Health and Adults Scrutiny Panel

Dear Member,

You are invited to attend the meeting of the Health and Adults Scrutiny Panel to be held as follows for the transaction of the business indicated.

Miranda Carruthers-Watt
Proper Officer

DATE: Wednesday, 5 July 2017
TIME: 10.00 am
       9.30 am (Member only briefing)
VENUE: Committee Room 2, Salford Civic Centre, Chorley Road, Swinton

In accordance with ‘The Openness of Local Government Bodies Regulations 2014,’ the press and public have the right to film, video, photograph or record this meeting.

AGENDA

10.00AM

1 Apologies for absence.

2 Declarations of interest.

3 To approve, as a correct record, the minutes of the meeting held on 5 April 2017. (Pages 1 - 6)

4 Matters arising.

10.10AM

5 Adult Safeguarding Sub Group Update (All Members)

10.20AM

6 Adult Mental Health Services Provision (Phase 1 - ADHD) (Spotlight) (Initial proposals) (All Members) (Pages 7 - 8)

10.30AM

7 Work Programme (All Members) (Pages 9 - 22)

10.45AM

8 Intelligence Update (verbal update) (Siobhan Farmer / Gordon Adams)
11.15AM

9 Any other business.

FOR INFORMATION ONLY

11.25AM

10 Public Health Intelligence Newsletter (Pages 23 - 46)

11 Date and time of next meeting - Wednesday 2 August 2017 at 10.00 am.

Items to be considered at this meeting are -

- Pooled Budget and ICO Update
- Public Health, Reform and Commissioning Service Group Budget Monitoring
- Health and Wellbeing Board Update
- Public Health Intelligence Newsletter
- Work Programme

Contact Officer: Mike McHugh, Senior Democratic Services Advisor
Tel No: 0161 793 3011
E-Mail: mike.mchugh@salford.gov.uk
HEALTH AND ADULTS SCRUTINY PANEL

5 April 2017

Meeting commenced: 10.00 a.m.
ended: 11.38 a.m.

PRESENT: Councillor Morris - in the Chair
Councillors Balkind, Bentham, R. Garrido, King, Taylor and
Warmisham

CO-OPTED MEMBERS:

Jay Ahmed Healthwatch Salford

INVITEES: Miranda Washington Greater Manchester Mental Health
Foundation Trust
David Bartholomew Greater Manchester Mental Health
Foundation Trust

OFFICERS: Mike McHugh Senior Democratic Services Advisor

1. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors Bellamy, Clark,
Murphy and Weir, and Faith Mann.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF PROCEEDINGS

The minutes of the meeting held on 1 March 2017 were approved as a correct
record.

4. MATTERS ARISING

There were no matters arising.

5. QUALITY ACCOUNT FOR GREATER MANCHESTER MENTAL HEALTH NHS
FOUNDATION TRUST

Miranda Washington and David Bartholomew gave a presentation on the
development of the 2016 / 2017 Quality Account for the Greater Manchester Mental
Health NHS Foundation Trust which included details, as follows -
Trust Overview

• Provide a wide range of services for the treatment and recovery of mental health conditions and substance misuse.
• Covers District secondary care mental health services across Bolton, Salford, Trafford and Manchester (health and social care) inpatient, community – adults and older people
• Provides primary care psychological services in localities
• Provides specialist mental health services e.g forensic, child and adolescent mental health services, services for the deaf, eating disorders
• Substance misuse services locally and other parts of the North e.g. Cumbria.
• Support range of services in prisons.
• Recent acquisition of Manchester Mental Health and Social Care services
• Approximately 137 sites and 4,750 staff
• Total income of £272.4M

What is a Quality Account

• Assurance to service users and carers about the quality of care.
• Public accountability
• NHS Improvement requirement
• Mandated content
• External audit to provide independent scrutiny
• Sets out improvements and progress in 16/17
• Describes key plans for 17/18
• For 17/18 will bring together previous GMW and Manchester priorities
• Enables involvement from wider stakeholders in quality assurance and priorities.

How do we Quality Assure our Services

• Trust Board
• Quality Governance Committee
• Audit Committee
• CQC Inspections
• Listening to and learning from service user and carers
• Wider stakeholder views
• Performance and Outcome measures
• Triangulation

Summary Priority Areas 16/17 for GMW

• Service User Experience - Listening and learning from service user feedback
• Recovery – Improving Outcomes through the Delivery of Recovery Focused Services
• Enhancing Quality of Life for People with Dementia and Older People with Functional Illness
• Physical Health – Improve Assessment and Treatment and Promote Health Improvement
• Positive and Safe – Reducing Conflict in Inpatient Settings
• Staffing – Improving Individual and Organisation Well Being to Enhance Patient Care
• CAMHS – Safe, effective and collaborative treatment

Summary Priority Areas 16/17 for Manchester

• Clinical effectiveness and patient experience – Appointment of Physical Health Lead to oversee implementation of parity of esteem across inpatient and community services
• Patient safety and regulation – Completion of workforce review to ensure best use of skills and resources to support every service user to receive care which is safe, effective and a positive experience
• Clinical Effectiveness, Safety and Patient Experience – Deliver quality improvement initiatives with robust local monitoring to ensure a safe, high quality and effective experience for service users and their families

How Did We Do?

Both previous organisation are due to meet all targets set. Some headlines include:-

• Service User Engagement Strategy 2016-19 launched and local action plans in place.
• Recovery Academy continued success with 24 service user peer trainers delivering over 55 courses for service users, carers and staff, over 3,500 students registered.
• Work progressing to achieve national accreditation for 3 Older Adult functional wards.
• Roll out of Older Adult training including Dementia Friends Champions.
• Improved physical health care monitoring, signposting and equipment.
• Much work to reduce conflict in inpatient settings including rollout of Safeward framework and introducing positive support plans.
• Introduced a range of new activities and workshops for staff eg. nature trails and yoga
• Early access to physiotherapy and psychological therapy for staff
• Improved staff Friends and Family Test response.
• Completed external review of CAMHS service.

Suggested Priority Areas 17/18

• Service User and Carer Experience – Listening and learning from service user and carer feedback
• Promoting Recovery – Improving Outcomes through the Delivery of Recovery Focused, Positive and Safe Services
• Enhancing Quality of Life for People with Dementia and Older People with Functional Illness
• Physical Health – Improve Assessment and Treatment and Promote Health Improvement
• Reducing the number of service users placed outside of the local area for care
• Further develop and improve IAPT services that reflects the needs of people with long term conditions

Why These?

Reflects -

- Building on progress in 16/17
- Complements and strengthens wider quality agenda for example National CQUINs.
- National CQUINs 17-19 support QA16/17 priorities Staff Health and Wellbeing and CAMHS
- Greater Manchester Mental Health Strategy
- National Mental health priorities – Five Year Forward View
- Service user and carer feedback
- Manchester clinical transformation workstreams
- Locality and neighbourhood approaches
- National Quality Account Guidance

What Happens Next?

• Involvement and engagement ongoing. The draft Quality Account will be shared by week beginning 10 April 2017
• Assurance required from key stakeholders by 26 May 2017
• Final Quality Account published on 30 June 2017

RESOLVED: (1) THAT, upon receipt, the draft Quality Account be provided to members of this Panel; and that any comments be provided to Councillor Morris.

(2) THAT a response be prepared, in consultation with Councillor Morris, and submitted on behalf of this Panel; and that a copy of the response be circulated to members of the Panel in due course.

6. QUALITY ACCOUNT FOR SALFORD ROYAL FOUNDATION TRUST

Councillor Morris noted that Salford Royal Foundation Trust had submitted the Draft Quality Account for 2016 / 2017.

She requested that members provide any comments to her for inclusion in the response.

RESOLVED: THAT a response be prepared, in consultation with Councillor Morris, and submitted on behalf of this Panel; and that a copy of the response be circulated to members of the Panel in due course.
7. **WORK PROGRAMME**

Discussion took place relating to the items to be included on the agenda for the meeting of this Panel to be held on 6 June 2017.

RESOLVED: THAT the matter be noted.

8. **ANY OTHER BUSINESS**

There were no items of any other business.

9. **DATE AND TIME OF NEXT MEETING**

RESOLVED: THAT the next meeting of this Panel be held on Wednesday 6 June 2017, in a Committee Room at Salford Civic Centre, Chorley Road, Swinton, commencing at 10.00 a.m.
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## Health and Adults Scrutiny Panel
**Adult Mental Health Services Provision Phase 1 - ADHD Scoping Document**

<table>
<thead>
<tr>
<th>Name of review</th>
<th>Adult Mental Health Services Provision (Task and Finish Group) ADHD (Phase 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task and Finish Group members</td>
<td>All Members of the Health and Adults Scrutiny Panel</td>
</tr>
<tr>
<td>Co-option members</td>
<td>ADHD Adults Group - 2 representatives</td>
</tr>
</tbody>
</table>
| Key officers / service group/partner organisations | Judd Skelton  
Delana Lawson - Health Watch Salford                                    |
<p>| Relevant Lead Members              | Councillor Kelly                                                             |
| Timescales                          | TBC                                                                         |
| Rationale for the review. (Key issues and/or reason for doing the review) | To undertake a review of one of the portfolio priority areas of the Health and Adults Scrutiny Panel |
| Objectives of review (Specify exactly what the review should achieve/what are the potential outcomes of the review e.g. service improvements, policy change, etc?) | To understand the commissioning process in relation to services for ADHD and ensure that this effectively meets the needs of the service users |</p>
<table>
<thead>
<tr>
<th>Scope of the topic</th>
<th>To be confirmed</th>
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<tbody>
<tr>
<td>What is specifically to be included/excluded</td>
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<table>
<thead>
<tr>
<th>Who will the group meet with?</th>
<th>Officers</th>
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<tr>
<td></td>
<td>Providers</td>
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<td></td>
<td>Health Watch Salford</td>
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<td>Users</td>
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<td>Carers</td>
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</tbody>
</table>

| How will our partners be involved?     | As necessary |
| (consultation with relevant stakeholders |             |

| What site visits will be undertaken?   | As necessary |

<table>
<thead>
<tr>
<th>How will the public be involved?</th>
<th>Possible interviews with relatives/service users.</th>
</tr>
</thead>
</table>

| What evidence is needed for the review? | Will come to light as progress is made. |
| What information needs to be identified / is not already available? |                                           |

| Other information                      |                                           |
# Health and Adults Scrutiny Panel
## Work Programme and Recommendation Tracker

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Responsible officer(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2017</td>
<td>No meeting</td>
<td>-</td>
</tr>
<tr>
<td>February 2017</td>
<td>ICO Budget Update</td>
<td>Steve Dixon / Jennifer McGovern</td>
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<tr>
<td></td>
<td>Breast Services Update</td>
<td>Dr Tom Tasker / Karen Proctor</td>
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<tr>
<td></td>
<td>Sub-Groups (Scoping Document Preparation)</td>
<td>Members</td>
</tr>
<tr>
<td>March 2017</td>
<td>JSNA Update</td>
<td>Siobhan Farmer / Gordon Adams</td>
</tr>
<tr>
<td>April 2017</td>
<td>Quality Account for Greater Manchester Mental Health NHS Foundation Trust.</td>
<td>Miranda Washington</td>
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<td></td>
<td>Quality Account for Salford Royal Foundation Trust</td>
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<tr>
<td></td>
<td>Member Session on Governance of Scrutiny Function</td>
<td>Miranda Carruthers-Watt / Karen Lucas</td>
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<tr>
<td></td>
<td>Public Health Intelligence Newsletter</td>
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<tr>
<td>May 2017</td>
<td>CANCELLED</td>
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<td>June 2017</td>
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<td>Date</td>
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<tr>
<td>July 2017</td>
<td>Intelligence Update</td>
<td>Siobhan Farmer / Gordon Adams</td>
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<td></td>
<td>Adult Safeguarding Sub Group Update</td>
<td>All Panel</td>
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<td></td>
<td>Adult Mental Health Services Provision (Phase 1 - ADHD) (Spotlight)</td>
<td>All Panel</td>
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<td>(Initial proposals)</td>
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<td>Work Programme</td>
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<tr>
<td>August 2017</td>
<td>Pooled Budget and ICO Update</td>
<td>Steve Dixon / Jennifer McGovern</td>
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<td></td>
<td>Public Health, Reform and Commissioning Service Group Budget Monitoring</td>
<td>Stephen Thynne</td>
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<td>Work Programme</td>
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<tr>
<td>September 2017</td>
<td>Community, Health and Social Care Service Group Budget Monitoring</td>
<td>Chris Hesketh</td>
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<td>Public Health Intelligence Newsletter</td>
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<td><strong>October 2017</strong></td>
<td>Intelligence Update</td>
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<td>Adult Safeguarding Sub Group Report</td>
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<tr>
<td><strong>December 2017</strong></td>
<td>Community, Health and Social Care Service Group Budget Monitoring</td>
<td>Chris Hesketh</td>
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<td></td>
<td>Work Programme</td>
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<tr>
<td>Work stream</td>
<td>Scope / Terms of Reference</td>
<td>Members</td>
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</tr>
<tr>
<td>Adult Safeguarding (Spotlight)</td>
<td>Scoping Document attached (Appendix 1)</td>
<td>Councillor Warmisham as Lead with Full Panel</td>
</tr>
<tr>
<td>Adult Mental Health Services Provision (Phase 1 - ADHD) (Spotlight)</td>
<td>Scoping Document attached (Appendix 2)</td>
<td>Councillor Morris as Lead with Full Panel</td>
</tr>
<tr>
<td>Adult Mental Health Services Provision (Phase 2 - Armed Forces) (Spotlight)</td>
<td>To be confirmed</td>
<td>Full Panel</td>
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<tr>
<td>Adult Mental Health Services Provision (Phase 3 - Females within the Criminal Justice System) (Spotlight)</td>
<td>To be confirmed</td>
<td>Full Panel</td>
</tr>
</tbody>
</table>
### Abeyance List
The following issues have yet to be prioritised and TOR determined.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Details</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salford Maternity Services</td>
<td></td>
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<tr>
<td>GP Access</td>
<td>To examine in further detail issues relating to GP access in the City</td>
<td>Councillor Warmisham</td>
</tr>
<tr>
<td></td>
<td>Updated progress reports will be submitted in due course.</td>
<td></td>
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<tr>
<td>Winter Mortality</td>
<td>To examine in further detail issues relating to Winter Mortality in the City</td>
<td>Councillor King</td>
</tr>
<tr>
<td></td>
<td>Updated progress reports will be submitted in due course.</td>
<td></td>
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<tr>
<td>Community Resilience</td>
<td>Resilient Communities - Enable the extended wellbeing of older people through the provision and uptake of activities in their local areas. (Worsley and Winton Wards)</td>
<td>Full Panel</td>
</tr>
<tr>
<td></td>
<td>Updated progress reports will be submitted in due course.</td>
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<tr>
<td>Portfolio of the Panel:</td>
<td>Membership – 12 Members:</td>
<td></td>
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<tr>
<td>------------------------</td>
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<td></td>
</tr>
<tr>
<td>1. Health, Public Health and Social Care Integration and performance thereafter</td>
<td><strong>Councillors</strong></td>
<td></td>
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<tr>
<td>2. Commissioning Hub</td>
<td>Howard Balkind</td>
<td></td>
</tr>
<tr>
<td>3. Major Health reconfiguration</td>
<td>Sammie Bellamy (Deputy Chair)</td>
<td></td>
</tr>
<tr>
<td>4. Overview of Health and Wellbeing Board in promoting integration</td>
<td>Barbara Bentham</td>
<td></td>
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<tr>
<td>5. Supporting People</td>
<td>Adrian Brocklehurst</td>
<td></td>
</tr>
<tr>
<td>6. Services for independent living – care on call, sheltered housing, supported tenancies</td>
<td>Jim Dawson</td>
<td></td>
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<tr>
<td>7. Adult Safeguarding</td>
<td>Robin Garrido</td>
<td></td>
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<tr>
<td>8. Integrated Teams</td>
<td>Jim King</td>
<td></td>
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<tr>
<td>9. Provider Services</td>
<td>Margaret Morris (Chair)</td>
<td></td>
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<tr>
<td>10. Personalisation and care management</td>
<td>Arnold Saunders</td>
<td></td>
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<tr>
<td>11. Asylum Seekers and Refugees</td>
<td>Peter Taylor</td>
<td></td>
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<tr>
<td>12. Welfare rights and debt advice</td>
<td>John Warmisham</td>
<td></td>
</tr>
<tr>
<td>13. To review and scrutinise any matter relating to the planning provision and operation of the health service in the Salford area.</td>
<td>Colette Weir</td>
<td></td>
</tr>
<tr>
<td>14. To scrutinise the council’s business plan and budget in this functional area</td>
<td>Faith Mann - Co-opted Member</td>
<td></td>
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<td></td>
<td>Jay Ahmed - Co-opted Member</td>
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</tbody>
</table>
## Health and Adults Scrutiny Panel
### Adult Safeguarding (Spotlight)  
#### Scoping Document

<table>
<thead>
<tr>
<th></th>
<th>Name of review</th>
<th>Adult Safeguarding Review</th>
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<tbody>
<tr>
<td>2.</td>
<td>Group members</td>
<td>Councillor Warmisham leading with Full Panel</td>
</tr>
<tr>
<td>3.</td>
<td>Co-option members</td>
<td>Marian Wilson</td>
</tr>
</tbody>
</table>
| 4. | Key officers / service group/partner organisations | Adult Services  
Jennifer McGovern  
Salford Adult Safeguarding Board |
<p>| 5. | Relevant Lead Members | Councillor Tracy Kelly, Lead Member for Adult Services, Health and Wellbeing |
| 6. | Timescales           | Report by Autumn/Winter 2017 |
| 7. | Rationale for the review. (Key issues and/or reason for doing the review) | To undertake a review of one of the portfolio priority areas of the Health and Adults Scrutiny Panel |
| 8. | Objectives of review (Specify exactly what the review should achieve/what are the potential outcomes of the review e.g. service improvements, policy change, etc?) | To gain assurance that the Adult Safeguarding polices, systems and service provision are effective and meet the needs of the people of Salford |
| 9. | Scope of the topic (What is specifically to be included/excluded) | TBC |</p>
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Who will the group meet with?</td>
<td>Various bodies/individuals involved with Adult Safeguarding.</td>
</tr>
<tr>
<td>11.</td>
<td>How will our partners be involved?</td>
<td>Healthwatch Salford have agreed to take part in meetings/Interviews. Consultation will take place with other relevant bodies.</td>
</tr>
<tr>
<td></td>
<td>(consultation with relevant stakeholders)</td>
<td></td>
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<tr>
<td>12.</td>
<td>What site visits will be undertaken?</td>
<td>Various.</td>
</tr>
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<tr>
<td>15.</td>
<td>Other information</td>
<td></td>
</tr>
</tbody>
</table>
# Health and Adults Scrutiny Panel
## Adult Mental Health Services Provision Phase 1 - ADHD
### Scoping Document

<table>
<thead>
<tr>
<th>Name of review</th>
<th>Adult Mental Health Services Provision (Task and Finish Group) ADHD (Phase 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task and Finish Group members</td>
<td>All Members of the Health and Adults Scrutiny Panel</td>
</tr>
<tr>
<td>Co-option members</td>
<td>ADHD Adults Group - 2 representatives</td>
</tr>
<tr>
<td>Key officers / service group/partner organisations</td>
<td>Judd Skelton Delana Lawson - Health Watch Salford</td>
</tr>
<tr>
<td>Relevant Lead Members</td>
<td>Councillor Kelly</td>
</tr>
<tr>
<td>Timescales</td>
<td>TBC</td>
</tr>
<tr>
<td>Rationale for the review. (Key issues and/or reason for doing the review)</td>
<td>To undertake a review of one of the portfolio priority areas of the Health and Adults Scrutiny Panel</td>
</tr>
<tr>
<td>Objectives of review (Specify exactly what the review should achieve/what are the potential outcomes of the review e.g. service improvements, policy change, etc?)</td>
<td>To understand the commissioning process in relation to services for ADHD and ensure that this effectively meets the needs of the service users</td>
</tr>
</tbody>
</table>
| **Scope of the topic**  
(What is specifically to be included/excluded) | To be confirmed |
|---|---|
| **Who will the group meet with?**  
| Officers  
Providers  
Health Watch Salford  
Users  
Carers | |
| **How will our partners be involved?**  
(consultation with relevant stakeholders) | As necessary |
| **What site visits will be undertaken?** | As necessary |
| **How will the public be involved?** | Possible interviews with relatives/service users. |
| **What evidence is needed for the review?**  
(What information needs to be identified / is not already available?) | Will come to light as progress is made. |
| **Other information** | |
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Salford City Council Public Health Bulletin

March 2017
Alcohol Profiles Updated
- Reducing harmful drinking is one of PHE’s seven key priorities. In 2015, 294,000 years of life were lost before age of 75 due to alcohol related causes.
- Salford performs less well when compared to national and local data, although for certain indicators—e.g. alcohol related mortality—Salford is better than the regional average.

Air Quality in Greater Manchester
- Defra may be implementing a ‘Clean Air Zone’ in Greater Manchester due to poor air quality in the area
- Clean Air Zones target areas where air quality is poorest; reducing pollution and encouraging the replacement of older, polluting vehicles with newer cleaner vehicles
- Focus in Greater Manchester will be on Manchester City Centre and surrounding area; inside the Manchester inner ring road; and the area inside the M60

Creating Healthy Food Environments
- PHE have released their latest ‘Health Matters’ focusing on creating a healthy food environment to reduce obesity using the ‘whole’ local system
- Nearly 2/3 of adults and 1/3 of children nationally are classed as either overweight or obese

Public Health England Updating Sugar Guidelines
- PHE is working with businesses to cut sugar in certain foods by 5% this year and 20% by 2020
- PHE has published guidelines setting out the approaches the food industry can take to reduce the amount of sugar children consume through the everyday foods that contribute the highest intake. This includes recommending sugar limits for 9 food groups including biscuits, breakfast cereals & yogurt.

Research supporting eating ‘10 a day’
- A large, high quality piece of research showed that eating more fruit and vegetables (up to 800g per day – equivalent of 10 portions a day) can reduce risk of stroke, cancer as well as premature death
- 7.8 million early deaths globally would have been avoided eating ‘10 a day’ in 2013
- In Salford, 45.9% of adults meet current ‘5 a day’ guidelines on a usual day, compared to 52.3% nationally

Vitamin D fortification to help reducing respiratory infections?
- Research published in the BMJ has claimed that the fortification of food with Vitamin D could help reduce respiratory infections such as colds and flu which would save the NHS money although this assertion has been disputed by PHE
- In 2016, PHE produced guidance that adults and children (from age one) should consider a daily Vitamin D supplement particularly in autumn and winter, with at risk groups taking it all year round.

Worrying about work can impact your health
- A small scale, lower quality study that has received a lot of coverage examined the role of worrying about work when not at work having a negative impact on overall health
- In 2014/15 440,000 people in the UK reported work related stress at a level they believed was making them ill - 40% of all work related illness.
Alcohol Profiles Updated
Public Health England has published the updated local alcohol profiles for England in February 2017 (these are updated every quarter). The interactive tool presents data for 25 alcohol-related indicators and can be accessed by clicking here.

The National Picture
Reducing harmful drinking is one of Public Health England’s seven key priorities. In 2015, 294,000 years of life were lost before the age of 75 due to alcohol related causes, although this number has consistently fallen since 2008. There are also gender and inequality gaps showing disproportionate levels of harm impacting men and the most deprived.

The Salford Picture
The table below shows the key indicators for Salford and shows that across all the indicators, Salford is worse than the national average, and the very worst on two of those shown below, although when compared regionally Salford is closer and in some cases – for example, alcohol related mortality – is performing better than the regional average.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Salford</th>
<th>Region England</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.31 - Alcohol-specific mortality</td>
<td>2013-15</td>
<td>109 16.9 16.3 11.5 31.9</td>
<td></td>
<td>4.7</td>
</tr>
<tr>
<td>4.31 - Alcohol-related mortality</td>
<td>2015</td>
<td>105 51.8 54.8 46.1 96.8</td>
<td></td>
<td>32.3</td>
</tr>
<tr>
<td>5.31 - Persons admitted to hospital for alcohol-specific conditions</td>
<td>2012/13-14/15</td>
<td>113 72 55.5 36.6 92.9</td>
<td></td>
<td>10.9</td>
</tr>
<tr>
<td>6.31 - Persons admitted to hospital for alcohol-specific conditions</td>
<td>2014/15</td>
<td>2,065 1,000 550 364 1,090</td>
<td></td>
<td>156</td>
</tr>
<tr>
<td>9.01 - Admission episodes for alcohol-related conditions (Broad)</td>
<td>2014/15</td>
<td>7,467 3,571 2,602 2130 3,571</td>
<td></td>
<td>1,270</td>
</tr>
<tr>
<td>10.01 - Admission episodes for alcohol-related conditions (Narrow)</td>
<td>2014/15</td>
<td>2,079 624 741 641 1,223</td>
<td></td>
<td>310</td>
</tr>
</tbody>
</table>

Creating Healthier Food Environments
Public Health England have released their latest Health Matters that focuses on opportunities to improve the food environment. You can access this by clicking here.

A major risk factor for obesity is the food and drink environment – including where we eat out of the home. The unhealthy choices are often easier and cheaper alternatives – with over 50,000 fast food outlets (including fast food delivery services and fish and chip shops) in England recorded in 2014. Much of the food available is associated with higher energy intake; higher levels of fat, saturated fats, sugar, and salt, and lower levels of micronutrients. It is estimated that over a quarter of adults and a fifth of children eat from an ‘out-of-the-home’ food outlet at least once a week.
Nationally, nearly 2/3 of the adult population and a third of children are obese or overweight, and younger people are becoming obese earlier and staying obese for longer. Obesity increases the risk of developing a whole range of diseases including certain cancers, high blood pressure, Type 2 Diabetes and heart disease. Obesity is also a costly disease with an estimated £6.1 billion spent on obesity related ill health in 2014-15 alone.

While no one is exempt from the obesity risk, some groups are more likely to become overweight and obese than others. Factors such ethnicity, income and social deprivation have a great impact on the likelihood of becoming obese. There is also a strong relationship between deprivation and childhood obesity with obesity twice as prevalent in the most deprived 10% of children than the least deprived 10% at both reception and year 6 levels. There are on average more fast food outlets in deprived areas than in more affluent areas.

The Salford Picture

The chart below shows the rate of fast food restaurants and takeaways per 100,000 people across the Salford wards. Salford has, at the time of data collection, 258 fast food restaurants/takeaways at a rate of 105.0 per 100,000 people – equal to the North West (104.9 per 100,000) but higher than the England rate (77.9 per 100,000). Ordsall has the highest number (31 takeaways) and Swinton North has the highest rate (183.3 per 100,000) in Salford, with Worsley the lowest.
It is also worth noting that Salford has a supplementary planning document in force (here) which limits the start up and opening times of hot food take-aways within 400metres of a secondary school.

However it is important to realise that fast food restaurants and takeaways have wider impacts – both positive and negative on communities beyond links to obesity. Takeways are linked to anti-social behaviour, but also provide wider economic benefits such as jobs.

**Public Health England Updating Sugar Guidelines**

Public Health England has clarified their approach to how the food industry can reduce the amount of sugar children consume through the everyday foods that contribute the most to intake. The guidelines also set recommended sugar limits for 9 food groups:

- breakfast cereals
- yogurts
- biscuits
- cakes
- morning goods like croissants
- puddings
- ice creams, lollies and sorbets
- confectionery (chocolate and sweet)
- sweet spreads, which is sub-categorised into:
  - chocolate spread
Ten things I like about stew

A high quality piece of research looking at daily fruit and vegetable intake made headlines in February. The research, a meta-analysis, examined 350 different studies and found that eating more fruit and veg had a positive impact linked to lower risk of such diseases such as stroke or cancer as well as premature death. It found that 600g of fruit and vegetables daily would reduce the risk of cancer, and 800g – approximately 10 portions would lower the risk of dying early, with an estimated 7.8 million early deaths avoidable in 2013 if this amount of fruit and vegetables had been consumed. The research also found that specific fruit and vegetables help reduce the risk of specific diseases.
So what now for the national ‘5 a day’ campaign that was launched in 2002? Should it be 10 a day? A spokesperson for the British Heart Foundation is not too sure arguing that there “is no nutritional benefit in a guideline that is not followed”. Public Health England acknowledges that 10 may be an unrealistic expectation. National figures back this stance as only 52.3% of England meet the recommended 5 a day on a ‘usual’ day. The research itself examines the increase in fruit and vegetable intake in 200g intervals, and how each additional 200g of fruit and vegetable will lessen the risk. Simply put 5 a day is great, but 10 a day is better!

It is important to note that whilst it is a strong piece of research overall, there are some limitations—particularly that link between the correlation between high fruit and vegetable intake and compliance with other healthy lifestyle choices (physically active, drink less, smokefree, healthy weight etc.) that also impact on health outcomes.

**The Salford Picture**

As the table below shows, Salford is below regional and national levels for fruit and vegetable consumption with 45.9% of adults in Salford eating ‘5 a day’ on a usual day – compared to 48.1% regionally and 52.3% nationally.

![Table showing fruit and vegetable consumption](image)

The forthcoming Salford Children’s Healthy Weight Strategic Action Plan will include our approach to improving healthy eating for children and families. Salford has also been working to remove sugary drinks from leisure centres and improving school packed lunches through the #SugarSmartSalford.

**Would Fortifying Food with Vitamin D Reduce Infections?**

A systematic review published in the British Medical Journal has caused quite a stir by recommending the fortification of foods with Vitamin D to reduce respiratory tract infections such as Colds, flu, bronchitis, and pneumonia.
Much of the coverage focused on how this could save the NHS money and save lives, but has been met with strong rebuttal from both Public Health England and an opinion piece from independent specialists published in the BMJ itself, that argues that this is an unnecessary step. Professor Louis Levy, head of nutrition science at Public Health England states “The evidence on vitamin D and infection is inconsistent, and this study does not provide sufficient evidence to support recommending vitamin D for reducing the risk of respiratory tract infections.”

Vitamin D is essential for a healthy life. It helps regulate the amount of calcium and phosphate in our bodies which are needed for keeping bones, teeth, and muscles healthy. Vitamin D deficiency can lead to rickets in children as well bone pain as a result of osteomalacia in adults.

The National Picture
In July 2016, Public Health England produced Vitamin D guidance [available here] that adults and children over the age of one should consider taking a daily supplement containing 10mcg of vitamin D, particularly during autumn and winter with those at higher risk of Vitamin D deficiency take a supplement all year round.

The Scientific Advisory Committee on Nutrition (SACN) review concluded that these at-risk groups include people whose skin has little or no exposure to the sun, like those in care homes, or people who cover their skin when they are outside. People with dark skin, from African, African-Caribbean and South Asian backgrounds, may also not get enough vitamin D from sunlight in the summer. They should consider taking a supplement all year round as well.

NICE have also issued guidance recommended the supplementation of Vitamin D for at risk groups available [here]

The Salford Picture
Whilst there is no data available on Vitamin D at a local level, examining mortality rates from respiratory disease, Salford has had consistently higher rates than both the North West and England

In Salford from 2013-2015, 302 aged under 75 died from respiratory disease – a rate of 59.2 per 100,000 people. That is compared to 44.3 per 100,000 in the North West and 33.1 per 100,000 in England
‘Clean Air Zone’ coming to Greater Manchester?

Defra (The Department for Environment, Food and Rural Affairs) is considering implementing a mandatory ‘clean air zone’ in Greater Manchester. In 2015, the government announced plans to create 5 ‘Clean Air Zones’ in Birmingham, Leeds, Nottingham, Derby and Southampton by 2020 (you can read more by clicking here).

The Clean Air Zones are targeted at specific high polluting areas within a locale where the air quality is poorest. The aim of the zones is to reduce the pollution in city centres and encourage the replacement of old, polluting vehicles with modern, cleaner vehicles.

When Defra undertook the air quality modelling in 2015, no areas of Greater Manchester were predicted to exceed the air quality standard (presently certain areas do). However, some areas such as key road routes and areas surrounding Manchester City Centre were predicted to be close to exceeding this standard.

After a High Court ruling against Defra (more details here) in November 2016 for not complying with European Air Quality Standards – the 2015 Defra modelling has been revised and certain areas in Greater Manchester (as well as other areas of the UK not included in the original five areas) will exceed the air quality standards by 2020 – which means the further measures will be required. These include the possible implementation of mandatory Clean Air Zones. A new National Air Quality Plan must be produced by Defra in draft by April 2017, and then finalised by July 2017.

The Greater Manchester Picture

Transport for Greater Manchester is involved in a feasibility study for implementing a Clean Air Zone in Greater Manchester, with 3 areas being considered. The area immediately surrounding Manchester City Centre, the area inside Manchester Inner Ring Road and the area inside the M60. This could lead to a voluntary implementation of Clean Air Zone as the focus of the feasibility study is to examine the benefits and impacts – including potential health impacts – of their implementation.

In the other Clean Air Zones currently mandated there are no limitations on private cars, more on commercial vehicles such buses and goods vehicles. However, in terms of Greater Manchester further measures may be taken to include private cars.

On 15th June, the first ever National Clean Air Day will see local schools, hospitals and communities across GM and other UK cities run events and inspire local residents to act on air pollution to make their local areas cleaner, healthier and greener – especially for children.
The Salford Picture
With much of Salford within the M60 and parts within the Inner Ring Road and close to the city centre there could be local implications for a Greater Manchester Clean Air Zone.

**Is worrying about work is bad for your health?**

Does worrying about work out of work hours have a negative impact on our wider health? A *small-scale study* that has received national coverage argues that it can. The research looked at the concept that the constant awareness of work related stress can have a negative impact on health over the actual stress factor a phenomenon known as perseverative cognition Simply put is worrying about work is worse than the work itself?

The authors argue that their results [gathered through the measurements of heart rates via activity bands] showed that people who worried more about work, relaxed less out of work which could have a negative impact on health. Whilst interesting but there are limitations to the study: it was a very small piece of research [36 participants]; it was over a very small time period [3 evenings]; it didn’t factor in external issues that may have an impact on heart rates; there are issues around self-rating work anxiety; and the authors have links to the company that supplied the activity bands which were used to measure the heart rates. The research does not discuss if not thinking about work whilst working has any positive health impacts.

Work related health is a key issue at a local and national level – in 2014/15 440,000 people in the UK reported work-related stress at a level they believed was making them ill. That is 40% of all work related illness.

**The Salford Picture**

The Director of Public Health Annual Report 2016 is due presently and is focused on the topic of work and health. Delete?

Salford has an estimated 67,300 residents that are currently suffering from a long lasting health condition or illness. As the table below shows, more than half of whom are classed as economically inactive, however 44.4% are currently employed. Only 5.4% are unemployed due to their health condition. [Source: Annual Population Survey 2016 via Nomis]

<table>
<thead>
<tr>
<th>In employment with health conditions or illnesses lasting more than 12 months</th>
<th>Salford</th>
<th>Salford (%)</th>
<th>GM</th>
<th>GM (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed with health conditions or illnesses lasting more than 12 months</td>
<td>3,600</td>
<td>5.4%</td>
<td>29,300</td>
<td>4.0%</td>
</tr>
<tr>
<td>Inactive with health conditions or illnesses lasting more than 12 months</td>
<td>33,800</td>
<td>50.2%</td>
<td>368,200</td>
<td>50.1%</td>
</tr>
</tbody>
</table>

[http://intranet.salford.gov.uk/research.htm](http://intranet.salford.gov.uk/research.htm) – Home of Salford’s Joint Strategic Needs Assessment
In this month’s issue

We have a physical activity theme this month with three articles covering exercise and active travel, as well as articles on dementia, diabetes, cancer, and e-cigarettes.

Active travel
• If you cycle to work (or undertake "active travel") it lessens risk of heart disease and cancer
• Development of active travel as a concept
• A focus on active travel in Salford rather than stats

Compulsory Exercise at work
• Conversation starter piece in BBC based on Hootsuite CEO blog post examining concept of exercise as part of working day
• How to meet "150 hours of activity a week"
• Exercise rates in Salford & recap of green exercise opportunities

Keep on running
• Research in the health benefits of running
• Runners can live up to 3 years longer than non-runners
• Levels of physical activity in Salford are lower than average

Dementia Causes & Cures
• Several stories about items that can increase or reduce dementia risk
• Dementia prevention guidance.
• What is going on in Salford

Non smoking vapers
• Royal Society of Public Health have claimed that almost 9 in 10 e-cigarette shops sell e-cigarettes to non-smokers, against their voluntary code of conduct
• Not much data at Salford level

Cancer One-stop shops
• Pilot in South Wales based on Danish cancer diagnostic initiative
• UK wide have poor survival rates
• A look at Salford’s diagnostic rates

Daily diet of fresh fruit reduces diabetes risk
• Large scale study in China (0.5 million) showed that eating fruit daily reduce risk of type 2 diabetes, and reduce complications for those with diabetes.
• Diabetes in Salford
Active Travel

The British Medical Journal has published a study - available here - investigating the association between active commuting and cardiovascular disease (CVD), cancer, and all-cause mortality that has been covered extensively in the newspapers and popular websites. The research showed that cycle commuting was associated with a lower risk of CVD, cancer, and all cause mortality and walking commuting was associated with lower risk of CVD.

This was a well-designed study based on a large collection of UK based, real world data and is consistent with existing knowledge and research on the benefits of physical activity. The authors called for initiatives to encourage and support active commuting as it could reduce risk of death and the burden of important chronic conditions.

What is Active Travel and why is important?

For most people, the easiest and most acceptable forms of physical activity are those that can be built into everyday life. Examples include walking or cycling instead of travelling by car, and using stairs instead of lifts. ‘Active travel’ means more than walking or cycling as an alternative to motorised transport for the purpose of making every day journeys. It also includes incorporating more walking and cycling into a work journey and therefore allows us to encourage park and ride type schemes and integrated, multimodal travel.

Public Health England produced a briefing for Local Authorities on active travel that can be accessed by clicking here.

The briefing looks at the impact of current transport systems and sets out the many benefits of increasing physical activity through active travel. It suggests that while motorised road transport has a role in supporting the economy, a rebalancing of our travel system is needed. This guide suggests a range of practical action for local authorities, from overall policy to practical implementation. It highlights the importance of community involvement and sets out key steps for transport and public health practitioners.

Key Messages

- physical inactivity directly contributes to 1 in 6 deaths in the UK and costs £7.4 billion a year to business and wider society;
- the growth in road transport has been a major factor in reducing levels of physical activity and increasing obesity;
- building walking or cycling into daily routines are the most effective ways to increase physical activity;
- short car trips are a prime area for switching to active travel and to public transport;
• health-promoting transport systems are pro-business and support economic prosperity, they enable optimal travel to work with less congestion, collisions, pollution, and they support a healthier workforce

Walking and cycling are good for our physical and mental health. Switching more journeys to active travel will improve health, quality of life and the environment, and local productivity, while at the same time reducing costs to the public purse. These are substantial ‘win-wins’ that benefit individual people and the community as a whole.

The Salford Picture
The 2011 census showed that:
• 62% of Salford residents use private transport to get to work
• 15% use public transport
• 15% either walk (13%) or cycle (2%) to work
• 8% work at home

Mandatory Office Exercise?
After the British Heart Foundation reported more than 20 million Britons were ‘physically inactive’, the BBC has highlighted an interesting opinion piece by the CEO of Hootsuite. This piece examines the concept of exercise being an established part of the working day and takes other examples of multi-national companies such as Google incorporating regular exercise into the workspace. This practice is more established in far-eastern business culture such as in Japan and South Korea, with China going as far as reintroducing twice daily mandatory exercise sessions in state-owned companies! The banning ‘cake culture’ within the office may be a less radical, if less popular approach than organisational wide yoga sessions, and is highlighted here by Professor Nigel Hunt, however this would not deal with the problems associated with a sedentary work lifestyle.

The NHS recommends that we should be exercising at least 150 minutes a week and should reduce sitting time to reduce the risk of ill health from inactivity. Studies have linked excessive sitting with being overweight and obese, type 2 diabetes, some types of cancer, and early death. Sitting for long periods is thought to slow the metabolism, which affects the body’s ability to regulate blood sugar, blood pressure and break down body fat. Many adults in the UK spend more than seven hours a day sitting or lying, and this typically increases with age to 10 hours or more.

Tips to reduce sitting time:
• stand on the train or bus
• take the stairs and walk up escalators
• set a reminder to get up every 30 minutes
• place a laptop on a box or similar to work standing

http://intranet.salford.gov.uk/research.htm – Home of Salford’s Joint Strategic Needs Assessment
- stand or walk around while on the phone
- take a walk break every time you take a coffee or tea break
- walk to a co-worker’s desk instead of emailing or calling
- swap some TV time for more active tasks or hobbies

**The Salford Picture**

Data from the Public Health Outcomes framework [here](http://intranet.salford.gov.uk/research.htm) and the graphs below shows that 49.5% of Salford adults achieved 150 minutes of physical activity per week, higher than the North West (53.7%) but lower than the England (57%) averages. The same dataset shows that 32.1% of Salford’s adults were classed as inactive, just above the North West (32%) and well above the England (28.7%) average.

The above Table shows that 49.5% of Salford’s adults are classed as active which is below the North West (53.7%) and England (57%) averages.

Salford is currently developing a new Physical Activity strategy, which will set out the approach to improving the local picture. There is also Cycle Network Strategy in development which will identify where we need to invest in improved cycling infrastructure both in terms of corridors like the A6 and A57 and town centres including Walkden, Swinton and Eccles.

[http://intranet.salford.gov.uk/research.htm](http://intranet.salford.gov.uk/research.htm) – Home of Salford’s Joint Strategic Needs Assessment
Keep on running

In support of the London Marathon, The Guardian released an interesting news article that is based on a piece of research in Progress in Cardiovascular Diseases Journal: here. This literature review showed that runners at almost any level can live up to 3 years longer than non-runners – with an estimated 7 hours of life added per 1 hour run.

There has been previous evidence linking ‘too much’ running with adverse health outcomes. This review found that not only does the highest “dose” of running have possible links to CVD but may also have fewer additional health benefits when compared to the significant benefits that light to moderate running have. Put in simpler terms, the highest amount of running may have similar health benefits to medium amounts of running, but even a little bit of running has much more benefit to health than no running.

The review also shows that while an active lifestyle featuring different activities is best, if you were to focus solely on a single activity; running has more health benefits than swimming or cycling.

The Salford Picture

An advantage running has over many other activities is that it can be done almost anywhere with minimal equipment or outlay. Salford has a large swathe of parks, canal pathways and countryside. So pull on your trainers and run!

The chart below shows that in terms of physical activity in adults, Salford is similar if often slightly lagging behind the national rates. In terms of a regional comparison, Salford performs less well in
some indicators than the national and regional average most notably the number of adults doing 150+ minutes of physical activity per week.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Salford</th>
<th>Region England</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adults doing 150+ minutes physical activity per week</td>
<td>2015</td>
<td>49.5%</td>
<td>53.7%</td>
<td>57.0%</td>
</tr>
<tr>
<td>Percentage of adults achieving less than 20 minutes of physical activity per week</td>
<td>2015</td>
<td>32.1%</td>
<td>32.0%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Percentage of adults doing 30-140 minutes physical activity per week</td>
<td>2015</td>
<td>18.4%</td>
<td>14.2%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Percentage of 15 year olds physically active for at least one hour per day, seven days a week</td>
<td>2014/15</td>
<td>12.5%</td>
<td>12.2%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Percentage of 15 year olds with a mean daily sedentary time of less than 1 hour per day</td>
<td>2014/15</td>
<td>75.4%</td>
<td>71.2%</td>
<td>70.1%</td>
</tr>
<tr>
<td>Percentage of adults who do any walking, at least five times per week</td>
<td>2014/15</td>
<td>46.2%</td>
<td>48.5%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Percentage of adults who do any walking, at least once per week</td>
<td>2014/15</td>
<td>73.3%</td>
<td>74.0%</td>
<td>80.5%</td>
</tr>
<tr>
<td>Percentage of adults who do any cycling, at least three times per week</td>
<td>2014/15</td>
<td>2.8%</td>
<td>3.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Percentage of adults who do any cycling, at least once per month</td>
<td>2014/15</td>
<td>9.2%</td>
<td>12.7%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Utilisation of outdoor space for exercise/health reasons Mar 2016 - Feb 2016</td>
<td>21.5%</td>
<td>17.5%</td>
<td>17.9%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Community led activities such as Parkruns are a great way for novices to get more active. Salford currently has a Parkrun in Worsley Woods every Saturday and a Junior Parkrun in Buile Hill Park every Sunday.

**Dementia – Getting the facts**

More people than ever in the UK are living with dementia. With the current estimate of 850,000 set to rise to 1 million by 2025 and 2 million by 2050 increasingly many people want to know how the risks can be reduced. In this article we look at those factors most closely linked to dementia and the actions that can be taken to reduce the risk of getting dementia.

**What are the risk factors that can lead to dementia?**

- **Age**: This increased risk may be due to factors associated with ageing, such as: higher blood pressure in midlife, an increased incidence of some diseases, changes to nerve cells, DNA and cell structure, the weakening of the body’s natural repair systems and changes in the immune system

- **Lifestyle Factors**: the lifestyle factors that may increase the risk of dementia are smoking, a lack of regular physical activity along with a sedentary lifestyle, excessive alcohol consumption, and eating a poor diet high in saturated fat, sugar and salt and obesity in midlife
• **Pre-existing medical conditions:** There are a number of pre-existing medical conditions that can also increase the risk of dementia including: Parkinson’s disease, stroke, type 2 diabetes and high blood pressure

**How can we lower the risk?**

A major study published in the *Lancet Neurology* found that around a third of Alzheimer’s disease cases worldwide might be attributable to potentially modifiable risk factors.

The guidance from the National Institute for Health and Care Excellence (NICE) (found [here](http://intranet.salford.gov.uk/research.htm)) recommends reducing the risk of or delaying the onset of disability, dementia and frailty by helping people to:

- Stop smoking
- Be more active
- Reduce alcohol consumption
- Improve diet
- Lose weight if necessary and maintain a healthy weight

Studies have also identified a number of cognitive protective factors which lower the risk of developing dementia:

- Meeting friends
- Volunteering
- Learning a second language
- Education
- Puzzles
- Crosswords
- Social engagement
- Cognitive stimulation

[http://intranet.salford.gov.uk/research.htm](http://intranet.salford.gov.uk/research.htm) – Home of Salford’s Joint Strategic Needs Assessment
bullet points:
- higher levels of education
- more mentally demanding occupations
- cognitive stimulation, such as doing puzzles or learning a second language

**Fake news alert**
NHS Choices has highlighted many dodgy stories released in April that claim individual products either heighten or lessen the risk of dementia if consumed. Some newspapers will happily print stories with bold claims and weak evidence about the good or bad effects of ordinary things such as tea, soft drinks and even marmite. This ‘bad science’ can at best give false hope and at worst stop people from making the changes that do make a real difference.

This is important for two reasons – there is no ‘golden bullet’ to prevention and it is always important to check the evidence behind the headlines. Earlier in the year we highlighted a report that linked over-done toast to cancer with very little evidence and no doubt there will be more stories like this each and every month. Always check the working – ‘fake’ news is not a new construct, so if it sounds too good to be true it probably is!

**The Salford Picture**
- There are 850,000 people living with dementia in the UK
- The number of people living with dementia in Salford is 2,080 (2015/16)
- There are an estimated 375 people who are living with dementia in Salford who are not known to their GP
- Diagnosis of dementia in Salford improves year on year in line with the national pattern. Salford has a diagnosis rate of 85%, very close to the best performing of our statistical neighbours, Bury, with 86% (2015/16)
- The ONS has predicted that by 2030 there will be 46,000 people over the age of 65 living in Salford – therefore, most residents are likely to be affected by dementia in some way in the future

**Concern over sale of e-cigarettes to non-smokers**

The role of e-cigarettes in stopping people smoking has been highlighted as key in the war against smoking and the numerous diseases it can cause. However, The Royal Society of Public Health (PSPH) has undertaken an undercover investigation into e-cigarette retailers and found that 87% of retailers investigated are prepared (either knowingly or unknowingly) to sell e-cigarettes to non...
smokers. The investigation into 100 of the UK’s 1,700 specialist vape shops in February 2017 found that:

- Almost half (45%) of stores did not check whether new customers were current or former smokers.
- Three quarters (76%) of those that did check continued to encourage the customer to start vaping, even once they knew they were a non-smoker.

This is in direct violation of their voluntary code of conduct [here] and RHSP is calling for tighter adherence to the code as e-cigarette products should be viewed as stop-smoking aids rather than lifestyle products.

Shirley Cramer CBE, Chief Executive, Royal Society of Public Health said: "E-cigarettes are an important recent development, which are estimated to create an additional 16,000 ex-smokers in England every year. They are widely recognized to be far less harmful than cigarettes and we would encourage anyone struggling to quit their smoking habit to consider using e-cigarettes. It is of particular concern that only one in eight smokers who have never vaped believe e-cigarettes are a lot less harmful than smoking tobacco, and we need to do more to convince smokers that switching to e-cigarettes is a safer alternative.

The Salford Picture

Survey data from Trading Standards North West shows that in 2015 an increasing percentage of 14-17 year olds in Salford claimed to have tried e-cigarettes compared to two years previously (32% compared to 21% in 2013). Of these 34% claim to have smoked an e-cigarette in the last month. They claim to mostly get e-cigarettes from their older siblings/friends (58%) and/or parents (19%).

http://intranet.salford.gov.uk/research.htm – Home of Salford’s Joint Strategic Needs Assessment
The same survey reports on where respondents say the get e-cigarettes from. In Salford most school age users get them from family of friends, but a sizable proportion do buy them, with dedicated e-cigarette shops the most common place of purchase.

Improving Cancer Diagnosis Times

Cancer experts hope a new initiative to be trialled in South Wales will significantly cut the time it takes to diagnose the disease. Wales and the other UK countries have some of the worst cancer survival rates in the developed world.

Following a visit by Welsh medics to Denmark to see its diagnostics system, medics saw how the Danish health service had improved its cancer survival rates.

The pilot will focus on patients whose GPs suspect they may have cancer but don’t show obvious or urgent symptoms. There are concerns that patients with unclear symptoms wait too long for diagnosis because they don’t fit easily into any particular treatment route/ pathway. Often patients
go back and forth between tests and scans, resulting in many patients starting treatment at a later stage when their cancer is well advanced or has become incurable.

Now GPs who might have a gut instinct that something is wrong will be able to refer those patients directly to a new ‘one stop’ diagnostic centre within seven days. It’s estimated this might involve six patients a week, where they will receive an examination and different tests all on the same day.

At the moment, only 35% of all cancers diagnosed in the area are with patients showing urgent ‘alarm’ symptoms. Doctors want to get the majority of patients whose cancers are less obvious sooner. In the new ‘one stop’ clinics, a team of experts will take ownership of a patient’s diagnosis. Tests and scans will be carried out ideally on the same day along with a definitive answer.

Denmark has established a number of diagnostic centres as part of efforts to transform cancer care following concerns that the country was lagging behind the best in the world on survival rates. At one point it ranked alongside the UK in the international league tables and considered a disaster by Danish politicians and the medical profession.

If successful over the next six months, the pilot will be rolled out across the rest of the Cwm Taf health board area.

**The Salford Picture**
The table below taken from the Public Health Outcomes Framework (PHOF), shows that Salford performs less well than the regional average and national average in the early diagnosis of cancers.

Care should be taken in interpreting this data as it formed from experimental statistics. The indicator comprises new cases of cancer diagnosed at Stages 1 and 2 (early stage) as a proportion of all new cancers diagnosed (breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkins lymphoma and invasive melanomas of the skin).
The indicator is labelled as experimental statistics because of the variation in data quality across the country; the indicator values primarily represent variation in completeness of staging information. A more detailed explanation of this indicator and experimental statistics can be found here.

Daily diet of fresh fruit reduces diabetes risk
A large scale study in China has shown that eating fruit daily can reduce risk the risk of Type 2 Diabetes, and for those living with diabetes, it can reduce complications. The research, released in the PLoS Medicine journal, can be accessed by clicking here - examined over 500,00 patients and found that those who ate fruit daily were 12% less likely to get type 2 diabetes compared to those who never or rarely ate fruit.

It’s important to make a distinction between whole fresh fruit, which contains lots of fibre, and fruit juice, which is very high in sugar. Previous research that we reported on in 2013 found that fruit may lower diabetes risk, but fruit juice may raise it.

The most effective method of reducing your diabetes risk is to achieve or maintain a healthy weight, through a combination of regular exercise and healthy eating. Read more about preventing diabetes.

The Salford Picture
Evidence from the Public Health Outcomes Framework shows that:

- There are 12,578 people in Salford with diabetes.
- Salford has lower rates of recorded diabetes than the England and North West averages.
- Figures suggest that in Salford recorded diabetes continues to increase towards our estimated prevalence. This is a positive outcome as we are finding previously undiagnosed and so unmanaged Type 2 diabetes in our population and are able to address this.
- Looking ahead diabetes is predicted to increase further in tandem with the increasing levels of obesity seen in Salford.
- More recent local data suggests a slowing in the pace of this yearly increase, meaning we are close to completing the register of those with the disease.
- Analysis clearly demonstrates that people in the most deprived quintile of Salford are significantly more likely to suffer from diabetes than people from the other end of the local deprivation scale.
- The complications of diabetes, especially retinopathy and cardiovascular disease (CVD), are also more prevalent in areas of high socioeconomic deprivation in Salford.