

***"We want all adults in Salford to live independent, fulfilling and productive lives which will help them to manage their own health and wellbeing and ensure a healthy life expectancy. For those that need care and help, we want them to feel confident that their care is compassionate, of high quality and meets their needs."***

As outlined in our Annual Plan for Health and Social Care Commissioning in Salford, the integrated commissioning plan for adult services is split across 9 strategic programme areas that are designed to support delivery of a range of services across the following areas - Transition into adulthood; Strengths-based approaches; Prevention first, reduce demand, high quality, safe care for those that need it most; Independent, active lives, opportunities and protective factors, personal resilience, connections and supportive communities, manage own health, healthy life expectancy; and, Carer friendly city, End of life and palliative care, dignified death.

The year-end position for each of the strategic programme areas is detailed in this appendix along with a summary of progress for each action in the plan.

## Adults Social Care

Paul Walsh

**Independent Living Service:** The final business case was approved in January 2021. As new action is proposed for 2022/23 to facilitate and oversee the implementation of the business case, including work to remodel Reablement services.

**Complex Dementia in Care Homes:** One Salford based provider (Aspire) was successful in applying to the GM complex dementia framework (January 2022). Further work is now taking place that will roll into 2022/23 to build the service model up and the start to make placements.

**Learning Disability Supported Tenancy New Schemes.** This relates to an existing business case for the two Great Places supported tenancy schemes in Little Hulton and Walkden. Great Places has reported significant increases to the build costs (circa £1.5m). Council officers are in discussion with Great Places to consider options. A report will be taken to the Lead Member for Housing, Property and Regeneration.

**Learning Disability Supported Tenancy Network Redesign.** The commissioner review of the tenancies with Aspire is nearing completion. ASC Assessments are completed, and service model options are being prepared. A commissioning report will be drafted and taken through governance. The action will roll into 2022/23 and will include the implementation of the new service model.

**Extra Care (tender for new care service):** Following Covid related delays the working group to develop the procurement strategy has reformed. It is anticipated that the tender (framework) will live in Q2 2022/23 with new provider selected for the framework later in 2022/23.

**Extra Care (EC) New Schemes.** There are 4 pipeline schemes that will increase availability of EC units by circa 300 by 2023/24.

- Arrow Street, Lower Broughton – Approved by ACC – delayed due to Covid – planning permission secured – start on site planned for Q4 2021/22
- Moorfield Close, Swinton – pending approval and planning permission in Q4
- Pendleton Together - pending approval and planning permission in Q4
- Allotment Road, Cadishead - pending approval and planning permission in Q4

**Age Well Service:** Integrated Commissioning and Public Health concluded the interview stage for the tender. A report to Procurement Board is being prepare for May 2022.

**Fairer Charging including Policy Review:** Improvements have been made in the recovery of client income through charging. A number of operational developments, including better use of data (from Liquid Logic/Controcc system) and streamlining procedures, has facilitated this. Progress has been made to update the draft Fairer Charging Policy to reflect new national policy changes and also to address local demands for mental health, short-stay and extra care charging. The first draft of the new policy is expected in the first half of 2022/23

**Workforce Recruitment and Retention Fund:** Two rounds of the national WWRF have been released and the funding has been allocated to ASC providers in Salford. The funding totalling circa £2.5m for Salford, can be applied to support workforce measures from 10 Dec 2021 to 31 March 2022. Salford has directed providers to use this funding to support wage uplifts for workers.

**Living Wage:** The 2022/23 ASC Living Wage budget has been set to enable ASC staff to be paid at least £9.90 per hour. ASC providers are being contacted about this offer.

2021-22 Actions	Reference No.	RAG
Working with system partners, ensure there is an agreed project scope and plan to deliver the Adults Strategic System Priority of 'Adult Social Care Market Shaping'	ICASC2122.001	Action removed – this is not a specific action
Develop commissioning standards for technology enabled care	ICASC2122.002	Work was placed on hold due to COVID - Work will continue in 2022/23
Review Age UK services for people with dementia and wider Age Well day services to inform the development of a new model that is consistent with neighbourhood models of care and procure new service	ICASC2122.003	Complete
Undertake improvement programme with the Independent Living Service	ICASC2122.004	Complete
Deliver the Adults Social Care Best Value and Efficiency plan working with Salford Royal Foundation Trust / Salford Care Organisation and Greater Manchester Mental Health to secure the agreed level of budgetary savings for Adult Social Care	ICASC2122.005	Complete
Develop and implement the Age Friendly City programme via the Age Friendly Alliance action plan including the active ageing project	ICASC2122.006	Partially completed - work will continue in 2022/23
Review services in light of COVID recovery - determine and implement restoration activities relevant to Adults Social Care in accordance with GM recovery plans and national planning guidance	ICASC2122.007	Complete

**Adults Care Pathway**

**Harry Golby**

This programme includes a range of distinct actions some of which are to be taken forward within the Salford locality and others across Greater Manchester.

The most progress has been made on:

- Supporting services to in the light of COVID recovery – the operating model of a range of services have been reviewed to reflect how best to operate in the context of COVID and ensure their priorities reflect the recovery from the pandemic
- Evaluating the impact of the locality’s investment in 24/7 integrated End of Life Care specification – the service continues to operate over the weekends and feedback is that objectives are being met
- Confirming the commissioning intention of Oviva Diabetes Support – a 12 month contract extension for Oviva Diabetes Support programme has been agreed to ensure that people with type 2 diabetes in Salford continue to have a choice of structured education and behaviour change programmes.
- Supporting changes to the Greater Manchester EUR model – some patient cohorts will be out of scope of the new Greater Manchester model from July 2022, commissioners from Salford are working with colleagues across Greater Manchester to ensure care for these people can be approved from a different date from that time
- Supporting personalised packages of care and care pathways for people with significant neuro rehabilitation needs – the funded nursing care team continues to manage these cases

2021-22 Actions	Reference No.	RAG
Evaluate impact of investment in 24/7 integrated End of Life Care specification	ICACP2122.001	Partially completed - work will continue in 2022/23
Review of Neuro-rehab pathway for personalised packages of care and care pathways	ICACP2122.002	Partially completed - work will continue in 2022/23
Establish Greater Manchester wide commissioning governance for Inpatient Neuro-Rehabilitation	ICACP2122.003	Partially completed - work will continue in 2022/23
Update the service specification for The Maples	ICACP2122.004	Work was placed on hold due to COVID - Work will continue in 2022/23
Review services in light of COVID recovery - determine and implement restoration activities relevant to Adults Care Pathway in accordance with GM recovery plans and national planning guidance	ICACP2122.005	Complete - All aspects of the system are restoring activities in line with guidance.
Confirm the commissioning intentions for Oviva Diabetes Support for 2021/22 and 2022/23 in the light of any Greater Manchester developments	ICACP2122.006	Complete

## Appendix 1 - Adults Planning & Risk Update Report

Engage with NHS Local Health Care Record Programme (LHCR) to deliver a shared care plan across sectors for dementia and frailty	ICACP2122.007	Complete
Support changes to Greater Manchester (GM) Effective Use of Resource (EUR) arrangements in the light of development of GM Integrated Care System (ICS)	ICACP2122.008	Complete
Amend the service specification for the Anti-Coagulation Service in the light of self-testing and new oral anticoagulants (NOACs) and direct oral anticoagulants (DOACs) drugs	ICACP2122.009	Work was placed on hold due to COVID - Work will continue in 2022/23
Agree CCG action plan re Healthier Together	ICACP2122.010	Complete – providers are progressing
Evaluate capacity and resources for end of life care including care home palliative care team service review and review of palliative care counselling service	ICACP2122.011	Work was placed on hold due to COVID - Work will continue in 2022/23

**Adults Community Health Care & Voluntary, Community and Social Enterprise (VCSE)**

**Tori Quinn; Paul Walsh**

In January 2020 a business case was approved for two years transformation funding for investment in the Urgent Response Team, Homesafe additional staffing capacity and community rehabilitation/neighbourhood therapy additional staffing. The two-year period ends at the end of this financial year. Four new business cases for the service model (Urgent Care Team, Homesafe/Homefirst, Intermediate care and Independent Living Services) were taken through the appropriate governance process in January 2022. The business cases were approved and implementation of new elements has begun. The CCG will continue to work with Salford Care Organisation colleagues to implement and monitor the services going forwards.

Work continues locally to put in place Tier 1 Community Diagnostic Centres across the City. The first site in Swinton became operational in April 2021 and further hubs in Irlam and Pendleton opened in March 2022. There are plans to open up capacity in Little Hulton and Broughton too. A business case for the permanent funding of the Centres was taken through governance and approved in February 2022 and was approved. The hubs offer basic diagnostic tests such as Phlebotomy, non-obstetric Ultrasound, plain X-ray and a number of basic physiological measurements. The aim of the model is to bring care closer to people's home and encourage further collaborative working between Primary and Secondary care.

The CCG works in partnership with Salford CVS to shape a community-focused grants and investment programme aimed at addressing health inequalities across the city. This is known as the Third Sector Fund. 2021/22 is the second year of a 5-year, £5m agreement with Salford CVS as part of the CCG's ongoing commitment to support communities address the wider determinants of health as described in the Salford Locality Plan. During 2020/21 this programme played a major part in supporting the voluntary, community and social enterprise sector's (VCSE) response to the COVID-19 pandemic and ongoing recovery. Discussions are ongoing to agree the priorities for the fund in 2022/23.

In September 2021 the CCG and the Primary Care Networks (PCNs) agreed to extend the Social Prescribing contract (known as the Wellbeing Matters Programme) with Salford CVS until 31st March 2024. This service is a co-commissioned service with the CCG funding Volunteer Development Workers and the PCNs funding Community Connector posts, as described in the PCN Direct Enhance Services (DES) contract. Eccles and Irlam PCN and Walkden and Little Hulton PCN have opted to increase the number of connectors within their area above the number detailed in the Wellbeing Matters Programme specification.

2021-22 Actions	Reference No.	RAG
Working with system partners, ensure there is an agreed project scope and plan to deliver the Adults Strategic System Priority of 'Adults Integrated Community'	ICACH2122.001	Complete
Ensure appropriate monitoring and reporting systems are developed and implemented for the next phase of transformation new models of care and that learning is fed into future commissioning decisions	ICACH2122.002	Complete
Review and agree with PCNs the commissioning of Well Being Matters	ICACH2122.003	Complete
Review service level agreements for voluntary services with Salford City Council and make recommendations for 2022/23 and beyond	ICACH2122.004	Work was placed on hold due to COVID - Work will continue in 2022/23

## Appendix 1 - Adults Planning & Risk Update Report

Develop a strategic approach to the reconfiguration of intermediate care beds across the city	ICACH2122.005	Complete
Review Advice and Information Service (CAB)	ICACH2122.006	Complete
Agree commissioner action plan for phlebotomy services	ICACH2122.007	Complete
Develop, implement and monitor Third Sector Fund with Salford Community and Voluntary Services (CVS)	ICACH2122.008	Complete
Support and review local plans to progress the development of Advice & Guidance and Consultant Connect (including for paediatric services)	ICACH2122.009	Partially completed - work will continue in 2022/23
Agree plan for review of community cardiology services e.g. Heart Failure, Rapid Access Chest Pain Clinic (RACPC)	ICACH2122.010	Work was placed on hold due to COVID - Work will continue in 2022/23
Review services in light of COVID recovery - determine and implement restoration activities relevant to Adults Community Health Care & Voluntary, Community and Social Enterprise (VCSE) in accordance with GM recovery plans and national planning guidance	ICACH2122.011	Complete
Develop agreed programme of service improvement of the services delivered by Aspire	ICACH2122.012	Partially completed - work will continue in 2022/23
Confirm commissioning arrangements for Salford's community COVID services (i.e. oximetry@home and post COVID clinic)	ICACH2122.013	Complete
Confirm long term commissioning intentions for Healthy Living Centres	ICACH2122.014	Partially completed - work will continue in 2022/23
Support the development of Community Diagnostic Hubs for the Northern Care Alliance (with a focus on Salford services)	ICACH2122.015	Partially completed - work will continue in 2022/23
Reducing CVD - Health checks	ICACH2122.016	Action removed during 2021/22
Support the development of Tier 1 Community Diagnostic Hubs for Salford	ICACH2122.017	Complete

### Adults Public Health

Dr Muna Abdel Aziz

A light touch review of the [Locality Plan for Salford 2020-25](#) in August 2021 confirmed that the ambition remained relevant and the priorities were exacerbated by COVID. There is commitment and strong ownership by the partners in Salford to tackle health inequalities during COVID, and the additional focus on co-production with local communities as we continue to live with the virus and emerge from the pandemic.

The [Public Health Annual Report 2020/21](#) was published in December 2021 and outlines the priorities in the locality plan and next steps. The role of the Director of Public Health and the core Public Health team is to champion health and wellbeing, lead and influence work across partners to improve and protect health, to set priorities and monitor progress towards reducing inequalities. Increasingly the team are working with Primary Care Networks and neighbourhood partners to build on assets and shared priorities. The Locality Board and Health and Wellbeing Board remit has been confirmed for health and care and for the Great Eight priorities of Salford respectively.

The JSSNA programme is led by the Locality Programme / Joint Strategic Needs Assessment (LPG/JSNA) group which is the subgroup of the Health and Wellbeing Board. The JSSNA is building on the assets already in place like the Patient Champions, Housing Association Advocates and other trusted voices in each neighbourhood.

This year, the mental health, sexual health and cancer JSNAs were produced and Deep Dive chapters in progress for PCN/Neighbourhoods and the Wider Determinants. The Locality Plan [Core JSSNA dashboard](#) and the [Salford Ward profiles](#) have been kept up to date and hold a repository of useful information for use by Partners in Salford. The new look website for [Partners in Salford](#) highlights how the Great Eight priorities in Salford all impact on public health for adults, children and families,

Work is underway on the Physical Activity strategy for Salford and programmes for adult weight management were rolled out in collaboration with Salford Community Leisure. Across the city, there is a new focus on the positive role of culture ([Suprema Lex](#)) on mental health and wellbeing. All the partnership boards have nominated their mental health champion who are working together to roll out mental health first aid training, Connect 5 training, and a calendar of mental health promotion campaigns.

The Salford Time to AcT (STAT) group as a subgroup of the Health and Wellbeing Board have continued to meet monthly to develop the shared understanding of health inequalities, and to oversee the co-production priority for the Locality Plan. This year the group started co-production projects for the Locality Plan priorities, Recent meetings have explored areas for improvement for uptake of COVID vaccinations; and resetting the relationship between communities and primary care in this recovery phase emerging from pandemic restrictions.

The Health Protection Board has continued to meet as a subgroup of the Health and Wellbeing Board. The [Coronavirus Levels weekly update](#) continued to be produced throughout the year and only recently ceased due to the ending of mass testing from 1 April 2022 as part of the Living with COVID plan. We continue to use proxy measures for monitoring COVID to assess impact on staffing and on education, health and care settings.

Risk assessment templates have been reviewed for health and social care settings and for individual risk assessments and service settings building on health and safety requirements; including vaccination and ventilation as the main mitigations. The programme of COVID risk health checks has continued with over 1,400 health checks undertaken during COVID; including nearly 600 in this last year.

The NHS health check and screening targets have been refreshed in the Salford Standard for next year. Scheduled immunisations and cancer screening uptake have all seen a decline during the pandemic. There have been two Salford system wide groups set up, an immunisation and screening operational groups. The

groups met for the first time in January 2022 to scrutinise data and develop work programmes to increase uptake. The members of the group are from key services across the relevant service providers and commissioners including public health who chair the group.

Audits in care homes and GP practices recommenced in autumn 2021. The aim is to support settings to have high standards of infection, prevention and control. Training has been offered throughout the pandemic and will continue. The Health Protection team aims to build on and continue to identify learning needs through audit during 2022.

The Health Improvement Service have re-established the comprehensive programme of face to face, group and virtual provision across all topic areas. Nearly 4,000 clients have been supported through case managed, structured programmes with Health Improvement in 2021/22.

The commissioning intentions for the commissioned public health services have been agreed through the integrated commissioning committees. Business continuity and delivery plans are in place. There will be an increasing focus on value for money and social value of these services in the future procurement arrangements.

Reforms to the public health system announced in March became operational on 1 October 2021. Public Health England was abolished with functions transferring to newly created UK Health Security Agency, Office for Health Improvement and Disparities as well as into the NHS England/Improvement and NHS Digital.

The functions and responsibilities of the Director of Public Health have not changed in the reorganisation and the DHSC funding allocation of the Public Health Grant (via business rates retention in GM). Similar to the NHS reforms, at Salford and Greater Manchester this poses opportunities and challenges as the new system evolves.

2021-22 Actions	Reference No.	RAG
Sustain the CURE model in hospital and good practice in the community. The CURE project is a treatment programme to help smokers with their tobacco addiction and quit smoking.	ICAPH2122.001	Partially completed - work will continue in 2022/23
Ensure there is a Public Health contribution to the strategic review of Salford Community Leisure	ICAPH2122.002	Partially completed - work will continue in 2022/23
Review and refresh Salford Activity Framework	ICAPH2122.003	Partially completed - work will continue in 2022/23
Develop a whole system approach to reduce smoking prevalence in Salford	ICAPH2122.004	Partially completed - work will continue in 2022/23
Implement the GM Alcohol and Drug Strategy including service provision	ICAPH2122.005	Complete
Develop and produce a Sexual Health Needs Assessment with recommendations, which will form part of a succinct Sexual	ICAPH2122.006	Complete

Health Strategy and inform future Sexual Health services commissioning		
Review weight management pathways across community delivery partners and the NHS to inform the development of the All-Age Obesity Strategy	ICAPH2122.007	Adults complete. Work will continue on CYP in 2022/23
Promote and tackle inequalities in uptake of the COVID vaccine and testing offer – phase 2 and 3 (and any future phases) supporting primary care delivery	ICAPH2122.008	Partially completed - work will continue in 2022/23
Develop the approach for a strengths and asset-based JSSNA (Joint Strategic Strengths and Needs Assessment).	ICAPH2122.009	Partially completed - work will continue in 2022/23
Management of Health Care Associated Infection	ICAPH2122.011	Partially completed - work will continue in 2022/23
Co-design and commission a population health focused, age well service that supports the WHO's (World Health Organisation) Age Friendly City model	ICAPH2122.012	Partially completed - work will continue in 2022/23
Develop a system wide approach to social prescribing in Salford	ICAPH2122.013	Work was placed on hold due to COVID - Work will continue in 2022/23
Work with the Primary Care Networks (PCNs) and neighbourhoods to agree and implement the public health and primary care development plan	ICAPH2122.014	Partially completed - work will continue in 2022/23
Support Salford Lung Health Check programme	ICAPH2122.015	Partially completed - work will continue in 2022/23
Lead the COVID contain response, working across council, NHS and wider partners to support recovery	ICAPH2122.016	Partially completed - work will continue in 2022/23
Develop All Age Obesity Strategy encompassing food, physical activity and place interventions	ICAPH2122.017	Partially completed - work will continue in 2022/23
Develop public health engagement and inclusion activities within the JSSNA (Joint Strategic Strengths and Needs Assessment) approach.	ICAPH2122.018	Partially completed - work will continue in 2022/23

## Urgent Care Services

Stephen Tilley

Both Primary and Secondary care services have been under significant pressure in the Urgent Emergency Care area. This is showing no signs of improving in the short term. Plans are in place to deal with the present and future challenges that we expect. COVID is still impacting on attendance numbers in the Emergency Department (ED), bed admissions in hospital, flow through and out of the hospital and is having a substantial impact on staffing in both acute, primary and community settings.

### New Models of Urgent Care - Emergency Primary Integrated Care (EPiC 24)

The new models of Urgent Emergency Care that Salford has developed continues to have the desired effect of supporting Urgent Emergency Care in both the Primary Care and Acute Care arenas. The Pre-Emergency Department Registration service has now assessed approaching 28,000 patients since its inception with on average only 3.5% of those patients being referred into ED. A further development of this program has been to periodically extend the hours of this operation of this service from 8am to 8pm to 8am to midnight to help deal with the large numbers of attendances at ED. The service is also testing paediatric streaming with children being offered more appropriate support than being transferred into the PANDA unit. On average only 11% of those patients using this streaming service are referred into the PANDA unit. The Call Before You Attend service has supported over 10,000 patients since its inception with on average only 20% of patients being referred to ED. Both these services deal with patients who would have directly attended ED before their establishment. In addition, the COVID-19 Assessment Service continues to be supported by the Local Clinical Assessment Service with nearly 38,000 using this service. These programmes have supported the management of patient numbers in Primary and Acute sectors but are also meeting national mandated requirements around alternative pathways other than ED.

### Extended Primary Integrated Care model (EPiC 24)

A review of the 2 year EPiC 24 model pilot was undertaken by the Primary Care Commissioning Committee (PCCC) at the March 2022 meeting. The review presented was fully supported by the committee and the EPiC 24 pilot was sanctioned to continue. A further review has been scheduled for September 2022. The EPiC 24 programme has covered in its development GP Out of Hours (GPOOH), COVID-19 services (including COVID-19 assessment service / Home Assessment Service / Oximetry@Home), supported by the establishment of the LCAS. The programme has a vision that patients should expect high quality healthcare, in the most appropriate setting and will be seen by the most appropriate clinicians. EPiC 24 is one of the first truly integrated models which align urgent and unscheduled care services via a 24/7 digital hub to ensure that the people of Salford benefit directly. The digital hub has been the key enabler for the integration of services provided across a range of virtual and physical locations.

In addition, the development of the EPiC 24 model has allowed us to apply for full Urgent Treatment Centre (UTC) accreditation. The 34 points criteria that is required to be met in order to obtain accreditation, has been submitted to NHSE. The Salford team met with representatives of NHSE in March 2022 to review the submission, with positive feedback and support given from the visiting NHSE team. As the model proposed is a virtual model, utilising the connectivity of the EPiC 24 model, NHSE have asked to visit Salford to observe the pathways in operation. After this visit the submission will go forward to NHSE for final sign off. This will meet the national expectations of the development of UTCs in all areas of England and will support the integration of services across Salford that has been the aim of all providers across the Salford locality. Both the EPiC 24 model and the development of a UTC support the Salford present and future planning process across both Primary and Secondary Care.

2021-22 Actions	Reference No.	RAG
Agree business case for Salford's Urgent Care Redesign	ICAUCS2122.001	Complete
Implement and evaluate business case for Salford's Urgent Care Redesign	ICAUCS2122.002	Partially completed - work will continue in 2022/23
Review services in light of COVID recovery - determine and implement restoration activities relevant to Urgent Care Services in accordance with GM recovery plans and national planning guidance	ICAUCS2122.003	Complete – The system is restoring activities in line with guidance.

### Elective Care

Neil Cudby

In response to the impact of the Covid-19 pandemic the focus of the Elective Care Programme in 21/22 has been on working with providers to support elective activity restoration and recovery of waiting times for cancer, elective care and diagnostics; supporting those patients with significant waits for treatment and delivery of workstreams in support of the GM Elective Care Reform Board's work. Specific actions are overseen by the Scheduled Care Delivery Board and include:

- Ensuring appropriate provider waiting list clinical prioritisation and validation is undertaken
- Utilisation of virtual and telephone outpatient appointments
- Ongoing implementation of Advice & Guidance including Consultant Connect
- Implementation of Patient Initiated Follow-Up (PIFU)
- Monitoring of the Northern Care Alliance (NCA) Cancer Improvement Plans and associated recovery trajectories
- Engagement in the NCA Referral Optimisation and Outpatient Reform Programme; this is overseen by a Being Well Delivery Group with 4 project groups reporting to it that cover the different parts of the referral pathway.
- Supporting the development and implementation of the GM Waiting Well Programme and associated GM While You Wait website which launched in October 2021.
- Facilitation of Inter Provider Transfer (IPT) of cohorts of patients from Salford Care Organisation to Oaklands, where clinically appropriate, to maximise the utilisation of all available capacity to the system.

Whilst restoration and recovery has been the focus, progress has also been made on the other workstreams in the elective care programme; updates on these are summarised below.

- The CCG supported the implementation of the NCA Rapid Diagnostic Centre (RDC) for cancer patients; oversight of the RDC's activity, performance and outcomes/impact is through the NCA RDC Management Group with representation from the Service Improvement Team. Patients who have non-site-specific symptoms (NSS) are referred to the RDC, either by their GP or triaged from other two-week pathways into the RDC for diagnostics testing to either exclude cancer or refer the patient to the correct specialist team for further investigations/treatment.
- A further evaluation of the CURE project was presented to Adult Commissioning Committee who approved continued funding of the project for 22/23 due to the positive outcomes demonstrated. The CURE project represents a step change in dealing with smokers when compared to existing hospital-based stop smoking services, shifting to dealing with smoking as a tobacco addiction and working on an opt-out basis therefore aiming to provide intervention to all patients admitted who smoke.
- Continued funding for the Prehab4Cancer programme was confirmed through Service & Finance Group following receipt of a positive evaluation demonstrating benefits to patients, providers, and systems. The programme aims to provide patients with the best opportunity for excellent quality outcomes and long-term survival through the provision of support to patients with physical exercise, nutritional screening and advice, and emotional wellbeing support both before, during and after cancer treatment.
- The CCG has continued to support the roll out of the Salford Lung Health Check programme; this has been mobilised across three of the five Neighbourhoods in Salford and will progress to Swinton in May 22. Positively, the majority of those diagnosed with lung cancer have been diagnosed in the early stages increasing the chances of successful treatment. The programme also identifies a number of incidental findings that can then be managed in primary care.
- The procurement process to tender for Direct Access Diagnostics (DAD) Services for age-related hearing loss (adult hearing services) and direct access non-obstetric ultrasound (NOUS) has

completed and the CCG supported the mobilisation of the two new providers for NOUS from September 2021. A steady reduction in number of patients waiting and waiting times for NOUS has been seen since the mobilisation.

- The CCG continues to work with the NCA on the development of a business case for a Tier 1 Community Diagnostic Centre (CDC) in Salford. The business case is not due for submission to the national team until the end of quarter 1 of the 22/23 financial year meaning that any mobilisation of a Tier 1 CDC for Salford would likely be in quarters 3 or 4 of the 22/23.
- Appropriate levels of independent sector elective capacity have been secured through the transition into the GM ICS; recommendations to extend contract arrangements for current providers (Oaklands & Pioneer) for a further year until March 2023, in line with GM Contracting principles, have been presented to and approved by Service & Finance Group and Adults Commissioning Committee.
- The development of Dermatology services has continued with the development of the Dermatology Referral Assessment Service (which enables Advice & Guidance) with supporting education to GP practices (including Decide training course provision). A pilot to introduce tele-dermatology into the TWW skin pathway at Salford Care Organisation to support triage and improve access for patients commenced in October 2021. Further work is ongoing to identify opportunities to improve compliance with the teledermatology pathway as uptake has been low to date.
- The CCG continues to work with the lead commissioners for Breast Cancer Services at MFT to seek assurances around recovery of performance and associated action plans for both TWW and breast symptomatic pathways.
- A proposed pan-locality delivery model for the transformation of Urology services across the NCA, in line with the GM-wide Model of Care for Benign Urology, has been presented to Adult Commissioning Committee. This model supports the delivery of a single urology service across Bury, Rochdale, Oldham and Salford and is designed to deliver high quality and accessible services for all patients addressing risks to service sustainability, unwarranted variation in both access and outcomes, the ability to meet performance requirements and the future development of the urological workforce. This transformation has now moved to the implementation phase.
- To ensure that there is sufficient capacity to meet the vasectomy related needs of Salford's population, following a provider serving notice on their provision, Scheduled Care Delivery Board agreed to increase the capacity available to the Salford population through use of capacity at the NCA and Marie Stopes in 22/23. A further review of vasectomy provision is planned to be undertaken in May 2022.
- Engagement with the NCA regarding the transformation of orthopaedic elective services continues via the Orthopaedic Programme Board. Work is ongoing to develop and establish a single shared service model with site-based leadership. Adult Commissioning Committee has provided feedback to the NCA regarding the equalities impact assessment and patient engagement that is required relating to any proposed pathway changes.
- The CCG secured and co-ordinated an allocation of national funding for recovery of specialist weight management services on behalf of GM. This funding has been utilised to increase capacity at MoreLife (Tier 3 weight management service provider for a large part of GM) and the NCA (Tier 4 bariatric surgery provider in GM) in the second half of 21/22, enabling more patients to receive the treatment they need.

2021-22 Actions	Reference No.	RAG
Ensure Salford's population have optimum access to independent sector hospital (i.e. Oaklands) capacity	ICEC2122.001	Partially completed - work will continue in 2022/23
Support Northern Care Alliance (NCA) Urology Transformation	ICEC2122.002	Partially completed - work will continue in 2022/23
Progress local workstreams to support the GM Elective Care Reform Board's work (e.g. Gastroenterology)	ICEC2122.003	Partially completed - work will continue in 2022/23
Secure sufficient capacity to meet the vasectomy related needs of Salford's population	ICEC2122.004	Partially completed - work will continue in 2022/23
Review services in light of COVID recovery - determine and implement restoration activities relevant to Elective Care in accordance with GM recovery plans and national planning guidance	ICEC2122.005	Recovery plans will continue into 22/23 but are covered under the specific areas of elective care, diagnostics cancer etc
Support development of Dermatology services across Greater Manchester and progress local workstreams (e.g. Decide clinical education & training programme, advice & guidance).	ICEC2122.006	Partially completed - work will continue in 2022/23
Support development of rapid access diagnostics for Salford's cancer patients	ICEC2122.007	Complete
Support improvements in diagnostic performance	ICEC2122.008	Partially completed - work will continue in 2022/23
Outpatient reform - To ensure main providers meet 30% requirements from Long Term Plan (Digital)	ICEC2122.009	Action removed - to be embedded in digital plan
Review access to orthopaedic elective surgery, considering use of Salford Royal, Fairfield, and Oaklands	ICEC2122.010	Partially completed - work will continue in 2022/23
Deliver local actions outlined in CCGs cancer plan aligned to GM Cancer Plan	ICEC2122.011	Partially completed - work will continue in 2022/23

**Adults Mental Health**

**Judd Skelton**

The business case to expand the full Living Well model to city-wide provision was approved in early 2022. Recruitment to support the expansion of the model is already underway, although it is recognised that it may take time to fully recruit to the required staffing posts. Roll out will need to be progressed in line with increasing capacity in the team.

Work is ongoing with Primary Care Networks (PCNs) to support a service level agreement with GMMH for mental health practitioners embedded in the PCNs.

Governance of the model is provided via the Living Well Governance meeting which involves the key delivery partners.

Living Well is a multi-disciplinary and multi-organisational structure, comprising statutory and voluntary sector provision, peer support and effective connectivity being developed with Wellbeing Matters.

2021-22 Actions	Reference No.	RAG
Undertake suicide prevention training programme with key frontline workers	ICAMH2122.001	Complete
Oversee the Living Well development to extend reach across the city and ensure fidelity to new models of community mental health as per NHS long term plan/PCN reimbursable roles and develop a business case for recurrent investment	ICAMH2122.002	Complete
Co-ordinate the approach for parent-infant mental health including Improving Access to Psychological Therapies (IAPT) and Early Intervention to improve attachment and bonding.	ICAMH2122.003	Work will continue in 2022/23
The Commissioning for Quality and Innovation (CQUIN) Mental Health support for adults	ICAMH2122.004	Action removed during 2021/22
Develop diagnostic and post diagnostic services for ASD (Autistic Spectrum Disorder) in line with national policy and standards	ICAMH2122.005	Work will continue in 2022/23
Develop a Salford priorities programme in response to the GM Autism strategy	ICAMH2122.006	Work will continue in 2022/23
Work with the Voluntary, Community and Social Enterprise (VCSE) sector to extend reach around suicide prevention to priority groups	ICAMH2122.007	Complete
Evaluate the bereavement counselling pilot	ICAMH2122.008	Complete
Develop Mental Health Care Home Liaison model and associated business case for investment	ICAMH2122.009	Action removed during 2021/22
Improve and widen the offer for complex service users/rehab/specialist placements, including repatriation	ICAMH2122.010	Work will continue in 2022/23
Review services in light of COVID recovery - determine and implement restoration activities relevant to Adults Mental Health in accordance with GM recovery plans and national planning guidance	ICAMH2122.011	Complete

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**Mental Health Crisis & Hospital to Home**

Provision for two Crisis / Intermediate Care Mental Health Support Beds (to prevent hospital admission and facilitate discharge) is now in place with Greater Manchester Mental Health NHS Foundation Trust (GMMH).

Salford Urgent Care Listening Lounge (as an alternative to A&E) operates 24/7 with input from Home Based Treatment and Living Well. Capital works at Hollybank have now been undertaken and the Listening Lounge space is being further developed with welcoming aesthetics and furniture. Some works continue to be undertaken on the roof area, however this is not preventing service delivery.

The Home Based Treatment staff are now operating from Hollybank and workshops are planned to support joint working between the Home Based Treatment team and the Peer Workers / Recovery Workers.

Reporting is being developed monthly, however information to date is showing that referrals are flowing to the service.

2021-22 Actions	Reference No.	RAG
Deliver an improved health (including mental health) offer for care leavers, and improved transitions between children's and adult services	ICAMHC2122.001	Complete
Review mental health care pathways including: Role and function of adult mental health residential care and Supported accommodation	ICAMHC2122.002	Partially complete - work will continue in 2022/23
Review crisis care provision alternatives to A+E support including mental health intermediate care beds and listening lounge	ICAMHC2122.003	Partially complete - work will continue in 2022/23
Review services in light of COVID recovery - determine and implement restoration activities relevant to Mental Health Crisis and Hospital to Home in accordance with GM recovery plans and national planning guidance	ICAMHC2122.004	Complete

**Improving Access to Psychological Therapies (IAPT)**

**Judd Skelton**

Published performance regarding waiting times for December 21 shows that Salford CCG is meeting the target 18 weeks waiting time measures with 98% being seen in 18 weeks. Local data for February 2022 against the 18 week target shows performance as 99.6%.

The 6 week waiting time measure is not being achieved, with published performance showing performance of 73% against the 75% target. Local data for February 2022 against the 6 week target shows performance at 76.5%, which achieves the target.

Published recovery performance for December 21 is 43%, which shows that Salford CCG is not achieving the target of 50%. Local data for February 2022 shows recovery performance at 44.1% which does not meet target.

The monthly prevalence target of 2.08% was not achieved in December published data (performance was 1.4%) and performance is slightly off track to meet the end of year 25% prevalence target.

Discussions are ongoing with service providers to address the recovery performance and waiting time challenges. Increasing complex presentations and national workforce challenges are contributing to target pressures.

Non-recurrent funding has been allocated to the step 3 IAPT provision to support with a waiting list initiative and to increase capacity in the pathway.

Step 2 IAPT provider is reviewing their delivery approach to inform future capacity management. This will also be undertaken by the Step 3 provider, following the waiting list initiative.

Workforce discussions are taking place at a Greater Manchester level with regards to creating a more diverse and sustainable workforce. Local providers are linked into Greater Manchester working groups relating to the use of etherapy offers to support with demand management.

All IAPT workforce have been encouraged to undertake the long term conditions training being promoted nationally.

Following the successful review of the bereavement and loss offer, the Salford Bereavement Therapy and Loss service has now been funded recurrently.

2021-22 Actions	Reference No.	RAG
Improve pathways between Improving Access to Psychological Therapies (IAPT) services and key physical health services such as Health Psychology, Cardiology, Chronic obstructive pulmonary disease (COPD) and Diabetes, and explore potential of how this could contribute to meeting IAPT Long Term Conditions (LTCs) Five Year Forward View (FYFV) ambition	ICAIAPT2122.001	Partially Complete – work will continue in 2022/23
Review services in light of COVID recovery - determine and implement restoration activities relevant to IAPT in accordance with GM recovery plans and national planning guidance	ICAIAPT2122.002	Partially complete - work will continue in 2022/23