

Contents

Foreword

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

Executive summary

Why have we refreshed the Salford Locality Plan?

Who is it for?

How did we go about it?

What are main findings and new features?

How will it be monitored, reported and kept up to date?

A footnote on transformation and change

- 1 Stages of life
 - 1.1 General overview
 - 1.1.1 Why “stages of life”?
 - 1.1.2 Population trends
 - 1.1.3 Determinants of health, wellbeing and inequality
 - 1.1.4 Life expectancy and healthy life expectancy
 - 1.2 Best early start
 - 1.3 Developing well: best transition to adulthood
 - 1.4 Living well: special focus on mental health, cancer early diagnosis and diabetes prevention
 - 1.5 Active older age
 - 1.6 Later older age and dying well
- 2 Neighbourhoods, communities and environment
 - 2.1 General introduction
 - 2.2 Benefits of green space to health
 - 2.3 VCSE highlights
 - 2.4 Wellbeing matters
 - 2.5 Salford Community Leisure
 - 2.6 Transforming primary care
 - 2.7 Transforming secondary care
 - 2.8 Transforming community-based care

- 3 Improvement and enablers
 - 3.1 Innovation, research and evaluation
 - 3.2 Carers – the great enablers
 - 3.3 Workforce
 - 3.4 Salford Together
 - 3.5 Better care, value for money and social return
 - 3.6 Integrated care update
 - 3.7 Salford Council’s Financial Summary
 - 3.8 Salford CCG’s Financial Summary

- 4 Improving quality, managing risks
 - 4.1 Quality and continuous improvement
 - 4.2 Quality assurance framework
 - 4.3 Risks and mitigation
 - 4.4 Governance

- 5 “Plan on a page” summaries, strategic alignments and milestones
 - 5.1 The City Mayor’s “great eight” priorities
 - 5.2 The NHS long term plan priorities
 - 5.3 Starting well – milestones
 - 5.4 Living well – milestones
 - 5.5 Ageing well – milestones
 - 5.6 Neighbourhoods, communities and environment – milestones
 - 5.7 Improvement and enablers – milestones
 - 5.8 Summary of main commissioning intentions
 - 5.9 Summary of main provider intentions

Appendices and links

Foreword

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

Photos

It is our pleasure and privilege, as joint chairs of Salford's Health and Wellbeing Board, to introduce this latest "refresh" of the Salford Locality Plan.

The Locality Plan is the link between our understanding of needs and opportunities in health and wellbeing, and our coordinated response to them.

We have produced this update for three main reasons:

- first because we promised we would in the earlier version;
- second because it is timely to look at how far we have come and what remains to be done;
- and third because there is a requirement on all Health and Wellbeing Boards in Greater Manchester to produce and publish such a plan, to coordinate at that wider level and to benchmark progress.

This document is much more than an administrative requirement. It is intended to inform, to challenge, to inspire and to energise. We hope that all readers will see that this Plan relates to themselves and those they love at their stage of life, that it relates to the neighbourhood in which they live and, just as importantly, that it shows where they can make a contribution.

You will see from the content that this has been a "co-production" from the outset, involving the public, providers, commissioners, and policy-makers. The next steps are, therefore, "co-delivery" and "co-responsibility" for the outcomes. You will find reference to the finances of City Council and Clinical Commissioning Group, but our greatest resource is the people of Salford. Our ambition is for their optimum health and wellbeing. To that end, you will find mention of many other resources and enablers, such as green spaces, housing, employment, transport, digital connectivity, training and skills, as well as high quality health and care services.

This Plan reflects our values of pride, passion, people and personal responsibility.

Enjoy reading this Plan, and as you do, reflect not only what Salford will do for you, but what you will do for Salford.

Executive summary

Why have we refreshed the Salford Locality Plan?

All the ten Councils that make up Greater Manchester have been asked to update their Locality Plans. This document is a refresh of the Salford Locality Plan published in August 2017. Much of the original structure and direction of travel remain the same but the content is new and the ambition has been raised.

This is a plan for health and wellbeing, not just for illness and dependency; for strengths and not just for frailties; for opportunities not just for needs; and for ideas not just for certainties.

It takes a look at progress, which is considerable, and at the remaining challenges, which are also considerable. It brings a renewed emphasis on prevention, personal involvement and care closer to home, and explores what people in Salford have told us these phrases mean to them.

It is clear from the long list of links in the appendix that many plans and strategies already exist. So why have a Locality Plan as well? The answer is to pull those plans together into an integrated whole that coordinates rather than competes and makes health and wellbeing, with reduced inequalities, at the heart of all effort.

No plan can cover all eventualities. There are limits to what we can predict or control. The future is not what it used to be! Some paths are made by walking! Each day brings fresh challenges and also fresh solutions. To some degree we have to plan for the unknown, guided by values rather than certainties, sensitive and responsive to changing circumstances, but in this document we have set out several milestones so that our intentions are clear, so that we focus our energies and so that we reflect on progress.

To paraphrase Eleanor Roosevelt:

“The past is history, yet we can learn from it;

the future is a mystery, yet we can prepare for it;

but today is a gift, and that is why we call it the present.”

Innovation needs to be accompanied by evaluation. This is a recurring theme as we reflect, learn and share experience with others.

A recent patient story illustrates the need for flexibility when it comes to measuring success. A man was referred to a horticultural project for his mental wellbeing. Over coffee he discovered a fellow attendee was engaged with reading and theatre groups. As the friendship grew, he was more drawn to the cultural offer and switched to that. Is this therefore a failure of the horticultural project because he failed to finish the programme? Or is a success because it got him out, meeting others, and finding the right niche for him? Similarly, we want the aspirations of this plan to be reflected in defined objectives, but not be constrained by them, not to miss the point, and not to lose the personal touch.

Who is this Plan for?

First and foremost, this Plan is for the people of Salford. Its intention is that every resident can see its relevance to them, to their community and to their contribution to its success. The plan addresses each of the following questions which came out of the public engagement and co-production:

Will this plan be relevant to me as an individual and those I love? Yes. Chapter 1 covers all the stages of life, and in more detail than the previous version, especially at the extremes of life – birth and death – when people are generally at their most vulnerable.

Will this plan be relevant to where I live or the group to which I identify? Yes. Chapter 2 covers neighbourhoods and networks, and how they relate to opportunities and services at local level and communities of interest that span geographical boundaries. It also looks at environmental issues and sustainability, and the importance of the big “anchor” organisations, including those of Council and NHS but also the private and voluntary sectors.

Does this plan reflect any learning from the past three years? Yes. For example, social prescribing is well established and expanding since the last plan was written and we are already exploring next steps. For instance: where can people move on to after completing a social prescription programme; how can we promote intergenerational activities, and how we can develop “pre-hab” as well as “re-hab” to build fitness and resilience before and after major surgery or cancer chemotherapy? Arguably, every one of Salford’s 250,000 residents should have a personal offer for resilience and wellbeing - not just for recovery. That is the scale of ambition. Social prescription doesn’t imply that everyone has to be referred by a health professional and link worker, though that is an important route. Most will find their own way there if plenty of opportunities exist and are well publicised.

Will this plan show how I can make a personal contribution? Yes. Another theme that emerged strongly from consultation was that of focussing on strengths rather than dependencies, for individuals and communities. There is therefore a stronger emphasis than before on prevention and maintaining health and wellbeing, as well as the provision of services for those in need, drawing more deeply than ever on tackling the underlying causes of need and inequality, and helping address these at source. This comes through in every chapter. “Making a contribution” is one of the five “ways to wellbeing”. The others are: taking notice (mindfulness), learning, connecting with others, and being active.

Second, this plan exists to give a steer to providers of health and social care, education, housing and jobs. New buildings and services are addressed in the chapter 2 on neighbourhoods and environment. Chapter 3 looks at “enablers” such as innovation, carers (“the great enablers”), our own workforce, better value care, integrated care, and finance. Such providers include the NHS in all its facets; Council-provided and commissioned services; voluntary sector, community groups and social enterprises (VCSE); schools, colleges and universities; local businesses and others.

Third, this plan recognises the importance of the environment, climate change and sustainability: how they affect us and how we protect them.

Fourth, this plan will be of interest to policy-makers, scrutineers and regulators. Chapter 4 looks at how quality will be improved, how risks to the Plan will be recognised and mitigated, and how overall

governance will be arranged. Chapter 5 summarises our intended milestones from each preceding chapter, and our strategic alignments with local and national policies.

.How did we go about it?

From the outset, this refresh has been a co-production. This meant the involvement, as equals, of members of the public, voluntary, community and social enterprises (VCSE), elected members, employees and managers of statutory agencies like NHS and Council, and experts from the fields of education and business.

Under the auspices of the Health and Wellbeing Board a learning event was conducted in July 2019 on the theme of co-production: what it meant, who was involved and what difference it could make. There have also been well-attended public meetings – one in particular was live-streamed on Facebook and Twitter with contributions coming in from those following remotely. A large on-line survey brought in further insights. Systematic feedback has been gleaned from Healthwatch over the past three years and that was fed in. We have asked specific questions about values and aims, and invited ideas for innovation and improvement. In addition to this ground-level local feedback we have taken note of guidance and expectations of Greater Manchester and its partnerships, of the NHS, of national policies and legislation, and of published evidence of effectiveness from the professional and scientific literature.

All three strands of Council activity are covered in the first three chapters respectively: People (Stages of Life), Place (Neighbourhoods and Environment) and Service Reform (Improvement and Enablers). The vision for the City Mayor's "Great Eight" priorities are all here: tackling poverty and inequality; education and skills; health and social care; economic development; housing, transport; transparent and effective organisation and social impact.

All sectors of the NHS were consulted: primary care, community care, mental health and hospitals, with especially large contribution from the Primary Care and Clinical Commissioning Group, as is appropriate in their role as funders and providers. The major elements of the NHS Long Term Plan, and the priorities of Greater Manchester have been included. Our special focus this time is mental health.

The word "commissioning" has "mission" at its heart. It is the shared mission of this plan that matters, rather than who is "payer" or "provider". No hospital, general practice or social care provider can succeed unless the others are engaged, effective and efficient; nor can they succeed unless they are adequately resourced. Pooling of the great majority of the health and social care budget, and greater transparency on the rest, is a major development of the past year. Salford's experience is that collaboration carries greater force than competition.

Above all, thought has been given to a new understanding of resources and value for money, including not only individual outcomes for health and wellbeing, of efficiency in use of resources and fair distribution, but also adding social value via all our activities.

What are the main findings and new features?

In chapter 1 we look at changes in the population numbers and mix: a younger population than the England average, and growing steadily. It shows movement on the determinants of health and wellbeing, with encouraging trends in health and employment but adverse trends in crime. It portrays the diseases driving premature mortality and life expectancy, but this time we focus even more

attention on diseases like mental health that impair quality of life. We look in greater depth than before at the extremes of life – birth and death. These are two greatest transitions that we all undergo in our life journey. They are the times of peak demand on the caring services.

In chapter 2 we look at neighbourhoods and environments; green spaces as well as new infrastructure at local level. We explain the new networks of primary care (general practice) and the intention to promote social prescribing, extended hours and increased services closer to home. This is also the chapter where we greatly increase the profile of prevention and the role of individuals and communities in helping themselves. Through initiatives like “Wellness Matters” and all the work of the voluntary, community and social enterprise (VCSE) sector, Salford Community Leisure and the Health Improvement Service we look at community strengths and adding to social return on investment. This is also where we mention the importance of the environment, air and water quality, climate change and sustainability, and the interdependence between people and the living environment.

In chapter 3 we look at innovation and enablers, including the research and evaluation role of our Universities. Carers get a significant mention here, as well as workforce, the “better care” initiative, and integrated care. Funding is the greater enabler, so the finance plans of Salford Clinical Commissioning Group and Council are profiled in this section. Patterns of spending are of interest: who knew that one pound in every six invested by the local NHS goes on mental health alone? And that that is more than was spent on cancer, circulatory diseases and respiratory diseases put together?

Chapter 4 explains how we will monitor and improve quality of services arising from this plan, and how we will identify and mitigate risks to this plan.

Chapter 5 is a series of brief summaries of each chapter, with milestones and indicators where relevant. It also shows the strategic alignment of this Locality Plan with the plans, policies and requirements of other partners and regulators.

How will the Locality Plan be monitored, reported and kept up to date?

Monitoring the locality plan since its inception in 2016/17 has been a standing agenda item for the Health and Wellbeing Board. This role will continue. Progress will also be reported via the network of Boards, Governing Bodies and Commissioning Committees that make up the partnerships in Salford. Beyond that, there are lines of formal and informal accountability to Greater Manchester, regulators such as Ofsted and the Care Quality Commission, and Government Departments.

Monitoring is a means by which the report remains alive: sensitive and responsive to emerging trends and changing circumstances.

Some of the milestones contained in this plan can be seen as “targets” which we are committing to achieve. Others are “indicators” where no specific threshold is set but nevertheless are “a challenge to explain, to learn and to adapt”. Many of the indicators are comparative: we want to benchmark ourselves against places similar to Salford as well as our GM neighbours and the rest of England. The topics for indicators are drawn from the City Mayor’s “Great eight” and the ones set out in the NHS Long Term Plan.

[SUMMARY OF MILESTONES TO FOLLOW]

We anticipate an annual progress report on this Plan, with full refresh in a further 3 years.

A footnote on transformation and change

Change, innovation, experimentation and transformation are words that recur throughout this document. No matter how strong our wish to cling to what is familiar and certain, change is an inevitable consequence of complex human endeavour.

Here is a relevant poem, part of an initiative in Salford for poetry as a means to health and wellbeing, by Health and Social Care Scrutiny Panel member “J” Ahmed.

‘TRANSITION’

Change that’s forced upon us, or change the chosen Path;
Change, the only way to move to futures from the past.
Change, the blessing cursed; by those who can’t embrace it.
Change, the challenge that we face if we choose to make it.
Wherever whence we’re coming from, wherever forth we go;
Change is the transition that keeps the natural flow.
Some see change as an enemy, some see change as a friend,
Some see change as a consequence of inevitable ends.
To some it’s new beginnings, to others just more work –
Change is often evidence that we are alert.
For all it is and represents, change is changing you;
Revising how you see the things you would and wouldn’t do.

This poem sums up the key message of this refreshed Locality Plan. It is not just about our **outputs** and how much is done or how efficiently, nor is it just about our **outcomes** and how we are shifting the indicators of health, wellbeing and inequality. It is about our **outlooks** – “revising how you see the things you would or wouldn’t do.”