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, 1 February 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

1 Apologies for absence.

2 Declarations of Interest.

3 To approve, as a correct record, the minutes of the meeting held on 2 November 2016. (Pages 1 - 6)

4 Matters arising.

5 Adults, Health and Social Care Integrated pooled budget update. (Steve Dixon)

6 Breast Services Update. (Dr Tom Tasker / Karen Proctor) (Pages 7 - 14)

7 JSNA Update. (Siobhan Farmer / Gordon Adams) (Pages 15 - 36)

8 Scoping Documents. (Task and Finish Group / Spotlight Topics) (Pages 37 - 40)

8a Capacity / Access Issues at Salford Royal Foundation Trust (Spotlight) (Pages 41 - 44)

8b Adult Safeguarding (Spotlight) (Pages 45 - 48)

8c Adult Mental Health Provision (Spotlight) (Pages 49 - 52)

9 Work Programme. (Pages 53 - 56)

10 Any other business.
Date and time of next meeting - Wednesday 1 March 2017 at 10.00am.

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

2 November 2016

Meeting commenced: 10.00 a.m.
“ ended: 11.40 a.m.

PRESENT: Councillor Morris – in the Chair
Councillors Bellamy, Bentham, R. Garrido, King and Murphy,
Warmisham and Weir

CO-OPTED MEMBERS:

OFFICERS: Chris Hesketh Strategic Finance Manager
         Judd Skelton Head of Integrated Commissioning
         Karen Lucas Principal Democratic Services Advisor

1. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors Balkind and Clark,

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF PROCEEDINGS

The minutes of the meeting held on 5 October 2016 were approved as a correct record.

4. MATTERS ARISING

There were no matters arising.

5. CHAIRS UPDATE – GREATER MANCHESTER JOINT SCRUTINY COMMITTEE

Councillor Morris provided an overview of the meeting attended on the 19th October, topics discussed at the meeting included:
- Primary Care Strategy – 3/5 year implementation plan. I.T being a major challenge;
- Transfer of neurology cancer surgery – consideration patients experiences;
- Standardising acute and special care – involvement of patients and carers;
- Mental Health Strategy – Warren Heppolette has been invited to the scrutiny meeting in December to discuss this item;
Councillor Morris said she would be interested in gaining the views from Manchester CC’s scrutiny committee;
- Greater Manchester Voluntary Sector.

RESOLVED: (1) THAT the update be noted and that further agendas and reports for the GM Joint Scrutiny Committee be circulated to members of this scrutiny panel;

(2) THAT Warren Heppolette will be in attendance at the panel in December to discuss the Mental Health Strategy;

(3) THAT the views from the relevant scrutiny committee in Manchester be sought in regard to the review on Congenital Health Services.

6. BUDGET MONITORING UPDATE

In the absence of the budget monitoring report Chris Hesketh circulated a copy of the Partnership Agreement between the NHS Salford Clinical Commissioning Group and Salford City Council. Members acknowledged the pressures of merging the two budgets, but in doing so raised concerns of the delay in receiving the monitoring report.

RESOLVED: THAT Councillor Morris with the agreement of members of the Panel confirmed that this item is withdrawn and the requested budget monitoring report be submitted for consideration at the meeting in December with relevant officers and Lead Members invited to attend.

7. ANNUAL REPORT - DEVOLVED BUDGETS 2015/16

RESOLVED: THAT Councillor Morris confirmed that this report has been deferred for consideration at a future meeting.

8. 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 7 December 2016.

RESOLVED: (1) THAT the matter be noted;

(2) THAT the Mental Health Strategy be included on the agenda for the next meeting of this Panel, with the attendance of Warren Heppolette;

The agenda for December will be:
10.00 – 11.00 Warren Heppolette
11.00 – 12.00 Budget report.

Request that the items scheduled for December meeting be deferred:
9. **Adult Mental Health Update**

Consideration was given to an update report and presentation, provided by Judd Skelton, outlining the current arrangements regarding Mental Health Commissioning in Salford and Greater Manchester, along with an overview of local progress against the implementation plan for the Five Year Forward View for Mental Health (relating to adult provision).

The Salford Integrated Mental Health Commissioning Strategy is a joint strategy between NHS Salford CCG and Salford City Council and progress is monitored annually.

The GM strategy brings together all parts of the public sector and is structured around prevention, access, integration and sustainability.

The Implementation Plan for the Five Year Forward View for Mental Health makes the case for transforming mental health care in England and lays out objectives for delivery by 2020/21.

Jed informed Members that Salford is making considerable progress against the areas of work under each of these headings.

The Five Year Forward View for Adult Mental Health is as follows:

- Adult mental health: common mental health problems – improving access to psychological therapies (IAPT);
- Adult mental health: community, acute and crisis care – home based treatment, psychiatric liaison, early intervention in psychosis, physical health, armed forces;
- Adult mental health: secure care pathway - responsibility of NHS England for collaborative considerations;
- Perinatal mental health – development of Greater Manchester (GM) solution;
- Health & justice – liaison & diversion, police triage, GM collaboration, remodelling of Salford support;
- Suicide prevention – Salford plan and GM strategy need to be linked, #22toomany;
- Sustaining transformation – decrease in out of area treatments, ICO, GM transformation.

Members acknowledged that there are less people being placed out of area, but there will always be a need to seek specialist care which may be further afield than Salford.
RESOLVED: (1) THAT the report and presentation be noted.

(2) THAT the Panel commence the first review in February 2017, to verify ‘whether the transition from CAMHS into adult services is effective’.
- Scoping document to be prepared and agreed;
- A representative from the Children’s SP to be invited to attend;
- Initial overview from officers of the current service provision – to include partners, and secondly to seek the views of parents/carers.

(3) That following completion of the above review the Panel will then review ‘Young Adults with Autism’ in regard to timescales in diagnosis and support mechanisms to parent/carers.

10. RESPONSE: ACCESS TO GENERAL PRACTICE IN SALFORD" - REPORT FROM SALFORD’S HEALTH AND ADULTS SCRUTINY PANEL

Councillor Warmisham said he was happy with the response to the recommendations of the review.

Members discussed the apparent difficulties in attracting and retaining GP’s.

RESOLVED: THAT arrangements for the report and response to be submitted to the appropriate Lead Member Briefing and to the City Mayor.

11. ANY OTHER BUSINESS

11.1 Process for completed reviews.

As per agreed process for all scrutiny committees; once reviews are completed reports are presented to the Lead Member(s) in their briefings with a request for a response to the recommendations. The constitution states that a response will be received within 2 months of receiving the report.
Both the report and response to be submitted to the City Mayors at his Monday morning briefing.

11.2 Adult Safeguarding Review.

The review will be led by Councillor Warmisham with support from Councillors Bentham and Weir.
Marion Wilson to be approached to join the sub group.

11.3 Capacity / Access Issues at Salford Royal Foundation Trust (Spotlight Review)

The review will be led by Councillor King with support from Councillors R Garrido, Bellamy and Clark.
12. DATE AND TIME OF NEXT MEETING

RESOLVED: THAT the next meeting of this Panel be held on Wednesday 7 December 2016, in a Committee Room at Salford Civic Centre, Chorley Road, Swinton, commencing at 10.00 a.m.
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SALFORD HEALTH AND ADULTS SCRUTINY PANEL: 1 February 2017

Item for Decision/Accuracy/Information

<table>
<thead>
<tr>
<th>REPORT OF:</th>
<th>Director of Commissioning</th>
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<tbody>
<tr>
<td>DATE OF PAPER:</td>
<td>26th January 2017</td>
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<tr>
<td>SUBJECT:</td>
<td>Update on Breast Services for Salford</td>
</tr>
<tr>
<td>IN CASE OF QUERY PLEASE CONTACT:</td>
<td>Karen Proctor 0161 212 5654</td>
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**STRATEGIC PRIORITIES:**

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<td>Quality</td>
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<tr>
<td>Community Based Care</td>
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<tr>
<td>Integrated Care</td>
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<td>In Hospital Care</td>
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<td>Long Term Conditions and Mental Health</td>
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<td>Effective Organisation</td>
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**PURPOSE OF PAPER:**

The purpose of this paper to the Salford Health and Adults Scrutiny Panel is to:

- provide an update on breast services for the Salford population.
Breast Services Update

1 Executive Summary

Salford CCG commissions Breast Services for Salford residents presenting with breast symptoms from several Greater Manchester providers. The Salford Royal Foundation Trust (SRFT) service is currently sub-contracted to the University Hospital of South Manchester (UHSM) Foundation NHS Trust. UHSM run their Breast Service from The Nightingale Centre at Wythenshawe Hospital.

This paper provides an update on these arrangements.

No changes have been made to the ‘call & recall’ Breast Screening Programme, which continues to be provided for Salford ladies by UHSM from mobile units in various locations in Salford, with follow up assessments and treatment delivered from The Nightingale Centre.

UHSM’s performance and activity since April 2016 is summarised as:

- Both Breast Cancer Waiting Time Targets are being met at the national standard of 93% or above. This is a significant improvement on the 2015 waiting times;
- Patient and GP feedback on the UHSM service show high levels of satisfaction with the clinical and quality elements of the service, but concern at the distance from Salford in respect of access and transport;
- The Did Not Attend (DNA) rate for Salford patients at the Nightingale Centre is 11% for the first 5 months. Latest figures are yet to be reported.

The impact on patient flows of not having a Salford based service has resulted in 77% of Salford patients choosing UHSM (previously 3%), 16% choosing Bolton FT (previously 2%) and 6% choosing Pennine Acute Trust (previously 2%).

Salford CCG is continuing to review and plan for future breast services for the Salford population. This includes exploring the development of a single North West Sector (Bolton, Salford & Wigan) breast service which makes best use of estates, equipment and scarce specialist workforce. This needs to be developed in tandem with Greater Manchester planning for breast services, including GM-wide standards and service specifications.

The Salford Health and Adults Scrutiny Panel is asked to:

• note the update on breast services for Salford patients, and
• consider receiving future reports on the North West sector service planning.

2 Background

2.1 From 1st April 2016, the Breast Service at SRFT was sub contracted to the Nightingale Centre at Wythenshawe Hospital because, although the SRFT service provided excellent care, it was not fully compliant with national guidance, suffered long-term difficulty recruiting and retaining key specialist staff and performance against national waiting time standards were deteriorating. The service reached a point in January 2016, that it could not sustain providing a safe service. Urgent and
swift changes were implemented to ensure that Salford residents had continued
access to breast services, which were of high quality and met waiting time standards.

2.2 Both the SRFT and UHSM clinicians were supportive of this approach. The SRFT
team has remained employed by SRFT, but since April 2016, the SRFT breast team
has been successfully and positively working in an integrated way with the
Nightingale Centre breast team. Both clinical teams have reported that this is working
well.

2.3 The Nightingale Centre - https://www.uhsm.nhs.uk/services/specialist/breast-services/
is one of the largest breast services in the UK and is Europe’s first dedicated breast
cancer prevention centre. It offers state-of-the-art diagnostic and treatment services
to women and men with breast cancer and co-ordinates the NHS breast-screening
programme for a large part of GM.

2.4 The UHSM service provides a ‘one stop’ breast assessment and diagnostic service.
This means that all assessments and diagnostic procedures are completed and
reported on, with the results and next steps discussed with patients during the one
appointment. The SRFT service was unable to consistently offer this arrangement. If
all investigations are normal, patients can be discharged on the same day. If
needed, breast surgery (usually day case) is carried out at UHSM and follow-up out-
patient appointments are available at UHSM or Hope Hospital, where clinically
appropriate and according to patient choice. Patients requiring mammogram or other
scans (ultra sound, etc), are followed up at UHSM, so that reporting can be carried
out swiftly.

2.5 No changes have been made to the ‘call & recall’ Breast Screening Programme,
which continues to be provided for Salford ladies by UHSM from mobile units in
various locations in Salford, with follow up assessments and treatment delivered from
The Nightingale Centre.

3 Service Performance

3.1 The following two national Cancer Waiting Targets (CWTs) relate to Breast Services:
  
  - a maximum two week wait to be seen for any breast symptom
  - a maximum two week wait to be seen for suspected breast cancer

Each has a national waiting time standard of 93%

3.2 The CCG expects to meet the 93% national CWT targets for both breast measures
for the year 2016/7. This covers all providers in total. Table 1 shows the CCG’s
performance to-date for the period April to November 2016.

Table 1: Cancer Waiting Time Performance – 2016/17

<table>
<thead>
<tr>
<th>CWT Target - 93%</th>
<th>Q1</th>
<th>Q2</th>
<th>Oct'16</th>
<th>Nov'16</th>
<th>Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2WW Breast Symptomatic</td>
<td>93.0%</td>
<td>92.8%</td>
<td>92.0%</td>
<td>95.9%</td>
<td>92.9%</td>
</tr>
<tr>
<td>2WW All cancer</td>
<td>95.9%</td>
<td>94.4%</td>
<td>97.9%</td>
<td>95.4%</td>
<td>95.2%</td>
</tr>
<tr>
<td>2WW Suspected Breast Cancer</td>
<td>93.5%</td>
<td>95.8%</td>
<td>99.0%</td>
<td>95.0%</td>
<td>94.7%</td>
</tr>
</tbody>
</table>
This is a significant improvement in performance since 2015/16. Table 2 shows the CCG’s CWT performance for 2015/16. Performance did improve in the second half of the year when UHSM clinicians provided some support to the SRFT service.

Table 2: Cancer Waiting Time Performance – 2015/16

<table>
<thead>
<tr>
<th>CWT Target - 93%</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
</tr>
<tr>
<td>2WW Breast Symptomatic</td>
<td>88.6%</td>
</tr>
<tr>
<td>2WW All cancer</td>
<td>95.2%</td>
</tr>
<tr>
<td>2WW Suspected Breast Cancer</td>
<td>95.0%</td>
</tr>
</tbody>
</table>

4 Service Feedback

4.1 Local engagement has taken place with Salford GPs, in the form of an on-line survey, asking for feedback on the current arrangements and views on future provision. The number of responses received was low, however, GP feedback reflected that there was high satisfaction with the service provided at the Nightingale Centre, but that the distance to the centre was a concern for patients.

4.2 Salford patient feedback on their experience at the Nightingale Centre has also been undertaken in the form of a survey questionnaire. Three hundred survey questionnaires were randomly sent to Salford patients who had attended The Nightingale Centre during 1st April to 30th November 2016. This represented approximately one third of the total number of Salford patients who had attended during this period.

4.3 56 completed survey responses were returned, a response rate of 19%. The survey offered patients the opportunity to complete the survey on line or to send back the paper version to the CCG in a pre-paid envelope. Patients were also offered the opportunity to book a one to one meeting with an engagement officer to give a more qualitative account of their experience; however no-one took up this offer.

4.4 Results from the patient survey show that:

- 98% were satisfied with how soon they were offered an appointment date;
- 70% found it either very easy or easy to get to the Nightingale Centre;
- 11% found travelling to Centre quite difficult and 18% found it very difficult;
- 96% rated their overall first impression of the Centre either excellent, very good or good;
- 93% rated the care they received either excellent, very good or good; and
- 100% of patients reported they had confidence and trust in the staff treating them.

4.5 A summary of the main comments made by patients is given below:

- Access to Wythenshawe:
  - very difficult to access without a car
  - length of journey time by car/public transport
  - expense of using public transport
Lack of car parking spaces and expense of car parking at Wythenshawe Hospital;
• Travel problems, adding anxiety at an already stressful time;
• Praise for the Salford service;
• The need to retain a local, Salford based service;
• Very efficient, caring and professional staff at the Nightingale Centre;
• One stop assessment and diagnostic model with the availability of test results on the same day upheld as good practice; and
• Length of time waiting to be seen within clinic.

5 Did Not Attend (DNA) Rate

5.1 Did Not Attend (DNA) rates for Salford CCG patients are shown in Table 3 for the periods April to August for each of the past three years.

Table 3: DNA Rates

<table>
<thead>
<tr>
<th></th>
<th>2014*</th>
<th>2015*</th>
<th>2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nightingale Centre</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Patients</td>
<td>6%</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Salford CCG Patients*</td>
<td>1%</td>
<td>2%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>SRFT Breast Service</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Patients</td>
<td>9%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Salford CCG Patients</td>
<td>9%</td>
<td>9%</td>
<td></td>
</tr>
</tbody>
</table>

* For ease of comparison all figures are for the 5 month period April to August
** 2014 and 2015 represents a lower volume of patients

5.2 More up to date DNA information has been requested, but was not available at the time of writing. It is hoped that this DNA rate has improved in recent months with the promotion of travel support summarised in the next section. DNA rates will continue to be monitored and discussed with the provider.

6 Patient Access and Travel

6.1 Salford residents often need to travel within and outside of Salford to attend health related appointments. There is recognition that patient access and travel to health services are important considerations and that this needs to be balanced with the ability for timely access to high quality services, especially for suspected cancer patients.

6.2 The CCG promotes the following arrangements to support patients getting to hospital appointments:

• **Being There**, a charity with a network of trained volunteers who provide emotional support and practical help for people living with or affected by cancer – including transport to hospital appointments. Salford CCG provides £55k every year to the charity.

• **Patient Transport Service**, commissioned from the North West Ambulance Service, for patients meeting the eligibility criteria.
• **Healthcare Travel Costs Scheme (HTCS)**, a national scheme which allows people to reclaim travel costs, if in receipt of particular benefits.

• **Patient Leaflet**, the Nightingale Centre patient leaflet, which is sent with appointment letters, provides details on travel options to the Centre.

### 7 Patient Flows

#### 7.1 Table 4 shows the impact on patient flows of having no Salford based assessment/diagnostic breast service. Key points are:

- 77% of patients are choosing UHSM (previously 3%), 16% Bolton (previously 2%) and 6% PAHT (previously 2%); and
- This change relates to approx. 36 extra referrals per week to UHSM, 7 to Bolton FT and 2 to PAHT for Salford Two Week Wait breast service referrals;

Table 4: Breast Two Week Wait Activity 2015/16; 2016/17 and Annual Change by Provider

<table>
<thead>
<tr>
<th>Provider</th>
<th>2WW breast cancer</th>
<th>2WW breast symptomatic</th>
<th>Total</th>
<th>% Share</th>
<th>2WW breast cancer</th>
<th>2WW breast symptomatic</th>
<th>Total</th>
<th>% Share</th>
<th>Annual Change</th>
</tr>
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<tbody>
<tr>
<td>SRFT</td>
<td>1,313</td>
<td>1,085</td>
<td>2,398</td>
<td>93%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-1,313 -1,085 -2,398 -46</td>
</tr>
<tr>
<td>UHSM</td>
<td>9</td>
<td>58</td>
<td>67</td>
<td>3%</td>
<td>116</td>
<td>782</td>
<td>1,946</td>
<td>77%</td>
<td>1,155 724 1,879 36</td>
</tr>
<tr>
<td>Bolton</td>
<td>13</td>
<td>38</td>
<td>51</td>
<td>2%</td>
<td>176</td>
<td>230</td>
<td>405</td>
<td>16%</td>
<td>163 192 354 7</td>
</tr>
<tr>
<td>PAHT</td>
<td>28</td>
<td>20</td>
<td>48</td>
<td>2%</td>
<td>92</td>
<td>51</td>
<td>143</td>
<td>6%</td>
<td>64 31 95 2</td>
</tr>
<tr>
<td>WWL</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>1%</td>
<td>1 5 5 0</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>0</td>
<td>5</td>
<td>15</td>
<td>20</td>
<td></td>
<td>0 11 11 0</td>
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<tr>
<td></td>
<td><strong>1369</strong></td>
<td><strong>1205</strong></td>
<td><strong>2574</strong></td>
<td><strong>100%</strong></td>
<td><strong>1437</strong></td>
<td><strong>1082</strong></td>
<td><strong>2519</strong></td>
<td><strong>100%</strong></td>
<td><strong>68 -124 -56 -1</strong></td>
</tr>
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</table>

#### 7.2 Initially, Bolton FT highlighted that this growth in referrals caused capacity issues and reduced waiting time performance in the early part of 2016/7. They responded to this by increasing their temporary workforce and are exploring further recruitment options.

### 8 Future Breast Services

#### 8.1 From April 2017, access to Breast Services will carry on as it currently is. Salford CCG patients will continue to be able to choose which of the available breast services they are referred to.

#### 8.2 Salford CCG intends to contract directly with UHSM for all breast service delivery rather than contract with SRFT, which is then sub contracted to UHSM. This will allow for clearer accountability and monitoring of performance. SRFT and UHSM are in discussion about the HR implications of this approach.

#### 8.3 In order to secure long-term clinical resilience all North West Sector (Salford, Bolton and Wigan) commissioners and Foundation Trusts recognise the need to plan some services on a sector basis. In exploring this approach, it is the CCG’s priority to secure safe, resilient and sustainable services for Salford citizens.
8.4 Breast Services has been identified as one of the first priority areas for consideration as a single shared sector service for the North West Sector (NWS). Prioritising breast services has been based on resilience issues relating to workforce and the difficulties recruiting and retaining key specialist staff, in particular radiology clinical staff. Recruitment is an issue nationally and the current shortages are predicted to get worse in the next 5 years.

8.5 As a first step, Wrightington, Wigan and Leigh FT and Bolton FT are developing a joint proposal to provide a ‘one stop’ assessment and diagnostic service in Salford and associated day-case/inpatient care in Wigan and Bolton. This will provide an additional choice option for Salford residents. This proposal will be considered by the three CCGs and Foundation Trusts. The over-riding criteria for decision making will be patient safety, quality and experience. The risks to delivering this aspiration relate to workforce and estates. Updates will be provided to the Salford Health & Adults Scrutiny Panel as further details emerge.

8.6 In addition, the Greater Manchester Health & Social Care Partnership has initiated a series of projects to explore the future models of care and configuration of several services in GM, including breast services (Theme 3: Standardising Acute and Specialist Care of the GM Sustainability & Transformation Plan). The Partnership has presented on this to the Greater Manchester Joint Health Scrutiny and future sessions are planned.

8.7 Any local and sector breast service changes will be planned and implemented in sight of, and in tandem with, the GM-wide breast service review and reconfiguration. All GM breast services will need to be designed to be compliant with the clinical and patient standards agreed by the Greater Manchester Breast Cancer Pathway Board.

8.8 Continued patient engagement will play a crucial role in sector and GM planning for future breast services.

9 Recommendations

9.1 The Salford Health and Adults Scrutiny Panel is asked to:

- note the update breast services for Salford patients, and to
- consider receiving future reports on the North West sector service planning.

Karen Proctor        Annette Donegani
Director of Commissioning        Service Improvement Team Manager

26th January 2017
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REPORT OF
Lead Member for Health and Adults Services

TO
Health and Adults Scrutiny Panel
ON
1st February 2017

TITLE: Joint Strategic Needs Assessment (JSNA) Update

RECOMMENDATIONS:
The Health and Adults Scrutiny Panel is requested to:

- note the contents of the report.
- comment on the draft 2017 Intelligence programme areas
- note that JSNA updates will continue to be provided to the Joint Health and Wellbeing Board and a newsletter will be piloted.
- discuss what intelligence support/development the Scrutiny Panel require

EXECUTIVE SUMMARY:

- The Joint Strategic Needs Assessment (JSNA) is a statutory requirement of Health and Wellbeing Boards.
- Salford’s JSNA is overseen by the JSNA Executive Group but this will be changing to a new “Intelligence” group that will ensure better integration with the Locality Plan
- A research and intelligence calendar is agreed annually and includes a wide range of projects and data.
- Recently completed research and intelligence work includes: State of the City; BME Health Needs Assessment; Care Homes Admissions Review; Suicide Audit
- Completed full reports are available via the JSNA website, where it is appropriate to publish them. A newsletter has been developed to share the main conclusions from some of the JSNA work. This was shared with Cabinet and agreed to be published for staff and partners and elected members. There have been 4 issues so far and the next is in development.
- Different ways of displaying data are currently being developed (e.g. Tableau), which will aim to make research and intelligence more widely accessible.
1. Introduction

1.1 The Joint Strategic Needs Assessment (JSNA) is a statutory requirement of Health and Wellbeing Boards to identify the current and future needs of their local population.

1.2 The JSNA considers health, wellbeing and social care needs and includes the wider factors that impact on health and wellbeing. It should also feature an assessment of community assets and identify the needs of vulnerable groups and disadvantaged areas in order to support reducing health inequalities.

1.3 It aims to support setting priorities for health and wellbeing improvement actions and to inform decision making and commissioning. The JSNA should be used to inform the Joint Health and Wellbeing Strategy.

1.4 The JSNA in Salford is structured using an Intelligence Calendar which details all of the intelligence products that make up the JSNA.

1.5 The Joint Health and Wellbeing Board received an update on the JSNA programme of work (Intelligence Calendar) at regular intervals.

1.6 This report provides an update for the Health and Adults Scrutiny Panel on progress of needs assessments over the last year and describes actions to link the JSNA to wider partnership intelligence. It builds on the report presented in September 2016.

2. Arrangements for managing the JSNA

2.1 Responsibility for the management of the process of developing and publishing the JSNA, and arrangements for ensuring that the JSNA informs development and delivery of the Joint Health and Wellbeing Strategy are devolved to the JSNA Executive Group.

2.2 The JSNA Executive Group meets on a monthly basis to oversee current and future JSNA health needs assessments. The JSNA Executive group also manages other functions related to the Joint Health and Wellbeing Strategy.

2.3 The JSNA Executive group ensures that the reports are disseminated to appropriate teams, elected members and partners, and quality control the products.

2.4 As the Locality Plan develops, the JSNA Exec is being reviewed as part of these governance arrangements and will support the whole Locality Plan agenda. It is proposed that a new Intelligence Group will be formed that will consist of representatives from the CCG and the Council. This group will ensure completed JSNA products are channelled to all relevant lead member briefings and not just...
the lead for Health and Adults. However, the Lead Member for Health and Adults will retain oversight of the Intelligence Calendar

3. Research and Intelligence Programme

3.1 The Research and Intelligence Programme contains needs assessments in addition to other intelligence products.

3.2 The needs assessments within the programme were agreed using a prioritisation template previously agreed by the JSNA Executive.

3.3 The table below highlights the programme topics that were agreed in 2016. This list excludes statutory data returns and monitoring /performance reports which are not part of the calendar.

<table>
<thead>
<tr>
<th>Children with disabilities</th>
<th>State of City</th>
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</thead>
<tbody>
<tr>
<td>NCMP (Child BMI) prevalence /trends</td>
<td>Health Improvement Service analysis</td>
</tr>
<tr>
<td>Schools profiles</td>
<td>Neighbourhood profiles</td>
</tr>
<tr>
<td>Speech and language children and young people</td>
<td>Ward profiles</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>Alcohol dataset review</td>
</tr>
<tr>
<td>BME (including migrants, asylum seekers, Jewish)</td>
<td>Employment and disadvantaged groups review</td>
</tr>
<tr>
<td>Suicide Audit</td>
<td>Heat and surface water</td>
</tr>
<tr>
<td>Learning Disabilities (projections adults)</td>
<td>Income data</td>
</tr>
<tr>
<td>Jewish research project support</td>
<td>Financial Inclusion Survey</td>
</tr>
<tr>
<td>Asthma</td>
<td>Pharmacy needs assessment</td>
</tr>
<tr>
<td>Locality plan health and wellbeing projections</td>
<td>Salford Futures Survey (and cost benefit analysis)</td>
</tr>
<tr>
<td>Integrated Care System Intelligence</td>
<td>Adult Social Care Survey (annual)</td>
</tr>
<tr>
<td>Healthwatch Wellbeing Star Survey</td>
<td>Survey of Adult Carers (biennial)</td>
</tr>
<tr>
<td>Healthwatch priorities survey</td>
<td>Malnutrition – one year review</td>
</tr>
<tr>
<td>Integrated evidence base /development of JSNA web</td>
<td>Mortality / life expectancy (older age brief and overall</td>
</tr>
<tr>
<td>Inactivity - projecting changes</td>
<td>Falls</td>
</tr>
<tr>
<td>Budget information pack</td>
<td>Winter pressures /mortality review</td>
</tr>
<tr>
<td>Residential Care</td>
<td></td>
</tr>
</tbody>
</table>

3.4 Reports are submitted to the JSNA Executive group and other relevant forums for approval and to ensure appropriate action, on behalf of the Health and Wellbeing Board. The reports at 3.3 are added to the JSNA site, where appropriate at [http://www.salford.gov.uk/needsassessments.htm](http://www.salford.gov.uk/needsassessments.htm)

3.5 The main findings and recommendations of completed reports are summarised via a Research and Intelligence newsletter disseminated to all staff. There have
been four issues of the newsletter since June 2015. Cabinet recently agreed to make these more widely available to elected members, teams within the Council and partners. The next issue is due imminently.

3.6 The Intelligence Calendar for 2017 is in draft format and an agreement for the 2017 plan will be reached by February. This year, the priorities are closely linked to the Locality Plan, rather than topics of interest. The topic list is as follows:

- Military Veterans
- Dying with Dementia
- Autism
- Frailty
- Long Term Condition
- Mental Health
- Homelessness
- Affordable Warmth
- State of the City Refresh
- Physical Activity Insight
- Health and Housing (vulnerable adults)
- Poverty Strategy Support
- Ward & Neighbourhood Profiles
- Public Health Annual Report
- Physical Activity Insight
- Assessment of Health Need as a Result of Housing and Population Growth

3.7 The Intelligence team also respond to a large number of ad hoc requests that are not covered by the JSNA Intelligence Calendar. It is important that this work is borne in mind when setting the JSNA agenda, to ensure a balance between proactive and reactive work is provided for those utilising the intelligence team to support their work.

4. Summary

3.8 A presentation has been produced for the Scrutiny Panel that outlines some of the key headline reports for since the last update to Scrutiny. The Scrutiny panel are invited to review this presentation. The new newsletter will be forwarded as soon as it is available.

3.9 The JSNA continues to progress with careful monitoring by the Health and Wellbeing Board. As the Locality Plan governance develops, this will become integrated into the planning and governance process for the accompanying programmes of work.

3.10 Updates on the Intelligence Calendar and JSNA programme will continue to be brought to scrutiny in consultation with the Chair. In the attached presentation, there are some suggested development sessions/workshops that can be delivered and we would welcome the thoughts of panel members on this issue.

3.11 Any requests for any information about the reports discussed in this session can be accessed by visiting https://www.salford.gov.uk/people-communities-and-local-information/joint-strategic-needs-assessment/jsna-topic-areas/ or emailing intelligence@salford.gov.uk
BACKGROUND DOCUMENTS:
The Salford JSNA can be found at: http://www.salford.gov.uk/salfordjsna.htm

KEY DECISION:  NO

DETAILS:  No decision / report for information only

KEY COUNCIL POLICIES:

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS: N/A

ASSESSMENT OF RISK: N/A

LEGAL IMPLICATIONS Supplied by:  No decision / report for information only

FINANCIAL IMPLICATIONS Supplied by:  No decision / report for information only

PROCUREMENT IMPLICATIONS Supplied by:  No decision / report for information only

HR IMPLICATIONS Supplied by:  No decision / report for information only

OTHER DIRECTORATES CONSULTED: N/A

CONTACT OFFICER: Siobhan Farmer  TEL NO: 0161607 6938

WARDS TO WHICH REPORT RELATES: All
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Salford’s Joint Strategic Needs Assessment

Gordon Adams – Strategic Intelligence Manager
Siobhan Farmer – Consultant in Public Health
Background

• A responsibility of Health and Wellbeing Board

• Gives the big picture of health and wellbeing needs and assets to aid decision making

• Continuous process, no set timescales

• A range of deep dive analyses – not a singular document
Management of JSNA

- JSNA Executive group – currently sets direction and receives all reports
- Research and Intelligence Calendar - developed through prioritisation framework - will in future be linked to Locality Plan
- Newsletters – give headlines of reports in an accessible way.
- As the Locality Plan develops, the JSNA Exec to be reviewed as part of governance arrangements and will support the whole Locality Plan agenda. Proposal for a new Intelligence Group with representatives from the CCG and the Council
• There are over 7,000 community assets within the city
• Salford’s population is increasing rapidly.
• However, during the next five years there will be an annual average of 2,100 net additional dwellings. Half of these will be in Ordsall.
• Since 2011 business GVA in Salford grew by over £1bn and is forecast to grow by a similar amount by 2021.
• 27% of Salford’s adult population have no qualifications compared to 22% in England
• Salford businesses will need 11,000 more employees qualified to NVQ4 level by 2021
Key headlines – State of the City

• Salford is 22nd most deprived of the 326 local authority districts in England.
• Mean household income in Salford (£28,900) is 23% lower than the UK average (£37,500).
• 25% of Salford Children live in poverty compared to 18% in England.
• Male life expectancy in Salford is 76.7 years compared to 79.5 years in England.
• 24% of Salford residents smoke compared to 18% in England.
• Total recycling has increased by 30%, while general waste decreased by 21%.
• Carbon dioxide emissions have decreased by 8%.
Salford City Council

Key headlines - BME

• BME population rose by 20,728 residents in 10 years
• The largest ethnic groups in Salford are Other White (including European migrants), Black African and White Irish
• Inner-city wards have the highest proportion of BME residents are: Broughton (33%), Ordsall (32%) and Irwell Riverside (29%).
• There are now 16,085 people in Salford who do not speak English as a first language.
• Salford’s BME population has a much younger average age profile than the White British population.
Key headlines - Suicide

• Much more common in males than in females
• Most common amongst people (aged 35 to 64)

• Key issues:
  • Mental health
  • Alcohol and other drugs
  • Social isolation
Key headlines – Care homes

• Ageing population – from 2025 an extra 900 over 65s every year
• Salford has the 2nd highest admission rate to Local Authority funded places for residential/nursing care in the North West.
• Dementia is forecast to have the highest increase in health conditions of people admitted to care in Salford by 2030
In Progress

- Children with Disabilities
- Jewish research project
- Unintentional injuries
- Employment and disadvantaged groups
- Pharmacy needs assessment
- Physical activity
- Winter pressures mortality
- Learning disabilities projections
- Transfer data to more usable formats
Planned for 2017…

- Military Veterans
- Dying with Dementia
- Autism
- Frailty
- Long Term Condition
- Mental Health
- Homelessness
- Affordable Warmth
- State of the City Refresh
Planned for 2017 (cont.)

- Physical Activity Insight
- Health and Housing (vulnerable adults)
- Poverty Strategy Support
- Ward & Neighbourhood Profiles
- Public Health Annual Report
- Physical Activity Insight
- Assessment of Health Need as a Result of Housing and Population Growth
Suggested workshop topics

• Understanding data
  • Reading charts
  • What are confidence intervals?
  • Why do we use rates?
• Who are our statistical neighbours and why?
• Appraising the evidence
• Sources of information
• Evidence based decision making
Dissemination & informing decisions

- JSNA website, R&I newsletter, Ward and Neighbourhood profiles, Partners in Salford
  [http://intranet.salford.gov.uk/research.htm](http://intranet.salford.gov.uk/research.htm)

- Relevant forums / leads assigned to take forward action plans e.g. cancer profiles informing GP LCS

- Research and Intelligence Portal
  [http://www.salford.gov.uk/salfordjsnsa.htm](http://www.salford.gov.uk/salfordjsnsa.htm)
### Overview and Scrutiny

**Scoping Document Review Topic (Spotlight/Task and Finish)**

<table>
<thead>
<tr>
<th>Name of review</th>
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<tbody>
<tr>
<td>Spotlight/Task and Finish Group members</td>
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<td>Co-option members</td>
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<td>Key officers / service group/partner organisations</td>
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<td>Relevant Assistant Mayor(s)</td>
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<td>Timescales</td>
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<td>Rationale for the review. (Key issues and/or reason for doing the review)</td>
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<tr>
<td>Objectives of review (Specify exactly what the review should achieve/what are the potential outcomes of the review e.g. service)</td>
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<td>Question</td>
<td>Answer</td>
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<td>improvements, policy change, etc?</td>
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<tr>
<td>Scope of the topic (What is specifically to be included/excluded)</td>
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<tr>
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<td>How will our partners be involved? (consultation with relevant stakeholders)</td>
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<td>What site visits will be undertaken?</td>
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<td>What evidence is needed for the review? (What information needs to be identified / is not already available?)</td>
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Page 38
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<th>Other information</th>
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## Overview and Scrutiny

**Scoping Document Review Topic (Spotlight)**

<table>
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<tr>
<th>Name of review</th>
<th>Capacity / Access Issues at Salford Royal Foundation Trust (Spotlight)</th>
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<tr>
<td>Task and Finish Group members</td>
<td>Councillor King (Lead)</td>
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<td>Relevant Lead Members</td>
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### Overview and Scrutiny

**Scoping Document Review Topic (Spotlight)**

<table>
<thead>
<tr>
<th>Name of review</th>
<th>Adult Safeguarding</th>
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<tbody>
<tr>
<td><strong>Task and Finish Group members</strong></td>
<td>Councillor Warmisham (Lead)</td>
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<tr>
<td><strong>Co-option members</strong></td>
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<tr>
<td><strong>Who will the group meet with?</strong></td>
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</table>
| **How will our partners be involved?**  
(consultation with relevant stakeholders) |
| **What site visits will be undertaken?** |
| **How will the public be involved?** |
| **What evidence is needed for the review?**  
(What information needs to be identified / is not already available?) |
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### Overview and Scrutiny

#### Scoping Document Review Topic (Task and Finish)

<table>
<thead>
<tr>
<th>Name of review</th>
<th>Adult Mental Health Services Provision (Task and Finish Group)</th>
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</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></td>
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<tr>
<td>Key officers / service group/partner organisations</td>
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|---|

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<tr>
<th><strong>What site visits will be undertaken?</strong></th>
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| **What evidence is needed for the review?**  
(What information needs to be identified / is not already available?) |
|---|
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**Health and Adults Scrutiny Panel**  
**Work Programme and Recommendation Tracker**

Please note: There will be a Members only briefing at 9.30am, with the Panel meeting commencing at 10.00am

<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>
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<tr>
<td>February 2017</td>
<td>ICO Budget Update</td>
<td>Steve Dixon / Jennifer McGovern</td>
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<td></td>
<td>Breast Services Update</td>
<td>Dr Tom Tasker / Karen Proctor</td>
</tr>
<tr>
<td></td>
<td>JSNA Update</td>
<td>Siobhan Farmer</td>
</tr>
<tr>
<td></td>
<td>Sub-Groups (Scoping Document Preparation)</td>
<td>Members</td>
</tr>
<tr>
<td>March 2017</td>
<td>Member Training Workshop</td>
<td>David Herne</td>
</tr>
<tr>
<td>April 2017</td>
<td>JSNA Update</td>
<td>Siobhan Farmer</td>
</tr>
</tbody>
</table>

**Abeyance List**  
The following issues have yet to be prioritised and TOR determined.

- Flu Vaccine Uptake - Update
- Delayed Discharge / Transfer of Care
- Healthcare issues for Asylum Seekers and Refugees
- Greater Manchester Devolution
- Budget Monitoring - Quarterly update
<table>
<thead>
<tr>
<th>Sub Groups</th>
<th>Lead Officer</th>
<th>Lead Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Mental Health Services Provision (Task and Finish Group)</td>
<td></td>
<td>Full Panel</td>
</tr>
<tr>
<td>Capacity / Access Issues at Salford Royal Foundation Trust (Spotlight)</td>
<td></td>
<td>Councillor King</td>
</tr>
<tr>
<td>Adult Safeguarding</td>
<td></td>
<td>Councillor Warmisham</td>
</tr>
<tr>
<td>Governance Arrangements at Aspire (Spotlight for Overview and Scrutiny Board)</td>
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<td>Councillor Morris / Councillor Balkind</td>
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</tbody>
</table>

### RECOMMENDATIONS TRACKER

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<tr>
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<tbody>
<tr>
<td>GP Access</td>
<td>To examine in further detail issues relating to GP access in the City</td>
<td>Report has been submitted to City Mayor and Salford CCG for comments.</td>
<td>Councillor Warmisham</td>
</tr>
<tr>
<td>Winter Mortality</td>
<td>To examine in further detail issues relating to Winter Mortality in the City</td>
<td>Report has been submitted to City Mayor and Lead Member for comments.</td>
<td>Councillor King</td>
</tr>
</tbody>
</table>
# RECOMMENDATIONS TRACKER

<table>
<thead>
<tr>
<th>Community Resilience</th>
<th>Resilient Communities - Enable the extended wellbeing of older people through the provision and uptake of activities in their local areas. (Worsley and Winton Wards)</th>
<th>Full Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report has been submitted to City Mayor and Lead Member for comments.</td>
<td></td>
</tr>
</tbody>
</table>

## Portfolio of the Panel:

| 1. Health, Public Health and Social Care Integration and performance thereafter  |
| 2. Commissioning Hub                                                         |
| 3. Major Health reconfiguration                                              |
| 4. Overview of Health and Wellbeing Board in promoting integration           |
| 5. Supporting People                                                         |
| 6. Services for independent living – care on call, sheltered housing, supported tenancies |
| 7. Adult Safeguarding                                                        |
| 8. Integrated Teams                                                          |
| 9. Provider Services                                                         |
| 10. Personalisation and care management                                       |
| 11. Asylum Seekers and Refugees                                              |
| 12. Welfare rights and debt advice                                           |
| 13. To review and scrutinise any matter relating to the planning provision and operation of the health service in the Salford area. |
| 14. To scrutinise the council’s business plan and budget in this functional area |

## Membership – 12 Members:

**Councillors**

- Howard Balkind
- Sammie Bellamy
- Barbara Bentham
- Bob Clarke
- Robin Garrido
- Christine Hudson (VC)
- Jim King
- Margaret Morris (C)
- Joe Murphy
- John Warmisham
- Colette Weir

(1 vacancy)

**Marian Wilson - Co-opted Member**

**Harold Kershner - Co-opted Member**