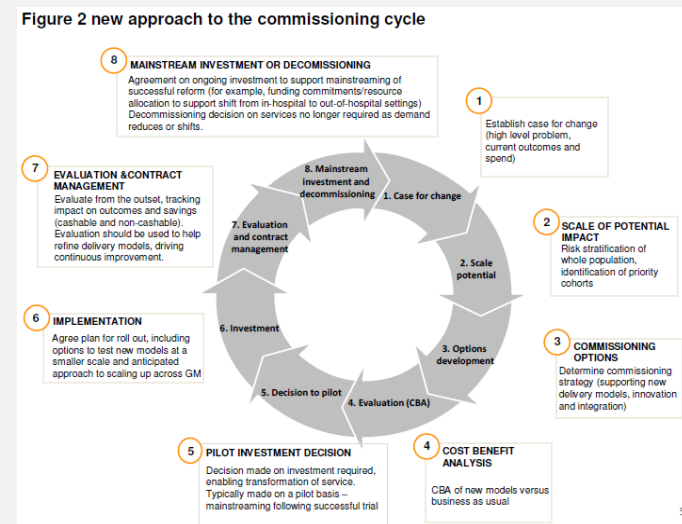
3.3 ENABLING TRANSFORMATION

3.3.1 Our proposed transformation around prevention and better care would not be possible without a number of enabling work streams operating at both a local and GM level. These will be fundamental to unlocking system efficiencies and savings, as well as placing resources in the most effective manner to achieve change. The following tables describe our enabling programmes:

3.3.2 Standardisation of clinical support and back office functions

INTEGRATED COMMISSIONING AIM: streamlining, joining up an sharing responsibility and budgets for commissioning of services	Starting, Living, Ageing Well
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The development of clear commissioning processes; involving commissioners, VCSE providers and VCSE support organisations is vital to the success of the Locality Plan and this will help ensure recognition of the strength of local provision, their knowledge and strong connections to Salford’s diverse communities. This work will see organisational change only where this is required to complement system change, and aims to protect and value good people. There is a strong relationship between Salford City Council and Salford CCG as commissioners of health and social care, with the joint commissioning of mental health and learning disability services seen as an exemplar in GM. Salford has pooled budget arrangements from April 2016 for most adult health and social care services, as well as collaboration in respect of other aspects of commissioning – including children, public health and other areas. The CCG will assume responsibility for primary care commissioning (GPs) from NHS England in April 2016.



Current joint commissioning arrangements are undergoing a comprehensive redesign to support the ICO commissioning requirements. There is a clear local ambition to go beyond this, both in terms of local pooling arrangements and in terms of flexing joint commissioning arrangements once the ICO is established and operating effectively. However, there is also recognition that this is a 5 – 10 year journey, which will build on the experience of others, and must be supported by up-front financial investment. We aim to achieve a reduction in fragmentation, with incentives for community and primary care provision and reduced transactional costs of contracting and commissioning and shift to outcome based / strategic commissioning.

A new approach to commissioning will underpin wider prevention / reform priorities and health and social care devolution. We will work closely with emerging GM level arrangements for commissioning following the transition of NHS England responsibilities to GM, and bring together the Health and Social Care and PSR agendas. The Public Service reform principles will be the drivers of our commissioning. These include; People and Place, Commissioning at the right level, be bold, co-design and decommissioning. We will also look for ways to maximise value for money and return on investment through our approach to social value in commissioning.

Salford has asked the Kings Fund to advise on developing our joint commissioning arrangements across the City, and will need to link into the GM led work.

CASE STUDY: Mental Health Recovery & Horticulture service:

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

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

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

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

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

Our transformation priorities over the next 5 years are:

- Agreeing shared priorities for commissioners, with a principal focus on improving the health of the whole population
- Increasingly joining up the NHS with the local authority commissioning role – building on what we have done already
- **Place** – Focus on place and population health needs
- **Leadership** – developing ‘system thinking’ and collaborative leadership models which impact on whole population health and well being, but important to retain accountability for patients within this system (ie who is the named clinician responsible for my care)
- **Culture** – developing a vision which delivers outcomes for people across organisations; specifically addressing the ‘fear’ of acute centralisation and the fact that primary care is not ‘one organisation’; becoming an attractor of talent by creating a brand and ‘culture’ of being the best creating a Holistic approach and view of health, care and wider public sector reform
- **Data and informatics** – using data and IT to drive a ‘population health’ approach; using data to predict demand; standards-based approach to reduce unwarranted variation, empowered patients driving self-care through personal budgets
- **Payments and incentives** – outcomes based / clear risk shares – clear link to quality and improvement outcomes; minimising variation across the system, developing multi-year investment programmes

<ul style="list-style-type: none"> • Choice – Patients retain ability to choose where to go for their care – incentivising the system to keep Salford patients in Salford • Economies of scale combined with integrated delivery around individuals and families at neighbourhood level • Decommissioning - Creating robust evidence for decommissioning existing models of care shown to be of lesser value compared to new models • Seeking ways to embed a social value approach in commissioning 	
<p>The services and programmes which will deliver these priorities include:</p> <ul style="list-style-type: none"> • Development of Integrated commissioning arrangements, supported by the Kings Fund • Standards based approach to deliver improved outcomes – including Primary Care (Salford Standard) • Full integration of care across prevention, primary care, community health, social care, acute care, mental health • Services commissioned from a single organisation or through a ‘supply chain’ – where providers work together • Feed from and further develop arrangements as next step along journey following establishment of ICO from April 2016 	
<p>STREAMLINED BACK OFFICE SUPPORT ACROSS PUBLIC SECTOR ORGANISATIONS</p> <p>AIM: streamlining, joining up an sharing responsibility and budgets for ‘back office’ provision</p>	<p>Starting, Living, Ageing Well</p>
<p>Through the streamlining of clinical support and back office functions we are proposing to redesign our services to meet the delivery and efficiency challenges of a redesigned care system. We see this as a major area of operational efficiency, and will look across all public sector partners to identify opportunities for sharing, integration and simplified systems.</p>	
<p>Our transformation priorities over the next 5 years are:</p> <ul style="list-style-type: none"> • Streamlined back office support across public sector organisations eg HR/Finance • Single unified point of contact, using digital first • ICO - person centred integrated pathways, workforce alignment and supply chain arrangements • Explore introduction of the Living Wage; becoming an accredited Living Wage Employer; and incorporating the Living Wage within its procurement. 	
<p>The services and programmes which will deliver these priorities include:</p> <ul style="list-style-type: none"> • Further develop integrated commissioning arrangements following independent review • Provider collaboration to achieve further efficiency - eg supplies and procurement • Provider internal cost improvement programmes/efficiencies • Provider efficiencies from service redesign- for example reduced lengths of stay • GP practice design group • Healthier Together - Sector based reconfiguration • New Model of Care - single Integrated Care Organisation (ICO) providing urgent, secondary, community health and adult social care services and commissioning through a single contract • Implement the Salford Quality & Safety Strategy 	

3.3.3 Enabling better care

INFORMATION MANAGEMENT AND TECHNOLOGY

Starting, Living, Ageing Well

AIM: maximise the opportunities to achieve efficiency through the use of digital technology

Salford stakeholders have created a common vision for a connected city: *Salfordians will live, learn and work in the most connected city in the world*. Technology does not operate in isolation and will feature in many other sections of this plan. It is a proven enabler in transforming health and care for people and we must deliver the right infrastructure, systems, intelligence and access to meet the needs of the future model of health and care. To do this we have five programmes of work:

Building a connected city together for Salford

Over the last 12 months the Salford partners have been developing a Citywide IM&T strategy. The aim of this strategy is to describe how partners will work together to realise the connected city ambition, and is wider than health and includes social, economic, and environmental health of Salford residents. It will engage citizens and organisations, business and industry.

Digital First for Salfordians

We are aware that progressing to a digital first solution could exclude some people. To this end Salford runs the '[Go ON](#)' Programme, Go ON is a national campaign which aims to bring the benefits of digital skills, including the internet, to every individual, organisation and community. Locally, Salford City Council is coordinating activity for Salford, supported by a wide range of organisations including Salford City College, Salford Community Leisure, Unionlearn, social housing providers, the Department for Work and Pensions, together with numerous community and voluntary organisations including Age UK Salford.

Proactive use of Intelligence - Collaboration on Information, data sharing and innovation

It is essential to understand our population and its health, care and wider needs and an integrated approach to data sources available is essential. The Council, CCG and SRFT have strong intelligence and data teams that already work together to contribute to and receive JSNA products to inform service planning. A key requirement is a tool to enable full analysis of population health and needs to support commissioners and providers to operate proactive prevention and disease self-management programmes within Salford. Predictive analytics is the use of data science techniques at scale, using a variety of data sources from the city including wider public services, (fire, employment, police health and social care) as well as consumer and survey data.

Digital Roadmap / IM&T Strategy for Primary Care

The Greater Manchester IM&T strategy for primary care has been built on to enable it to manage the digital roadmap across a GM footprint, led by Wigan CCG. The plan has five themes Connect, Integrate, Empower and Collaborate and Understand. Salford CCG will act as a local facilitator and the plan will be based on principles set at a Greater Manchester level but implemented and designed for each locality. Salford will continue working up a local strategy and implementation plan which will support and develop these themes and ensure primary care has the technology to fully engage with new models of care.

Salford Integrated Record

Salford people access many services within Salford and beyond. The NHS within Salford has three significant sets of providers, Primary care delivered by 47 GP Practices, Secondary and community care delivered by Salford Royal Foundation Trust and mental health delivered by Greater Manchester West NHS Trust. Each of these uses a client or patient record solution which enables recording and delivery of safe care. Salford Social Care also has a system which enables assessments, payments and packages of care to be recorded. What these systems do not do easily at present is link easily. Salford began a Salford Integrated Record Programme in

2009 which enables record sharing between primary care and secondary care. The public were fully consulted and have the choice to opt out (or back in) at any time.

Our transformation priorities and the services and programmes which will deliver these priorities over the next 5 years include:

Building a connected city together for Salford

- Deliver a Wi-Fi city
- Develop partnerships with SMEs and local businesses
- Develop a number of good practice fully integrated initiatives to test the principles- first one being dementia
- Review options for assistive technology and use of apps for self-care and tools for remote management

Digital First for Salfordians

- To analyse and understand the nature of digital skills within Salford and ensure this is extended to reduce the numbers of digitally excluded. .
- To make a choice of access available using digital as much as possible.

Proactive use of Intelligence - Collaboration on Information, data sharing and innovation

- Review software and resources required to undertake comprehensive population health analytics to support targeted interventions for the Salford programmes of Start Well, Live Well and Age Well.
- Develop predictive analytic techniques for use in Salford, in conjunction with partners.
- Review opportunities to streamline data flows and data analysis to reduce duplication.
- Work with wider GM initiatives and networks to redesign services to meet population needs.

Digital Roadmap / IM&T Strategy for Primary Care

- Primary Care IT plan agreed by March 2016 to take Salford primary care towards gold standard digital maturity.
- Publication of the GM roadmap 2016.
- Implementation of these plans 2016-2020 with annual progress reports and review.
- Integrated Care Organisation - to continue what started as separate journeys to paper light. The ICO will look to share learning and ensure community based services have mobile access to records.
- Integration of paper light plans across GM and at sector and locality level.
- Ensure constant review of developments such as assistive technology to support patient care and self-care.
- A principle of interoperability first applied to all investments made in technology.
- Ensure underlying technical infrastructure is in place to deliver the collaboration required.

Salford Integrated Record

- Implement an improved Salford Integrated Record (SIR) which links acute, primary care, community services, mental health and social care records, enabling professionals to see relevant data about their patients/users/clients from wherever they need it. To be completed and in use by March 2017, with key milestones throughout 2016/17
- To further stretch information sharing to cross organisational patient management i.e. ensure that technology is further developed to allow interactive tasks and messages rather than e version of letters. This is the next stage of clinical correspondence development.
- Ensure all areas of health and social care can communicate without paper by 2020 as per the national and local ambitions.

<p>ESTATES - AIM: to rationalise the use of public sector estate to achieve efficiencies and effectiveness in delivery across all sectors and allow provision of a range of accessible settings.</p>	<p>Starting, Living, Ageing Well</p>
<p>A gap analysis was undertaken in autumn 2014 regarding the quality of modern purpose built healthcare premises across the six neighbourhoods in Salford. This revealed that whilst a number of neighbourhoods were well served by the Gateway buildings and other recent third party developments, there were three areas of need:</p> <ul style="list-style-type: none"> • Little Hulton, where a bid for a health centre has been made to both NHS England’s Primary Care Infrastructure Fund and NHS Property Services’ customer capital. • Lower Broughton, where an opportunity exists to relocate and expand primary and community care provision as a result of significant regeneration in the area. • Irlam and Cadishead, where preliminary discussions have commenced with the practices in the neighbourhood. <p>We will work in conjunction with the GM Single Estates Strategy updating currently out of date information available on GP owned premises to determine its’ functional suitability for future healthcare delivery and developing a strategic approach to deployment of our estates infrastructure. This will go hand in hand with the transformation of services and neighbourhood based delivery. This will aim to achieve better effectiveness and efficient use of the collective estate, as well as exploring community asset transfer as a means for making buildings available to community groups and organisations.</p>	
<p>Our transformation priorities over the next 5 years are:</p> <ul style="list-style-type: none"> • Engagement of neighbourhoods in determining the out of hospital services to be commissioned locally for their population and the potential location of these services. • Discussions with providers and the local authority on the better utilisation of primary and community services, to maximise efficiency and the benefits of co-location of services for patients. • Influencing the procurement of new capital investment into Salford to improve the quality of the accommodation available and facilitate provision of services at scale. • Strategy for community asset transfer – including buildings and resources which can be better managed by local communities. 	
<p>The services and programmes which will deliver these priorities include:</p> <ul style="list-style-type: none"> • The development of a Salford Estates Strategy, led by a strategic group where membership is comprised of Salford CCG, Salford City Council, SRFT and GMW. • Increase occupation of the Gateway buildings, with proposals being developed for the Pendleton Gateway in the first instance. • Implement the Community Based Care Estates Plan • Exploration of how the VCSE uses our estates infrastructure as part of the proposed VCSE Strategy, to enable effective use of resources by that sector. 	
<p>WORK FORCE - AIM: to enable a suitably skilled workforce and working conditions in order to achieve transformation and new ways of working</p>	<p>Starting, Living, Ageing Well</p>
<p>One of the limiting factors for achieving our key objectives is the availability of a suitably skilled workforce. The development of seven day services, transforming primary care at scale and pace and the integration of health and social care is likely to need new roles as well as a regular supply of existing roles.</p> <p>The key strands of an emerging workforce and organisational development strategy for various organisations across the city include:</p>	

Leadership and management: Developing leadership capability and connecting primary and secondary care leaders together at all levels to help them think differently be open to new ideas and test concepts without the fear of failure. Whilst not forgetting the importance of getting the basics right in terms of good people management practice, employee engagement, communication and managing change.

Culture: Develop a shared culture that promotes asset based thinking, supports innovative ways of working, enables employees to work differently, and supports staff to engage with citizens in a positive way.

Employee engagement: Develop appropriate employee engagement strategies that will enable the transition and transformation of services whilst maintaining an engaged and motivated workforce, through early involvement allowing staff to co-produce the new models of delivery and job roles.

Learning and development: Provide support to all employees, enabling them to develop the skills, knowledge and behaviours to operate in different operating models and across organisational and professional boundaries.

Employment conditions: We will utilise evidence about the Living Wage produced by the Institute for Health Equity in work to maximise adoption of the Living Wage and the best possible working conditions for our workforce across the city, in order to improve health and well-being.

We intend to work closely with local education providers along with Health Education North West (HENW) to progress these plans. The “Salford Together Workforce Strategy” will support the development of our Integrated Care Organisation and includes all four partners (NHS Salford CCG, SRFT, Salford City Council, GMW).

Over 10% of the population of Salford provide unpaid care to family members and others – around 26,000 people, not taking account of the approximately 3,500 young carers. This reflected a 4.3% increase on the previous Census, with a 25.2% increase in those caring for 20-49 hours per week and a 13% increase in those caring for 50 hours or more. In effect, some 70% of the health and social care ‘workforce’ in Salford are unpaid carers – a great asset of skills, knowledge, determination and resilience. They are already providing a huge amount of care outside hospitals and care homes, and preventing very costly admissions to them.

National figures indicate that each carer saves the state an average of around £20,000 per year, suggesting a minimum of £468 million worth of care being provided by unpaid carers in Salford. Yet, health and social care workforce planning has historically focussed exclusively on paid health and social care staff. Whether those caring are paid or unpaid, they all deserve equitable recognition, support and development. Carers should be treated as the major part of a suitably skilled workforce with appropriate working conditions, in order to achieve the transformation and new ways of working to which Salford aspires.

Our transformation priorities over the next 5 years are:

- An expansion of the workforce delivering primary medical services
- Increased numbers of staff delivering care in a community setting
- Staff with a broader range of skills that span health and care
- Exploring opportunities for integrated training and education
- Exploring opportunities for staff to gain skills in working across all areas of care delivery (hospital, community and primary care)
- Exploring opportunities for the creation of new roles that will reduce duplication and improve the experience of people using health and care services including; advanced practitioners, assistant practitioners and physician associates
- This programme of work will be a potential long-term investment in improving the health of Salford people, and we aim to fully engage with partners around workforce development and support pathway initiatives with schools, colleges and other training providers in order to can develop our health and social care workforce as well as contributing to improving social value in the city.

- The services and programmes which will deliver these priorities include:
- The establishment of a Strategic Workforce Board that will assist in ensuring that we attract, retain and continue to develop the future health and social care workforce in Salford.
 - Put in place a workforce and organisational development strategy across the city for the health and social care work force.
 - Whilst acknowledging the constraints of national pay bargaining and review bodies, each member of the Health and Wellbeing Board will work towards: introducing the Living Wage; becoming an accredited Living Wage Employer; and incorporating the Living Wage within its procurement.
 - Develop local initiatives (for example Clinical Pharmacists in General Practice) around improved workforce development across General Practice, aligned to national initiatives/results of the workforce stocktake
 - Work with partners across Greater Manchester to scope and develop an education programme for primary care

<p>CO-PRODUCTION AND SOCIAL VALUE - AIM: to work collaboratively with VCSE and other local providers to maximise reach, outcomes and impact beyond statutory provision.</p>	<p>Starting, Living, Ageing Well</p>
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Co-production is a term that refers to a way of working whereby decision-makers and citizens, or service providers and users, work together to create a decision or a service which works for them all. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it. We will explore and use co-production approaches where these can bring demonstrable results and improvements, including participatory appraisal and budgeting, deliberative opinion polls, citizens' juries, Open Space and Time banking.

Salford has a well-established, active and diverse VCSE sector which is well placed to deliver the proactive agenda that takes an asset-based and person-centred approach to improving health outcomes with a focus on prevention and early intervention, whilst addressing gaps in existing provision and meeting new and emerging need. Investment in local communities and the local VCSE organisations that support them will enable considerable savings from a reduction in demand on expensive clinical / public sector services.

Salford embraces the findings and recommendations contained in the recent UCL report¹, and will make connections between social value and health equity – using commissioning decisions, procurement processes and contract management to seek the maximum social, environmental and economic wellbeing benefit from public sector spending. We hope that having a broader understanding of the wider determinants of health, when linked with an aspiration to maximise social value, will lead to sustained impacts on population wellbeing, and will use social value to take action on health inequalities. Budget savings must be made, but a broader focus on outcomes as well as fiscal benefit should underpin the decision-making and transition processes, if the wellbeing of the people of this city is not to suffer. We will maximise the value achieved from our reduced resources through social value opportunities which will make the most difference, including a focus on behaviour change, community resilience and the wider determinants of health.

We will explore ways to model social value and return on investment, including the Health Inequalities tool we have developed in collaboration with LJMU. This tool allows us to model aspirational performance against an agreed indicator set and to quantify the likely improvements this delivers. This will inform the work to predict the resulting savings in the health & social care system if those targets are achieved and be a collaborative exercise undertaken with New Economy, Public Health England and our local intelligence network.

¹ UCL Institute of Health Equity 'Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health'

Case Study – The Third Sector Fund (investment from NHS Salford CCG, 2014/15 and 2015/16)

The main aim of the Third Sector Fund 2014/15 was to enable Salford CVS to operate a range of grants programmes that were accessible to VCSE organisations operating in Salford and which would enable those organisations to contribute to addressing the health priorities for Salford, as identified in the joint Health & Wellbeing Strategy (JHWS).

In 2015 NHS Salford CCG’s Performance Management Group made the following recommendation for a further investment in the VCSE sector via the Third Sector Fund. *“PMG acknowledges the investment made in the voluntary sector represented real value for money and has a significant impact on many lives in the community. PMG also notes further funding allocations would support greater partnership working in targeting health inequalities or health issues across the city.”*

In 2014/15, more than 100 voluntary organisations, community groups, social enterprises and schools benefited from the Third Sector Fund. These included the Incredible Edible’s Tindall St Project who used a grant to support more volunteers, and the Lower Kersal Young People’s Group who, thanks to a £10,000 Improvement Fund grant, were able to work with a number of young families to help them grow their own fruit and vegetables on a nearby allotment, which they could then use to make their own healthy meals. Projects have targeted all of the priorities of the JHWS and across the age range; providing support for local people to manage long term health conditions, such as heart disease and diabetes; take more exercise – encouraged by Rugby League players; and reduce the impacts of low level mental health conditions on people’s lives.

Our transformation priorities over the next 5 years are:

- To help manage low level demand, by making this part of ‘added value’ to service commissioning, rather than requiring a specific targeted service
- To include a focus on collaboration and co-production
- To help manage the messages around budget reductions, as we will be seen to be getting better ‘value for money’ from investments and activities
- To be part of the risk mitigation for several of the budget options
- To allow local VCSE providers to compete more effectively in a tender situation, and these providers will lever in additional funding from charitable and other sources outside of the system.
- Salford will ensure that money spent by commissioners is spent in a way that reduces inequalities, improves the wider health benefit to the population and becomes part of our prevention agenda going forward.

The services and programmes which will deliver these priorities include:

- We will develop a Strategy for the VCSE Sector – for its future development of active participation in co-produced services
- Further raising the profile of social value benefits across the health and social care system, build capacity to evaluate and report on social value, and expand social value in commissioning, led by Salford’s Social Value Alliance and supported by investment from the Health and Wellbeing Board’s Strategy Fund.
- Provider organisations will publish ‘social accounts’ alongside their financial accounts
- In order to enable more people, and people who are farthest from volunteering, to contribute, we will invest in the development and ongoing support of volunteering in Salford in order to both sustain current volunteering levels and increase the number of people undertaking quality volunteering.

INNOVATION - AIM: build from Salford’s successful innovation and research programme to test and embed new ways of working to support our transformation aims

Starting, Living, Ageing Well

The scale of transformation necessary to deliver the ambition outlined within this plan is a considerable challenge that will require widespread innovation, enhanced use of technology and a commitment to research. Our existing partnerships, our relationships with academic organisations and most importantly our integrated IM&T system, mean that Salford is uniquely placed within Greater Manchester to be a test bed for innovation and research. The NHS constitution requires that research is seen as core NHS business and states that every patient should be offered the opportunity to engage in research. High quality research underpins advances in health and care and should be used to influence the commissioning of evidence based services.

Innovation across the health, social care and voluntary sector is supported through an innovation fund created by NHS Salford CCG. This has enabled creative ideas to be tested and has resulted in the development of new services. NHS Salford CCG and Salford Royal Foundation Trust also have an integrated research department based at SRFT in partnership with Manchester University

Salford is one of the partners and stakeholders in the research organisations that have signed up to Health Innovation Manchester (HInM) and continue to be the lead CCG for research activity in primary care in Greater Manchester. This provides a platform for all organisations involved in research and innovation across Greater Manchester to work collaboratively supporting the transformation of health and care services.

Salford is also home to **Haelo**, whose core purpose is to provide an innovation hub for Salford partners (CCG, City Council, GM West Mental Health Trust, University of Salford and Salford Royal) to improve health and care services delivered to Salfordians. Haelo's expertise is in three areas: i. collaboration – bringing together teams from across the health economy to improve pathways of care using improvement science and incubating new delivery models; ii. capability building – ensuring that the workforce in Salford are equipped with the tools and techniques they need to improve in their local settings; iii. communication and knowledge management – managing and sharing knowledge about how to make improvement happen using innovative social media, film and digital platforms.

Our transformation priorities over the next 5 years are:

- Build on ground-breaking work on integrated health data systems to extend it to the whole of Greater Manchester. This will enable better care (by providing more joined-up information to GPs and hospitals) and potentially help identify new ways of treating diseases.
- Improve the ability to use personalised medicine, with more targeted treatments for those who will benefit most from them. For example, this could involve developing new medicines to treat specific groups of patients or targeting existing treatments more effectively.
- Enhance the testing of new medicines or treatments to enable those with the biggest positive impact to be identified and introduced into routine clinical practice across the whole of Greater Manchester as quickly as possible, maximising the patient benefits.
- Digital solutions will aid our vision to provide the safest health and care in the Country and there is an opportunity to combine different technologies, changing the way we work to transform care delivery to improve population health.

The services and programmes which will deliver these priorities include:

- Use enhanced informatics as a critical foundation to underpin system change, and provide rapid access to large sections of the population as a test bed for innovation and research.
- Develop a city-wide research and innovation strategy to underpin our locality plan
- Establish a Research and Innovation Forum that will ensure a collaborative and consistent approach enabling us to work with HInM.

PUBLIC ENGAGEMENT - AIM: to radically change engagement practice from consultation to involvement of the public in an equal conversation	Starting, Living, Ageing Well
<p>Salford' Health and Wellbeing Board has agreed a concept for engagement of stakeholders based in '<i>involve, work in partnership and take responsibility</i>' rather than 'inform and consult'. This approach is applicable to all age ranges and across the Start Well, Live Well and Age Well life course, with further information is provided in the supporting papers. We will work towards an active process whereby the patient, carer or member of the public is an equal participant in shaping an outcome with a focus on involvement rather than information giving. Our engagement strives to facilitate the highest level of involvement appropriate for the situation. This will increase the accountability of services and commissioning to local people, and will support our ambition to develop a new relationship between services, patients and the public. As the locality plan progresses, and as individual projects start to fall out of the transformation initiatives, we need to ensure that we are engaging with all protected characteristic groups to ensure that our proposals are developed into accessible, culturally competent services for the people who need them most.</p> <p>To do this, officers and organisations responsible for service commissioning and delivery will also have to change their behaviours in order to enable greater citizen power and true involvement. We will promote early joint development of engagement plans, co-produced approaches and joint responsibility with the local community in addition to social movement and changes to social attitudes originating with citizens rather than organisations. There will also be routes available for social movement, originating from the community, to influence priorities of the Health and Wellbeing Board.</p> <p>The engagement and involvement offer in Salford is based on a 'no wrong door' policy, ensuring that the system works together to collate information regardless of the point of access. The information and learning obtained via engagement activities will not solely remain with individual organisations, but will be accessible to partners to reduce duplication and facilitate the sharing of knowledge.</p> <p>We have published a public facing Executive Summary of this document (see Appendix 12) and also printed a leaflet which explains the changes which local people will see across Salford as a result of the Locality Plan (Appendix 13). We will have a continuous programme of engagement and will manage our public communications activity through a sub-group of the Health and Wellbeing Board and through better integration of our communications teams across all partner organisations. The latest information about our Locality Plan will always be available at http://www.salfordccg.nhs.uk/salford-locality-plan</p>	
<p>Case Study: Youth Day – spreading a public health message through a day of celebration</p> <p>The Salford City Partnership (through the Children & Young People's Trust) wanted to empower young people (11-25) by recognising and celebrating them as a force for good in society. We created Salford Youth Day to coincide with United Nations International Youth Day on 12 August. 2015 was its fourth year, and each year the message has spread further.</p> <p>Salford Youth Day is co-ordinated by a steering group including the VCSE sector, Children's Services, and Salford Youth Council. Young people and youth workers (City Council and VCSE) take on the bulk of the work, mainly as part of summer youth activities they are already facilitating (for example, National Citizen Service). Work goes on behind the scenes for much of the year.</p> <p>The day includes a social media storm, youth-led community activities, and an 'After Party'. Twitter has proved to be a very easy way to communicate the Youth Day core message, build momentum, and gather evidence: #SalfordYouthDay. We spend around £5,000 each year, in addition to youth workers' time from existing commitments. For more information see www.partnersinsalford.org/youthday.</p>	

Our transformation priorities over the next 5 years are:

After One Year:

- Clear, accessible information provided to the wider community to support informed discussions
- Engagement supported on a neighbourhood level, via contact with local community assets including: community centres, pharmacies, supermarkets, leisure activities,
- Timely information on the impact of engagement so that the community are able to see their role in changes.
- Increased channels for engagement including: radio, online, face to face, text. This should also include a recognition of the media / approaches already preferred by the local public
- Developing understanding of how social movements are enabled and empowered
- Pilot approaches to explore methods of changing relationships between public and organisations and to explore methods to enable local communities to shape their own approaches.

After Five years:

- Understanding of the changing communities in Salford and how best to engage
- Devolving decisions to people who use the services
- Shared control and co-produced solutions
- Relationships between services and local people replacing consultation
- Local people building their own social movements and approaches to challenging social attitudes

The services and programmes which will deliver these priorities include:

- Re-launch of the Health and Wellbeing Board Communications and Engagement sub-group to drive forward engagement policy and practice
- Publish an engagement policy and delivery plan to support this Locality Plan (see **Appendix 8**)
- Embedding of revised engagement practice in all other workstreams
- Use of the engagement infrastructure across the city, which includes voluntary and community sector, local Councillors, Health Watch Salford, CCG Patients' panel, SRFT Members group, and Integrated Engagement Board, as well as Engagement Leads officers group.

3.4 PREVENTION

3.4.1 The NHS Five Year Forward View highlights strongly the need for a shift to more preventative strategies: *“The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago, Derek Wanless’ health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences.”*²

3.4.2 With 70% of the health care budget being used to support people with long term conditions, there has never before been such a need for prevention that works to stop people developing disease, support those with conditions to manage their own health where possible and so reduce demand on the system, and to develop a new way for patients to engage with the healthcare system both for acute and chronic illnesses.

3.4.3 The Forward View also highlights the importance of engaging with communities and suggests that the following areas need to be built upon:

- Supporting carers – described at section 3.4 and further in 3.5
- Encouraging community volunteering – described at section 3.4
- Stronger partnerships with VCSE sector organisations – a theme which underpins all sections of this Plan
- The role of the NHS as a local employer – explored in section 3.3 above
- The NHS as social movement – further described below in section 3.4

3.4.4 Furthermore, whilst we recognise the importance of achieving growth and improved economic efficiency, we also regard these as drivers for achieving a better quality of life and better well-being for all local people. We believe that business success can be achieved alongside community wellbeing and social improvement, with work being regarded as a determinant of health. Indeed, we also believe that improved health and wellbeing is itself a critical factor in delivering economic success.

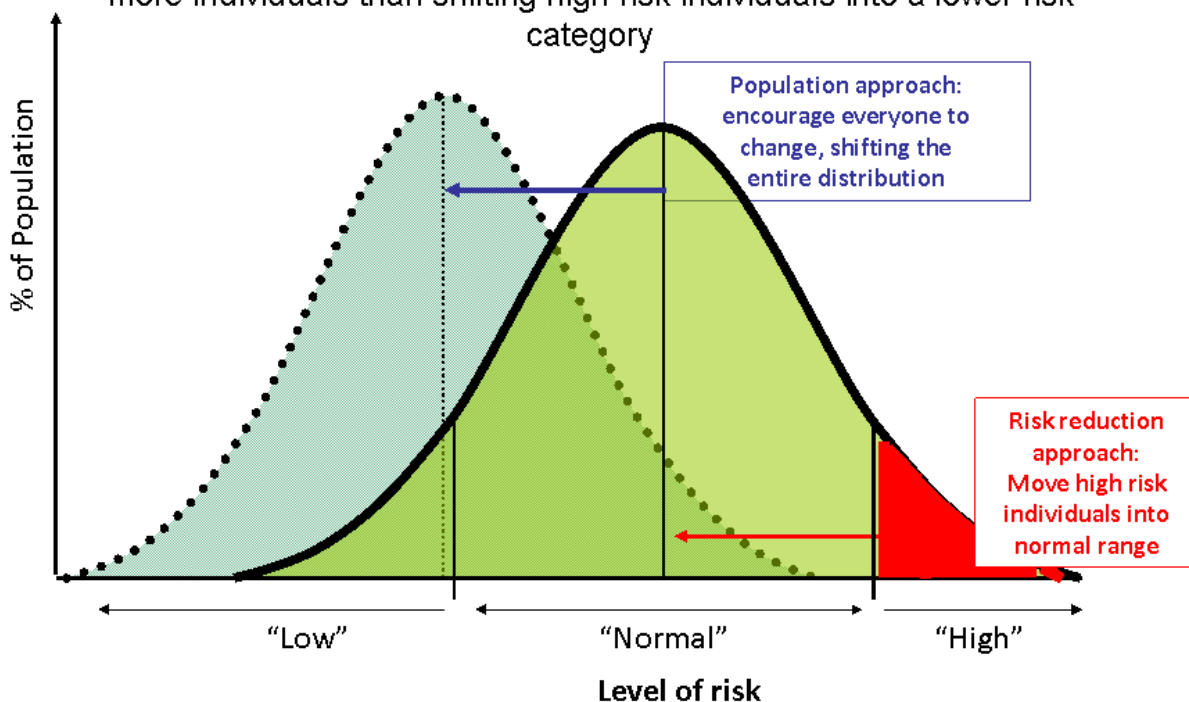
3.4.5 The following section describes how prevention will underpin our whole approach, thereby benefiting more people across the life course, and achieving a higher reduction in demand. Our prevention activities won’t only focus on moving individuals’ who are high risk or needing acute care zone (red in the following diagram) into the green ‘normal’ level of risk,

² <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

but will also look at population strategies that will shift the average for the population towards a lower level of risk. These population-based prevention approaches help to further manage down demand for acute, more costly care and sees everyone move into a lower risk category, not just those who need acute care.

The Bell-Curve Shift in Populations

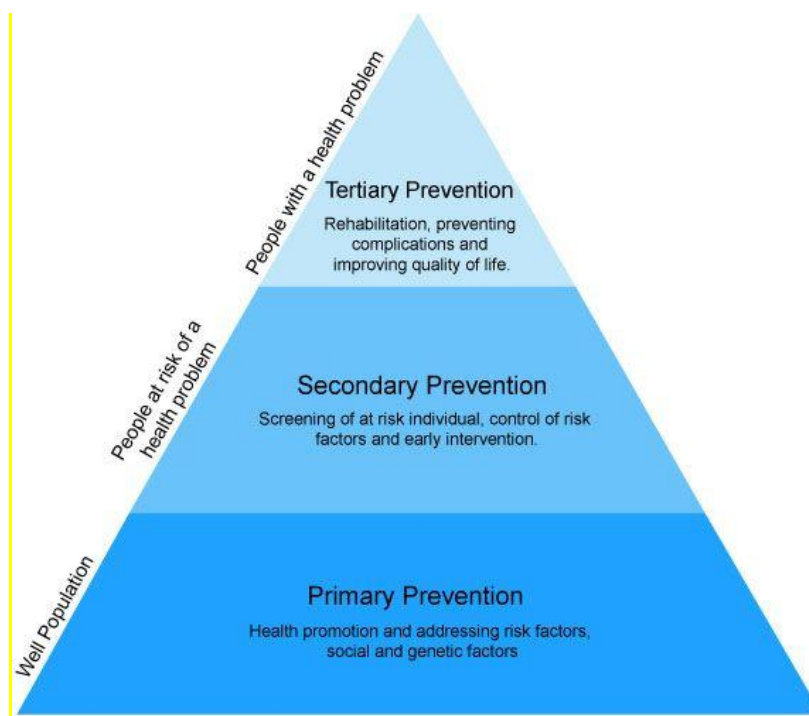
Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category



Source: Rose G. Sick Individuals and sick populations. *Int J Epidemiol*. 1985; 12:32-38.

3.4.6 Our citizen engagement has shown that prevention and sharing public health messages is something that local people feel will be a critical success factor in our Locality Plan. The need to educate and provide information to citizens came across very strongly in the feedback and participants thought this should be a key theme of the plan with a focus on working closely with schools and to educate parents and communities to promote health and wellbeing.

3.4.7 Prevention is intrinsically linked with managing demand – for primary care, acute care and the ‘expensive’ part of the system. We have explored the role of primary, secondary and tertiary prevention in the achievement of a sustainable system, supported by the transformation work streams which we will put in place.



[Realising the Value](#) is a national programme designed to further develop the field of person and community-centred approaches for health and well-being. It will do this by building the evidence-base and developing tools to spread awareness and increase the impact of key approaches.

The programme included five areas which demonstrate a commitment to the principles of person and community-centred approaches for health and well-being and show significant potential to enhance the quality of life of people living with long-term conditions and deliver benefits across the three dimensions of value:

- asset-based approaches in a health and well-being context
- group activities to support health and well-being
- health coaching
- peer support
- self-management education

The Salford social enterprise, Unlimited Potential (in partnership with Inspiring Communities Together, also based in Salford) is the local partner site for asset-based approaches.

The programme will work closely with local partner sites to understand their experience of implementing person and community-centred approaches on the ground, and to develop practical tools to support implementation and greater adoption. It will seek to improve our understanding of what influences behaviour of individuals as well as what factors can positively impact organisational culture, and make recommendations for policy makers and others about what is needed to support change on the ground and creating the conditions for these approaches to flourish.

We will use the outputs of the programme to inform development of our work around prevention. The learning will be relevant to commissioners, providers and practitioners putting person-centred, community-based approaches into practice, as well as to policy makers and other decision-makers. The programme also seeks to build a network of local places and organisations committed to putting this agenda into practice, to sustain momentum beyond the lifetime of the programme itself.

3.4.8 The key facets of our focus on prevention will be realised through the following group of programmes:

3.4.9 Upgrading population health, prevention and self-care

SOCIAL MOVEMENT FOR CHANGE

Starting, Living, Ageing Well

AIM: to use behavioural approaches towards the achievement of population scale prevention and self care

Salford will build upon recent work by the new economics foundation³ which concludes that there is a need for a resource shift towards finding ways of taking local early action to improve people's quality of life and reduce the strain on public services. This will include:

- **Resourceful communities**, where residents and groups are agents of change, ready to shape the course of their own lives. To achieve this people need actual resources (but in the broadest sense), connections, and control.
- **Preventative places**, where the quality of neighbourhoods has a positive impact on how people feel and enables them to lead fulfilling lives and to help themselves and each other.
- **Strong, collaborative partnerships**, where organisations work together and share knowledge and power, fostering respectful, high-trust relationships based on a shared purpose.
- **Systems geared to early action**, where the culture, values, priorities, and practices of local institutions support early action as the new 'normal' way of working.

Our approach is developed from the NICE guidance <https://www.nice.org.uk/guidance/ph6> and <https://www.nice.org.uk/guidance/ph49>, which provides a systematic, coherent and evidence-based approach, considering generic principles for changing people's health-related knowledge, attitudes and behaviour, at individual, community and population levels. We will embed this approach across the whole life course. Our staff will be trained to support behaviour change and we will ensure that commissioned services follow this approach to achieving outcomes.

Work to engage local people in preventative health and self care approaches will play a significant part in reducing the demand and dependency on all Salford and GM health and care services. We will take a broad approach to considering community assets and the resources available to them. Salford will work towards a social movement for change which applies the principles evolving at a Greater Manchester level to a Salford geography, linking with emerging evidence from the GMISR (Greater Manchester Independent Societal Review). It will link with GM Public Sector Reform (PSR) workstreams, as well as City Council '*Shaping our City*' transformation plans.

Our transformation priorities over the next 5 years are:

- Increase the level of collaboration and integration between 'lifestyle' / prevention based approaches and services, and those agencies / services that support people with housing / unemployment / employment issues.
- Explore potential for a generic role, based on application of coaching techniques, to support people to address a range of issues and to move forwards. This recognises the interconnectedness between lifestyle and wider factors on health and wellbeing, the assets that people have or can access and builds on an approach that is achieving change with clients.
- Adopting an approach in which social value goes beyond procurement, to co-design and co-production – particularly valuing what is inherent in models of delivery

The services and programmes which will deliver these priorities include:

³ Local early action: how to make it happen

- **Development of a scaleable prevention proposition involving local VCSE organisations**
- Expanding work with the VCSE sector as a key strategic and delivery partner in the transformation of Salford aimed at shifting significant demand for health and care services from the health sector to local communities, with the support of the voluntary and community sector; and requiring an accelerated shift in resources to reflect changing demand and patterns of use.
- Creation of an ‘Invest to Save’ fund, aimed at (i) improving the capacity and sustainability of key anchor community organisations with a health and well-being focus and supporting their delivery of social prescribing and other community centred activities; and (ii) supporting volunteer-led, small groups to take on more volunteers and increase local participation and engagement. These investments in transformation of community centred activity will allow Salford to save much more money in the future
- GM New Society programme – which seeks to develop a social spine for GM, promote collaboration around PSR workstreams, challenge assumptions and change behaviour, unlocking the potential for social growth.

<p>PLACE-BASED WORKING AIM: to support the social movement for change by developing an integrated, place-based approach to achieving improvement to people’s wellbeing in the City</p>	<p>Starting, Living, Ageing Well</p>
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Salford will use the sharing of resources to achieve shared outcomes and place-based working is about whole system change in which individuals, organisations and communities work together to identify and pool their capacity, skills, knowledge, connections, assets and resources.

Building from mapping to local community assets, partners will work together to share local knowledge, compare what they are all doing and agree a shared vision for operating on a neighbourhood footprint. By taking an ‘everything is possible’ approach, we hope to reduce duplication of staff and services, make access and referral pathways easier and more understandable, rationalise the use of buildings by public services and give control of physical assets to local communities. This work will build from the experience and knowledge of front-line workers, service users and the wider public. The VCSE sector is a core partner in developing this work – ensuring we can incorporate the learning and strong track record on social enterprise and social value within the city. VCSE organisations bring expertise in engaging individuals and communities in ways that help people look after their own health better and participate in their local community, thus reducing social isolation. They also bring additional expertise in reaching out to those communities and individuals who do not traditionally engage with statutory health services.

- Our transformation priorities over the next 5 years are:
- Citizens and voluntary, community and social enterprise organisations will come together with the public sector on a neighbourhood footprint to work in partnership in order to:
- develop creative ways of working, which overcome sectoral, departmental or agency silos in order to make best use of the resources available within the area
 - build and support capacity and social capital in local communities to enable self-help and independence
 - adopt an asset-based perspective in order to build on what is already available and functioning well
 - deploy early intervention and prevention initiatives which can contain and reduce the demand for high-end and relatively expensive publicly-funded services.
 - involve people in discussions about how to make their area a good place to live in

The services and programmes which will deliver these priorities include:

- Developing an online Community Assets portal, which will allow users to locate and comment on facilities, groups and services available to local people, but which also has the potential to facilitate GP social prescribing in a way not previously available to them.
- Testing the new place based model in one neighbourhood area before applying learning and practice across the City.
- Our work will link with the GM PSR workstream around place-based working which is being facilitated by Vanguard Consulting, a programme to promote active citizenship, and the GM health and social care devolution ‘social movement for change’.
- Engaging local communities about how they would like services delivered
- Put in place a new neighbourhood model and tools that reduce demand, remove duplication and supports communities to be more self sufficient and resilient - The local community will become more engaged and involved in the area where they live and less reliant on the Council and its statutory partners

BEST START IN LIFE

Starting Well

AIM: to raise aspirations and put in place support which will enable young people to achieve their potential in life, as well as reduce demand for services in the medium to long term.

Our ambition is intrinsically linked with that of the GM Review of Services for Children, and aims to improve outcomes for children by:

- Improving outcomes for children and families; supporting parents and carers to be the best they can be.
- Reducing, appropriately, the number of Looked after Children – setting a high level ambition, e.g. 20% reduction in LAC.
- Reducing, appropriately, the number of Children in Need and children with Child Protection Plans.
- Developing a safe system that is financially sustainable within 5 years through joint investment of resources to reduce future demand.
- Supporting more asset based interventions to promote resilience, confidence and wellbeing in families and local communities.
- Applying a more effective organisational system in order to make best use of resources and expertise.
- Increasing social worker capability and capacity, as part of wider workforce reform and development.
- Reduction of caseload so more time can be spent with the families. Less sickness time and fewer agency staff.
- Deepening commissioning arrangements and stimulating new models of early intervention, prevention and provision.
- Learning from best practice and building on existing innovation.

A 0-25 integrated support programme commenced in early 2015. This seeks to review and redesign provision and commissioning of services and seeks new ways of supporting communities to raise aspirations for the 0-25 age range in Salford as a whole system transformation. This aims to achieve the best outcomes for children and their families in the most cost effective way possible, enabling all children to achieve their full potential. The principle of this initiative, working across partners, is to align the whole-system resources, including community assets, with achieving the right outcomes for young people and their families, moving away from historical, cultural and organisational constraints. It includes Midwives, Health Visitors, GPs, and Children’s Centres, and services should engage with families as soon as possible, ideally during pregnancy.

It is anticipated that this approach will yield substantial long term benefits, including better outcomes and savings to the wider public sector and in the short term will realise efficiencies as duplication and complexity are removed from the existing ways of working. Placing greater accountability on schools for the long-term destinations of their pupils is an area highlighted for further development by the council and will be driven by the publication of a new, locally-developed 'scorecard',

which rates a school's progress and performance in relation to the educational achievements of pupils up to three years after they have finished compulsory education, the long-term destinations and the school's current level of engagement with careers resources and independent information, advice and guidance (IAG) services.

The 0-25 Transformation programme involves two pilot test of change, which are described below:

CASE STUDY: Shaping our City 0-25 services pilots

The Albion pilot

Significant numbers of young people in Salford are still not fulfilling their potential and with Government funding being cut, we expect less one-to-one support to be available. We want to try new ways to build positive aspirations and test ways of influencing young people's choices by influencing the communities around them. We are testing this in the area surrounding Albion Academy. The first step is a 'hackathon' event which will be held in April. Young people, parents, business leaders and community champions will come together to talk about how young people in the area can better achieve their potential. Conversations might include:

- How do young people spend their free time? (This is estimated to be about 70 hours per week. Our research shows there is a wealth of activities for young people in the area... but do they use them?)
- How can businesses, social networks, community groups and community champions better support activities?
- How can we identify the 'positive deviants' in a community (people who make more positive choices than those around them)? Can we find out what makes them tick, and what would encourage others to do the same?

Albion Academy, Unlimited Potential and Salford City Council are leading the hackathon. 'Hacking' doesn't mean computer hacking! We are talking about an intensive problem solving approach. A 'hackathon' gets a group of specialists together in one place and gives them a certain amount of time to agree a solution.

Little Hulton Integrated Locality pilot

We are piloting a way of working to support families who would benefit from early help* in Little Hulton. This starts in April 2016. The pilot brings together existing staff into a locality-based multi-agency team. This includes school family support workers and learning mentors, Probation, City West Housing, Youth Offending Service, Connexions, Employment Advisors, Health visitors, School Nurses, Being Well Advisors, Family Support Workers, Children's Centre workers, Youth Workers, PCSOs, and Fire Service Youth Engagement workers. The new team will work under a partnership agreement – making this more structured than previous co-location and joint working arrangements.

- The team, and its caseload, will be 'matrix managed' by a Locality Manager from Salford City Council.
- Families' needs will be assessed with a standard toolkit (details to be agreed) and support will be co-ordinated through 'keyworkers'.
- All the partners will use the same success measures. This is based on the Greater Manchester 'Troubled Family Outcomes Framework'.
- The Bridge (see above) will make sure the team has all the information needed to understand a family's needs. The organisation who refers the family will ask for family members' consent to have their data shared.

We also interviewed people in the area about their aspirations. The findings will influence the pilot. 'Early Help' for this pilot means Level 2 on Salford's Thresholds of Need (www.partnersinsalford.org/sscb/thresholds.htm). This uses the Troubled Families eligibility criteria.

Our transformation priorities over the next 5 years are:

- Development of a place based, integrated approach across the life course from the antenatal period to adulthood with seamless provision which enables young people to move from universal provision to transition to early help and more enhanced support where required.
- Assist with the offer of targeted support for NEET young people and those at risk of becoming NEET;
- To meet organisational duties to promote young people's effective participation in education and training in a more effective and responsive way.

The services and programmes which will deliver these priorities include:

- A focus on four work streams: parenting; speech and language; integrated two year old progress checks; and, mapping and analysis of services for children aged 0-5 within the city's Children's Centres
- Developing three test case areas to test collaborative ways of working across Emotional Health and wellbeing, Children with disabilities and therapy services
- Transition of commissioning for Health Visiting and Family Nurse Partnership to the local authority to enable closer integration across the 0-25 pathway.
- Transformation of the Child and Adolescent Mental Health Services (CAMHS)...
- Support the required growth in apprenticeships, recognising how these proposals could be linked to programmes for young people, especially those that are NEET and/or facing significant barriers to entry to the labour market;

<p>PROMOTING HEALTHY LIFESTYLES AIM: to put in place public health programmes which will promote, support and enable healthy lifestyles at all ages, in order to improve health outcomes and reduce demand for primary and acute care</p>	<p>Starting, Living and Ageing Well</p>
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Tobacco control and smoking cessation: Our strategy includes de-normalising smoking by addressing cheap illicit tobacco sales, protecting people from second hand smoke (particularly children and young people in their homes) and providing opportunities for people to quit when they choose to. Despite a fall, the numbers of people smoking in Salford have remained significantly higher than England reflecting the strong correlation between deprivation and higher smoking rates.

Healthy Weight: Schools and industry will play a part in enabling healthier lifestyles and reducing obesity across the life course, and can provide greater understanding of the interrelationship of healthy weight and day to day lifestyles and behaviours and this type of initiative and investment will be expanded to gain a much better and more universal coverage across the City. Furthermore, a co-ordinated effort is required across the public and VCSE sectors to increase in order to promote, support and enable Salford's residents to take part in exercise and physical activity, normalising active behaviours. There will also be work to ensure that physical activity is a core element of long term condition management programmes.

Reducing alcohol related harm: Our redesigned drug and alcohol system, Achieve, delivers amongst the best treatment performance in the country. But we need to go further and look forward to the opportunities that devolution might bring for local innovation around licensing, minimum unit pricing, and awareness campaigns. Achieve includes the Alcohol Assertive Outreach service, with efficient care pathways between outreach and the Achieve main treatment services, as well as cross referrals between linked services. It has also embedded an asset based approach, and includes a recovery fund for community development of treatment and support projects.

Increased Physical Activity – Getting Salford active is a huge challenge that cannot be tackled in isolation, everyone has a role to play and the aim of the new framework for the city is to ensure physical activity is built into everyone's lives. Salford needs to significantly change its approach to physical activity and raise the profile and importance of the role it plays in improving and maintaining people's health, creating sustainable communities, raising educational standards, improving

the environment as well as a multitude of other benefits. To ensure the framework delivers on its aspiration of an Active City, a collaborative and inclusive approach is needed to ensure there is shared ownership and responsibility of the need to increase the activity levels of Salford residents.

CASE STUDY: Crucial Crew engaging with children around the dangers of too much sugar

Salford CCG worked with Public Health, Salford City Council to identify key issues for Salford’s young people. As a result, throughout November 2015, Salford CCG delivered interactive workshops to primary school children from across Salford, identifying the dangers of having too much sugar in their diet, which could increase the chances of tooth decay, obesity and type 2 diabetes. The workshops have also considered the dangers for young people consuming energy drinks, which not only contain a large amount of sugar but caffeine too.

These workshops have been delivered part of Children Safety Media’s, Crucial Crew Programme. These annual Salford events focus on prevention and staying safe.

During this time over 1650 students and 50 teaching staff have participated in our interactive workshops, where they will find out, how much sugar is contained in popular soft drinks. This is the first time a health workshop has been delivered at Crucial Crew, other agencies including GMP, British Transport Police, Salix Homes, Urban Vision and RNLI also participate.

Although delivering up to twelve back-back workshops is resource intensive, the benefits of delivering crucial messages into over 1700 households certainly out ways this.

These sessions educate, potentially changing behaviours which could prevent life changing/threatening conditions. The cost of treating preventable sugar-related illnesses, such as obesity also comes at a significant financial cost to the NHS, up to 9% of its annual budget.

Our transformation priorities over the next 5 years are:

- To make a step change in local smoking rates we would like to see Greater Manchester freedoms to test the limits of smoke free spaces across the economy.
- A focus on helping women to stop smoking in pregnancy – targeted at areas of the City where there is a particularly high prevalence.
- Focus on an increase in the use of green space by local people, Salford is a green city and yet has one of the lowest usage rates for green space in GM. Co-ordinated, cross sector al work to normalise active behaviours in the population.
- We also want to see a significant investment across GM in interconnected active travel routes and public transport, as well as investment in infrastructure for cycling, walking and physical exercise.
- We will also use a consistent and wellbeing focus in planning guidance, drawing on the best examples of innovation, for example Salford’s supplementary planning guidance on hot food takeaways.
- A focus on addressing hypertension in alcohol users, saving more lives than focussing on liver disease, through the change of treatment pathways
- **Physical activity – increasing physical activity levels in the adult population**

The services and programmes which will deliver these priorities include:

- We will develop new models of stop smoking support both locally and at scale across GM to respond to the phenomena of E cigs.
- Continuation of the family therapy programme, targeted at children and families with drug and alcohol problems in the household.
- Co-location of alcohol services – CCG early liver disease fibro-scanning with integrated drug and alcohol services

- Joint protocol around assessments and referrals with children’s services – children living in families where there is alcohol or drug misuse. This will include more sharing of information where children are at risk
- Local innovation around licensing, minimum unit pricing, and awareness campaigns to reduce harmful use of alcohol
- Further develop Salford’s approach to marketing physical activity messages, including the ‘One You’ health and exercise PHE campaign which will be launched in 2016.
- A new, scaleable prevention proposition, which we will co-produce with the local VCSE sector
- Physical activity – work around the Active Salford framework

IMPROVING MENTAL WELLBEING

Starting, Living and Ageing Well

AIM: to put in place programmes, activities and services which will promote, support and enable good mental wellbeing at all ages, in order to improve health outcomes and reduce demand for clinical care

There is a real commitment to developing wellbeing services in Salford and commitment that this should underpin a number of areas of work across the system. Our engagement has shown how important good mental wellbeing is to our citizens, and that it is everyone’s business. Partnership working between organisations, communities and the people of Salford will make positive mental health a reality in the city.

We will strengthen our strategic planning between mental wellbeing and clinical services, in order to manage demand for the latter. We will ensure that all partners understand the importance of mental as well as physical wellbeing, and where it fits into the broader health agenda. We have shifted the emphasis from treatment to prevention and will continue to do so through work linked with the MH strategy described at section 3.5 below.

We will improve the use of the data that we collect, and join up our intelligence so that we have clear picture of the pathways involved. We will work to build individual mental resilience through programmes such as Being Well Salford and Salford Healthy communities.

We recognise the link between mental wellbeing and the wider determinants of health described below.

Our transformation priorities over the next 5 years are:

- Zero suicides in Salford
- ?

The services and programmes which will deliver these priorities include:

- Participation in GM Suicide prevention programme
- Being Well Salford – individual and tailored support from life coaches
- Salford Healthy communities – working with specific communities or groups within our population to promote mental and physical wellbeing and target the management of Long Term Conditions
- A new, scaleable prevention proposition, which we will co-produce with the local VCSE sector
-

SCREENING AND EARLY DETECTION AIM: to increase the effectiveness of screening and early detection programmes so that disease can be detected early, more effectively and treated with the minimum need for expensive and aggressive treatments	Living, Ageing Well
<p>Cancer screening: Early detection of cancer leads to less aggressive treatments, better survival rates and longer life expectancy. In Salford (and nationally) the number of new cancer cases is increasing. Around 40% of cancers are attributable to lifestyle and environmental factors such as smoking, excessive alcohol consumption, diet and exercise. Salford has amongst the highest cancer death rates for England. One year and five year survival are however improving and Salford has reached England survival rates over the last 15 years for most cancer types. Cancer screening supports detection of certain cancer at an early stage. In Salford breast, cervical and bowel screening uptake are currently below the targets set nationally. There has also been a decline in the uptake of breast and cervical screening over the past few years.</p> <p>HIV diagnosis and prevention: Salford has a high rate of people diagnosed with HIV, with as many as 200 more living with undiagnosed HIV in Salford in 2013. As well as the risks to the individual concerned, undiagnosed HIV has an impact on the wider public health; People who don't know they are HIV positive are at greater risk of passing the virus on to others. In 2015, Salford City Council and the Salford Health and Wellbeing Board, passed the Halve It campaign motion, pledging to take action to halve the proportion of people diagnosed late with HIV by 2020 and work with partners, towards halving the proportion of people living with undiagnosed HIV.</p> <p>Cardiovascular disease (CVD): Salford has implemented the NHS health checks programme, offered to all 40-74 year olds in primary care, pharmacists and also within community settings. The Health Checks programme is an improvement priority which has been supported through Haelo. Salford CCG is coordinating development of a business case that will put more emphasis on community based services and activities for people with diagnosed CVD. This includes increased emphasis on physical activity.</p> <p>Diabetes: Salford has been identified as a demonstrator site for tackling type-2 diabetes. This programme will focus on the identification, recruitment, intervention and engagement with patients with Impaired Glucose Regulation. The objective is to prevent the development of Type 2 diabetes through supportive behaviour change and lifestyle interventions programmes.</p> <p>Dementia: Our aim is to reduce the risk of dementia in the local population, particularly vascular dementia through reliable implementation of Health Checks and management of cardiovascular disease. This will be supported through the GM wide Dementia United programme.</p> <p>Liver Disease and Respiratory disease: Salford has seen a slight increase in mortality from both liver disease and respiratory disease in recent years, and our aim is to halt this rise and reduce the rate in line with the best in GM.</p> <p>Screening and Immunisation: Enhanced surveillance and partnership working to reduce communicable disease, hospital-acquired infections and improve quality in all settings ensures a joined up approach to prevention of disease. Immunisation and vaccination uptake in Salford has traditionally been high and collaborative approaches such as during the flu vaccination campaign seeks to reduce the impact on acute and community settings and reduce death and illness.</p>	
<p>Our transformation priorities over the next 5 years are:</p> <ul style="list-style-type: none"> • We welcome the opportunities that GM approaches might bring, recognising both the opportunities we have to re-engineer our local approach as part of the “Salford Standard” but also to match our performance to that seen in neighbouring districts. • To ensure support for health professionals and local organisations to enable earlier diagnosis including education and training and provision of relevant pathways and early diagnosis tools. • To continue to provide a proactive infection prevention and control service feeding into GM developments which may enhance provision • To continue testing the system through exercising arrangements as part of the wider systems resilience forums and with GM CCRU 	

The services and programmes which will deliver these priorities include:

- Working with the Integrated Care Programme to increase flu vaccination uptake in our over sixty five population with the aim to increase vaccination uptake above the national target of 75% to 85% by 2020.
- Local initiatives and actions which aim to improve cancer symptom awareness, provide messages around prevention (risk factors for cancer), improve uptake of screening programmes and encourage early symptom presentation to GPs. This will be commissioned through community services that can deliver brief advice conversations and sign post to relevant screening services and GP practices.
- NHS Health checks programme

WIDER DETERMINANTS OF HEALTH AND WELLBEING

AIM: to work with partners to reduce the harmful impact of the social, environmental and economic conditions in which people live on their health and wellbeing

Starting, Living, Ageing Well

Tackling poverty: [Salford's strategy to end family poverty](#) provides a new framework through which we can all work together to improve life chances. It sets out how we will build on what we know works, as well as being innovative in the way we join up investment, services and community effort. We specifically recognise the central connection between poverty and health inequality (Marmot et al.). Many VCSE services, specifically advice services, combat poverty, enhance health and wellbeing through maximising incomes (including increasing national resources available locally), and reduce levels of deprivation, with a reduction in debt levels playing a particularly important role in improving mental health – and making sure more family resources are kept in Salford rather than in servicing high levels of personal debt. During 2016/17, we will review our existing approaches and scope of work to tackle poverty in our city. This will focus on family poverty, financial inclusion, information / advice and guidance, welfare rights, welfare reform, work and skills. We will explore how we can build from the Employment Standards Charter to focus on work with employers to tackle poverty, help people into decent work and bring additional social value.

Access to support and advice: recognising the detrimental impact that being in poverty, poor housing, debt or having a disability, will have on people's lives, we will work to ensure that Salford citizens have access to good advice services, including employment and other legal advice, benefits entitlement and welfare rights, financial advice, careers advice, housing rights and expectations from private landlords.

Housing & its Health Role: We will engage with the housing sector in the transformation of health and social care to maximise their community asset base for engaging with communities to improve health and wellbeing. Examples of the proposed work includes; tackling Fuel Poverty, providing Debt advice, Homelessness prevention, Maintenance and improvement to homes, Home from hospital services and Tackling social isolation.

Employment and growth: Improving the economic prosperity of families is the key driver for the reform work in Salford with specific outcomes focused on reducing worklessness, improving adult skills and improving household income. A collaborative, multi agency approach is being undertaken to tackle the multiple and complex barriers that can prevent people from accessing, sustaining and progressing in work, such as health, skills, addiction, homelessness, child care problems and debt.

Reducing the number of young people Not in Education, Employment or Training (NEET) - Salford has consistently reported a higher than average proportion of young people not in education, employment or training (NEET) when compared to local and statistical neighbours over recent years and although various approaches have been taken to try and address the problem, recent participation data, alongside anecdotal information from local partners and services, suggest the trend is continuing to worsen. Work will include promoting and enforcing the raised participation age in education, schools taking responsibility for tracking former pupils, targeted support for NEET young people, pew-employment support, apprenticeships and other services.

Physical Environment – maximising the wellbeing benefits from environmental improvements, such as the new RHS garden at Worsley New Hall; etc

Domestic Abuse - In 2014/15 in Salford there were 1,432 reported domestic abuse crimes (i.e. police recorded, not lower level incidents of which there will be many more), a rate of 5.92 per 1,000 population. In the calendar year 2015, 619 cases were discussed at MARAC (i.e. threat assessed as high risk). 65% of these cases featured children present and affected. In any one year, SIDAAS will have a caseload of about 700 people (mainly women) with approx. 500 dependent children in the immediate family. Domestic related crime is going up both in Salford and across GM, and concerns about domestic abuse and mental health are higher in Salford than nationally.

Case study – City Mayor’s Employment Standards Charter

In Salford, businesses and other organisations have been encouraged to seek accreditation for the City Mayor’s Employment Standards Charter, which includes:

Put Salford First

- Commit to *creating training and employment opportunities for Salford people*. In particular for the long-term unemployed, young people not in education, work or training (NEET); looked after children and lone parents.
- *Work in partnership to promote* local employment opportunities and to encourage and facilitate learning and development of the Salford workforce.
- *Encourage their Salford-based sub-contractors* to also become Charter Mark employers.

Set the Standard

- Create a positive working environment by rewarding hard work and recognising achievement by paying staff above the national minimum wage and *working towards the Salford Living Wage of £8.25 an hour*.
- Encourage a *healthy workplace, good work-life balance and foster positive management-staff relations* through regular dialogue, for example, with recognised Trade Unions.
- *Oppose the use of zero-hours contracts* which undermine decent working conditions for employees.
- Commit to the *eradication of illegal ‘blacklisting’*

The City Mayor’s Charter for Employment Standards was launched in November 2013 and over the last 2 years, over 80 organisations have become Charter Supporters and a further 5 employers have been awarded the Charter Mark.

Our transformation priorities over the next 5 years are:

- To further integrate employment and skills support with local services in order to provide a co-ordinated package of support for individuals and families with multiple and complex problems against a context of ongoing welfare reform. In particular, to work with Public Health commissioners to integrate employment support with wellbeing services.
- To work with the Greater Manchester Public Service Reform Team to ensure that Salford residents benefit from the opportunities presented by the devolution of Employment and Skills in Greater Manchester.
- To recognise the importance of ensuring that the jobs that are being created have the highest employment standards, such as working towards or paying the Living Wage.

The services and programmes which will deliver these priorities include:

- Poverty truth commission.
- The Working Well programme will expand from February 2016. This will provide an Intensive Support Service underpinned by Mental Health Therapeutic Interventions and Skills for Employment provision, providing a holistic approach to moving people into sustainable employment. It is anticipated that 15,000 clients will receive support over the four years, with an aspiration of supporting a minimum of 15% into sustained employment.
- Review of the Family Poverty Strategy during 2016/17, linking up work aimed at supporting people who have suffered as a result of recent changes in welfare, legal aid and housing regulations.
- Work towards tackling the ‘poverty premium’ paid by citizens in unstable financial circumstances, who are unable to obtain preferential credit agreements or preferential rate loans.
- Transformation of services to address domestic abuse, which will be driven through the new Tackling Domestic Abuse Board – we are setting new Terms of Ref and action plan.
- Putting in place a new service specification for the commissioned service (SIDAAS) and move to a pooled budget arrangement.
- Development of a Salford Skills and Work plan and the holding of a Skills Summit in 2016.

THE ROLE OF CARERS

Starting, Living, Ageing Well

AIM: to increase the effectiveness of screening and early detection programmes so that disease can be detected early, more effectively and treated with the minimum need for expensive and aggressive treatments

Salford is proud of its ongoing commitment to supporting carers and will continue to support those who perform this valuable role. We know that there are over 23,000 carers in the City, and for many of whom this is just part of their daily life alongside competing demands on their time. Both adult and young people under the age of 18, carers in the city face both issues with regards their own health and also life opportunities, and around 70% of them remain hidden/unsupported. There are approximately 3,000 young people aged 17 and under acting as unpaid family carers in Salford; as a group they are more likely to have poor/deteriorating health, have poor educational outcomes and have 20% more chance of being NEET.

We have put in place a [Carers Strategy](#) which sets out the commissioning intentions for the way in which Salford intends to support carers. By 'commissioning intentions' we mean:

- Our overall vision for services and the principles and outcomes we aim to achieve
- Our understandings of the needs of our local community, and how we aim to meet them
- The specific changes we aim to make to services, both in terms of the type of services available, and the way those services operate
- The resources we expect to make available to these services
- How we will work with service providers within a procurement framework to achieve the above

Our vision is that carers, statutory agencies and the VCSE work together to develop services which support carers and the people that they care for, enabling them to live fulfilling lives as equal members of Salford's communities.

Our transformation priorities over the next 5 years are:

- Supporting those with caring roles to identify themselves at an early stage, recognising the value of their contribution, and involving them in the design and planning of care packages
- Enabling those with caring responsibilities to meet their learning and employment potential

- Personalised support for carers and those they care for, to have a family and community life
- Supporting carers to be mentally and physically well
- Protecting young carers from the impact of caring

The services and programmes which will deliver these priorities include:

- Roll over and review of the Carer's Strategy 2013 – 2016 in the light of this Locality Plan
- Support for carers, as described in section 3.5 below.

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3.5 BETTER CARE

3.5.1 Organisational boundaries across Salford are being broken down to deliver care that is person centred and proactively co-ordinated across different settings and providers alongside a much greater emphasis on enabling people to enjoy a healthy and active life within their communities, reducing the demand for health and care services. Our approach will seek to use standardisation and a reduction in variation to drive increased effectiveness and efficiency.

3.5.2 Over the next 5 years, communities will have greater control over the services they use – including health and care. Working together we will transform communities from ‘recipients of services’ to ‘owners’ of their health system playing a vital role in designing and implementing new services and models of care described in this section. This cannot be achieved without a bolder ambition on the role of data and digital technology enabling patients and citizens to manage their health and wellbeing, such as the use of digital apps which empower patients and support care professionals in the development of new approaches to medicines and treatments. Complimenting improved access to information and integrated patient records we will deliver 24 hour, 7 day services across the range of primary, secondary and social care services so that whenever and wherever patients access services, those caring for them we be able to easily access comprehensive, accurate and timely information. Urgent care will be transformed to standardise and improve the quality of life threatening emergency care with Salford Royal NHS Foundation Trust the lead provider for major trauma services across Greater Manchester. And, elective care services will be streamlined to drive efficiencies and improvements to clinical pathways supported by proactive management of long term conditions including mental health and dementia to ensure hospital services are used appropriately.

3.5.3 In Salford, we have already made significant progress over the last 3 years through the ‘Better Care Fund’ and Integrated Care Programme for Older People investing in an improved health and social care system. This transformation has changed the way that services are both paid for and delivered to drive improvements in quality, access, outcomes and experience for elderly and vulnerable people. Working together with communities we will grow the integrated care programme and build a joined-up system for everyone, shifting care wherever possible from hospital settings to a home or community, when safe to do so, promoting self-care and independent living.

3.5.4 Our focus on better care will be realised through the following groups of programmes:

3.5.5 Transformation of community based care and support

QUALITY OF CARE
AIM: to be the safest healthcare system in the country, commissioning and providing high quality health services and care that enable our population to live longer healthier lives.

Starting, Living, Ageing Well

Providers and commissioners in Salford have a track record of working together and the emphasis on safety improvement is a key theme underpinning our plans for health and care integration. Harm sometimes occurs where service users move between services or when care is handed over. Errors and omissions in care lead to increased cost across the system and an emphasis on getting things right first time and improving communications will not only lead to improvements in safety, but will also improve efficiency. We will work to an integrated safety improvement plan which describes how we will jointly measure, monitor and improve safety along the entire patient pathway. Indeed, this work has already commenced with Board level commitment across partners to the ‘Making Safety Visible’ programme. We intend to develop a culture where as well as learning from past harm, we have systems in place that predict whether care will be safely delivered today and use tools to enable us to ensure that new care pathways are delivered safely and reliably in the future.

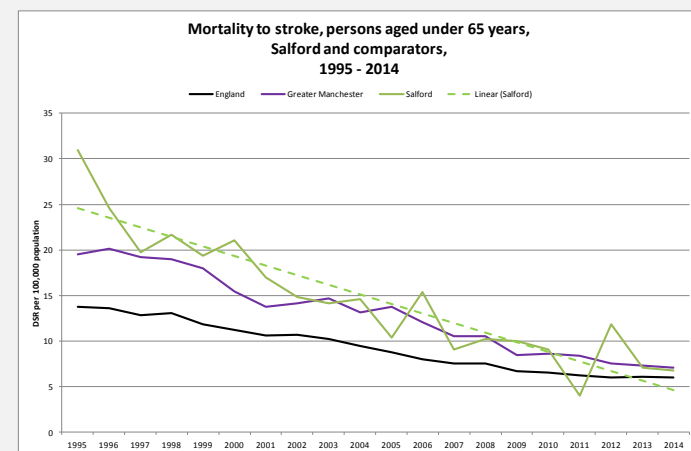
Scrutiny of the quality of care is written into provider contracts and provider quality assurance includes a range of processes to collate and triangulate information gathered from regular inspections and quality walk rounds from within the system and by external bodies such as; CQC, NHS England and Monitor. Salford is one of 3 areas taking part in a new national CQC pilot - 'Quality of Care in a Place'. This is really about increasing that level of openness even further by building a picture of what the whole quality of care is like for people living in a particular area – including how well services are co-ordinated and working together. Soft intelligence including patient experience of care, friends and family tests and a range of patient surveys are also used to give a full picture of the quality of commissioned services.

Whilst scrutiny of performance and patient insights provide valuable understanding of experience of care we know that to achieve our aim of becoming the safest healthcare system in the country our listening and involvement has to be much more ambitious. Across commissioners, the Integrated Engagement Team have established a number of joint health and social care forums for engagement including; the listening to people learning disability group, citizens reference group for integrated care, a young people’s forum, a community reporter scheme, GP practice and neighbourhood Patient Participation Groups (PPG) and has an active Patient and Citizen engagement panel with over 2,500 members. The incorporation of feedback from these groups is an integral part of our decision making process through the formal structures of the commissioner and provider organisations. Each year the CCG publishes an [engagement report](#) which outlines the engagement work and the difference the feedback from patients

CASE STUDY: Reductions in mortality from strokes in Salford

A stroke is a serious, life-threatening condition that occurs when the blood supply to part of the brain is cut off. The brain needs the oxygen and nutrients provided by blood to function properly and if this is restricted or stopped brain cells begin to die.

Our research has shown that improved primary care management in recent years has contributed towards a fall in mortality and hospital admissions for strokes in working age people. This has included the



increased prescribing of statins and anticoagulant drugs.

The chart above shows that there has been a three fold decline in the mortality rate in the working age population since 1995. The death rate remains slightly higher than England but the gap has reduced significantly so that Salford is below the GM average. Furthermore, our work shows that hospital admissions because of a stroke have shown a decline in both the under 65 and 65 and over age groups, again as a result of changes and improvements in primary care management.

Our transformation priorities over the next 5 years are:

- Work with providers to secure improvements in the quality, safety and safeguarding of commissioned services
- Ensure that patients experience of using services is captured and used to drive improvements
- Developing a culture where the potential for harm is actively considered, processes are embedded for early identification of risks and mitigation strategies implemented to minimise any adverse impact on people using services
- Develop a culture of evidence based commissioning and decision making that utilises research evidence, innovation and knowledge translation

The services and programmes which will deliver these priorities include:

- Roll out of the '[productive practice](#)' programme to help general practice continue to deliver high quality care whilst meeting increasing levels of demand and diverse expectations
- Develop and implement a patient experience strategy
- Develop and implement an economy wide safety improvement plan that focuses on reliable handover of care and the safe prescribing, dispensing, administration and review of medication.
- Implement the Salford Quality & Safety Strategy

INTEGRATED CARE

AIM: to support people in retaining their independence and quality of life through integrated health and social care services with partners

Starting, Living, Ageing Well

Since 2010, Salford’s Adult Social Care has transformed its pathway of care and operating model to focus on individual and community capacity, resilience and independence. The transformation has been underpinned by our twin priorities - to support citizens to live independently and enjoy the best possible quality of life through connecting people to the resources in their locality, maintaining relationships and activity levels of our citizens to help them be independent and to slow the need for more formal care and support.

In Salford, a significant proportion of health and social care expenditure relates to older people and this will only increase as the population continues to live longer. Building on the success of integrated working already taking place across the city, Salford City Council, NHS Salford Clinical Commissioning Group, Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust have initiated a formal partnership ‘Salford Together’ with pooled funding managed through an Alliance Board to transform health and care for older people in Salford.

This new, integrated way of working is being expanded to include the whole adult population. The programme will incorporate and enhance existing strategies for mental health, dementia, learning difficulties and carers within the new care model, whilst transforming the way we manage long-term conditions. The ambition is for

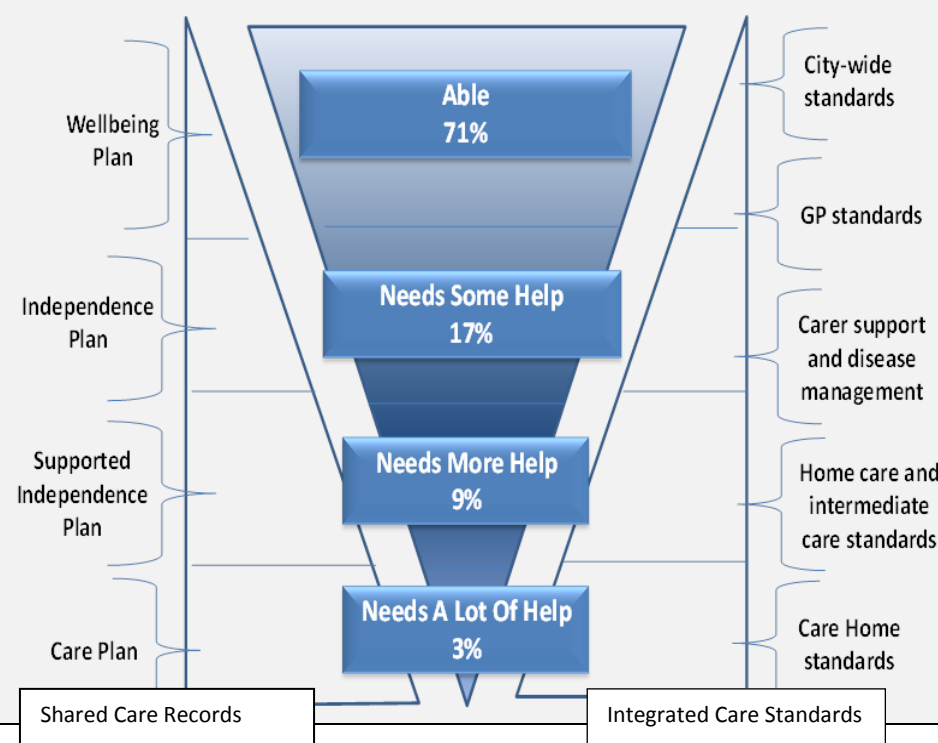
all care that doesn't require hospital facilities to be delivered at a neighbourhood level and for pathways of care crossing into hospital to be better for patients. Personalised care planning in which the persons' wishes and informed choices will be central and benefit from a multi-professional approach, drawing in specialist expertise and resources as needed. The community based approach will improve individual independence, reduce demand upon services and has the potential to create a more holistic approach to individual health and wellbeing with closer collaboration across other sectors that impact upon health, such as housing, education and employment.

Through the Salford Together partnership we are working closely with adult health and social care teams to investigate how the creation of an integrated organisation could provide the residents of Salford with a high-quality and enduring service which fully meets their needs. There is a consensus amongst partners that Salford Royal NHS Foundation Trust (SRFT) is best placed to take the lead role, working in partnership with the whole system. This will involve a combination of health and social care staff transferring to SRFT and sub-contracting arrangements with other providers. The Integrated Care Organisation (ICO) would be responsible for adult hospital, community and mental health, and social care in Salford. The ICO does not include children's services or primary care services. People who use our services, clinician, practitioners, other staff and stakeholders will be involved in the development of the ICO. Regular updates on Salford's integrated care work can be found [here](#). Integral to this will be the work carried out under the Better Care Fund, and further information on the 2016/17 programme is contained at **Appendix 11**.

Salford Together Vanguard (Appendix 9)

This is a partnership of four high performing statutory organisations – Salford City Council (SCC), Salford CCG (SCCG), Salford Royal NHS Foundation Trust (SRFT) and Greater Manchester West Mental Health NHS Foundation Trust (GMW) – working closely with General Practice. Recognising the importance of working closely together Salford Together has ambitious plans to improve the care, health and wellbeing outcomes for the adult population of Salford and make a significant contribution to closing the projected gap in estimated future funding and costs. We will create an Integrated Care System (ICS) encompassing both commissioning and the provision of health and care services and support a greater emphasis on prevention, reducing activity and shifting away from acute to community settings. This builds on work underway in Salford since 2010. Salford's Adult Social Care has transformed its pathway of care and operating model to focus on individual and community capacity, resilience and independence. The transformation has been underpinned by our twin priorities - to support citizens to live independently and enjoy the best possible quality of life through connecting people to the resources in their locality, maintaining relationships and activity levels of our citizens to help them be independent and to slow the need for more formal care and support. In addition Salford Together's Integrated Care Programme for Older People is a programme of transformation focusing on the risk stratification, multi-organisation planning and co-ordination of services and emphasis on using community assets to

Older People's Population Risk Stratification



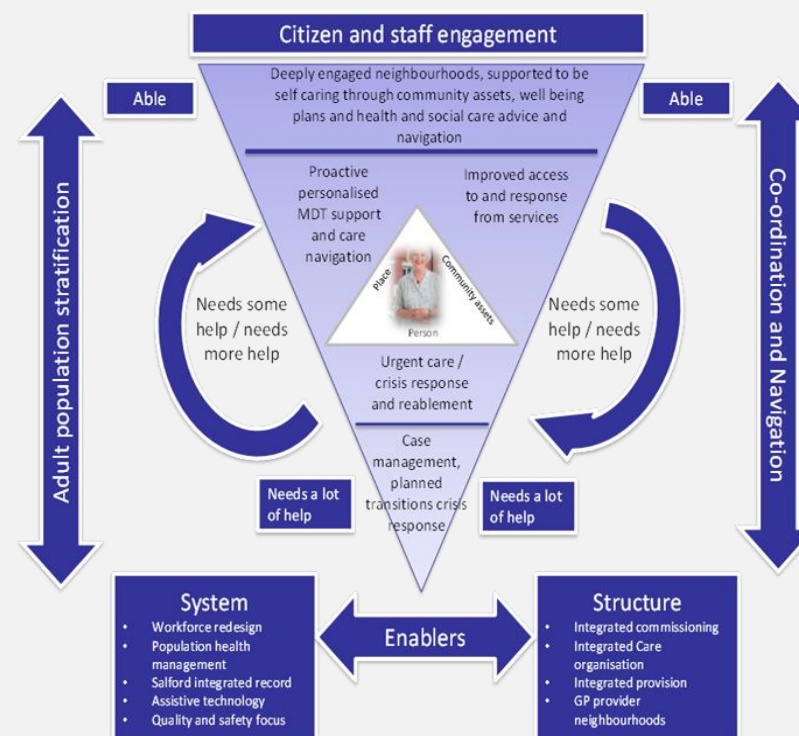
help people to support themselves, all supported by pooled health and social care funding managed through an Alliance Board to proactively support people to remain in their communities, reduce permanent admissions to care homes and emergency admissions to hospital. A comprehensive evaluation (National Institute of Health Research) on the effectiveness of the integrated care programme will be published in 2017

Integrated Care Programme for Adults working in Neighbourhoods

Using information drawn from national databases and local analysis the next steps for Salford Together are to adapt the risk stratification for older people to the wider adult population:



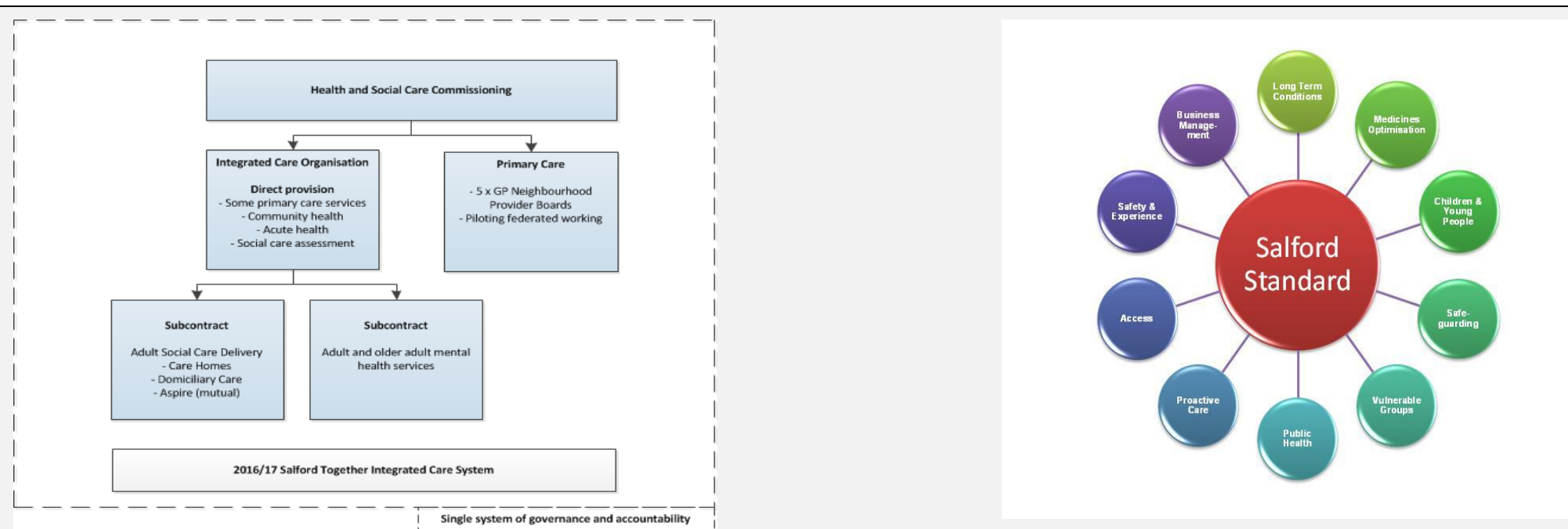
Using this information a targeted programme has been developed to support people to remain able in their communities, focusing on proactive planning, co-ordination and access to urgent care for groups of adults needing more support and developing new, integrated approaches for vulnerable adults. In addition to further developing existing commissioner strategies for mental health, learning difficulties and carers new programmes will focus on key groups of adults including adults with long term conditions, dementia, drug and alcohol users and those with multiple admissions/readmissions to hospital. This will be supported by a programme of deep engagement with the citizens of Salford to both listen and co-develop new approaches with a great emphasis on supported self-care.



Adult population 180,000	Initial segmentation	Vanguard Programme
<p>Level 1 Able adults 60-70%</p>	<p>Supported self care</p> <ul style="list-style-type: none"> - Neighbourhood-based - Engagement - Community assets - Health and social care advice 	<p>Engagement, Activation and Asset Building</p> <ul style="list-style-type: none"> - Strategic engagement plan - Co-production of care plans and care pathways - Social marketing - Community assets
<p>Level 2 Adults needing some help</p> <p>Level 3 Adults needing more help 30-40%</p>	<p>Enhanced care and support</p> <ul style="list-style-type: none"> - Proactive multi-disciplinary planning and support in neighbourhoods - Co-production of care pathways and care plans - Improved and personalised access and care navigation - Urgent care 	<p>Risk Stratification, Assessment, Care coordination and Navigation</p> <ul style="list-style-type: none"> - Risk stratification - Multi-agency triage and vulnerable person protocol - Centre of Contact, Multi-disciplinary groups, key workers - Connectivity – electronic person-held records, care homes
<p>Level 4 Adults needing a lot of help 1-3%</p>	<p>Vulnerable adults</p> <ul style="list-style-type: none"> - Integrated protocol to support vulnerable adults - Multi-agency identification of triggers - Proactive engagement and case management - Planned transition - Rapid support 	<p>Enhanced Care</p> <ul style="list-style-type: none"> - Proactive multidisciplinary support - Improved access to services - Urgent care <p>Enabling Changes</p> <ul style="list-style-type: none"> - Strategic workforce plan - Salford Integrated plan - Salford Integrated Record - Population health management - Quality Improvement - Leadership and capacity

Integrated Care System

The integrated care system provides the overall framework to support integrated working for adults. This new, integrated way of working for adults is focused around supporting people in their communities and providing care in neighbourhoods. From 2016, subject to approval, the system structure will bring together health and social care commissioning for adults, form five General Practice Provider neighbourhood boards and create an Integrated Care Organisation, bringing together adult and older adult community, mental and acute health and social care in to one place through integrated provision and lead contracting as follows:



Primary care Salford CCG has been working closely with primary care to develop services including access to General Practice, community estates, IM&T, quality and safety and primary care workforce development. The CCG has recently approved a £7m investment in Salford GP services to deliver a new quality contract – The Salford Standard – to contract with all Salford Practices from April 2016. The Salford Standard clearly describes the care that the population of Salford should expect when accessing General Practice services in Salford.

GP Collaborative Working

Salford GPs have been working collaboratively in a number of ways – neighbourhood clinical commissioning, GP practice based clinical pharmacy and the piloting of a neighbourhood virtual ward as well as a number of CCG-facilitated innovation schemes. A GP-led design group has been meeting since May 2015 to build on the strong primary care foundations and the successful development and roll-out of the new model of care, for which primary care is integral. Work has progressed over the last twelve months to determine the future configuration of primary care services. This work has been led by General Practice, within the context of Salford's Integrated Care System and Integrated Care Organisation. A GP-led Design Group has met since May 2015 and has worked collaboratively with the constituent GP Practices, the LMC, Salford CCG, Salford Royal NHS FT and other partners to develop a preferred organisational model. Outcomes of the work include developing a Collaborative Integrated Neighbourhood approach, development of a Memorandum of Understanding between SRFT as the ICO host and General Practice and Independent Expert Review of General Practice Collaborative working. Development of GP provider neighbourhood boards is now taking place across each of the five GP neighbourhoods in Salford:

	Walkden & Little Hulton	Eccles & Irlam	Swinton	Broughton	Ordsall & Claremont
Population	45,749	62,616	45,538	43,686	63,106
GP Practices	11	12	4	10	11

The key features of Salford’s Collaborative Integrated Neighbourhood approach are:

- ✓ Neighbourhoods as the focus of place-based delivery of health and social care services, serving natural geographical communities of 44,000 to 63,000 people.
- ✓ Establishment of a Multidisciplinary Clinical Assurance Board within each neighbourhood.
- ✓ Delivery of primary care at greater scale, with a range of options within each neighbourhood for GP Practice integration (lead provider, alliance, merger).
- ✓ An enhanced primary care offer, through Salford Standards, delivered, partly or wholly, at a neighbourhood level.
- ✓ An extended range of integrated community and out-of-hospital services in each neighbourhood.
- ✓ Savings of circa **£35m** in Salford by 2020/21

Wider Integrated Care Links

Key priorities for the Integrated Care Programme include integrated primary, community and redesigned acute health and social care working in neighbourhoods focusing on adult mental health and long terms conditions. This is closely linked to, and carefully co-ordinated with, the wider system approach to primary care, mental health and long term conditions which are set out in more detail in the following sections.

Integrated Care Outcomes - Improvement Measures

Improvement Measures (incorporating the ICP for Older People measures)		Financial Savings Measures	
Measure	Target	Activity	£M
1. Reduce emergency attendances and admissions for adults and older people	16.2% reduction in non-elective admissions by 20/21 against a 2014/15 growth baseline.	A&E Attendances	2.1
	17.6% reduction in emergency attendances by 20/21 against a 2014/15 growth baseline.	Emergency Admissions	7.6
2. Reduce permanent admissions to care homes	26% reduction in care home admissions (from 946 to 699 per 100,000 65+ ppn): a reduction of 84 admissions, against a 2011/12 baseline of 322 admissions.	Reduction in permanent admissions to care homes	1.0
3. Reduce demand for planned hospital care	11.5% reduction in planned admissions by 20/21 against a 2014/15 growth baseline.	Elective and Outpatients	5.0
	11.4% reduction in outpatient appointments by 20/21 against a 2014/15 growth baseline.		
4. Improve Quality of Life for users and	Maintain or improve ranking position (or equivalent) from 2011/12	Medicines Optimisation	2.5

carers	baseline.		
5. Increase the proportion of people that feel supported to manage own condition			Better Care Total
6. Increase satisfaction with care & support provided			18.2
7. Increase flu vaccine uptake	Increase flu uptake rate to 85% (from baseline position of 77.2% in 2011/12).		Efficiency
8. Increase proportion of people that die at home/in usual residence/preferred place of dying	Increase to 50% (from baseline of 41% in 2011/12).		£M
9. Improved estimated diagnosis rate for Dementia	Diagnosis rate for people with dementia (local metric within GM Dementia United programme) – target to achieve diagnosis rate of 73.7% (2015/16) vs. baseline of 69.5%		Provider efficiency
10. Medicines optimisation	Containment of growth rate for primary care prescribing, avoiding £2.5m in projected in increased costs		17.6

Our transformation priorities over the next 5 years are:

- Implement the integrated care system to enable the achievement of the Integrated Care Programme improvement targets by 2020:
 - 20% reduction in non-elective admissions to hospital
 - 26% reduction in care home admissions
 - Maintain or improve position in upper quartile for patient measures on quality of life, satisfaction and managing own condition
 - Increase flu vaccine uptake for older people to 85%
 - Increase the proportion of older people able to die at home to 50%
- Through the integrated care organisation, redesign person centred services through integrated pathways, workforce alignment and supply chain arrangements
- Develop and agree a vision, objectives and deliverables to extent the Salford integrated care system to include support for children, young people and families
- Publish a comprehensive evaluation (National Institute of Health Research) on the effectiveness of the integrated care programme by 2017
- Design and implement the Integrated Care Organisation Vanguard and new models of primary care within a neighbourhood footprint by 2017

The services and programmes which will deliver these priorities include:

- Primary care neighbourhood model and Salford Standard
- Salford Together Integrated Care Vanguard programme (see above and **Appendix 9**)

The services and programmes which will deliver these priorities are set out in the Salford Together Integrated Care Vanguard Programme, key priorities for which are to extend the Integrated Care Programme for Older People to the wider adult population on a neighbourhood basis through:

Engagement, Activation and Asset Building

- Strategic engagement plan
- Co-production of care plans and care pathways
- Social marketing
- Community assets

Risk Stratification, Assessment, Care coordination and Navigation

- Risk stratification
- Multi-agency triage protocol and vulnerable person protocol
- Centre of Contact, Multi-disciplinary groups and Key workers
- Connectivity - Electronic person-held records and Care Homes

Enhanced Care

- Proactive multidisciplinary support
- Improved access to services
- Urgent care

Enabling Changes

- Strategic workforce plan
- Salford Integrated Record
- Population health management
- Quality Improvement

Leadership and capability

TRANSFORMING COMMUNITY BASED CARE

AIM: Primary Care will be the focal point of out of hospital and integrated care, built around natural communities

Starting, Living, Ageing Well

In Salford, GP practices have been working closely in neighbourhoods to commission health services for several years. This is a sound basis upon which to build community capacity and deliver more specialist services. Investment is planned to scale up modern community-based services including GPs, community pharmacists, opticians and community services in order to increase the scope and scale of care provided outside of hospital. This will require key enablers including high quality premises, improved technology and an increased and sustained workforce.

The aspiration is that general practice will operate on a larger scale, on a federated basis possibly at neighbourhood level, and will work in a more integrated way with other services, with general practice being at the hub of local communities and networks of services. It will be important to build upon the strengths of primary care, retaining what is valued by the public and the wider health and social care workforce. A significant area for development will be the “Salford Standard” for primary care which will include incorporating and localising standards from the Greater Manchester Primary Care Medical standards, in order to improve the quality of provision and invest in primary care.

The overarching aims of the Standard are to:

- Reduce unwarranted variation in quality of care across Salford
- Overall improve the health outcomes for the people of Salford
- Investment in primary care for the future to ensure stability and growth
- Reduce avoidable admissions and readmissions to secondary care

In addition, Salford will work to implement good practice from a number of national initiatives such as “Transforming Primary Care” and the National Primary Care Strategic Framework which is currently in development. During 2015/16, Salford CCG has been working with NHS England’s Sub Regional Team under Joint Commissioning arrangements and from 2016 onwards is seeking delegated commissioning responsibility which will ensure greater efficiencies and sharing of values around improving quality in primary care.

Salford CCG also has a role to manage locally commissioned contracts with opticians and pharmacists. Through the development of Salford’s Community Based Care Strategy will look to develop opportunities to integrate these providers into community / local neighbourhood networks.

Our transformation priorities over the next 5 years are:

- Improve access to primary care services, including improved opening at weekends and the evening and supporting the delivery of 7 day access to health and social care
- Facilitate opportunities for practices to work in a federated way with each other or with other services, where this is expected to improve patient experience or be efficient in terms of cost or workforce;
- Develop a working relationship with primary care provider organisations in order to identify opportunities to contract for primary care based services at scale, rather than at individual practice level
- Invest in the workforce to increase capacity and capability and by building a primary care development and education programme;
- Incentivise practices to more pro-actively identify and manage individuals with, or at risk of, illness and improve the quality of provision in primary care
- Work with all providers of physical health, mental health and social care services, to develop and invest in out of hospital services, delivered where appropriate at a neighbourhood level
- Invest in high quality community premises and improved technology to enable primary care to be the hub of out of hospital care

The services and programmes which will deliver these priorities include:

- **Primary care neighbourhood model and Salford Standard – linked to PACS Vanguard**
- Develop and implement a 5 year Community Based Care Strategy
- Produce Phase 2 of the Salford Primary Care Strategy by January 2016
- Prepare a Primary Care “Salford Standard” to be resourced and commissioned from April 2016
- Work with GP practices to design new methods of delivery within the context of Salford’s Integrated Care Organisation (ICO) and continue to work and build on the Multidisciplinary Team Working as part of the ICP for Older People
- Increase and expand on extended hours / 7 day access in General Practice
- Continue to support and work with a range of Primary Care Provider Organisations
- Subject to NHS England approval in 2016 take on fully delegated commissioning arrangements for general practice from April 2016
- Work towards ensuring that patients / public have access to up to date and timely information on primary care – this will include local and national measures; and
- Continue to work jointly with Public Health to review and develop new initiatives on ill health prevention for the population of Salford.

3.5.6 Standardisation of acute and specialist care	
LONG TERM CONDITIONS AIM: achieve a more personalised and patient centred approach to caring for people with long term conditions	Starting, Living, Ageing Well
<p>One in three people currently have one or more Long term condition (LTC) and this is predicted to rise to one in two over the next 25 years. In Salford this equates to just over 76,000 people rising to around 125,000 when we factor in the predicted growth in our population. People who suffer from a LTC are classified as “people who have an illness that cannot be cured”, but who can be supported, treated and cared for in a way that minimises the impact of that illness both on the individual and their families and / or carers.</p> <p>Over the next 5 years we aim to maximise the improvement in the prevention, early diagnosis and treatment of conditions which cause the majority of life lost. For Salford these include Diabetes, Cancer, Cardiovascular Disease, Kidney Disease, Dementia, Liver Disease, Lung Disease (chronic obstructive pulmonary disease (COPD) and asthma); and End of Life Care</p> <p>Our transformation priorities over the next 5 years are:</p> <ul style="list-style-type: none"> • Move towards more of a primary care focus for the management of patients with LTCs is a first step toward our ambition for community based care with greater integration across community areas and a shift towards more proactive care with patients better enabled to self-manage care needs. <p>The services and programmes which will deliver these priorities include:</p> <ul style="list-style-type: none"> • Incorporation of the LTC locally commissioned services into the ‘Salford Standards’ for primary care • Improving the quality of prescribing in general practice to ensure compliance with national Institute for Clinical Excellence (NICE) requirements and increase care planning in general practice for all patients with a long term condition • Improve screening, patient education, referral and pathways for cardio vascular disease, cancer, chronic kidney and lung disease, diabetes and liver disease • Introduce a new IGR2 service and recall system for diabetes • Develop and implement a 24/7 end of life support service and education for general practitioners on end of life care • Work through the GM wide Dementia United programme 	
MENTAL HEALTH AIM: to ensure that all residents of Salford will have access to high quality, compassionate world-class mental health services	Starting, Living, Ageing Well
<p>Each year one in four British adults experience at least one diagnosable mental health problem. Salford has a higher prevalence of mental health than other parts of the UK with around 36,500 adults and 6,000 children estimated to have some kind of mental wellbeing need. Our Integrated Mental Health Commissioning Strategy 2013-2018 invests in the region of £45m each year on mental health service provision and our vision is that all residents of the city will have access to high quality, compassionate world-class mental health services.</p> <p>The commissioning strategy has a primary focus on adults – but will also address issues concerning the mental health of young people making the transition to</p>	

adulthood and adult services. In parallel to this, an Emotional Health and Wellbeing Strategy for Children and Young People (2013-2015) has been developed by the Children and Young People’s Emotional Health and Wellbeing Partnership, which reports to the Children and Young People’s Trust (CYPT).

Salford makes a significant financial investment in mental health services and has long-standing and effective joint commissioning arrangements across NHS Salford CCG and Salford City Council which ensures an integrated approach to commissioning across the city. Health and social care services can be expected to be operating in a stringent financial climate over the life-time of this Plan and there will be an ongoing need for efficiencies in health and social care services through the NHS Quality, Innovation, Productivity and Prevention (QIPP) programme and the reduction in funding for councils arising from the Government’s medium term financial planning resulting in lower levels of funding through the local government settlement process.

We will ensure that we target our resources at the most effective ways to support people with mental health needs and through commissioning arrangements that secure value for money from all contracts and service providers. Despite the ongoing financial constraints within which mental health services are likely to be operating, mental health services are, and will continue to be, a key priority in Salford. We are committed to protecting effective services and developing new services wherever possible. This will require an increased focus on building resilience for communities and individuals, together with prevention and early intervention in mental health services to meet rising demand with the resources available. This is central to our commissioning intentions.

Our transformation priorities over the next 5 years are:

- Early intervention – meeting needs early and preventing the escalation of mental health problems (including transition planning from children’s services)
- Addressing the stigma and discrimination that surrounds mental health
- Rapid and convenient access at all times (and in all services, and relevant settings)
- Fair access, based on people’s needs, not who they are, or where they live in Salford
- Recovery – with service users returning to full health, moving through services, and being discharged where clinically appropriate
- Recognition of the links between physical health and mental health, and the government pledge to achieve parity of esteem
- Support to remain in your own home and to live independently for as long as possible
- The lowest possible number of people placed out of area (outside of Salford)
- The best possible outcomes for service users, their carers, and their families (including fewer symptoms of ill-health, the ability to lead as normal a life as possible, and maintain contacts with family, friends and local communities)
- The lowest possible number of complaints and untoward incidents
- Excellent value for money

The services and programmes which will deliver these priorities include:

- Ensure mental health services are commissioned in compliance with targets and standards identified in the NHS Forward View (Early Intervention in Psychosis; IAPT; Mental Health Liaison)
- Engage with commissioners across GM regarding the development of a GM mental health strategy, GM-wide mental health KPIs and CQUINs and GM-wide strategic initiatives regarding mental health (e.g. Employment; Crisis Care Concordat)
- Respond to the Dementia Greater Manchester Devolution programme ‘Dementia United’ by implementing the agreed programme objectives

- Establish a clear, strategic suicide prevention approach to reduce suicides for people under mental health services
- Oversee the transition of mental health service into the Integrated Care Organisation and put in place the required assurance and governance process to ensure service continuity and high quality service delivery
- Implement a series of quality visits to a range of mental health services which incorporate patient and carer involvement/feedback

HOSPITAL CARE

AIM: to deliver improvements in patient outcomes and efficiency through systems that assure high quality and reliable care at lower cost

Starting, Living, Ageing Well

Salford Royal NHS Foundation Trust (SRFT) is the principal provider of acute health services within Salford and was recently rated “outstanding” by the Care Quality Commission. The Trust has an ambition to be the safest healthcare provider in England and to contribute to Salford being the highest quality, safest, and most productive health and social care system. As part of the Integrated Care Programme and development of an Integrated Care Organisation, we will fully integrate health and care services within Salford. This will see more acute care delivered in a community setting, with long term conditions and elderly care specialists increasingly working on an outreach basis within Salford’s neighbourhoods.

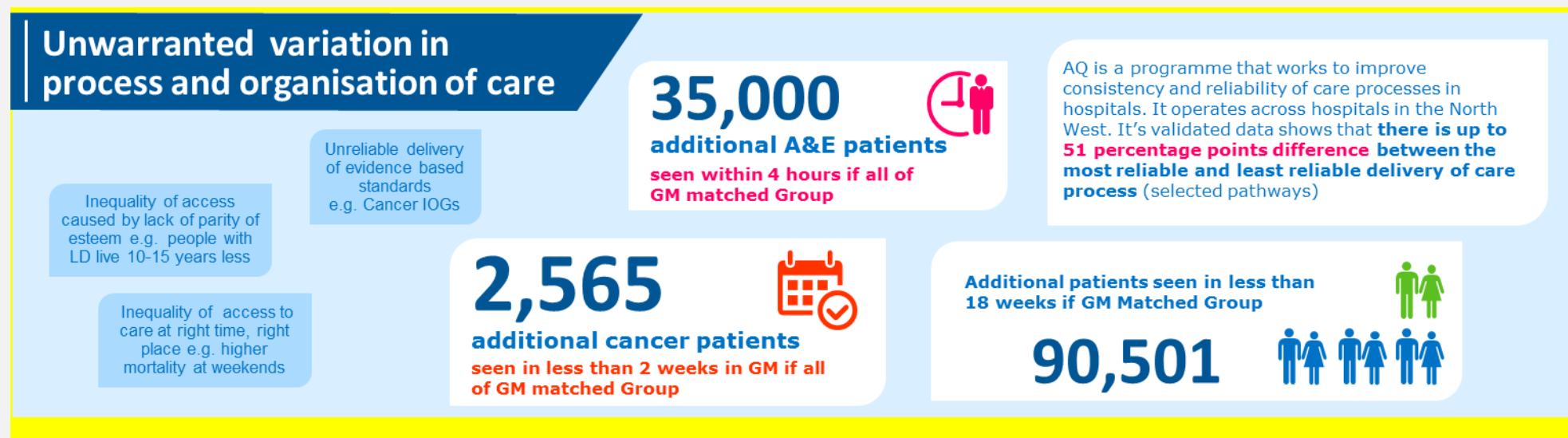
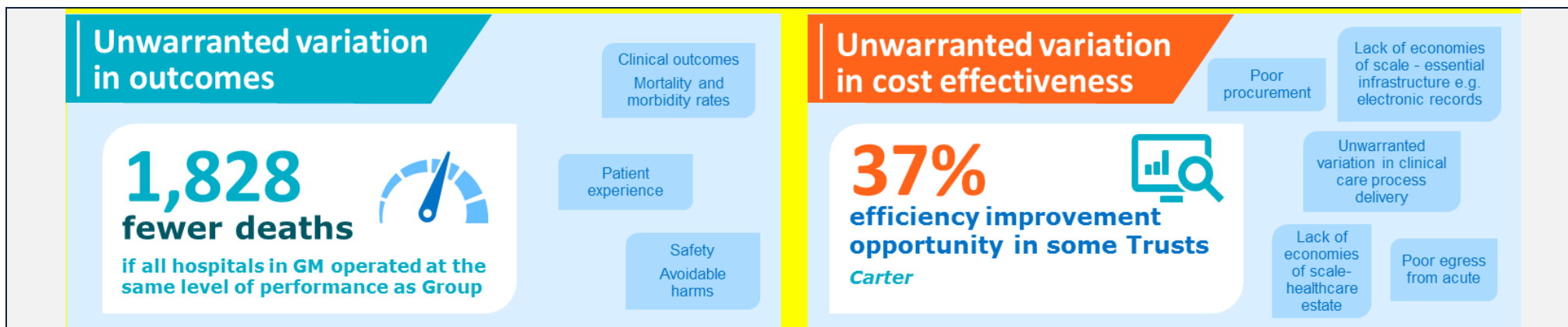
Greater Manchester’s ‘[Healthier Together](#)’ programme and the reconfiguration of Major Trauma services provide the blueprint for the way care will increasingly be provided for patients that have complex needs – both in Salford and across the wider conurbation. SRFT has been designated one of four high acuity sites in Greater Manchester and the principal receiving centre for Major Trauma patients. A sector based approach is being taken for complex surgery and urgent care, with Salford Royal, Bolton NHS Foundation Trust and Wrightington, Wigan and Leigh NHS Foundation Trust working together to create ‘single shared services’ for the combined populations of Salford, Bolton and Wigan. Building on this approach, the three Foundation Trusts and three Clinical Commissioning Groups are also exploring the potential to establish joined-up surgical, medical and clinical support services. Any reconfiguration of services will be subject to public engagement.

Acute Care Collaboration Vanguard

Through Acute Care Collaboration (ACC) Salford intends to reduce unacceptable variation, delivering highly reliable patient centred care at lower cost, closing health, quality and financial gaps as set out in the five year forward view. The programme also supports delivering objectives in the GM Strategic Plan including *standardising acute and specialist care* and *standardising clinical support and back office services* releasing funds for radical upgrade in population health prevention and transforming community based care and support.

The ACC currently consists of Salford Royal NHS Foundation Trust and Wrightington Wigan and Leigh Royal NHS Foundation Trust. Both trusts are regarded as innovative and successful organisations in their own right. The objective is for our patients to experience “personalised care that works like clockwork”, whilst delivering 20% efficiency savings group wide. The trust is also part of a national acute care collaboration knowledge sharing network which includes Royal Free FT, Northumbria FT, Guys and St Thomas FT and Monitor.

As two of the country’s highest performing Foundation Trusts (based on composite nationally comparable outcomes) our case for change suggests that if the rest of Greater Manchester could achieve the same standard as our acute collaboration the following performance improvements could be made across Greater Manchester:



The Group arrangement builds on recent publications and calls to action including the Five Year Forward View, Dalton and Carter Reviews and is aligned to the GM Strategic Plan. The purpose of the ACC is to accelerate improvements in outcomes and efficiency through a focus on standardisation (i.e. reducing unwarranted variation), the increased use of digital technologies that enable the application of evidence-based care guidelines and protocols and the most effective deployment of healthcare resources to meet patients' needs. This will be underpinned by new governance arrangements that enable the two organisations to share decision making, creating shared standards and where appropriate sharing each other's services. Working together in this way will mean that quality, safety and patient experience standards can be achieved more reliably, and at lower cost, across Salford and Wigan.

Subject to testing the concept it is our ambition to extend this approach to other hospitals, delivering economies of scale and ensuring that the benefits of reliable and high quality care are shared across the wider conurbation.

The Group arrangement complements our strategy to integrating health and social care services in Salford and to closer working with partners within the North West sector, and beyond, to ensure more resilient and sustainable services. Our plans to radically upgrade how we prevent ill health and transform care do not compromise our commitment to the highest standards of care. National constitutional targets on access to care, waiting times, outcomes following treatment, and quality of care are a given. With our population predicted to grow faster than the national average, ensuring we continue to meet and exceed these standards whilst transforming care is fundamental to the success of our plan.

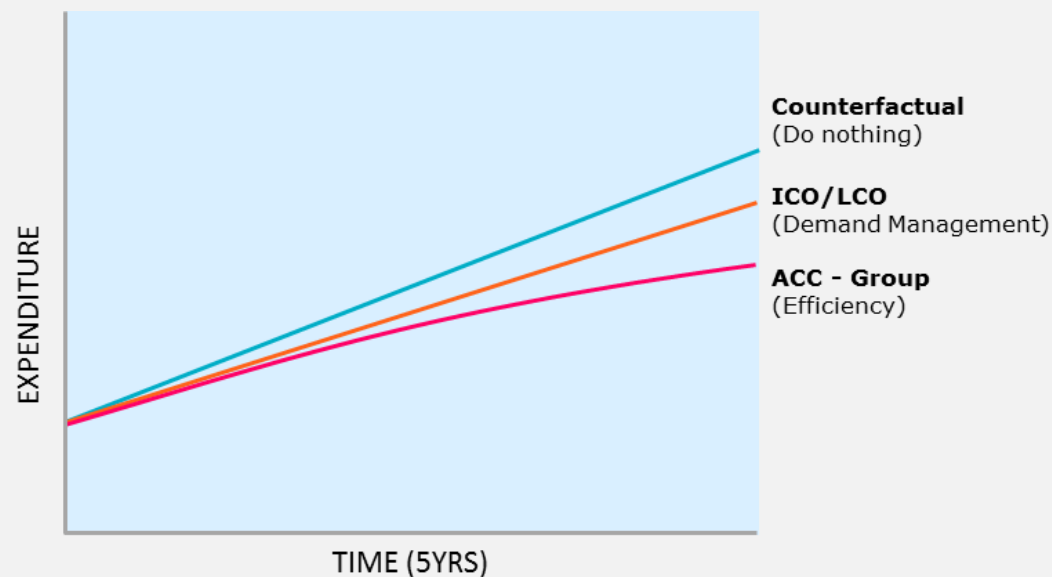
The Vanguard focuses on standardisation of acute and specialist care:

- Delivering quality and innovation
- Reduced variation and efficiencies
- Outcomes based health care model

It is a key enabler for Healthier Together and potential vehicle for service changes in the NW sector. It involves standardisation of corporate and clinical support services, has the ability to scale up across other parts of GM and is a key test of GM Strategic Plan

Savings of circa **£100m** are anticipated across both Salford and Wigan by 2020/21.

The diagram below seeks to illustrate how the ACC value proposition will combine with the plans of GM to develop LCOs. For clarity, the LCO in Salford is termed the ICO (Integrated Care Organisation).



The blue line, Counterfactual, is what is likely to happen to expenditure in the absence of ICO and the ACC Group propositions (i.e. our attempt to keep pace with demand and quality expectations will lead to a steep cost curve).

The amber line shows the impact of the ICO. This will take an innovative approach to supporting population wellbeing, long term condition management and acute care outside of hospitals. One of the major impacts is that they will reduce the demand on health and social services. Hence, expenditure will rise at a slower pace.

The pink line shows the impact of the propositions summarised in this document. Whilst there are major impacts such as supporting the out of hospital care strategies of the LCOs, the major savings that arise from this are accounted for in the LCO proposition i.e. not in the benefits articulated in this value proposition. The major benefits come from “Getting it Right First Time”. These benefits are patient experience, clinical quality and efficiency. It is this that

reduces the rate of increase of expenditure further.

Our initial major programmes of work have been categorised into 3 areas:

Hospital Group Development - we have the ambition to collaborate over an extended population which bring benefits, spreading innovations at pace and scale. We will develop new models of delivery for corporate functions and clinical services, leveraging our combined resources to meet local challenges and also key themes set out in the Greater Manchester devolution strategic plan.

Transformation of the acute hospital - we will develop innovative organisational architectures to transform into an outcomes based organisation. Resources will be deployed to remove waste and work which is of limited value. We will focus upon outcomes which matter to patients, rather than activity or intervention based targets.

The development of a digital health enterprise – we will utilise proven technology to deliver care which is effective, safe, timely and efficient. This will be achieved through the use of evidence based tools to support clinical decision making, an organisational “control centre” to provide digitised operational oversight of the Trusts and the development of digital tools to reduce operational overheads and supporting patients in wanting to be more involved in their own care.

Our ACC priorities over the next 5 years are to deliver:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Improved Utilisation of Theatres • Reduced Length of Stay • Reduced Re-admissions • Reduced incidence of harm • Reduce Diagnostics Requirements • Increase Day Surgery Rates • Reduced Admissions | <ul style="list-style-type: none"> • Reduced Length of Stay • Reduced Clinic Attendance • Outpatient Appointment do not attends reduced • Reduced cost of administration • Corporate Functions Savings • Economies of scale through Joint Purchasing • Sharing and collaboration of Clinical Services |
|---|--|

Our transformation priorities over the next 5 years are:

In addition to our transformation programmes for integrated and community based models of care, our priorities for in hospital care are focused on improving outcomes for patients. Over the next 5 years, these include:

- Emergency Department (ED):
 - Reduce time to patient assessment and increase the percentage of patients seen by a senior decision maker
 - Increase the percentage of A & E attendances waiting less than 4 hours
- Acute Medicine:
 - Reduce length of stay and patients admitted from acute to other wards
 - Improve mortality rates
- General Surgery:
 - Improve mortality rates and emergency general surgery patients seen by a consultant 24/7
 - Reduce length of stay, re-admission and achieve consistent and timely access to theatre, critical care and diagnostic services
- Paediatrics:

- Reduce admissions whose needs could be met in the community or at home
- Improve mortality rates and emergency admissions seen by a consultant paediatrician within the first 24 hours of admission
- Increase patient satisfaction and hospital staff satisfaction

The services and programmes which will deliver these priorities include:

- [‘Healthier Together’](#) programme
- [acute care collaboration vanguard](#) programme
- NW Sector Group arrangement

DRAFT

SECTION 4 – GOVERNANCE and FINANCE

4.1 GOVERNANCE

4.1.1 Salford has a long and strong history of partnership which has been built on strong foundations of joint working between the various public, private and community sector organisations in the city. Clarity in the governance mechanism and commitment to the ongoing relationships– across the City Partnership and between individual organisations - has been a key factor in the success of these arrangements.

4.1.2 The Health and Wellbeing Board is the lead partnership body to oversee and shape the city wide approach to reform for Health and Social Care, combining commissioners and providers in decision making. The Health and Wellbeing Board is chaired by the City Mayor, with the deputy chair role shared between the Chair of NHS Salford CCG and a Local Authority Elected Representative. The Health and Wellbeing Board reports to Cabinet within Salford City Council, as well as being accountable to the CCG's Governing Body.

4.1.3 Alongside these formal arrangements there is an informal Locality Leadership Group which meets on a monthly basis and involves the leaders from each part of Salford's Health and Social Care system.

4.1.4 The Locality Plan will act as Salford's Joint Health and Wellbeing Strategy and will be used to inform business plans for the key partner agencies. As implementation planning develops, we will review our governance arrangements in order to put in place a structure which has clear accountabilities, roles and responsibilities, in order to assure the delivery of this Locality Plan. The Health and Wellbeing Board has set up a working group to oversee

this work. It is proposed that 2016/17 is a year of transition as transformation work streams swing into action and start to have impact. The Board will set a clear Work Plan for the coming year, recognising its dual role of oversight of this Plan and development of forward strategy, particularly around prevention and the wider determinants of health.



4.1.5 Salford will put in place a Memorandum of Understanding between the Health and Wellbeing Board, Health Watch Salford and the City's Health, Adults and Children's Scrutiny Panel. This agreement sets clear role and responsibilities for each, in the oversight of health and wellbeing activity and the delivery of this Locality Plan on behalf of local citizens.

4.2 PERFORMANCE REPORTING ARRANGEMENTS

4.2.1 The outcomes and indicators stated for each of the life course areas described above will be used to develop a performance dashboard for the Locality Plan. This will be maintained jointly by the CCG and Salford City Council.

4.2.2 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
- Publicly focussed Annual Report of progress
- Periodic review through the various engagement structures which will be integral to the delivery arrangements.

Reporting will focus on the outcomes framework described in section 1.10 above, and enhanced by qualitative measures which will show how this Locality Plan is performing in terms of achieving its vision for the people of Salford.

4.2.3 Performance management of the Implementation Plan will be embedded within the partnership delivery structures, such as the Integrated Care Programme, and 0-25 Transformation Programme, for example.

4.3 GM GOVERNANCE ARRANGEMENTS

4.3.1 GM has agreed that the Strategic Partnership Board will be responsible for setting the overarching strategic vision for the Greater Manchester Health and Social Care economy. As it is not a legal body, its decisions are not binding decisions of its members, but it will make recommendations for its members to formally adopt following their own governance procedures.

4.3.2 NHS Salford CCG, Salford City Council, Salford Royal Foundation Trust and Greater Manchester West Foundation Trust represent Salford on the GM Strategic Partnership Board. In its shadow form, the Board also has non-voting representatives from Greater Manchester Centre for Voluntary Organisation, one of the GM Health watch organisations, GM Fire and Rescue Service, and GM Police.

4.3.3 The GM Strategic Partnership Board has the following responsibilities:

- To set the framework within which the Strategic Partnership Executive will operate.
- To agree the GM Health and Social Care Strategic priorities in accordance with the NHS five year forward view.
- To endorse the content of the GM Strategic Plan for financial and clinical sustainability.
- To agree the criteria that will determine access to the Transformation Fund.
- To ensure that there remains ongoing and significant organisational commitment across the GM health economy to both the devolution agenda and a devolved health system.
- To agree an assurance framework, developed jointly with regulators where required, that reflects the outcomes required by Greater Manchester.
- To provide leadership across the GM health economy to ensure that the key strategic priorities for a GM health system are achieved.

4.4 FINANCIAL PLAN

It should be noted that all figures contained within this section are current as of 30th March 2016 and require final verification with the Directors of Finance.

4.4.1 Baseline

Salford locality currently spends £473m on Health and Social Care, which is shown in more detail in **Appendix 1**. *[note previous locality plan showed £485m. Latest locality plan includes +£30 for primary care now transferring to CCG but excludes -£45m children's social care- queried this with GM team- need to include children's].* It has been assumed that all of the budget savings targets for the council and the CCG have been achieved in this baseline year. However, there is currently a planned deficit in 2015/16 in the NHS provider sector in Salford. Projecting the funding and expenditure forward up to 2020/21, the "do nothing" scenario predicts an estimated financial shortfall of circa £65m for Salford Locality, which is summarised in the table below. *[note that previous do nothing locality gap was £157m, therefore significant reduction. Main reason is that funding/allocations been updated which now include additional share of £8bn NHS (c£40m for Salford) and protecting adult social care (additional £15m funding for Salford)- these funding sources were included in the solutions to closing the £157m locality gap- but have now been included in the do nothing option, ie revised locality gap is net of these funding solutions]*

Table 1: Salford Locality Position: Do Nothing Recurrent Baseline:

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m	£m
Locality Funding	£489	£499	£502	£508	£517	£532
Locality Expenditure	£473	£493	£506	£519	£529	£549
Health and Social Care Gap	£16	£6	-£4	-£11	-£12	-£17
NHS Provider Gap	-£7	-£18	-£18	-£28	-£39	-£49
Total Locality Gap: Do Nothing	£9	-£12	-£21	-£39	-£52	-£65

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m	£m
Salford CCG	£16	£6	£2	-£2	-£2	-£2
Salford City Council	£0	£0	-£6	-£9	-£10	-£15
Salford Royal- Salford locality share	-£9	-£16	-£16	-£25	-£36	-£44
GMW- Salford locality share	£2	-£1	-£2	-£2	-£4	-£5
Total Locality Gap: Do Nothing	£9	-£12	-£21	-£39	-£52	-£65

This financial gap is consistent with the financial challenge across Greater Manchester (GM), which has a projected financial challenge of circa £2bn [*need revised GM total*]. As a sense check on the Salford gap, a proportion of the GM gap would equate to around £XXm [*amend to 9.5% of revised GM total*] for Salford on a population basis. Salford CCG's financial position is better than most CCGs in GM, therefore, the Salford locality mapping of the finances across the locality feels consistent with the estimated financial gap across GM.

4.4.2 Financial Challenges

Appendix 1 shows the financial baseline and 5 year projections for Salford CCG, Salford Council (social care & public health) and the NHS providers in Salford, as well as the aggregated Salford Locality position. Whilst the £65m gap is for the Salford Locality, each of the sectors within Salford faces different financial challenges.

- *Salford CCG*- the financial health of the CCG is relatively strong. The CCG has managed to generate a non recurrent surplus in previous years which has been carried forward to enable investment in service transformation. The CCG was below its target funding allocation in previous years and therefore benefited significantly in the 2015/16 financial allocation as a result of the Department of Health awarding additional funds to those CCGs that were significantly below target. Salford CCG therefore received recurrent investment sooner than was previously anticipated. However, Salford CCG is now at its 'fair share' target allocation and future years' allocations uplifts are projected at the minimum NHS allocation uplift values. Projecting forward 5 years, Salford CCG's financial position becomes more difficult to manage as a result of minimum funding growth and rising cost pressures.
- *Salford City Council*- the total funding for the council has reduced significantly over recent years and is predicted to continue to reduce in future years. The total savings required that is currently forecast in the council's medium term financial plan is £39m over the next two years. Detailed budgets have not been agreed by the council beyond 2016/17, but a proportion of this total savings requirement will be borne by Adult Social Care and Public Health.
- *Salford NHS Providers*- NHS providers continue to face significant financial challenges. The tariff income is predicted to increase by circa 0.5% year on year yet

pay and price increases continue to grow by circa 2.5% per annum. Therefore, there is an implied efficiency target for providers to achieve 2% cost reductions each year. Whilst providers have managed to achieve balanced financial positions in prior years, 2015/16 marks the first time that Salford Royal is forecasting a financial deficit (circa £17m across all services of which £9m relates to Salford locality). Whilst GMW is planning to break even in 2015/16, it has signalled that future years will be difficult to break even.

In light of the above financial challenges facing each of the sectors in Salford, it is imperative that Salford locality works together to achieve the service transformation outlined in the locality plan. This is not only to achieve the population health and wellbeing outcomes that the population deserve but also to ensure financial sustainability for the locality.

4.4.3 Methodology and Assumptions

Appendix 1 details the methodology and assumptions used in constructing the Salford Locality financial plan. This plan is the recurrent financial plan for the locality, based on the do nothing option. This scenario has not yet built in any impact of the service changes identified in the locality plan.

High level assumptions are as follows:

- CCG funding allocations have been announced for 2016/17 to 2018/19 with indicative allocations received for 2019/20 and 2020/21. The allocation increases are at the minimum NHS growth increases and include the share of the national £8bn funding agreed for the NHS.
- CCG growth funding has been targeted at out of hospital care (community, primary care and integrated care), in line with the CCG's service strategy
- CCG has achieved current year and future year cost improvement/efficiency savings within the five year plan
- Assumed continuation of council funding reductions. The assumed reduction incorporates Local Government Association (LGA) predictions for core council funding reductions, future public health funding reductions and reductions in specific grants (New Homes Bonus). Additional funding in relation to Better Care Fund and flexibility to increase council tax by 2% for Adult Social care have been built into the revised funding assumptions.

- Assumed cost pressures in council expenditure for pay inflation, activity demand and specific amounts added for implications of implementing the living wage.
- The NHS provider position assumes average tariff increases of 0.5% each year over the next 5 years with pay and price increases of 2.5% each year. Therefore there is an assumed efficiency savings requirement of 2% each year for NHS providers.

4.4.4 Financial Impact of Delivering the Locality Plan

The impact of delivering and investing in the priority areas identified in the locality and GM transformation plans has been assessed and closes the financial gap within Salford locality. The table below shows that the £65m gap could be fully closed by 2020/21 if all of the schemes deliver their intended outcomes. The table also compares the latest locality gap to the previous reported position.

Table 2: Closing the Gap:

	Current 2020/21 Forecast	Original 2020/21 Forecast	Changes
	£m	£m	£m
Baseline Position: "Do Nothing" Locality Shortfall	-£65	-£157	£92
Impact of Fair Shares and Funding Protection	£0	£49	-£49
Impact of Locality Plans: Prevention	£16	£16	£0
Impact of Locality Plans: Better Care	£18	£18	£0
Impact of Provider Efficiencies and Reform	£42	£70	-£27
Impact of Enablers	£0	£0	£0
Impact of Greater Manchester Transformation	£0	£0	£0
Sub Total Impact of Interventions	£76	£152	-£76
Remaining Gap: Recurrent Locality Shortfall After Interventions	£11	-£5	£16

However, it should be noted that the above is an optimistic position and closing the financial gap in full is predicated on:

- the service model delivering the expected outcomes: Appendix 2 shows the financial contribution that each element of the locality plan contributes to closing the financial gap. In addition, Appendix 3 shows the impact that the locality plan will have in reducing acute, hospital activity in future years to allow investment in community based care. The financial model assumes prevention will deliver £15.9m in financial savings over the 5 year period and the new service model ("Better Care") will deliver £18m savings.

- the ability of providers to achieve year on year efficiency savings: The financial model has assumed that providers will be able to achieve 2% cost improvement savings each and every year over the next 5 years, which amounts to circa £42m of savings. As organisations move into detailed planning for 2016/17, more detail is expected on savings proposals and therefore Salford locality will be better placed to understand the likelihood of delivering against this ambition.
- Non recurrent funding requirements: In order to deliver recurrent financial savings, there needs to be some non recurrent investment in order to invest in alternative models of care, to double run both the old and new care models and to give time to release costs. The separate section below describes the requirement in Salford for non recurrent funds and the need to access the GM Transformation Fund.
- Capital funding: In order to deliver the scale of service transformation within the locality, the need for capital investment is paramount. However, the total amount of capital funding in the NHS is diminishing and the options to access the various sources of capital are not clear. This is high on the risk register at a GM level and solutions around capital funding sources and any flexibilities of health and local authorities working together on capital, for example, need to be explored and resolved quickly
- GM transformation workstreams: There are a number of transformation workstreams being worked up at a GM level, such as Mental Health, Dementia and Specialised Commissioning transformation. The impact of these schemes, from both a quality and outcomes perspective and a finance perspective have not been shared with localities and therefore not included in the locality plan.

4.4.5 Enabling Workstreams

In order to support the new models of care and to deliver both the quality outcomes and financial benefits, significant amount of work is required in the locality on enabling functions. The work underway within the locality on Workforce, IT and Estates is described in previous chapters of the Salford locality plan.

In addition, it is recognised that changes to contract and payment models are required in order to reflect new models of care and changes to organisation form. The current models for payment and contracting across Health and Social Care (for example, either paying on

activity based contracts or block payments) can sometimes discourage service change or not create the right incentives to control demand for services at both commissioner and provider level. It is important that contracts and payment mechanisms are developed to support the new models of care and incorporate the right level of risks and rewards to encourage both service change and deliver appropriate levels of efficiency savings. A piece of work is underway at GM level to scope out changes to contract and payment mechanisms with an aspiration to move towards outcome based contracts and payments.

4.4.6 Non Recurrent Investment Requirements

In order to deliver recurrent financial savings, it is recognised that one off (non recurrent) investment is required over the next couple of years in order to make the necessary changes and set up the new care models. As part of GM Devolution, Treasury announced £450m non recurrent funding to GM over the next 5 years. This GM Transformation Fund is to facilitate service change and deliver financial sustainability.

A process to access this Transformation Fund is currently being worked through (to be agreed by the GM Strategic Partnership Board) with the expectation that localities will bid against this money. Salford has identified a need for £119m non recurrent funding to deliver the requirements within the locality plan, as summarised in the table below, categorised as £50m capital and £69m revenue.

Table 3: Non Recurrent Funding Required to Deliver Recurrent Savings:

	2016/17	2017/18	2018/19	2019/20	2020/21	Total Non Recurrent	
	£m	£m	£m	£m	£m	£m	
Capital Requirements							
Salford Royal: Major Trauma Centre and Healthier Together	£0.0	£12.0	£15.0	£8.0	£0.0	£35.0	Estimated £35m requirement for reconfiguration of A&E site/adjoining building to enable implementation of Healthier Together, Major Trauma and Salford Urgent Care Centre
Salford Royal and GMW: potential reconfiguration of Meadowbrook unit on SRFT site	£0.0	£5.0	£0.0	£0.0	£0.0	£5.0	Potential to refurbish current Mental Health facility for wider health and social care use. Estimated financial value £5m of capital required. Requires detail work up of the proposal
Community based estate	£3.0	£4.0	£3.0	£0.0	£0.0	£10.0	3 new build community hubs (Little Hulton, Lower Broughton and Irlam). Identified as priority in Salford Strategic Estates Plan
TOTAL CAPITAL	£3.0	£21.0	£18.0	£8.0	£0.0	£50.0	
Revenue Requirements							
Vanguard programme: Salford Integrated Care	£12.0	£11.0	£0.0	£0.0	£0.0	£23.0	Double running of current services and implementation of new models of care
Vanguard programme: Acute Care Collaborative (SRFT and WWL)	£18.6	£15.5	£11.4	£0.0	£0.0	£45.5	This is the total amount required for the Vanguard proposition across SRFT and WWL- all included in Salford's locality plan for completeness- check if anything included in Wigan's locality plan to ensure not double counting
TOTAL REVENUE	£30.6	£26.5	£11.4	£0.0	£0.0	£68.5	
TOTAL NON RECURRENT INVESTMENT REQUIRED	£33.6	£47.5	£29.4	£8.0	£0.0	£118.5	

The £69m non recurrent revenue requirement relates to the two Vanguard programmes in Salford which commenced in 2015/16. There is a specific risk to Salford locality that if funding is not secured through the GM Transformation Fund, then these Vanguard programmes cannot be delivered.

More detail on the Vanguard programmes is included in the Vanguard “Value Propositions” which articulate the aims, benefits and payback of these programmes. The financial aspects of the Vanguard programmes are summarised below:

- Vanguard programme- Salford Integrated Care: The financial benefits related to the Integrated Care Vanguard are shown in the “Better Care” section of Appendix 2 and in Appendix 3. This Vanguard focuses on both transaction (the creation of an Integrated Care Organisation (ICO)) and transformation (better integrating community, social care, mental health and elements of acute service provision). From a financial perspective, the majority of the financial savings are a result of containing demand (acute hospital activity and permanent admissions to care homes) but this vanguard will also contribute to reducing provider costs for those services in scope of the Integrated Care Organisation (ICO). Further information is provided at **Appendix 9**.
- Vanguard programme- Acute Care Collaboration (ACC): As part of this Vanguard’s value proposition development, clinical and managerial leaders at Salford Royal Foundation Trust (SRFT) and Wrightington, Wigan and Leigh Foundation Trust (WWL), its strategic partners and stakeholders rated 93 articles and publications categorising them as either Gold, Silver or Bronze level of evidence. Gold is regarded as highly relevant with a strong evidence base, Bronze a study that is less applicable in context or a smaller study, Silver in-between the two. Blended with Internal and external business intelligence and analytics, including Carter review, productivity reviews commissioned by the Trusts, AQ, Safety Thermometer and RTT data in addition to Qualitative analysis including conversations with senior stakeholders we have developed a detail financial case with confidence in benefit predictions and the conviction to deliver. The Group Vanguard has been designed to deliver replicable, reliable care at lower cost benefiting Salford, Group, Greater

Manchester and National providers through delivery of a standardised operating model of care, digital transformation and a deeper understanding of achieving group delivery. To ensure that there is no double count of financial savings between the two vanguard programmes, it has been assumed that the financial benefits from this ACC Vanguard will relate to non ICO services and that the financial benefits of ACC will contribute entirely to the providers' cost improvement targets. Further information is provided at **Appendix 10**. *[check payback and total recurrent savings- ensure these are only captured once either all in Salford or in Wigan's plan- or if they have been split, that they aggregate back up to total value proposition- THIS HAS BEEN SHOWN IN APPENDIX 10]*

4.4.7 Next Stages

The locality plan is ambitious, as it needs to be, to meet the scale of the outcomes gap and the financial challenge facing the locality. Clearly more work is required over the coming months to articulate detailed schemes to deliver this level of ambition. The financial model and assumptions underpinning the Salford locality plan will continue to be refreshed in light of this information and presented back to statutory Health and Social care organisations.

APPENDICES

Attached below:

1. Salford Locality 5 Year Financial Plan and Assumptions (under review)
2. Closing the Gap- Impact of Locality Plan Interventions
3. Closing the Gap- Impact of Locality Plan Interventions on Hospital Activity

The following are available on request from anne.lythgoe@salford.gov.uk

4. Summary of public engagement
5. Locality Plan outcome measures and 5a Projections (draft)
6. Implementation Plan (draft)
7. Community Impact Assessment (draft)
8. Engagement Policy and Strategy, and 8a Engagement Plan (January – March 2016)
9. Salford Together Value proposition PACS Vanguard, including Transformation Fund self assessment
10. NW Sector Acute Services ACC Vanguard – value proposition, including Transformation Fund self assessment
11. Better Care Fund 2016/17 – final submission
12. Locality Plan robustness self assessment

The following are available for download from <http://www.salfordccg.nhs.uk/salford-locality-plan>

13. Executive Summary document
14. Public Leaflet

During the preparation of this Locality Plan, a number of other papers were produced, which are available on request from anne.lythgoe@salford.gov.uk

- Agreeing priorities – Salford methodology
- Comparator report – Public Health outcomes in Salford compared to GM and England
- Projections – using Public Health Outcomes Framework
- Engagement Strategy – agreed by Salford's Health and Wellbeing Board
- Role of VCSE in the Locality Plan – paper prepared by Salford CVS
- Detailed methodology
- Finance supporting papers

Appendix 1: Salford Locality 5 Year Financial Plan and Assumptions *[doesn't include children funding/spend]*

Salford Locality: Financial Gap: Do Nothing Option

£'000s	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	
CCG	£000s	£000s	£000s	£000s	£000s	£000s	
Total funding	£417,298	£422,412	£428,484	£434,177	£440,682	£457,241	Actual allocations announced up to 2018/19 and indicative allocations for 2019/20 and 2020/21. Minimum NHS growth year on year of 2% less a reduction in non recurrent funds available as the CCG draws this money down over the next 3 years. Higher uplift in 2020/21 as a result of the additional £8bn NHS monies being back loaded.
Growth from previous year	-	1.2%	1.4%	1.3%	1.5%	3.8%	
Spending							
Acute	£194,186	£198,462	£201,403	£204,383	£207,408	£211,504	
A&E	£13,683	£14,951	£15,170	£15,392	£15,617	£15,922	
NELIP	£65,481	£70,442	£71,465	£72,501	£73,553	£74,977	
ELIP	£34,431	£36,486	£37,028	£37,578	£38,135	£38,891	
OP	£31,747	£30,422	£30,883	£31,351	£31,825	£32,468	
Other Acute	£48,843	£46,161	£46,857	£47,562	£48,278	£49,247	
Mental Health	£36,643	£37,285	£37,799	£38,366	£38,942	£39,714	
Primary and Community Care	£75,352	£82,660	£83,578	£84,472	£85,449	£86,633	Primary Care Co-commissioning (core GP contract funding) now included in this total
Prescribing	£40,532	£44,250	£45,688	£47,067	£48,402	£49,777	
Integrated Care	£55,050	£54,076	£58,210	£61,765	£62,306	£71,290	
Total expenditure	£401,763	£416,734	£426,678	£436,054	£442,507	£458,918	
CCG shortfall	£15,535	£5,678	£1,806	-£1,877	-£1,825	-£1,677	
Council							
Total funding	£71,280	£76,098	£73,873	£73,730	£76,177	£75,108	Revised funding assumptions, including public health grant reductions. Includes additional funding announced for Better care fund, less reductions in specific grants (New Homes Bonus) and includes additional income resulting from 2% council tax increase
Growth from previous year	-	6.8%	-2.9%	-0.2%	3.3%	-1.4%	
Spending							
Adult social care	£51,373	£54,252	£57,331	£60,476	£63,750	£66,917	All of these figures gross (do not contain any savings reductions)- therefore consistent with do nothing option. Includes demand pressures and living wage
Children's social care							
Public Health	£19,907	£21,846	£22,137	£22,431	£22,729	£23,032	
Total expenditure	£71,280	£76,098	£79,468	£82,907	£86,480	£89,949	
Council shortfall	£0	£0	-£5,595	-£9,177	-£10,303	-£14,841	
Salford Royal (CCG only activity)							
Provider income	£315,021	£331,164	£337,900	£343,338	£348,902	£357,367	Locality % of SRFT total 63%
Provider expenditure	£323,885	£347,394	£353,987	£368,518	£384,756	£401,493	
Provider gross shortfall	-£8,864	-£16,230	-£16,087	-£25,180	-£35,854	-£44,125	Do Nothing- assume not achieve any Cost Improvement (CIP)
GMW (Salford CCG only)							
Provider income	£33,293	£31,822	£32,239	£32,612	£32,994	£33,633	Locality % of GMW Total 20%
Provider expenditure	£31,425	£33,296	£33,834	£35,027	£36,553	£38,159	
Provider gross shortfall	£1,868	-£1,474	-£1,595	-£2,416	-£3,560	-£4,526	Do Nothing- assume not achieve any Cost Improvement (CIP)
Total NHS Provider Shortfall	-£6,996	-£17,703	-£17,681	-£27,595	-£39,414	-£48,651	Do Nothing- assumes NHS Providers do not achieve any Cost Improvement (CIP)
TOTAL LOCALITY SHORTFALL	£8,539	-£12,025	-£21,470	-£38,649	-£51,542	-£65,169	

Appendix 2: Closing the Gap- Impact of Locality Plan Interventions

2020/21
£m
-£65.2

Baseline Position: Gross Locality Shortfall

Impact of Fair Shares and Funding Protection

CCG Funding to Move to Fair Shares	£0.0	Any additional funding to move CCG to fair shares is included in revised CCG allocation figures (2016/17 to 2020/21)
CCG Funding- Share of £8bn Additional for Health	£0.0	Share of £8bn now within CCG allocation or NHS Tariff figures- therefore built into the revised "do nothing" locality gap
CCG Share of Specialised Commissioning Move to Fair Shares	£0.0	£100m over target on spec comm across GM- Salford share £15m- although unsure whether fair shares will apply or spec comm funding protected. Include in 11th Locality plan, excluded from Salford's locality plan
Request to Protect Social Care Funding for GM	£0.0	2% precept on council tax for Adult Social Care equates to £8m (£1.6m increase each year) for Salford. In addition, £10.5m additional Better Care Fund allocation routed to Local Authority less £3.2m reduction in New Homes Bonus grant. Now included in revised LA funding assumptions, £15m additional funding in the revised "do nothing" position
Sub Total	£0.0	

Impact of Locality Plans: Prevention

Start Well	£1.3	See Locality interventions worksheet for more details. Assumed 5 year lag for impact
Live Well	£14.6	See Locality interventions worksheet for more details. Assumed 5 year lag for impact
Age Well	£0.0	£1m residential care savings included in Better Care savings below
Sub Total	£15.9	

Impact of Locality Plans: Better Care

Group of interventions 1: Community based care, primary care, Salford standard	£5.0	Plan to move some outpatient clinics into the community and redesign the pathways to ensure different models of care, integrated with primary care. The Salford standard should reduce variation in primary care and ensure consistent, reliable care from gp practices. Aligning primary care with more community based services will reduce the outpatient activity currently undertaken in the acute setting. See "Better Care impact on Activity" sheet for detailed activity assumptions
Group of interventions 2: Integrated Care (older people and adults)	£10.7	These interventions will contain population growth in terms of secondary care activity and in addition deliver a reduction against 2014/15 levels. We have planned on a reduction of 2 wards at Salford Royal. See "Better Care impact on Activity" sheet for detailed activity assumptions.
Group of interventions 3: Medicine optimisation	£2.5	Our do nothing finance model assumes year on year growth in primary care prescribing...yet Salford has been very good at containing growth through robust medicines management. Our strategic plan build on this. Within the workforce section, it should describe additional investment in 20 clinical pharmacists working in primary care. This should ensure consistency and reliable primary care prescribing plus this workforce will interface with secondary care. This intervention will contain prescribing growth, therefore can take £2.5m out of do nothing financials against prescribing
CAMHS Transformation	£0.0	Nil impact on locality financial position. Potentially, over time, reduce spend on Tier 4- but these savings accrue to Specialist/11th Locality plan
Sub Total	£18.2	

Impact of Provider Efficiency and Reform

Productivity Improvement (Cost improvement programme)- SRFT- TOTAL	£36.1	Internal CIP already identified/assumed- 2%
Productivity Improvement (Cost improvement programme)- GMW- TOTAL	£5.4	Internal CIP already identified/assumed- 2%
Productivity Improvement (Cost improvement programme)- Adult Social Care (direct provision within ICO only)	£0.8	Assumed 2% CIP on direct costs element of adult social care- will be part of ICO- therefore for consistency, assume provider efficiency of 2% to be achieved year on year
Sub Total	£42.3	

REVISED LOCALITY SHORTFALL

£11.3

Appendix 3: Closing the Gap- Impact of Locality Plan Interventions on Hospital Activity

POD	14/15 Baseline Activity	20/21 Do Nothing Scenario Activity	20/21 Activity Post Interventions	Intervention Impact on Activity	14/15 Baseline Costs	20/21 Do Nothing Scenario Costs	20/21 Costs Post Interventions	Intervention Impact on Costs	Notes
					£m	£m	£m	£m	
Critical Care	1,313	1,453	1,453	0	£1.20	£1.30	£1.30	£0.00	
DirectAccess	1,942	2,150	2,150	0	£0.10	£0.10	£0.10	£0.00	
Daycases	21,081	23,334	20,891	2,443	£16.10	£16.60	£14.86	£1.74	1
Elective	6,497	7,191	6,441	750	£11.90	£12.30	£11.02	£1.28	1
Emergency (A&E)	106,000	117,331	98,700	18,631	£13.00	£13.40	£11.27	£2.13	2
Maternity	6,995	7,743	7,743	0	£7.60	£7.80	£7.80	£0.00	
Non- Elective	36,056	39,910	34,056	5,854	£50.10	£51.50	£43.95	£7.55	2
Non-Elective/Short Stay	3,523	3,900	3,900	0	£2.40	£2.50	£2.50	£0.00	
First, Consultant	44,153	48,873	44,273	4,600	£7.10	£7.30	£6.61	£0.69	1
First, Non-Consultant	374	414	414	0	£0.00	£0.00	£0.00	£0.00	
Follow-up, Consultant	122,568	135,669	121,343	14,326	£12.00	£12.40	£11.09	£1.31	1
Follow-up, Non-Consultant	1,290	1,428	1,277	151	£0.10	£0.10	£0.09	£0.01	1
Outpatient Procedures	33,426	36,999	36,999	0	£5.70	£5.90	£5.90	£0.00	
Other	23,492	26,003	26,003	0	£18.20	£18.70	£18.70	£0.00	
Outpatient Diagnostics	15,478	17,132	17,132	0	£1.40	£1.50	£1.50	£0.00	
Diagnostic Imaging	290	321	321	0	£0.00	£0.00	£0.00	£0.00	
High Cost Drugs	4,181	4,628	4,628	0	£0.30	£0.30	£0.30	£0.00	
Total					£147.20	£151.70	£136.99	£14.71	

Additional Impact on Costs:

Reduction in Residential Care

£1.00

2

Medicines optimisation- reduction in CCG's prescribing spend

£2.50

3

TOTAL LOCALITY BETTER CARE SAVINGS

£18.21

NOTES:

1	Group of interventions 1: Community based care, primary care, Salford standard Plan to move some outpatient clinics into the community and redesign the pathways to ensure different models of care, integrated with primary care. The Salford standard should reduce variation in primary care and ensure consistent, reliable care from gp practices. Aligning primary care with more community based services will reduce the outpatient activity currently undertaken in the acute setting. Planned activity reductions targeted at acute planned care as follows, should be c £4.9m Daycases -2443 Elective -750 First consultant -4600 Follow up consultant -14326	£5.03
2	Group of interventions 2: Integrated Care (older people and adults) These interventions will contain population growth in terms of secondary care activity and in addition deliver a reduction against 2014/15 levels. We have planned on a reduction of 2 wards at Salford Royal. The ambition is to impact on a&e and non elective activity as follows: Emergency a&e -18631 Non elective. -5854 In addition there will be planned reductions in residential care of c £1m (recorded above)	£10.68
3	Group of interventions 3: Medicine optimisation Our do nothing finance model assumes year on year growth in primary care prescribing...yet Salford has been very good at containing growth through robust medicines management. Our strategic plan build on this. Within the workforce section, it should describe additional investment in 20 clinical pharmacists working I primary care. This should ensure consistency and reliable primary care prescribing plus this workforce will interface with secondary care. This intervention will contain prescribing growth, therefore can take £2.5m out of do nothing financials against prescribing	£2.50
Total Better Care		£18.21
4	Group of interventions 4: Provider Efficiency (Integrated Care Organisation) The Vanguard Proposition (Salford Integrated Care Vanguard) will achieve the £18.2m "better care" savings identified above plus contribute circa £9m to provider cost efficiency.	£9.35
Total Impact of Integrated Care Vanguard (Better Care Savings and Provider Efficiency for ICO Services)		£27.56

Double check the value proposition for Vanguard (integrated care) equates to this £28m recurrent savings