Greater Manchester Health and Social Care Devolution

Population Health Plan for Salford

DRAFT v0.9
October 2017

Start well. Live well. Age well.

OUR Salford
## VERSION CONTROL

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1.0 EXECUTIVE SUMMARY

As a consequence of the overarching ambitions articulated in our Locality Plan, Salford partners have been working to develop a Population Health Plan and have undertaken extensive partnership and public engagement to scope the approach to delivering a “radical upscale in prevention” at the local level across the City.

Under the oversight of the Salford Health and Wellbeing Board and Locality Plan Programme Management Board, a population health task and finish group has been coordinating the development of the plan to achieve the significant population health improvements targeted within the Locality Plan as well as the estimated £15m of recurrent savings.

In addition, the publication of the Greater Manchester Population Health Plan in January 2017 has enabled our local plan to be reshaped to align more closely with the Greater Manchester approach.

Salford’s Population Health Plan aims to deliver a radical upgrade in population health through stratification, engagement, prevention and activation. It will support people in Salford to live healthy independent lives, managing their own conditions through a community asset based approach, tackling factors that influence the decline in health, function and wellbeing. Our plan is locally owned and co-created, articulating population health consistent with the life stages approach.

Extensive public and wider stakeholder engagement events over the last 12 months have been used to test and refine priority themes and ensure a co-designed approach to development of this plan which will then follow into its implementation and delivery. In addition, our Population Health Plan is strongly aligned with local equality, diversity and human rights work in order to target protected characteristic groups for their input and feedback.

Locally, partners across the city are developing proposals for transformation and reform across all service areas and sectors, both at city level and within individual organisations. Collectively we have considered how our activities will be focused towards achieving the outcomes and impacts on three horizons: those that impact immediately, the medium term and in the longer term. We recognise the importance of ensuring that we do not lose sight of the prevention agenda and the significance that the wider determinants of health will play in the delivery of our aspirations.

Our strategy and this Population Health Plan is built upon a three life stages model (Start Well, Live Well and Age Well) and supported by data and intelligence from across the public, private and VCSE sectors to design and target the available collective resources at those that need them the most.
2.0 LOCAL CONTEXT

2.1 CASE FOR CHANGE

Salford is growing – with a bold ambition to become a modern global city. Our Locality Plan highlights that more people than ever before are choosing Salford as a place to live, work, invest and visit: today over 248,000 people call the city their home. These people are the city’s greatest assets. The number of households in the city has already increased by 10% over the last ten years, and Salford’s population is expected to increase faster than the national average over the coming ten year period (the baseline for all figures is 2015).

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

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

Half of the city is made up of green spaces including parks, forests and nature reserves giving opportunities to enjoy the outdoors on the doorstep. Projects such as the new Royal Horticultural Society’s new garden at Worsley New Hall (opening in 2020) provide opportunities to further derive wider benefits for our citizens.

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

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

There also exists a challenge to narrow the gap between Salford and the rest of England in terms of access to opportunities, education, employment, health and wellbeing, as well as within Salford where there is a huge diversity in social and economic characteristics between neighbourhoods. Figure 1 overleaf is taken from the 2015 Index of Multiple Deprivation, which shows that Salford has some of the most (high numbers – pink) and some of the least (low numbers – green) deprived neighbourhoods in England.
Figure 1: Salford Neighbourhoods - Deprivation Profile

SOURCE: Index of Multiple Deprivation 2015

There is great interest in population health and wellbeing amongst our citizens, and our Population Health Plan has been informed by extensive public engagement, which has shown that there is a need to set a clear / realistic ambition around tackling inequalities in the City. There is agreement that ‘Health is everyone’s business’ and that more interaction is required with service users and the public, so that people can see what is happening and have information to be able to play an active role in developing solutions and approaches to the challenges in Salford.

From our JSNA, we know that in Salford:

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

There are extreme health inequalities within Salford, most notably between the east and west of the city. The following map (Figure 2) of life expectancy for males and females across the city shows the difference between different parts of the city, currently around 11 years for females and 14 years for males (2009-2013).

Figure 2: Map of Life Expectancy for Males and Females (2009 – 2013)

The level of challenge is reported in the 2015 Health Profiles published by Public Health England for each local authority area. Salford’s relative performance across the range of health, wellbeing and lifestyle outcomes is illustrated in the 2015 profile (Figure 3). We have also mapped our direction of travel against the other authorities in Greater Manchester, helping us to highlight where greater improvement is needed.

Reducing the numbers of people in Salford affected by the ‘biggest killers’ of cardiovascular disease, cancer and respiratory disease remains our biggest challenge, and must be the way that we can narrow the health gap between our residents and the rest of England. This means helping to prevent people from becoming ill in the first place, by focussing efforts not only on addressing the key lifestyle risks that cause these diseases i.e. smoking, excessive alcohol intake, physical inactivity and poor diet, but also on the ‘causes of these causes’ which are factors encountered throughout the life course.
For example, a good education can lead to better chances of employment and help people to overcome the challenges of socioeconomic deprivation. Housing and the environment are factors that can help people maintain wellbeing and support healthier communities. Early detection and effective treatment of all the major preventable major diseases will help to improve premature mortality rates, and investment in primary care and community services will be required to achieve this.

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

Furthermore, Salford’s changing demography will present challenges in terms of service design and modelling. Although there will be a higher number of older people in Salford, it is predicted that the proportion of the population aged over 65 will increase at a slower rate than both England and Greater Manchester. Instead, Salford will have a population in 2021 which is young compared to the England average, containing a greater number of people in the under 5 and 20 to 39 age group. This is illustrated in the following population pyramids (Figure 4).
The Marmot review “Fair society healthy lives: strategic review of health inequalities in England (2010)” has strongly influenced the development of this Population Health Plan. The review highlights that reducing health inequalities is an issue of fairness and social justice. Many people die prematurely each year as a result of health inequalities and the lower a person’s social position, the worse his or her health. The review advocates that actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage (proportionate universalism). Six policy objectives set the broad scope of the report and a call to action for central and local government and the NHS in partnership with wider agencies and local communities:

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

2.2  Salford’s Locality Plan

In early 2016, Salford’s Locality Plan was developed and judged as the most investible proposition in Greater Manchester. This was due to the strong local partnership working and the extensive amount of work already achieved to develop the Integrated Care Programme (ICP) in the City and the agreement of funding through the national Vanguard scheme. As the Greater Manchester devolution arrangements took shape, the locality team were able to utilise this strong foundation to put forward an investment proposition for the City, which would maintain the momentum already behind the ICP, and allow further development and realisation of those plans. This led to a total of £18.3 million being allocated to the locality to focus on activity primarily aligned to Themes 2 to 4 of the Greater Manchester Strategic Plan ‘Taking Charge of our Health and Social Care in Greater Manchester’, with some preventative work identified around issues such as falls, developing community assets to support older people, and better self-care support (within Theme 1).
The Greater Manchester Strategic Plan and wider reform objectives for the conurbation are illustrated in Figure 5 for information overleaf.

Figure 5: Greater Manchester Transformational Themes

Salford’s Locality Plan articulates our vision over the next five years for the improvement of wellbeing, health and care outcomes for residents in the city, across a timescale of short, medium and longer term impacts. The plan sets out specific programmes and objectives which are in place to deliver against that vision, using a life course approach (Starting Well, Living Well, and Ageing Well). It also reflects the need to tackle the demographic, financial and clinical challenges facing the city. We have a clear, shared understanding of the desired relationship with the people of Salford. This is no longer primarily about delivering services (except for acute and emergency situations), but recognising that most of the solutions lie within the people: a long-term journey towards a “strong, living system” for which there is a lot to do to prepare both the professional system and its leaders, and indeed local people and communities. Building carefully defined relationships across all sectors will be vital to having a truly transformational plan.

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

Our Locality Plan develops from and replaced our Joint Health and Wellbeing Strategy 2013-2016, and has been led and coordinated by Salford’s Health and Wellbeing Board. Setting out a clear set of priorities which will transform the commissioning of health and wellbeing services, it focuses delivery around 9 outcome statements which put citizens at the heart of this document.
Locality Plan Vision and Outcomes
Our Locality Plan vision, “Salford people will start well, live well and age well” is based upon the ambition that people in Salford will get the best start in life, will go on to have a fulfilling and productive adulthood, will be able to manage their health well into their older age and die in a dignified manner in a setting of their choosing. Our vision is for people across Salford to experience health on a parallel with the current “best” in Greater Manchester, and the gaps between communities will be narrower than they have ever been before. It aligns closely to the Greater Manchester vision and strategy but has been tailored to the specific assets, population and health characteristics of our City of Salford. It has been informed by our Joint Strategic Needs Assessment (JSNA) and engagement with citizens, patients and service user groups.

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

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

The Plan is built around a whole life course model:

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<th>Starting well</th>
<th>Children will have the best start in life and continue to develop well during their early years</th>
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<td>Living Well</td>
<td>Citizens will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities</td>
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<tr>
<td>Ageing Well</td>
<td>Older people will maintain wellbeing and can access high quality health and care, using it appropriately</td>
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In response to our extensive public engagement, the life course model has been translated into outcomes for the people of Salford. These are statements which put people at the heart of our Plan:

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<tr>
<td>✓ I am a child who is physically and emotionally healthy, feel safe and able to live life in a positive way</td>
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<tr>
<td>✓ I am a young person who will achieve their potential in life, with great learning, and employment opportunities</td>
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<tr>
<td>✓ I am as good a parent as I can be</td>
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<th>Living Well Outcomes:</th>
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<td>✓ I am able to take care of my own health and wellbeing, and am able to manage the challenges that life gives me</td>
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<tr>
<td>✓ My lifestyle helps me to stop any Long Term Condition or disability getting worse, and</td>
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Our commitment is to ensure our residents can take advantage of the new opportunities in Salford, to secure for the people of our city a good education and decent jobs, whilst the City undergoes real growth, continues to attract ongoing investment, development and regeneration. We know that these are all key determinants affecting the health and wellbeing of our residents.

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

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

Transformation in Salford’s Locality Plan is built around three domains; Prevention, Better care and Enablers. The relationship of these to our aim of managing demand is illustrated below in **Figure 6**. In addition, **Figure 7** overleaf details the delivery programmes within each of the three domains.

**Figure 6: Salford’s Locality Plan – Transformational Domains**

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<th>START WELL</th>
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<tr>
<td>Standardisation of clinical support and back office functions</td>
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<tr>
<td>Enabling better care</td>
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<td>Prevention</td>
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<td>Upgrading population health, prevention and self-care</td>
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<td>Better Care</td>
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<tr>
<td>Standardisation of acute and specialist care</td>
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- Keeps the impact of this condition or disability from affecting my life
- I lead a happy, fulfilling and purposeful life

**Aging Well Outcomes:**

- I am an older person who is looking after my health and delaying the need for care
- If I need it, I will be able to access high quality care and support
- I know that when I die, this will happen in the best possible circumstances
Appendix A details Salford’s priority outcome measures for information and context. Whilst Salford’s Locality Plan addresses all of the transformational domains, this document specifically focuses upon our ambition of upgrading population health, prevention and self-care (as indicated by the left hand box of Figure 7). Section 2.3 outlines the methodology and purpose of our Population Health Plan.

2.3 Salford’s Population Health Plan

Methodology and Structure
As a consequence of the overarching ambitions articulated in our Locality Plan, Salford partners have been working to develop a Population Health Plan and have undertaken extensive partnership and public engagement to scope the approach to delivering a “radical upscale in prevention” at the local level across the City.

Under the oversight of the Salford Health and Wellbeing Board and Locality Plan Programme Management Board, a population health task and finish group has been coordinating the development of the plan to achieve the significant population health improvements targeted within the Locality Plan as well as the estimated £15m of recurrent savings.

In addition, the publication of the Greater Manchester Population Health Plan in January 2017 has enabled our local plan to be reshaped to align more closely with the Greater Manchester approach. This is addressed more fully in Section 5.
Our methodology has included:

✓ Citizen engagement through online surveys, citizen panels, members meetings and service user / patient participation groups;

✓ A review of health and wellbeing outcomes data available through our Joint Strategic Needs Assessment (JSNA) and benchmarking with both Greater Manchester and national comparator data sets;

✓ Development of population, health and wellbeing projections, including the ‘State of the City’ which describes future demographic and physical change and growth;

✓ Analysis of programmes and services which are already in operation across the Start Well, Live Well and Age Well system, including community asset mapping;

✓ Looking at where we can learn from our existing programmes of work and expand the approaches to create new transformation. This has included describing how Greater Manchester level programmes will impact at a local level; and

✓ We have used a rational approach to prioritisation of our interventions and outcomes, based on guidance from NHSE and PHE.

Purpose
Salford’s Population Health Plan aims to deliver a radical upgrade in population health through stratification, engagement, prevention and activation. It will support people in Salford to live healthy independent lives, managing their own conditions through a community asset based approach, tackling factors that influence the decline in health, function and wellbeing. Our plan is locally owned and co-created, articulating population health consistent with the life stages approach.

As noted above, extensive public and wider stakeholder engagement events over the last 12 months have been used to test and refine priority themes and ensure a co-designed approach to development of the plan which will then follow into its implementation and delivery.

Key elements of our programme are:

✓ Working closely with people in their communities to build resilience and promote activation to self-care supported by community assets and resources such as health coaches and lay educators;

✓ Working with industry experts to develop new approaches to population health in neighbourhoods;

✓ Co-designing new approaches with people in communities to support themselves; and

✓ Implementing a new approach to practice based pharmacy.

Alignment to Greater Manchester’s Transformational Theme 1
Our plan is designed to complement the work articulated in the wider Greater Manchester ‘Taking Charge’ Plan, through alignment to the priorities contained therein. The approach undertaken in the development and co-design of our plan has been founded in the principle of avoiding the duplication of population health transformational programmes that are to be delivered at a wider Greater Manchester level. Our approach has been to use local knowledge and expertise to derive a very
‘local’ truly transformational plan for the people of Salford. Section 5 outlines more fully how, in addition, we will deliver locally the Greater Manchester population health priorities.

Equality, Diversity and Human Rights
Our Population Health Plan is strongly aligned with local equality, diversity and human rights work in order to target protected characteristic groups for their input and feedback. This includes ensuring connectivity with the Salford Equality Strategy 2015 and the Salford Equality Network. Our greatest asset is the people who live and work in Salford. Ensuring equality in everything we do and recognising the rich diversity and opportunities provided by the communities within Salford is vital for our city moving forward.

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

Section 2.1 earlier in this plan gives a few selected health inequalities and health needs facts about Salford, which have informed our transformation initiatives. Within these inequalities, there are some protected characteristic groups who have worse health outcomes than others, (the Needs Assessments published at the Council’s JSNA website describe some of these inequalities), and all programmes will reflect our understanding of these. We will keep refining our knowledge of the issues faced by specific groups in order to target information more effectively and make sure that services are delivered in a way that enables access by these groups.

This Population Health Plan is built on the principles of delivering the four objectives of our Equality Strategy:

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

2.4 PARTNERS TO THIS POPULATION HEALTH PLAN

Strategic Partners
The development of Salford’s Population Health Plan has involved representatives from all partners in the Health and Wellbeing Board, which is described in Figure 8 below. All key partners took part in workshops during 2016. The final draft plan has evolved through various iterations and has been endorsed by the Board and recommended for approval through the relevant governance arrangements of the City Council, Clinical Commissioning Group and key partners.
We recognise the strong partnerships that exist across Salford between the voluntary, community and social enterprise (VCSE) sector, the Council, the Clinical Commissioning Group, NHS providers and other statutory partners, and will continue to build upon this over the next five years through our collective and joint commitment to:

✓ **An Inclusive Approach**: including all partners in decision-making at the early stages of strategic planning and the development of new models of service delivery;

✓ **Development of Alliances**: within and across sectors, thematic, as well as population and place-based, dependent on the issues presented and the solutions required; and

✓ **Recognition of Community and Individual Assets**: Individuals’ and communities assets are vital to improving Salford residents’ health outcomes.

**Stakeholder Engagement**

Across Salford, we also recognise that deep and widespread engagement is critical to successful change management. Importantly, if our prevention transformation programmes are to be successful we will need to win the hearts and minds of staff and citizens.

To aid the writing of this plan, members of the engagement team worked with several key groups over a two month period to better understand what the notion of being healthy meant to them both collectively and as individuals, what they felt they should do to keep themselves healthy, what help they needed from Salford organisations and finally what format(s) information should take to the general public in relation to staying well and preventing illness.

A key conclusion within the responses received was that of a wide ranging view of what being healthy actually means to Salford citizens which encompassed more than a simple absence of
disease and good mental health and wellbeing. It further incorporated a sense of control over their lives and being seen as an equal part of a resilient community.

We will continue to engage local populations in significant conversations relating to positive behaviour change, building community resilience and asset based support networks.

2.5 WHAT IS POPULATION HEALTH?

Over 248,000 people live in Salford. Population health means making things better for all of them, throughout their lives. It means tackling what causes poor health and providing the right help at the right time to stop health problems developing. It focuses on key points in people’s lives when there is an opportunity to make a big difference to their mental and physical health.

Population health uses what every community has to offer, like networks, skills and voluntary groups. We want people to be more in control of their own health and able to make the most of local opportunities to live better. Our Population Health Plan aims to make our goals a reality for everyone. It will build on what’s already going on in our communities.

Our plan includes overall aims linked to existing and future work. Some of these are the result of national policy ideas to test new ways of providing preventative health care. Others expand on good practice that’s already happening locally. Some of the work will have an immediate impact (‘quick wins’), others will take time and lead to benefits in the future.

What they all have in common, however, is a strong evidence base – we know they can work and they all involve and organisations of all shapes and sizes, pulling together for the benefit of us all.

This ‘whole system’ approach lies at the heart of population health. It means we won’t do things in isolation. We’ll break down the divides between different parts of our health and care services and work together to have the best and widest impact possible.

Why is it important to the City of Salford?

Our future success depends on the health of our population. We currently lag behind other places and there are too many health inequalities within and between Salford’s communities that stop people getting the same opportunities to live well and healthily.

Poor health affects individuals and our economy. It costs the NHS and local authorities (and tax payers) more when people need urgent or long-term care for problems that could have been identified earlier, managed better, or prevented altogether.

We need to do things differently for lots of reasons. We want to adopt ‘person and community-centred’ approaches. The idea behind this is to get people in a specific area much more involved in their own health and care. We know this can have real benefits for individuals and their local area. This kind of approach reduces demand for hospital and other care services and contributes to better health and wider benefits for both children and adults. For instance, focusing on young children early in their lives means we can help them to develop socially and emotionally so they’re ready for school, improve their school attendance when they get there, and ultimately give them better chances of having a good job when they leave.
2.6 UPGRADING HEALTH, PREVENTION AND SELF-CARE

The NHS Five Year Forward View highlights strongly the need for a shift to more preventative strategies:

“The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago, Derek Wanless’ health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences.”

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

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

- Supporting carers;
- Encouraging community volunteering;
- Stronger partnerships with VCSE sector organisations;
- The role of the NHS as a local employer; and
- The NHS as a social movement.

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

The following section, including Figure 9 describes how prevention will underpin our whole approach, thereby benefiting more people across the life course, and achieving a higher reduction in demand. Our prevention activities won’t only focus on moving ‘individuals’ who are high risk or needing acute care zone (red in the following diagram) into the green ‘normal’ level of risk, but will also look at population strategies that will shift the average for the population towards a lower level of risk. These population-based prevention approaches help to further manage down demand for acute, more costly care and sees everyone move into a lower risk category, not just those who need acute care.

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

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

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

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

- asset-based approaches in a health and well-being context (Salford social enterprises Unlimited Potential and Inspiring Communities Together, are the NESTA local partners for this programme);
- group activities to support health and wellbeing;
- health coaching (Being well Salford is the NESTA local partner for this work);
- peer support; and
- self-management education.

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

The final report for the programme has now been issued and we will use the outputs contained therein to inform development of our work around prevention. The learning will be relevant to commissioners, providers and practitioners putting person-centred, community-based approaches into practice, as well as to policy makers and other decision-makers. The programme also seeks to build a network of local places and organisations committed to putting this agenda into practice, to sustain momentum beyond the lifetime of the programme itself.
3.0 TRANSFORMATION IN SALFORD

3.1 DRIVING CHANGE

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

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

We will ensure that data and intelligence is used from across the public, private and VCSE sectors to design, and target the available collective resources at those that need them the most. There is a recognition that services work best when all aspects of people’s needs including psychological, physical and social factors are taken into account and seen as a whole.

3.2 TIMESCALES FOR CHANGE

We have considered how our activity will be focused towards achieving outcomes and impacts in three horizons: those that will impact immediately i.e. within 1-2 years; in the medium term i.e. the next 5-10 years; and in the longer term i.e. 10 years and beyond. This signals our recognition of the importance of making immediate improvements whilst being careful to ensure we don’t lose sight of the prevention agenda and the importance that the wider determinants of health will play. Our strategy is built on a three life stages model, each of which will articulate our planning for the three horizons as articulated in Figure 11 below.
Figure 11: Return on Investment from Interventions as part of Salford’s Locality Plan

We need to understand Investment & return in ways which change the nature of demand

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

3.3 GOVERNANCE, PERFORMANCE REPORTING AND RISK

Governance Arrangements

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

The Health and Wellbeing Board is the lead partnership body to oversee and shape the city wide approach to reform for Health and Social Care, combining commissioners and providers in decision-making. Figure 12 illustrates the system wide mechanisms which support the Health and Wellbeing Board and in addition, reflect financial accountabilities.
Population Health Advisory Board
The Population Health Advisory Board is a forum where NHS Salford CCG, Salford City Council, Salford Royal NHS Foundation Trust (SRFT) and Greater Manchester Mental Health Trust (GMMH), coupled with representation from the Voluntary Sector (through CVS) and Salford Primary Care Together (SPCT) will jointly oversee the implementation of the delivery of Salford’s Population Health Plan.

The Advisory Board will ensure the effective engagement of stakeholders and will advise on service strategy, design of interventions and programmes to improve population health and the development of an annual work plan. It will also have oversight of commissioning workstreams relating to population health strategies and activities across the City and will make recommendations to Lead Members’ Briefings as appropriate. The Advisory Board will ensure alignment to other locality and transformational work across Salford, with specific reference to the work of the Integrated Commissioning Advisory Board (ICAB), children’s services and primary care developments.

In addition, it will take decisions relating to Salford’s £3m allocation from the Greater Manchester Transformation Fund for Population Health and other decisions agreed by this Board or delegated from the Health and Wellbeing Board or Locality Programme Board. It will enable partners to consider and develop together emerging strategy for the population with a focus on neighbourhood (place) and asset based working, and person and community centred approaches across the life course. In summary it will (have):
✓ Provide assurance for the delivery of the ambitions articulated in Salford’s Population Health Plan;

✓ Advise Lead Members’ Briefings in relation to ‘business as usual’ population health and prevention agenda;

✓ Oversight of the implementation of the Population Health Plan; and

✓ Decision making in relation to the Greater Manchester £3m Transformation Fund.

**Performance Reporting Arrangements**
The priority outcomes and indicators stated for each of the life course areas described in this document will be used to develop a performance dashboard for Salford’s Population Health Plan. This will be maintained jointly by the CCG and Salford City Council.

Reporting will focus on the outcomes framework described in Appendices B, C, D and E, and enhanced by qualitative measures which will show how this Population Health Plan is performing in terms of achieving its vision for the people of Salford.

**Managing Risk**
The management of risk across organisational boundaries is complex. It is often at the interface between organisations that the highest risks exist and clarity about responsibilities and accountabilities for those risks are most difficult to determine. Figure 13 illustrates the complexities of system-wide risk management.

**Figure 13: Risk Management across Organisational Boundaries**

Risk Management across organisational boundaries

Health and Social Care Commissioners

Health and Social Care Providers

Other Partners

Risk to delivery of local and joint objectives

Voluntary and Community Sector Partners

Private Sector Partners
The risk management approach adopted for this Population Health Plan is flexible enough to allow partner organisations to manage their own risks independently whilst enabling a strong and holistic partnership approach in pursuit of its objectives.
4.0 THE LIFE COURSE

4.1 INTRODUCTION

Salford’s Locality Plan is structured around the delivery of outcomes across the life course. Our vision is clear that these outcomes will be delivered via a programme of transformational initiatives. Our approach to achieve this prioritises prevention, self-care and population health, whilst creating integrated, effective and financially sustainable health and care services built around a whole life course enabled by the adoption of person and community centred approaches coupled with system reform.

This section describes how we have structured our work programmes around the life course to deliver the outcomes that we aspire to achieve.

4.2 PERSON AND COMMUNITY CENTRED APPROACHES ACROSS THE LIFE COURSE

Assets are the strengths that naturally exist in people and places. Fundamentally, assets-based approaches in a health and wellbeing context ask the question ‘What makes us healthy?’ rather than ‘What makes us ill?’ The vision is to improve people’s life chances by focusing on what improves their health and wellbeing and reduces preventable health inequalities. An asset could be:

- The practical skills, capacity and knowledge of local people;
- The passions and interests of local people that give them energy for change;
- The networks and connections – known as ‘social capital’ – in a community, including friendships and neighbourliness;
- The effectiveness of local VCSE associations;
- The resources of public, private and VCSE sector organisations that are made available to support a community; and/or
- The physical and economic resources of a place that enhance wellbeing.

There are five principles to consider for asset-based approaches. They should be:

- Assets-based – value strengths, groups and networks;
- Community-based – work in the space in which networks come together and shared interests are negotiated and acted on;
- Relationship-based – create the conditions for exchange, sharing and solidarity;
- Person-led – encourage individuals and communities to discover their full potential and take control of their lives; and
- Promote social justice and equality – enable everyone to have access to the assets they need to flourish.

This shift from a ‘deficit-based’ to an assets-based approach requires a change in attitudes and values. Agencies and professionals have to be willing to share power; instead of doing things for people, they have to help people and communities to do things for themselves.
Case Study – Community Assets Working Group

The Community Assets Working Group (CAWG) is the engagement structure for promoting and testing the Person and Community Centred Asset based approaches. The group reports to both Salford Clinical Commissioning Group’s Integrated Care Joint Committee, (ICJC) and Salford City Council (Public Health).

Role of group

- The group has oversight of the annual pooled budget allocated through Salford Clinical Commissioning Group and Salford City Council and provide guidance, vision and oversight for the projects developed and delivered through this funding;
- The group provides insight and support to the development and implementation of the Population Health Plan and Salford Locality Plan with a focus on the Age Well element of work; and
- The group are represented on the Population Health Plan Advisory Board and any sub groups developed as part of this work.

The Approach

<table>
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<tr>
<th>Drivers:</th>
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<tbody>
<tr>
<td>• <strong>Primary Driver</strong>: Create greater independence and resilience within communities through increased use of community assets</td>
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<tr>
<td>• <strong>Secondary Driver</strong>: Increase prevention and early intervention</td>
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<tr>
<td>• <strong>Secondary Driver</strong>: Increase access to local community assets</td>
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<th>Community asset model:</th>
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<tr>
<td>• An Age Friendly City – <em>the commitment of the city to support older people to stay healthy and well.</em></td>
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<tr>
<td>• Wellbeing plans and Volunteer Wellbeing Champions - <em>the commitment by people to support their own health and wellbeing.</em></td>
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<tr>
<td>• A set of tools developed by and for people based in local neighbourhoods – <em>the commitment of community and deliverers to support people to stay healthy and well</em></td>
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<th>Community asset outcomes:</th>
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<tr>
<td>• <strong>Improved opportunities for people in Salford</strong> – effective use of community assets across Salford to support solutions to health and well-being for and by people</td>
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<tr>
<td>• <strong>Better informed people able to manage their own health and wellbeing</strong> – information is accessible in a number of formats and written in plain English</td>
</tr>
<tr>
<td>• <strong>Better coordination amongst stakeholders</strong> – sharing of resources and reducing duplication to improve health and wellbeing outcomes for people</td>
</tr>
<tr>
<td>• <strong>Increased skills and knowledge</strong> – People are better able to deliver solutions and motivate others to improve health and well-being outcomes</td>
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Salford has a well-established, active and diverse VCSE sector which is well placed to deliver the proactive agenda that takes an asset-based and person-centred approach to improving health outcomes with a focus on prevention and early intervention, whilst addressing gaps in existing provision and meeting new and emerging need. Investment in local communities and the local VCSE
organisations that support them will enable considerable savings from a reduction in demand on expensive clinical / public sector services.

We will be adopting a social value approach: Prioritising wellbeing outcomes in commissioning and providing social, environmental and economic value; developing the role of the VCSE in extending the ‘reach’ of services into neighbourhoods and communities; physical environment – maximising the wellbeing benefits from environmental improvements, such as the new RHS Bridgewater garden at Worsley New Hall; Economic Growth and Employment – including an acknowledgement by Salford’s Health and Wellbeing Board of the wellbeing and health impacts of paying the Living Wage. We will also link with GM level innovation projects and pilots for change.

Salford embraces the findings and recommendations contained in the recent UCL report\(^2\), and will make connections between social value and health equity – using commissioning decisions, procurement processes and contract management to seek the maximum social, environmental and economic wellbeing benefit from public sector spending. We hope that having a broader understanding of the wider determinants of health, when linked with an aspiration to maximise social value, will lead to sustained impacts on population wellbeing, and will use social value to take action on health inequalities. Budget savings must be made, but a broader focus on outcomes as well as fiscal benefit should underpin the decision-making and transition processes, if the wellbeing of the people of this city is not to suffer. We will maximise the value achieved from our reduced resources through social value opportunities which will make the most difference, including a focus on behaviour change, community resilience and the wider determinants of health.

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

Salford will build upon recent work by the new economics foundation\(^3\) which concludes that there is a need for a resource shift towards finding ways of taking local early action to improve people’s quality of life and reduce the strain on public services. This will include:

- **Resourceful communities**, where residents and groups are agents of change, ready to shape the course of their own lives. To achieve this people need actual resources (but in the broadest sense), connections, and control;

- **Preventative places**, where the quality of neighbourhoods has a positive impact on how people feel and enables them to lead fulfilling lives and to help themselves and each other;

- **Strong, collaborative partnerships**, where organisations work together and share knowledge and power, fostering respectful, high-trust relationships based on a shared purpose; and

- **Systems geared to early action**, where the culture, values, priorities, and practices of local institutions support early action as the new ‘normal’ way of working.

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\(^2\) UCL Institute of Health Equity ‘Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health’

\(^3\) Local early action: how to make it happen
Our approach is developed from the NICE guidance https://www.nice.org.uk/guidance/ph6 and https://www.nice.org.uk/guidance/ph49, which provides a systematic, coherent and evidence-based approach, considering generic principles for changing people’s health-related knowledge, attitudes and behaviour, at individual, community and population levels. We will embed this approach across the whole life course. Our staff will be trained to support behaviour change and we will ensure that commissioned services follow this approach to achieving outcomes.

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

Case Study – The Third Sector Fund (investment from NHS Salford CCG)

in 2017, Salford CVS and NHS Salford CCG are pleased to announce the launch of the next phase of our Third Sector Fund. This is a VCSE (voluntary, community and social enterprise) grants programme developed in partnership, delivered by Salford Community and Voluntary Services (CVS) and funded by NHS Salford Clinical Commissioning Group (CCG), with the support of Salford City Council.

The Third Sector Fund was established in 2014 and since then has awarded grants to over 174 voluntary organisations, community groups, social enterprises and primary schools.

NHS Salford CCG and Salford CVS are proud to announce that a further £3 million is to be invested into the fund between June 2017 and March 2020, helping to improve the health and wellbeing of Salford citizens by once again investing in grants to voluntary organisations, community groups, social enterprises and primary schools.

The main aim of the Third Sector Fund is to enable voluntary organisations, community groups social enterprises and primary schools across all parts of the city (by neighbourhood and also in terms of communities of identity) with a small investment, to help them address some of the key health priorities in Salford.

An independent evaluation into the Third Sector Fund grants programme, undertaken by CLES and VSNW during the summer of 2016, demonstrated a whopping return on investment of £1: £7.04 Read the full report.

The key transformational initiatives within this programme are shown in Appendix B.
4.3 STARTING WELL

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

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

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

Although, it should also be noted that:

- The infant mortality rate is better than England; between 2007-9 and 2011-13 the rate fell from 6 to less than 4 per 1000 infants under one;
- Salford is also the top performing Local Authority in GM for childhood immunisations; and
- Over the past 14 years there has been a 38.4% fall in teenage conceptions.

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

We will also build from the City’s Early Help Strategy. One of the most important ways we can prevent ill-health in later life is by supporting all children in Salford to have the best start in life. There is now considerable evidence demonstrating that the care received during pregnancy and the early years is vital for the future health, wellbeing, and development, as well as life chances of children. It will take a decade of continued effort to realise the ambition set out below, but without this, Salford will not be able to reduce the level of health inequality in the City.
Our aspiration for Starting Well supports the GM ambition to develop new approaches for services for children that as well as significantly improving outcomes will reduce demand for high end targeted and specialist services and future pressure on a range of public service budgets. The work involves developing innovative proposals to re-configure services for children across all ten local authorities and key public service and other partners. This is likely to involve a fundamental change in collaboration, which could be across the whole of GM for some areas of work, or on a clustered basis. Salford is leading this work on behalf of GM, and it will be an integral part of our Population Health Plan.

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

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

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

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

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

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

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

An increasing area of concern in Salford is the impact that domestic abuse has on the lives of children and young people in our City. Concerns about domestic abuse were raised in 43% of Children in Need cases in 14/15 and this is rising.
Improving fathers’ and children’s wellbeing – Salford Dadz, Little Hulton

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

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

Salford Dadz showed that when fathers overcame their pride and shame and talk openly about their problems, it offered hope. Social narrative, or story telling – often in public community meetings and sometimes very privately, became the key. The early adopters have literally begun to transform their lives, overcoming long term mental illness, volunteering, training and in one case getting a job after 12 years of unemployment.

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

The key transformational initiatives within this programme are shown in Appendix C.

4.4 LIVING WELL

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

We know that:

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

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

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

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

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

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

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

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

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

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

**Case study: Costs of Smoking to the Social Care System**

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

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

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

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

The key transformational initiatives within this programme are shown Appendix D.
4.5 AGEING WELL

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

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

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

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

Our local proposal is most fully developed for adults and older people, notably through Acute Care Transformation, the move towards an Integrated Care System including Adults and the establishment of an Integrated Care Organisation. These Vanguard programmes have been nationally recognised for leading the way in acute care transformation, the integration of health and social care.

Salford's 2020 vision for older people is for a radically changed health and social care system, where older people are enabled to retain their independence and take a much more active role in their own care. Whilst specialist care and support will continue to be required for those with the greatest need, the focus will include giving older people more control and supporting them to be less dependent on services.

More care will be delivered in a community setting, largely in people's homes, with a corresponding reduction in unplanned demand for hospital care and expensive packages of social care. Where individuals need to access specialist services, they will have confidence in the quality of care they will receive and be supported to return to their own home as soon as possible. As a consequence, quality of life should improve for older people and their carers. Older people should feel more able to manage their condition and service users should benefit from being able to access a much more integrated health and social care system, which is better able to anticipate and respond to their needs.
The Acute Care “Group” vision is to “deliver patient centred, highly reliable care at lower cost”. It will develop and deliver a “Standard Operating Model” through best practice, digital technology, group-work and new models of value based healthcare. The ambition of the programme is to provide every patient with “personalised care that works like clockwork”. For patients “Ageing Well” this will translate to patients receiving the right course of action swiftly, receiving outcomes based healthcare thus improving outcomes, receiving harm free care, improved patient experience through new levels of patient centricity and reduced length of stays, visits and admissions. Further details of the programme can be found in section 3. It is forecasted the programme will bring 20% system efficiency.

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

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

Salford supports the development of a Greater Manchester age friendly city region, and GM Ageing Hub. We have been a member of the World Health Organisation’s Global Network of Age Friendly Cities since February 2016. Salford is represented on the GM Ageing Hub partnership group and ensures its local work will both inform and develop with any GM approach and pilot programmes.

This work seeks to ensure that GM will become a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues and will increase economic participation amongst the over 50. An action plan is currently under development based upon findings from extensive public consultation with older people across Salford. In addition, key partners have been consulted. A baseline Age Friendly Cities plan is in draft. In addition, an Older Person’s network will be instigated during the winter months to deliver the action plan through the multi-agency partnership which includes membership from local older people. We are also part of the Big Lottery Funded Ambition for Ageing Project which includes joint working with the ‘Salford Together’ ICP for Older people (community asset workstream).

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

Case Study: Dementia United

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

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

- **Preventing Well** – reducing the risk of dementia in the local population, particularly vascular dementia;
- **Diagnosing Well** – developing a robust seek and treat system that offers early, comprehensive, evidence based assessment for all;
Living Well – establishing dementia friendly communities, networks and support AND ensuring that EVERY person has access to tailored post diagnostic advice / support;

Supporting Well – regular access to the health and social care system as required which reduce the number and duration of emergency admissions, re-admissions and care home placement. Ensuring care continuity, irrespective of the location of the individual; and

Dying Well – Focusing on understanding where people living with dementia are dying and continuously striving to ensure the place of death is aligned with the person and family preference.

The key transformational initiatives within this programme are shown in Appendix E.
**5.0 ALIGNMENT TO THE GREATER MANCHESTER WORK**

**5.1 ALIGNMENT TO THE GREATER MANCHESTER STRATEGIC PLAN**

The Greater Manchester Health and Social Care Partnership’s Strategic Plan ‘Taking Charge’ outlines the vision to achieve the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people living in Greater Manchester. Salford’s Locality Plan aligns to the five themes of the strategic plan as outlined earlier in this document, and in the Locality Plan itself. Greater Manchester also released a Population Health Plan which outlines its strategy for the delivery of Theme 1 (Radical Upgrade in Prevention). A summary of this document is provided in Figure 14.

The outcomes for the Population Health Plan align not only to ‘Taking Charge’ Theme 1, but also to the wider Greater Manchester Strategy ‘Stronger Together’ and the Public Sector Reform activity taking place across the conurbation. The Population Health Plan also articulates that prevention runs across all five themes of ‘Taking Charge’ in that our ambition should be to reduce the burden of health at all stages of life, across the life course and reduce inequalities within and between our communities.

Figure 14: Greater Manchester Population Health Plan on a Page

As previously discussed, our Locality Plan recognises this ethos. In early 2016, Salford’s Locality Plan was developed and judged as the most investible proposition in Greater Manchester. This was due to the strong local partnership working and the extensive amount of work already achieved to develop the ICP in the City and the agreement of funding through the national Vanguard scheme. As
the Greater Manchester devolution arrangements took shape, the locality team were able to utilise this strong foundation to put forward an investment proposition for the City, which would maintain the momentum already behind the ICP, and allow further development and realisation of those plans. This led to a total of £18.3 million being allocated to the locality to focus on activity primarily aligned to Themes 2 to 4 of the Greater Manchester Plan, with some Population Health work identified around issues such as risk stratification, falls pathways, developing community assets to support older people, and better self-care support.

5.2 ALIGNMENT TO THE GREATER MANCHESTER POPULATION HEALTH PLAN

The publication of the Greater Manchester Population Health Plan in January 2017 has enabled our local Population Health Plan to be reshaped to align more closely with the Greater Manchester approach. The Greater Manchester plan outlines the vision and approach for population health across the Greater Manchester region. It states that:

“Population health means making things better for all of them, throughout their lives. It means tackling what causes poor health and providing the right help at the right time to stop health problems developing. It focuses on key points in people’s lives when there is an opportunity to make a big difference to their mental and physical health.”

Figure 15: Greater Manchester Transformation Theme 1 Programmes

Solid circles = Salford has implemented (nutrition and hydration) or is leading/contributing to leading the theme
Dashed circles = Salford is working with GM to implement locally or develop at GM level
Salford leaders were heavily involved in shaping the development of the Greater Manchester Population Health Plan. Furthermore, Salford are leading on a number of the 26 identified programme areas, and are involved with several other key workstreams. Of particular note, Salford is leading, or contributing to the leadership of, the agendas with regards to Lifestyles & Wellness, Health Intelligence and Eradication of HIV (Figure 15 above).

In addition, Salford has already implemented the Nutrition and Hydration workstream and this is a recognition of the strength of the local model that will be rolled out across Greater Manchester. As such, Salford is contributing to the wider transformational agenda across Greater Manchester via early adoption, local implementation and shared learning.

In developing our own Population Health Plan, we were keen to differentiate therefore between local activity and the work that we are taking part in, or would eventually roll out through funding and support from the Greater Manchester Population Health team. We also made sure that we removed duplication of work where possible; for example, as Salford is one of the four areas being used to roll out the Greater Manchester Oral Health work, we have aligned our local work to this and are ensuring we remove duplication in our plans. Appendix F contains brief descriptions of the Greater Manchester programmes and our alignment locally.

At the time of the application to Greater Manchester for Transformation Funding for the integrated care part of our plan, there was an explicit recognition both locally and with the Greater Manchester team that there would be further work to do in Salford to supplement the first wave Transformation Funding with a second phase bid that would expand and enhance the population health and preventative aspects of the Locality Plan (i.e. the activities that broadly align with Theme 1 of the Greater Manchester “Taking Charge” plan).

The Salford Locality Plan had aims that were far reaching, and truly embraced the vision about investment not only in programmes of work that would reshape the system and deliver a return in the five years of the Greater Manchester and our Locality Plan duration, but that would truly transform the lives of local people over the longer term, to change the environment in which people lived and tackle the wider determinants of ill health. Much of this work sits outside of the ICP, and therefore has required extensive consultation and partnership development to gain a scope of what this would include. We are currently working on submitting a further ask to the Greater Manchester Transformation Fund to support this work. The alignment of this to the Greater Manchester Population Health Plan can be seen in Figure 16 that follows.
### FIGURE 16 PERSON & COMMUNITY CENTRED APPROACHES

<table>
<thead>
<tr>
<th>Implemented since Locality Plan published</th>
<th>START WELL</th>
<th>LIVE WELL</th>
<th>AGE WELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with VCSE sector to shift significant demand for health and care services from health sector to communities</td>
<td>Salford is developing three 0-25 transformational test cases –</td>
<td>Physical Activity Framework developed to tackle physical inactivity, focussing on Communities, Workplace, Travel and Education</td>
<td>Age Friendly Cities - initiative to improve life for older residents in Salford via the WHO AFC 8 key areas</td>
</tr>
<tr>
<td>Salford’s Social Value Alliance and new 10% Better campaign - further raising profile of social value benefits across health &amp; social care</td>
<td>✓ Emotional Health and Wellbeing, including CAMHS; ✓ Children with disabilities; ✓ Speech, language and communication</td>
<td>Lead provider model being implemented for Bolton, Salford &amp; Trafford, driving efficiency and consistency.</td>
<td>Young and Old - Social Adventures - Bringing older people and Pre-School Children together to do activities including, crafts, singing and gardening.</td>
</tr>
<tr>
<td>Invest in development and support of volunteering in Salford to sustain current volunteering levels, increase quality volunteering, and improve equity of access to opportunities</td>
<td>Place-based pilot – Early years new delivery model</td>
<td>Jointly commissioned employability and lifestyle service– Salford Health Works</td>
<td>Scam Mail Awareness Home Visits delivered by Wellbeing Champion Volunteers</td>
</tr>
<tr>
<td>Assets portal (My City Salford), allows users to locate and comment on local facilities, groups and services, with potential to facilitate GP social prescribing</td>
<td>People-based pilot – Fuelling Ambition Creatively Together (FACT)</td>
<td>Specialist weight management – shared commission with other GM localities. Specification will be reviewed to meet the GM bariatric pathway</td>
<td>Start Over Fifty - opportunity for older members to take part in creative activities and meet new friends. Builds confidence and reduces social isolation</td>
</tr>
</tbody>
</table>

### Greater Manchester Population Health Plan programmes

| GM social value programme | Implementing the Early Years New Delivery model | GM collaborative HIV Prevention and Support Service. Includes HIV Point of Care Testing (POCT) in GM localities and support for those living with HIV to reduce the risk of onward transmission. | Integrated approach to tackle dehydration and malnutrition based on the nationally recognised work in Salford, including use of paperweight armband. |
| GM framework for person and community centred approaches | CAMHS transformational fund: Tier 3 and 4 services, including CAMHS, with the aim of managing families back to self-support where appropriate. | Working Well Early Help service, supports workers to retain employment when suffering from poor health or disability. | Supported rollout of Fracture Liaison Service models across GM to systematically identify, treat and refer to appropriate services all eligible patients over 50 years old within a local population who have suffered fragility fractures |
| | GM Oral Health Challenge | | Establishment and testing at scale of a GM Home Improvement Agency model |
| | Baby Clear Plus | | To be implemented following GM Transformation Funding for Population Health |

### To be implemented following GM Transformation Funding for Population Health

| VCSE ‘Invest to Save’ approach that enables VCSE sector transformational development | Improved early identification of children with SLCN before they start statutory school. | Supporting person centred care approach to early detection of cancer | |
| Put in place a new neighbourhood model and tools that reduce demand, remove duplication and supports communities to be more self sufficient and resilient | Creating emotionally friendly setting to build resilient children, including workforce development and training offer for front line staff. | | |
| | Safeguarding and Vulnerability. | | |
6.0 SUMMARY AND CONCLUSIONS

6.1 NEXT STEPS

Our Population Health Plan is ambitious and we make no apology for that. We believe that it needs to be to meet the scale of the outcomes gap and the financial challenge facing our locality.

Our initial focus is on the work in scope for the Transformation Fund bid, however, we have mapped our transformational initiatives around Person and Community Centred Approaches, Start Well, Live Well and Age Well and are now identifying further opportunities for collaboration, service reform, and transformation to drive forward our population health outcomes.

More work is required over the forthcoming months to articulate the detailed schemes to deliver our level of ambition.

Immediate next steps include:

✓ Confirmation from Greater Manchester of successful bid and receipt of funding (January 2018);
✓ A review of all related governance mechanisms including final sign off by Health and Wellbeing Board of ‘final draft’ Terms of Reference for the Population Health Advisory Board and its proposed membership;
✓ Finalise a full mapping exercise of all activity across Start Well, Live Well, Age Well and Person and Community Centred Approaches work programmes;
✓ Refinement of a robust implementation plan for delivery of the work programmes;
✓ Development and agreement of a transparent business case process for work programme leads to access relevant funding;
✓ Further stakeholder/citizen engagement and incorporation of feedback; and
✓ Map lessons learnt from recent and previous innovation bids.
LOCALITY PLAN OUTCOME MEASURES

(Please see next page of this document)
Vision
Start, live and age well in Salford - Citizens will get the best start in life, will go on to have a fulfilling and productive adulthood, will be able to manage their health well into their older age and die in a dignified manner in a setting of their choosing. People across Salford will experience health on a parallel with the current “best” in Greater Manchester (GM), and the gaps between communities will be narrower than they have ever been before.

<table>
<thead>
<tr>
<th>Outcomes for people</th>
<th>Outcome measures</th>
<th>Dashboard indicators used for quarterly / annual monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Starting Well</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children will have</td>
<td>Increased proportion of young people who achieve their potential in learning and employment</td>
<td>1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception</td>
</tr>
<tr>
<td>the best start in</td>
<td></td>
<td>1.05 - 16-18 year olds not in education, employment or training</td>
</tr>
<tr>
<td>life and continue</td>
<td></td>
<td>GCSE achieved (5 A*-C including English &amp; Maths) or replacement</td>
</tr>
<tr>
<td>to develop well</td>
<td></td>
<td></td>
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<tr>
<td>during their early</td>
<td></td>
<td></td>
</tr>
<tr>
<td>years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am a young person</td>
<td>Improved physical and emotional health in young people</td>
<td>2.08 - Emotional wellbeing of looked after children</td>
</tr>
<tr>
<td>who will achieve</td>
<td></td>
<td>4.02 - Tooth decay in children aged 5</td>
</tr>
<tr>
<td>their potential in</td>
<td></td>
<td>2.06ii - Excess weight in 4-5 and 10-11 year olds</td>
</tr>
<tr>
<td>life, with great</td>
<td></td>
<td>Low birth weight babies (less than 2500g)</td>
</tr>
<tr>
<td>learning, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am a child who is</td>
<td>Improved support provided for young people by families and carers</td>
<td>2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)</td>
</tr>
<tr>
<td>physically and</td>
<td></td>
<td>Child Wellbeing Index: Average Score (replaced by national child mental wellbeing survey using WEMWEBS)</td>
</tr>
<tr>
<td>emotionally healthy,</td>
<td></td>
<td>Criminal justice indicator?</td>
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<tr>
<td>feel safe and able</td>
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<td></td>
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<tr>
<td>to live life in a</td>
<td></td>
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<tr>
<td>positive way</td>
<td></td>
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<tr>
<td>I am as good a</td>
<td></td>
<td></td>
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<tr>
<td>parent as I can be</td>
<td></td>
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<tr>
<td>I am able to take</td>
<td>Healthier lifestyles and situation for Salford people</td>
<td>Long term unemployment</td>
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<tr>
<td>care of my own</td>
<td></td>
<td>2.12 Excess weight in adults or</td>
</tr>
<tr>
<td>health, wellbeing</td>
<td></td>
<td>2.13ii - Percentage of physically active and inactive adults (inactive adults)</td>
</tr>
<tr>
<td>and am economically</td>
<td></td>
<td>7.01 Alcohol-related hospital admission (Broad)</td>
</tr>
<tr>
<td>active</td>
<td></td>
<td>1.17 - Fuel poverty?</td>
</tr>
</tbody>
</table>

**Living Well**
Citizens will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient

<table>
<thead>
<tr>
<th>Outcomes for people</th>
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<th>Dashboard indicators used for quarterly / annual monitoring</th>
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<tr>
<td>I am able to take</td>
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<td>care of my own</td>
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<td>health, wellbeing</td>
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<td>and am economically</td>
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<tr>
<td>active</td>
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</table>

**Overarching measures used at end of 5 years to see the difference made:**
- Deprivation score (Index of Multiple Deprivation)
- Potential years of life lost
- Life expectancy / Healthy Life expectancy
- Disability free life years
- Percentage of children living in poverty
| communities                                                                 | My lifestyle helps me to stop any Long Term Condition or disability getting worse, and keeps the impact of this condition or disability from affecting my life | Improved lifestyle, which lead to longer, more contented lives for those with long term health conditions | Smoking attributable hospital admissions  
Mortality rates (various long term conditions)  
Long-term health problems or disability: % of people whose day-to-day activities are limited by their health or disability |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| I lead a happy, fulfilling and purposeful life, and am able to manage the challenges that life gives me | Increased happiness and life satisfaction, with improved personal resilience | 2.23iii - Self-reported wellbeing - people with a low happiness score OR 2.23v - average Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score  
1.11 - Domestic abuse rates  
A&E attendances?  
Health Watch Salford locally collected **Wellbeing Star** survey (range of wellbeing measures) |
| Ageing Well  
Older people will maintain wellbeing and can access high quality health and care, using it appropriately | I am an older person who is looking after my health and delaying the need for care | Improved health and situation for older people | Increased flu vaccine uptake  
Number of falls in the over 65s or over 80s  
Proportion of people that feel supported to manage own condition  
Number of avoidable emergency admissions and re-admissions  
ASCOF 2B(1) proportion of older people (65+) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services  
ASCOF 2A(2) Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 1000 population |
| If I need it, I will be able to access high quality care and support | Increased quality and personalisation of care for older people | Estimated diagnosis rate for people with dementia (place holder)  
Quality of Life of service users and carers  
Patient / service user experience or satisfaction measure |
| I know that when I die, this will happen in the best possible circumstances | Improved end of life care | Proportion of people that die at home/in usual residence (or preferred place of dying)  
4.15i - Excess Winter Deaths Index (single year, all ages) |
## PERSON AND COMMUNITY CENTRED APPROACHES

**VISION:** Person-Centred and Community-Centred Approaches are seen as a key vehicle to support Start Well, Live Well and Age Well in Salford, while actively enabling citizens and communities to take greater control of and responsibility for their own health and well-being.

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<tr>
<th>CASE FOR CHANGE</th>
<th>OUTCOMES</th>
<th>ENABLERS</th>
<th>PROGRAMME AREAS</th>
<th>LEAD PARTNER(S)</th>
<th>LINK TO GM PLANS</th>
<th>SOURCE OF FUNDING</th>
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<tbody>
<tr>
<td>Improved health and wellbeing outcomes</td>
<td>This includes enabling people to: Look after themselves better, including understanding their condition, managing their symptoms and improving their diet, and education tailored to particular conditions Have meaningful relationships that help them improve their health and well-being through, for example, peer support networks and community groups</td>
<td>Collaboration – focus on collaboration and co-production in the development of neighbourhood systems and prescribing Quality – people will have confidence in the quality of care and support they will receive Technology - developing enhanced digital resources and pathways to maximise options for self-help Partnership – people will have access a much more integrated health and social care system, which is better able to</td>
<td>Creation of an overarching, VCSE led, Social Prescribing model for Salford - building on the work already tested across the City through a number of local programmes, including Salford Together. This will include establishment of a governance model bringing together 5 community anchor organisations, Salford Primary Care Together, Salford CVS, Unlimited Potential, NHS Salford CCG, Salford City Council, Salford Together and Greater Manchester Mental Health who will be responsible for overseeing the development and delivery of the model.</td>
<td>Salford CVS</td>
<td>GM Population Health Plan, 10GM, Taking Charge</td>
<td>Transformation Fund, SCCG, Pooled H&amp;SC budgets</td>
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<tr>
<td>Recognition of asset based approaches – building from individual and community strengths</td>
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<td></td>
<td>Establishing a VCSE ‘Invest to Save’ approach that enables VCSE sector transformational development via investment in - Volunteering - Progressing innovation / tests of change - Capacity-building &amp;</td>
<td>Salford CVS</td>
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<tr>
<td>Need to involve people in discussions about how to make their area a good place to live in</td>
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*Note: The table continues with similar entries for each category.*
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<thead>
<tr>
<th>Work collaboratively with professionals, such as collaborative consultations and health coaching</th>
<th>anticipate and respond to their needs</th>
<th>transforming key VCSE anchor institutions</th>
</tr>
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<tbody>
<tr>
<td>- Developing a VCSE Leadership programme, including delivering workshops to public sector partners</td>
<td>Financial – pooled budget arrangements and integrated business and service financial planning</td>
<td>Social Value - Embedding a social and added value approach to achieve health outcomes through the collective action of those both inside and external to the health and social care ‘system’ (including the VCSE sector) via the focus of doing responsible business on the Salford Social Value Alliance’s 10% Better campaign’s wellbeing and health outcome targets</td>
</tr>
<tr>
<td>The need for a ‘resource shift’ from clinical to community and VCSE services.</td>
<td>Work force – integrated workforce planning, training and support</td>
<td>Salford Social Value Alliance, Salford CVS</td>
</tr>
<tr>
<td>Social Value – ensuring that commissioning maximises social, environmental and economic value from investment</td>
<td>GMCA Social value Policy, GM Population Health Plan</td>
<td>Transformation Fund, SCCG, Pooled H&amp;SC budgets</td>
</tr>
<tr>
<td>The need to enable people to have a voice, to be heard, to be connected and to have the opportunity to choose how best to live their lives, and gives them the support to do so.</td>
<td>Community Portal – develop the My City online portal to allow users to locate and comment on facilities, groups and services available to local people, but which also has the potential to facilitate GP social prescribing in a way not previously available to them.</td>
<td>SCC</td>
</tr>
<tr>
<td>SCC, My City Health</td>
<td>SCC, CCG, third party funders</td>
<td></td>
</tr>
<tr>
<td>Financial and operational sustainability of health and social care system</td>
<td>Strategy for the VCSE Sector – for its future development of active participation in co-produced services</td>
<td>Salford CVS</td>
</tr>
</tbody>
</table>
## STARTING WELL
### Plan on a Page

<table>
<thead>
<tr>
<th>CASE FOR CHANGE</th>
<th>OUTCOMES FOR PEOPLE</th>
<th>ENABLERS</th>
<th>PROGRAMME AREAS</th>
<th>LEAD PARTNER(S)</th>
<th>LINK TO GM PLANS</th>
<th>SOURCE OF FUNDING</th>
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</thead>
</table>
| Interdependencies between children’s services and adult services, which must meet the needs of all family members | I am a child who is physically and emotionally healthy, feel safe and able to live life in a positive way | Quality – where young people access specialist services, they will have confidence in the quality of care they will receive Participation – young people and their carers are involved in planning and self care Technology - developing enhanced digital resources and pathways to maximise options for self-help Partnership – young people will have access to a much more integrated health and social care system, which is better able to anticipate and respond to their needs Financial – pooled budget arrangements and integrated business and service financial planning Workforce – integrated workforce planning, | Place based Parenting: Promotion of strong and effective parenting approaches, asset based thinking, implementing the Early Years New Delivery model and preventing unhealthy behaviours in all environments and settings. Developing a focus on integrated pathways for early intervention. Early intervention: Identifying health, social care and education needs within families early, and providing support before problems become complex and entrenched. Improved early identification of children with SLCN before they start statutory school. Improved activities in settings and schools for those children who score amber on WellComm including staffing. | SCC             | GM Early Years programme GM Mental Health Bid GM DFE bid Workforce Locality Plan | Population Health Bid |}
<p>| Need to streamline services across the life course, reducing the impact of transition | I am a young person who will achieve their potential in life, with great learning, and employment opportunities |                                                                                   |                                                                                 | SCC             | GM Early Years programme GM Mental Health Bid GM DFE bid Workforce Locality Plan | Population health bid |
| Arrangements need to be flexible as demography, epidemiology and knowledge changes | I am as good a parent as I can be                                                 |                                                                                   |                                                                                 | SCC             | GM Early Years programme GM Mental Health Bid GM DFE bid Workforce Locality Plan | Population health bid |</p>
<table>
<thead>
<tr>
<th>Financial and operational sustainability of health and social care system for young people</th>
<th>Improved health and wellbeing outcomes for younger people and families</th>
</tr>
</thead>
</table>
| **Training and support**  
**Social Value** – ensuring that commissioning maximises social, environmental and economic value from investment | **Vulnerability/safeguarding:**  
‘The Bridge’: comprising both the existing Multi Agency Safeguarding Hub (MASH) and the Public Sector Reform (PSR) Hub, providing a ‘single front door’ for receipt of referrals and requests for service from professionals and the public and is the gateway into specialist and early help support. |
| SCC, GMP, ? | Public Sector Reform hub  
GM Early Years programme  
GM Mental Health Bid  
GM DFE bid  
Workforce Locality Plan. |
| **Children are thriving:** to align the city priorities around emotional health and wellbeing based on the Future in Mind report and using the Thrive model to support different approaches across sectors.  
**Specialist provision:** Tier 3 and 4 services, including CAMHS, with the aim of managing families back to self-support where appropriate.  
Creating emotionally friendly setting to build resilient children, including workforce development and training offer for front line staff. | SCC, CCG, GMW, SRFT  
GM Early Years programme  
GM Mental Health Bid  
GM DFE bid  
Workforce Locality Plan. |
| GM Mental Health Bid  
GM DFE bid  
CAMHS transformation fund and |
## Living Well

**Vision:** Citizens will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities.

<table>
<thead>
<tr>
<th>Case for Change</th>
<th>Outcomes for People</th>
<th>Enablers</th>
<th>Programme Areas</th>
<th>Lead Partner(s)</th>
<th>Link to GM Plans</th>
<th>Source of Funding</th>
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<tbody>
<tr>
<td>Importance of healthy lifestyles across the life course</td>
<td>I am able to take care of my own health and wellbeing, and am able to manage the challenges that life gives me. My lifestyle helps me to stop any Long Term Condition or</td>
<td>Quality – where people access services, they will have confidence in the quality of care they will receive. Participation – citizens are involved in planning and self care. Technology – integrated systems to support better patient care, including self-care Integration – people will have access a much more integrated health and care system, which is better able to</td>
<td>Prevention: Programmes to support people to reduce their chances of developing the common conditions of heart disease, cancer and respiratory disease. Prevention and treatment services to promote and support people to change behaviour. Targeting the rise of obesity through weight management, promoting active lifestyles and work with partners in housing to deliver health and wellbeing messages to residents. Prevention is also a facet of community based care and a key driver of in hospital reforms.</td>
<td>SCC, CCG,</td>
<td>Salford Locality Plan, Taking Charge Implementation Plan</td>
<td>LA CCG</td>
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<tr>
<td>Improved health and wellbeing outcomes</td>
<td></td>
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<td></td>
<td>GM Mental Health Strategy, GM Alcohol Strategy, GM Work and Skills Strategy and Priorities</td>
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<tr>
<td>Financial and operational sustainability of health and social care system</td>
<td>disability getting worse, and keeps the impact of this condition or disability from affecting my life.</td>
<td>Financial – pooled budget arrangements and integrated business and service financial planning  Work force – integrated workforce planning, training and support  Social Value – ensuring that commissioning maximises social, environmental and economic value from investment</td>
<td>Building resilience for individuals and communities: Developing community assets, signposting services through digital media, patient and carer education programmes and engaging people with services through the VCSE sector and fire service.</td>
<td>SCC, CCG, SCVS</td>
<td>Salford Locality Plan  Taking Charge Implementation Plan  GMCVO Strategic Plan</td>
<td>CCG SCC SCVS</td>
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<td>Digitally active citizens: Programmes to support citizens to plan, manage and support their own healthcare through technology - improving wellbeing, socialisation, community and clinical access; reducing acute pressures.</td>
<td>SRFT, CCG, SCC</td>
<td>My City Health</td>
<td>SCC</td>
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Influence of ‘wider determinants’ – poverty, housing, education, employment, etc

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<tr>
<td>Programmes to support work (paid and unpaid) skills, learning and routes back into employment, identifying ways to improve the quality of life for residents</td>
<td>SCC, SCVS</td>
<td>GM Work and Skills Strategy and Priorities GM Spatial Framework Climate Change and Low Emissions Implementation Plan</td>
<td>SCC CCG CVS GM</td>
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## AGEING WELL

**VISION:** Older people will maintain wellbeing and can access high quality health and care, using it appropriately

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<th>LINK TO GM PLANS</th>
<th>SOURCE OF FUNDING</th>
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<tr>
<td>Ageing population – increased demand for older people’s services</td>
<td>I am an older person who is looking after my health and delaying the need for care</td>
<td>Quality – where older people access specialist services, they will have confidence in the quality of care they will receive and be supported to return to their own home</td>
<td>Salford Together Integrated Care and ACC Vanguard Programme – focus on engagement, activation and asset building, risk stratification and co-ordination, enhanced access and enabling changes for adults including the creation of an Integrated Care Organisation, bringing together the responsibility of adult health and social care provision through a prime provider model and the creation of a consolidated acute care group of hospitals</td>
<td>SCC, CCG, SRFT, GMW FT</td>
<td>Integrated care</td>
<td>Transformation fund and pooled budget</td>
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<td>If I need it, I will be able to access high quality care and support</td>
<td>Participation – older people and their carers are involved in planning and self-care</td>
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<td>I know that when I die, this will happen in the best possible circumstances</td>
<td>Technology – integrated systems to support better patient care, including self-care</td>
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<td>Integration – older people will have access a much more integrated health and social care system, which is better able to anticipate and respond to their needs</td>
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<td>Financial – pooled budget arrangements and integrated business and service financial planning</td>
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<td>Work force – integrated</td>
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<tr>
<td>Financial and operational sustainability of health and social care system</td>
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<td>Community assets network - a fundamental part of Salford’s Integrated Care Programme (ICP) for older people which helps support older people to stay healthy and well, through greater use of the assets that exist locally in communities</td>
<td></td>
<td>SCC, VCSE PARTNERS</td>
<td>Supports Age Friendly Cities work, links in to GM AF region work</td>
<td>SCC and CCG</td>
</tr>
<tr>
<td>Improved health and wellbeing outcomes for older people</td>
<td>Workforce planning, training and support Social Value – ensuring that commissioning maximises social, environmental and economic value from investment</td>
<td>Neighbourhood Connectors and Ambition for Ageing - Age UK Salford has been commissioned to develop a network of Neighbourly Connectors across 3 neighbourhoods in the city. It covers Winter Welfare, Age Friendly Cities and wider themes to support the community asset network.</td>
<td>AGE UK, GMCVO, delivery partners tbc</td>
<td>Links to GM Age Friendly Region work</td>
<td>Big Lottery</td>
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<tr>
<td>Improved patient experience and access to care</td>
<td>End of Life Care - Engagement around the development of Salford’s Integrated Care Programme showed that end of life care was important to a large number of people. All care plans will include for end of life care under the Programme</td>
<td>SCC, CCG, SRFT, GMWFT</td>
<td>Integrated care</td>
<td>Transformation fund</td>
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<tr>
<td>Increased demand for care in a community setting, largely in people’s homes</td>
<td>Dementia United - focusing on improvements which directly impact on the ‘lived experience’ for people with dementia</td>
<td>SRFT and GM Steering Group, Salford Dementia Action Alliance</td>
<td>Links to PHE dementia work</td>
<td>GM Health &amp; Social Care funding</td>
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<tr>
<td>GM Population Health Programme</td>
<td>Details</td>
<td>Salford Alignment</td>
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<td><strong>Early Years</strong></td>
<td>The overall objective of this work is to increase performance across a range of early years outcomes including the number of Greater Manchester children who are achieving age-related expectations, who are school-ready and increasing the proportion achieving a good level of development at the end of the Early Years Foundation Stage. This programme area (and oral health) aligns directly with the Mayoral Manifesto commitment to early years.</td>
<td>Rebecca Bibby, Head of Service for Starting Life Well is working at GM to develop the strategy and is ensuring local Salford work is aligned to the emerging strategic direction.</td>
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<td><strong>Oral Health</strong></td>
<td>Roll out an evidence-based three year programme to improve the oral health status of the 0-5 age population, targeted in 17/18 in Rochdale, Oldham, Salford and Bolton - in the country’s 13 ‘priority areas’ for child oral health. The aim is for a reduction in the % of children affected by tooth decay by the age of 5 (in the priority boroughs) over three years and a reduction in the number of referrals of children to hospital and community dental services for extractions of teeth with general anaesthetic.</td>
<td>Salford is one of the four areas in which the GM programme is being rolled out. We have been involved in the planning meetings at GM and the ‘go live’ date is due imminently. The key delivery for us in Salford Primary Schools and Early Years settings is brushing with fluoride paste daily and ensuring health visitors do oral health intervention and give signposting and free toothbrushes before the 1 year check. (Lead, Bev Wasp – Public Health Manager)</td>
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<td><strong>Smoking in Pregnancy</strong></td>
<td>Introduce GM standards and a consistent approach aimed at reducing the number of women and their partners who smoke in pregnancy, by identifying pregnant women who smoke by their first antenatal visit, so they get the right support to give up as early as possible. The aim is to see increased numbers of pregnant women and their partners accessing specialist stop smoking services and an increase in quit rates, with an additional 500 smoke free pregnancies. Also seeking a reduction in prevalence to 8% by 2021 (currently 12.9%), in line with the GM Cancer Plan and Population Health Plan.</td>
<td>Salford has representatives on the Maternity Executive Board and this programme will form part of the specification. (Lead – Deborah Blackburn, Asst. Director for Public Health Nursing)</td>
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### LIVE WELL

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<tr>
<th>GM Population Health Programme</th>
<th>Details</th>
<th>Salford Alignment</th>
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<tr>
<td>Health and Employment</td>
<td>Testing at scale a Working Well Early Help offer that efficiently and effectively supports workers to retain employment when suffering from poor health or disability. This will reduce the flow of typically late middle aged people leaving work and moving onto out-of-work benefits. The principle of Early Help will also apply to those who have made a claim to benefit and a system of support will be developed to quickly address health needs and facilitate a return to the workplace.</td>
<td>Salford has engaged with the GM team, completed a readiness assessment and is considering models for the roll out of this programme. A partnership steering group is leading the local implementation in liaison with GM. (Lead, Kuiama Thompson Public Health Registrar and James McInerney, Public Health Manager)</td>
</tr>
<tr>
<td>Focused Care</td>
<td>Rollout and testing at scale of the Focused Care model to 24 practices across deprived parts of GM. This is a model to support patients and staff working in GP practices in areas of severe deprivation. The ‘focused care’ approach is aimed at ‘invisible’ patients who face a lot of problems, are late getting help for serious conditions, and turn up frequently but randomly at A&amp;E.</td>
<td>One Salford GP practice is involved in this programme so far and the CCG are working with the GM team to deliver this.</td>
</tr>
<tr>
<td>Tobacco Control</td>
<td>A Tobacco Free Greater Manchester strategy 2017-21, due to be launched at the end of July build on local and global excellence to reduce smoking rates by one third by 2021 through innovative and evidenced based approaches.</td>
<td>David Herne, Director of Public Health for Salford and Siobhan Farmer, Consultant in Public Health have been supporting the development of this programme through the lifestyles hub and the development of outcomes for this programme.</td>
</tr>
<tr>
<td>Lifestyle and Wellness Hub</td>
<td>A GM Wellness Hub to provide its citizens with consistent online and virtual/telephone behaviour change support across diet, physical activity, alcohol consumption, tobacco use and mental wellbeing. Alongside this is a proposal to develop standards and a performance framework for GM integrated wellness services to ensure a more standardised offer for GM residents.</td>
<td>David Herne, Director of Public Health for Salford is the Senior Responsible Officer for this piece of work. It is therefore completely aligned with local work to develop an integrated customer support offer and assets hub which may in the future facilitate social prescribing.</td>
</tr>
<tr>
<td><strong>Food, Nutrition and Healthy Weight</strong></td>
<td>A comprehensive GM Food, Nutrition and Healthy Weight Plan setting out the case for change and an evidence based programme of work that will seek to deliver outcomes, that is fully aligned to the Population Health Plan priority themes and wider reform agenda.</td>
<td>Salford are represented on the GM group for this piece of work. As it develops, local programmes will be realigned to this strategy. (Lead, Michelle Whittaker – Public Health Manager)</td>
</tr>
<tr>
<td><strong>Substance Misuse</strong></td>
<td>A Greater Manchester Substance Misuse strategy setting out our approach to substance misuse, including a set of shared principles for substance misuse commissioning, reflecting the broader vision and aligned to public service reform principles and common commissioning standards across the 4 domains of: early intervention, targeted interventions, treatment, and recovery and communities.</td>
<td>We have recently recommissioned our drugs and alcohol services in a cluster arrangement with Trafford and Bolton LAs. Mark Knight, our senior commissioning manager has been seconded to GMCA to contribute further to this agenda. Our service specification for the new provider aligns with the GM PSR principles.</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>Greater Manchester Moving: The Plan for Physical Activity and Sport is the comprehensive plan to reduce inactivity and increase participation in physical activity and sport that is aligned to the Greater Manchester Population Health Plan priority themes and wider reform agenda.</td>
<td>Salford was a showcase area for the GM Moving Sport England bid in October 2017. We have developed a Physical Activity Framework which aligns to the GM plan aims and ambitions. (Lead Sam Sandford, Salford Community Leisure)</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>A GM city-region approach to ending all new cases of HIV within a generation, including a focus on HIV testing approaches and related interventions across GM.</td>
<td>Peter Varey, Public Health Commissioning Manager is part of the group developing the implementation plan for this programme of work. It aligns to our local work to improve HIV testing in primary care and sexual health services.</td>
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## AGE WELL

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<tr>
<th>GM Population Health Programme</th>
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<th>Salford Alignment</th>
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<tbody>
<tr>
<td>Falls</td>
<td>Supported rollout of Fracture Liaison Service models across GM to systematically identify, treat and refer to appropriate services all eligible patients over 50 years old within a local population who have suffered fragility fractures</td>
<td>Salford is in touch with the GM team about our own programmes to redevelop the falls pathway, and is ensuring it links to this programme as it develops. (Lead, Helen Chambers – Public Health Manager)</td>
</tr>
<tr>
<td>Housing</td>
<td>The establishment and testing at scale of a GM Home Improvement Agency (HIA) model, which builds on existing models in operation to ensure that all districts are able to provide a basic offer to older and disabled residents, whilst also providing a single access point for health and social care professionals to refer into.</td>
<td>There is a Salford Housing and Health group and we have a local Social Housing provider on our Health and Wellbeing Board. This ensures alignment between the local and GM work programmes.</td>
</tr>
<tr>
<td>Nutrition and Hydration</td>
<td>An integrated approach to tackle dehydration and malnutrition based on the nationally recognised work in Salford. The paperweight armband will be used in community settings across Oldham, Rochdale, Bolton, Stockport and Bury which will begin to identify people at risk of malnutrition and offer guidance on food fortification at home. The local partnership that evolves through the project will lead to a clearer local, community-based approach to identifying and treating malnutrition / dehydration in older adults in each borough.</td>
<td>This programme was developed in Salford and the local teams supported the development of the GM business case. It is already rolled out in the City.</td>
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Person and Community Centred Approaches and System Reform

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<tr>
<td>System Reform</td>
<td>To support rapid implementation of 6 key system reform programmes including: development and agreement of GM common standards for locality Population health delivery; development of GM networked functions for health intelligence and health protection; transformation of sexual health and substance misuse commissioning.</td>
<td>Siobhan Farmer, Consultant in Public Health and David Herne, Director of Public Health are leading the health intelligence workstream at GM in partnership with PHE. Team members are also contributing to substance misuse, common standards, health protection and sexual health services reform.</td>
</tr>
<tr>
<td>Person and Community Centred Approaches</td>
<td>The development of a GM framework for person and community centred approaches, and building system capacity and capability to support adoption of the framework including organisational and workforce development incentivisation, evaluation etc.</td>
<td>We have met with Giles Wilmore and his team (who sit under the Theme 2 management structure at GM) to discuss our local approaches and how they align with GM. We are currently benchmarking our activity against the GM programme and will work with the GM team to share and disseminate our good practice. (Leads – Alison Page, Salford CVS, Chris Dabbs – Unlimited Potential)</td>
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