

SALFORD HEALTH AND WELLEBING BOARD

Tuesday 10 January 2023, 2:00pm – 4:25pm

Present

Cllr John Merry (JM) (Chair)

Ben Andrews (BA)

Cllr Jim Cammell (JC)

Sam Cook (SC)

Chris Dabbs (CD)

Steve Hassall (SH)

Maggie Kufeldt (MK)

Gillian Mclauchlan (GM)

Alison Page (AP)

Cllr Teresa Pepper (TP)

Tom Regan (TR)

Cllr Hannah Robinson-Smith (HRS)

Margaret Rowe (MR)

Deputy City Mayor and Lead Member for Adult Services, Health and Wellbeing Managing Director, Beyond Empower (Vocal Leaders)

Lead Member for Children's and Young People's Services

Chief Officer, Healthwatch Salford

Greater Manchester Chamber of Commerce

Chief Executive, Salford Community Leisure

Interim Executive Director, Adults (DASS)

Deputy Director of Public Health

Chief Executive, Salford CVS

Executive Support Member for Education and Learning

GP St. Andrews Medical Centre

Executive Support Member for Social Care and Mental Health

Professor of the School of Health and Society, University of Salford

Officers

Chris Howl (CH)

Democratic Services (Service Reform)

Officers and Guests

Gordon Adams (GA)

Deborah Blackburn (DB)

Hannah Dobrowolska (HD)

Steven Gavin (SG)

Nicola Leak (NL)

Peter Locke (PL)

Mark Lupton (ML)

Lewis Nelson (LN)

Steven North (SN)

Julia Mwaluke (JM)

Pamela Pollard (PP)

Janice Worthington (JW)

MEN Reporter

Strategic intelligence Manager, People

Assistant Director Children's Health and Wellbeing

GM Integrated Care Delivery Lead (Salford)

Public Health Development Strat Manager

Public Health Development Officer

Public Health Strategic Manager

Engagement Officer, Healthwatch Salford

Unlimited Potential

Branch Secretary, Salford City UNISON

Salford Resident

Salford Resident

Salford Resident

Apologies

Mark Albiston (MA)

Divisional Director ASC – Assessments, Salford Royal Foundation Trust

Muna Abdel Aziz (MAA)

Director of Public Health

Cllr Damian Bailey (DB)

Ward Councillor

Rebecca Bibby (RB)	Assistant Dir Early Help & School Readiness, People
Melissa Caslake (MC)	Executive Director, Children's Services
Emily Edwards (EE)	Senior Integrated Commissioning Manager, People
Joan Fielder (JF)	CEO Helping Hands (Vocal Leaders)
Gill Green (GG)	Director of Operations and Nursing, GMMH
Martyn Hague (MH)	ForHousing (Salford Strategic Housing Partnership)
Patrick Johnson (PJ)	Greater Manchester Fire and Rescue
Cllr Tracy Kelly (TK)	Statutory Deputy City Mayor and Lead Member for Housing, Property and Regeneration
May Moonan (MM)	Public Health Consultant
Phil Morgan (PM)	Chair, Healthwatch Salford
Charlotte Ramsden (CR)	Strategic Director People
Jenni Smith (JS)	CEO of Loaves and Fishes, (Vocal Leaders)
Tom Stannard (TS)	Chief Executive, Salford City Council
Jacque Russell (JR)	Assistant Director Policy and Change
John Searle (JS)	Strategic Director Place
Paul Walsh (PW)	Assistant Director Joint Commissioning, People

1. Welcome and Introductions (Cllr John Merry – Chairing)

TR welcomed members to the meeting and those present introduced themselves.

2. Questions from the Public

It was confirmed that there were three questions from the public, these being:

- a) Question 1: At the October Full Council meeting, questions were raised by myself and other care workers who are members of UNISON about progress on the council's Insourcing Commission and whether the council can commit to ensuring care workers will receive at least the Foundation Living Wage rate of £10.90 per hour from April 1 2023 at the latest. Have there been any further developments on the Insourcing Commission and will the council commit to delivering on the Foundation Living Wage? (Julia Mwaluke).

Answer 1: The Insourcing Commission is considering all contracts on a 'as and when' basis as they approach requiring a decision, either to renew, extend, commission or terminate. There is suitable provision to meet current/ expected Living Wage rates in the council budget, which is awaiting sign-off and approval (Cllr Merry).

- b) Question 2: Can the council guarantee that Aspire staff will not need to face the same uncertainty every year and commit that those staff on NJC terms and conditions will receive the same pay awards as their directly employed colleagues, and that those staff who are not will also receive fair and comparable pay increases? (Janice Worthington).

Answer 2: The council's budget is expected to be finalised in February 2023, this issue is actively under discussion and a decision will be made soon (Cllr Merry).

- c) Question 3: When Aspire was established in 2016 through the council outsourcing a number of adult services, the council gave a commitment to Aspire staff that they would see no negative impact from the transfer. However, Aspire staff have still not received the 2022-23 NJC pay award that was paid to all directly employed council staff in December. What will the council do to ensure that those staff receive this pay

award, and to ensure that those Aspire staff who are not on NJC terms and conditions receive a comparable pay increase? (Pamela Pollard).

Answer 3: I'm unable to give guarantees about future rounds of council budgets, but I'm personally committed to ensuring that they do/ are (Cllr Merry).

ACTION: CH to discuss Board 'Questions from the Public' awareness of the process within Public Health with MAA, with a suggestion for a refresher session on the process to be held with all relevant Public Health officers.

3. People's/ Patient's Story – Healthwatch Salford GP Report: [How was your appointment? GP Report 2022 | Healthwatch Salford](#)

ML provided a summary of the Healthwatch Salford (HWS) report via a PowerPoint, the headlines of which consisted of:

- throughout the large volume of feedback, received for this project, there was an overwhelming sentiment that patients wanted to get back to the way things were before the COVID-19 pandemic hit, and
- people told HWS of their frustrations with trying to access timely appointments, how the appointments themselves were conducted and how they struggled to stay connected with their GP in the changing world – acknowledging that a lot of these systems, whilst not ideal, were in place to protect members of the public alongside staff.

By asking patients to tell HSW in their own words how using these services has been for them, HWS hoped to understand the things that have been good, the things that could have been better and learning patients' ideas for improving overall patient experience.

Two working groups, one comprising of practice managers and the other of public volunteers from Salford, were established who decided to ask three qualitative questions of patients:

1. What were the good things about their GP practice?
2. What things needed to be improved?
3. What ideas did the patients have to improve experience?

In addition, demographic questions were asked to help learn more about any recurring experiences shared by people from particular backgrounds.

The survey was made available for all Salford residents to complete on-line, with paper copies also distributed to the 16 Salford libraries. Survey packs with freepost return envelopes were also kindly given by library staff to residents who were part of the 'Books at Home' service. Posters were created and shared amongst Salford's 38 GP practices, pharmacies and other public places to help promote the project. Some GP practices were very proactive in their approach with helping us to promote the surveys amongst their patients by using iPLATO (their bulk text messaging system), sending out a blanket text to a large proportion of patients. This proved to be an extremely effective way in gathering feedback – receiving patient responses to 37 out of the 38 practices. To enable HWS to be more accessible, people were also invited to phone HWS in the office and chat through their answers.

The engagement phase of the project was initially for a period of six weeks from 18 April to 29 May 2022, but this was extended for a further couple of weeks.

A staggering 1,715 people started to take part in the survey with only half of these partially completing it. HWS were able to harvest some of these partially completed surveys to add to a grand total of 954 completed surveys – the most HWS have ever gathered on one project topic in Salford.

In addition to the main public survey, HWS felt it was important to gather feedback from staff to find out how they felt services had run over the last couple of years. The practice managers working group helped HWS to formulate some questions and HWS were pleased to receive a healthy 71 responses to the staff survey.

The GP project working group comprised of experienced research volunteers examined the high volume of survey responses, and together reviewed a total of 1,474 comments from the first two questions (755 comments for question 1 and 719 comments for question 2). These were graded for their sentiment (positive, negative and mixed) and multiple themes emerged from them, specifically:

- appointments:
 - 14% of comments mentioned appointments in a positive way with many people mentioning that telephone appointments were a convenient way for people to access GP appointments, especially those who work.
 - 24% of the comments talked about appointments in a negative light with people mentioning the barrier that speaking over the telephone presents, rendering some patients unable to convey their problem to the doctor or nurse.
- staff attitude:
 - 21% of comments themed around staff attitude were positive sentiments.
 - 7% of comments themed around staff attitude were negative sentiments.
- the surgery building:
 - generally speaking, when it came to the surgery premises, patients were understanding of the safety restrictions that COVID-19 had imposed.
 - some patients did talk of the physical barriers presented to them with main reception doors being closed and only accessible by pressing an intercom button.
- referrals:
 - for some patients, referrals into secondary care or other services went well, with some GPs being proactive in contacting them following health concerns.
 - where people had talked negatively about referrals, their comments seemed to stem from lack of information and communication.
- prescriptions and medication:
 - patients mentioned that the facility to order prescriptions on-line was a valuable service to them.
 - many comments mentioned that doctors and nurses do not follow up after prescribing, with some patients mentioning that they had been given the wrong or conflicting medication.
- reasonable adjustments:
 - people mentioned that in some practices, staff would demonstrate care and patience with people who have mobility issues.

- some patients mentioned that they felt that the digital uptake of services was detrimental to people who did not have the access or knowledge to make use of these services 'online', with the elderly particularly affected.
- other things:
 - some respondents praised the service and the staff working under difficult circumstances and dealing with pressures in the last 18-months.
 - some respondents noted that patients with long-term problems should be able to see the same doctor every time for continuity and a good standard of care, which wasn't always the case.

For the third question of the survey, HWS asked participants to highlight what would improve their experience at their GP practice. 654 people responded to this question, around 69% of the total survey participants. From these answers, HWS were able to draw out over 900 comments relating to particular themes, particularly:

- appointments:
 - 43% of patients called for a better appointment system, especially how they can be accessed (e.g. out of hours and on-line).
- types of appointment:
 - 27% of patients mentioned the type of appointment offered, with respondents talking about choice and confidentiality (e.g. increase/ back to face-to-face and same GP).
- staffing:
 - 13% of the patients mentioned staffing aspects, i.e. staff to be trained and supported to offer patient interactions in a more friendly manner.
- building accessibility and communication:
 - 10% patients talked about the surgery buildings themselves, with some older buildings seeming to be tired and not very accessible.
- medication:
 - 3% of patients mentioned the need to improve on medication and prescription services, i.e. ensure seamless dialogue between the GP practice and pharmacy so that patients are given the right information about when to collect medications.

71 staff members responded from a wide range of roles, including admin/ reception, practice managers, GP partners, nurses, pharmacists and phlebotomists to a separate survey, asking 13 questions about how life was for them from the other side of the counter, covering:

- workload:
 - 59 of them (83%) felt that their workload had increased, with only 12 (17%) feeling that it was about the same. Nobody felt that their workload had decreased.
- well-being:
 - 42 of them (59%) felt that their well-being had been affected due to their workload, with 23 (32%) saying it had not – others were not sure.
- patient access to appointments:

- 30 (42%) of the staff felt that patients' access to appointments had improved since the pandemic (with 6 of these saying it had greatly improved), 14 (20%) said it had remained the same with 27 (38%) feeling that it had deteriorated.
- patient attitude:
 - overwhelmingly, 63 (89%) of the staff felt that patient attitudes towards them had deteriorated since the pandemic (with 27 (38%) of these saying it had 'greatly deteriorated', 7 (10%) were not sure and only 1 (1%) thought it had improved.
- the things that have worked well:
 - all staff commented on how technology had enabled their service to adapt and improve their services to patients, technology such as telephone and on-line appointments, the NHS app and practice website.
- the things that needed to improve:
 - there was a general consensus that more support and funding in the recruitment and retention of staff was needed, across all job roles.
 - it was felt that a bigger emphasis was needed on helping the patients to understand self-care and what different options were available to them should they need medical assistance, not always 'an appointment with the doctor'.
- their ideas for improvement:
 - training on clinical triage could be given to front line staff to equip them better when making decisions about where to direct patients.
 - increase face-to-face appointments to more reasonable levels.
 - more university places should be offered up to medical students with incentives for people to train as doctors or nurses.
 - continuation of early morning and out-of-hours appointments.
 - more technological services could be utilised for those patients who have the capability, freeing up alternative traditional ways of accessing appointments for others.
 - less focus on same-day access and targets with more focus on appropriate access.
 - patient education campaigns enabling patients to make the right choice in where they access healthcare.
 - improve communication between primary and secondary care so that the patients are not caught in the middle.
 - recruit more GPs and work on retaining them within the practice.

This project has helped HWS to understand what matters most to patients, whether they have had positive or negative experiences at their GP practice. The COVID-19 pandemic brought many changes to the way services work – staff have been dealing with large workloads and the challenge of quickly adapting services to keep people safe. Collecting patients' feedback at this moment in time, when services are evolving once again, provides GP practices with an ample opportunity to commit to positive changes large and small that will pave the way forward for a better experience for patients.

Recommendations from this work, include:

- a) Communication:
 - GP services and secondary care to work in a more co-ordinated way and patients to be better informed about their referral pathway.

- Improvements are required to ensure patients are given timely access to their prescribed medication.
- Explanation is given to patients when they first contact the surgery so that they understand the reasons why they may be asked some personal information by the reception team (this is similar to the recommendation in our previous report on GP services in 2019).

b) Patient and staff Ideas:

- GP services to look at and consider the range of improvements suggested throughout this report by patients and staff, to improve their overall experience, in particular:
 - Increasing the patient's choice of the number of ways in which they can make an appointment.
 - Improving on phone calls into the surgery to alleviate the 8am race, which is so prevalent at many surgeries o Increase the number of out-of-hours appointments available.
 - Make better use of online and app technologies to enable patients to engage with practices away from the telephone.
 - Training frontline staff on clinical triage to equip them better when making decisions about where to direct patients.
 - GP services to continue to review and develop support for staff wellbeing.

c) Patient information:

- GP services and commissioners to look at effective patient information campaigns to enable patients to make the right choice of where they access healthcare.

In addition to the main report, HWS agreed to share with GP practices shorter bespoke reports of what their patients were saying – 14 of these GP practices provided enough data to ensure patient anonymity, which should provide them with valuable insight to help improve their own service.

Next steps, during 2023 are to:

- continue conversations with NHS Greater Manchester Integrated Care and Northern Care Alliance, around future improvements to patient experience,
- link in with individual GP practices to report on the progress they are making,
- continue to gather patient feedback around GP services, and
- revisit the project later in the year to report on the progress being made around our recommendations.

ML confirmed that feedback has been given to those participants who had provided contact details in their responses. Also, copies of the report are/ were available in libraries and the report has been published on-line.

ML confirmed that whilst some demographic analysis was possible, including against disability (including from people who were deaf) and ethnicity characteristics, it was quite limited, based only on what respondents had provided.

TR (as a Salford GP) welcomed the report and the issues it highlights, commenting that at his practice since COVID-19:

- six senior GP's have left/ not returned and he's not able to replace them with one's with similar experience.
- most of his practices GPs are working long hours.

- there's a real mismatch between health care need, demand and supply.
- this means that GPs are making many difficult decisions each and every day.
- in respect of service referrals, once it leaves the GP, responsibility for follow-up/ contact lies with the secondary service.

Cllr Merry raised a few observations:

- receptionists face very difficult situations when interacting with patients.
- not all patients need to see a GP for all tier medical issues, if you have issues with your eyes, go see an optician – better communications required.
- long-term workforce planning is essential within the NHS.
- locum GPs are the answer at any time, as due to overall shortages, their rates are continually increasing.

GM stated that the scale of the pressure on the NHS can be seen by the fact that 7m people nationally who need to see a GP have current care needs.

TR concurred with Cllr Merry's observations, highlighting that:

- whilst some GP's worked 12–14-hour days, other GPs only worked 8-10-hour days.
- it can cost a practice £1,100 per day/ hour(?) for a GP locum, this isn't sustainable nor economical.
- all patient with deteriorating and chronic health needs need to be seen and referred, however access to appointments and waiting lists are blocking progress.

AP thanked Healthwatch Salford for their work and:

- thinks that its good patients want to share their experiences.
- she's interested in following-up on the disability and ethnicity aspects.

ACTION: AP to contact ML so that she can explore disability and ethnicity aspects of the survey.

- questioned what do we do, as a Board and individually, to input and change the system?
- highlighted that as of December 2022 it seemed that £4.3m GM Role Reimbursement Scheme funds remained unallocated ... has the Salford element been used?

TR stated:

- that it's important that the health care system continue conversations with the public about what they can expect from a GP, including signposting to other related services, i.e. pharmacies.
- that all the Salford element of the GM Role Reimbursement Scheme fund has been spent and he's enquired if Salford can receive any more from the unspent allocation.
- whilst it's important to get things right for the patient first time, it isn't always the case that a GP is always the right service for a patient to see.

RESOLVED: THAT the Salford Health and Well-being Board noted the Healthwatch Salford GP Report.

4. Apologies for Absence

The apologies listed above were noted.

5. Declarations of Interest

There were no declarations of interest.

6. Minutes of the Meeting held on Tuesday 8 November 2022

The minutes of the meeting held on Tuesday 8 November 2022 were approved as a correct record.

7. Matters Arising

TR confirmed, in respect to item 10b, that he had written, on behalf of the Board, to the Northern Care Alliance NHS Foundation Trust Chair and GM ICS raising and encouraging both of them to become Living Wage Employers.

Further to item 13a, web links to a recent council press release and the Public Health Annual Report 2021/22 were provided:

- a) [Do three things for health, Salford urged • Salford City Council](#) [press release]
- b) [Salford Public Health Annual Report 2021/22 \(partnersinsalford.org\)](#) [Full report]

8. Locality Plan Update/ Spotlight on Starting Well, Being Active

8a. Physical Activity Strategy 2023-27: Active Learning, Active Travel, Active Communities, Active Employment

PL provided a PowerPoint summary of the 'Moving in Salford: A Framework for Physical Activity, 2023 – 27' item report, which focused upon highlighting that:

- providing opportunities for more people of all ages, abilities and backgrounds to be physically active, contributing to physical and mental health wellbeing, has never been more important.
- designing movement back into people's everyday lives will help us live happier and healthier lives, enable our communities, places and economy to thrive and will contribute to a more sustainable city.
- the aim of 'Moving in Salford' is to address the high levels of inactivity that exist across the city and encourage everyone to be more active.
- the overarching measure of success by 2027, is to have recovered back to our pre-COVID-19 pandemic active population (74.9% of adults and 63.9% of children and young people active, achieving at least 30 minutes of physical activity a week) – prior to the COVID-19 pandemic Salford's adult activity levels had risen year on year (since 2015/16) and were above the Greater Manchester average, however, Salford's activity levels for children and young people were amongst the lowest in Greater Manchester.
- the Framework will prioritise the most inactive populations encouraging them to become more active.
- within Salford there are over 269,000 people who could be placed somewhere on the spectrum ranging from inactive to active.
- to successfully incorporate physical activity into everyday life it needs to touch everyone within their everyday activities, four key settings underpin this focus:
 - active communities,
 - active learning,
 - active employment, and
 - active travel.
- delivery of the framework will be via twelve key priorities in the year one action plan, to be launched May 2023 (during the GM Walking Festival).

BA thought that this is a good strategy, with good engagement work undertaken, but queried that whilst Active Lives data (in respect to disabled children and young people) isn't available nationally, is it locally? What participation rates do we know about? PL admitted that data is sparse, and the conversations need to continue.

AP asked how do we turn the strategy intentions into practical actions, so that it doesn't just stay on a shelf? Also, how do we continue to close the investment gap? PL reiterated that the twelve key priorities are all about moving us on.

AP believed that there was work in progress for all of us to get money and resources out of the GM machine for this.

TR stated that he'd been approached by GM Moving to identify Salford representatives to be on this.

ACTION: PL to liaise with TR to embed and move on delivery of the strategy, including Salford representatives.

GM highlighted the importance of getting patients activity ready, at all stages, whether pre, during or after treatments.

RESOLVED: THAT the Salford Health and Well-being Board:

1. signed off this city wide, whole system framework for increasing physical activity levels to enable an improvement in population health, with an inequalities focus, and
2. that members of the Board will use their influence to enable the implementation of the year one action plan, highlight subsequent successes or good news stories and help remove any system blockers that may arise to ensure success.

8b. Thematic Report for Starting Well: Salford CYP Data Review 2022

SG provided a PowerPoint summary of the item report, which focused upon highlighting:

- that Health and Wellbeing Boards are:
 - a key executive body to promote greater integration and partnership across the NHS, public health and local authority,
 - have a statutory duty with the newly formed Integrated Care Boards/ Partnerships to produce a Joint Strategic Needs Assessments for their area, and
 - an accompanying Health and Wellbeing Strategy based upon it.
- as normal business has now resumed, the local partnership has turned its attention back to the assessment of need post-Covid-19 in order to better understand what is needed 'to build back fairer'.
- as a consequence, many local experts have come together to undertake a rapid review of children and young people's health, social and educational needs (the first major refresh of the data since 2015).
- current demographics and challenges in Salford, include:
 - there being 89,992 Children and Young People Aged 0-25 years – a third of the overall population,
 - having a stable birth rate of 3,500 per year, plus 1,300 movements in,
 - a third of pupils from non-British ethnic backgrounds and 1 in 5 for whom English is a 2nd language,
 - a projected 19.7% increase in the number of households over next 25 years – highest in North of England,
 - child poverty has increased since 2015 to 33%,

- a significant increase in Free School Meal Eligibility, some of the highest in England,
- ranked 2nd in GM for cases of homelessness among 16–24-year-olds, only behind Manchester,
- the main cause is families unable/ unwilling to accommodate young people,
- across GM, only 53% of 18-25-year-olds are living with parents,
- the availability of affordable housing in Salford is a key challenge – median private rents are £685 per month,
- continuing financial pressures on local government and through cost of living,
- changing public sector landscape,
- future uncertainty.
- the review consists of a baseline of priorities from 2015 compared to emerging priorities from 2022, supported by themed sections with detailed sub-sections, i.e. education and health and social care.

Cllr Merry recognised that this had been a grim but accurate update. GM emphasised that in terms of what is important, our approach needed to be an eco-system rather than as individual organisations alone.

ML encouraged colleague to view the executive summary, which covers the breadth of activity and many positive outcomes.

SG stated that without COVID-19 interventions many aspects would be even worse.

Cllr Merry thought that we need to recognise both short-term and long-term responses, which we can only do by knowing where we're up to.

AP reiterated that our city-wide knowledge in partnership approaches/ working was going to be key in changing many of these measures.

RESOLVED: THAT the Salford Health and Well-being Board note the content of the Salford CYP Data Review 2022 and the strategic priorities cited within, with a view to using this data to inform both Salford's Health and Wellbeing Strategy and the partnerships future commissioning intentions.

9. Joint Strategic Strengths and Needs Assessment Programme

9a. Core JSSNA/ Locality Plan Dashboard

GA provided a PowerPoint summary of the item report, which focused upon highlighting:

- that the Locality Plan indicator set includes a range of indicators reflecting the priorities of the plan – each indicator is updated annually and sourced from a range of official data sources.
- performance is benchmarked against national rates and two groups of local authorities, firstly the 10 Greater Manchester local authorities and secondly the group of the 15 local authorities in England most similar to Salford as determined by CIPFA.
- time series data for Salford and comparator areas is also presented on an online dashboard accessible via the link:
<https://public.tableau.com/app/profile/phsc.salford/viz/LPDashboardv2/Front>
- the latest quarterly update of the Locality Plan dashboard affected seven indicators, including at least one from each domain, except Start Well – the report provides details of these indicators that have been updated since the last board along with other developments.

- it also provides further information on three measures discussed at the last Board meeting:
 - Fuel poverty – in 2020, 15.3% of Salford's household were estimated to be in fuel poverty, this is a slight fall from the 15.6% seen in 2019 (Salford has the second highest rate in Greater Manchester, behind Manchester and lower than average for the most similar areas group).
 - Access to green space – the Index value for Salford is 87.7, compared to 99.9 for England for the year 2020 (this value is the lowest for the group of most similar areas and second lowest in Greater Manchester, behind Manchester).
 - Dementia diagnosis – performance for year 2022 is a diagnosis rate of 72.0%, meaning there are 72 dementia diagnoses for every 100 of the population total estimated to have dementia (Salford has the second highest rate in Greater Manchester and the second highest among the group of statistical nearest neighbours).
- following agreement at the last Board, the Health Index score has been included within the Overarching Indicators domain – this is a high level measure of the health of an area, produced by the Office for National Statistics (ONS), whereby health is benchmarked against a national baseline value of 100 set in 2015, with values above 100 indicating an area having better health than the benchmark, and below 100 worse health (a set of 71 indicators relating to health outcomes, health behaviours and the wider determinants of health are combined to provide the overall score with lower values meaning poorer health). The ambition is for this measure to become common currency in discussions about the health of an area, analogous to GDP or inflation in discussions about the economy.

RESOLVED: THAT the Salford Health and Well-being Board noted the report.

10. Influencing role of the Salford Health and Well-being Board

10a. GM ICS arrangements and implications for HWBB update

HD provided a verbal update with regard to internal and external matters in relation to NHS GMs development:

- Internally:
 - the locality team functions are now clearer, and the locality team is being designed to fit within the financial envelope available.
 - this on-going organisational change has inevitably had an impact on the team's focus, so Hannah is looking forward to the team arrangements being clearer from April.
 - the Locality Board continues to meet and develop.
- Externally:
 - the GM Integrated Care Partnership Strategy is being finalised with a delivery plan to be produced for April onwards.
 - The Hewitt review is ongoing with the aim of reducing bureaucracy and making collaboration easier.
 - The NHS planning guidance has been published with three key priorities and 12 areas for recovery, ranging from urgent and emergency care to prevention and health inequalities.
 - Planning this year will be undertaken in light of this guidance, the Salford Locality Plan, needs/strength assessments and the GM ICP strategy and will create a true system plan for 2023/24.

ACTION: HD to share the GM Integrated Care Partnership strategy when this is available.

ACTION: HD to share the function split between GM and the locality with Gillian and Alison.

GM expressed interest in HD's view of the GM 5-Year Strategy and how this relates to the Locality Plan? HD stated that the GM 5-Year Strategy has been a very much bottom-up approach from/ within the ten GM local authority Locality Plans and hopefully it isn't as NHS heavy.

AP expressed really interest in understanding the function in greater detail, in respect of GM and locality level responsibilities, asking if the latest reiteration of these can be shared, including Section 75 issues? HD confirmed that she would share these when they were publicly available.

ACTION: HD to share with Board the latest reiteration of GM and locality level responsibilities when they were publicly available.

RESOLVED: THAT the Salford Health and Well-being Board noted the report.

10b. Economies for Healthier Lives

OM provided a summary of the item report, which focused upon highlighting:

- with a fast-growing economy and population, Salford has a dichotomy: 'a tale of two cities', with some people doing well and other people struggling – in response, Salford is transforming its economic future through the Salford Way.
- Economies for Healthier Lives (EHL) is a national programme about using local economic development strategies to improve health and reduce health inequalities – funded by the Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK.
- following the success of an initial scoping phase between April-November 2022, the Health Foundation confirmed on 21 November 2022, the award of an additional two years' investment of £349,960 to continue the EHL project in Salford, including a local evaluation by the University of Salford.
- the project is now part of the national EHL programme, together with projects in: Glasgow city-region; Havant (Hampshire); Leeds; and Liverpool city-region.
- in Salford, EHL offers a transition between the current dominant economic system to a new horizon: a fairer and more inclusive local economy that delivers greater social and environmental justice, where wealth is shared more widely across all communities.
- the purpose is to create system change based on a community wealth building approach, a people-centred approach to local economic development, which redirects wealth back into the local economy, and places control and benefits into the hands of local people.
- in Salford, this involves a balance between practical action by anchor institutions on procurement and co-production of social and co-operative enterprises with local people and communities.
- the planning of the project has drawn on the research evidence base for structural and social business approaches to health improvement, as well as the practical progress and learning done during the project scoping phase, which demonstrates its realism and feasibility.
- with learning and evaluation partners both local and national, the project will capture learning and develop a better understanding of how economic development interventions affect health and well-being outcomes – which will be available to inform and change practice both regionally and nationally.

- EHL is key for Salford and has the support of the City Mayor, the Chief Executive of Salford City Council and key anchor institutions and partners in the public, private and voluntary, community and social enterprise sectors in the City – its momentum has been built towards a new economic horizon and a better outlook for health.
- previous discussions about economic development and public health at the Health and Wellbeing Board on 12 July 2022, formally agreed to:
 - support, in principle, the development of a local anchors network,
 - identify as commitments that might be encouraged and enabled from anchor institutions in Salford: the real Living Wage; local purchasing; local employment; four-day week working; and a workforce that reflects the community,
 - give to the Salford Time to AcT (STAT) group the task of encouraging and enabling much closer links between economic development and public health, including through deepening of the mutual understanding and working relationships between economic development and public health professionals, and
 - receive updates on progress towards addressing economic determinants of health and well-being at every future Board meeting.

Cllr Merry stated that:

- he was impressed with the work and report and was looking forward to receiving updates on the outcome of practical actions.
- there was approximately £10m of Salford spend by anchor institutions that can be targeted to be retained within Salford by new local organisations.
- we need a strategy for locally-socio-economic jobs for the city.

RESOLVED: THAT the Salford Health and Well-being Board:

1. noted the award by the Health Foundation of an additional two years' investment to continue the Economies for Healthier Lives project in Salford.
2. support the creation of the most conducive conditions for system change towards an inclusive and green economy in Salford.
3. contribute towards improving the capacity and capability of economic development and public health professionals to deepen their working partnerships and mutual understanding, in order to take joint action to use economic development to improve health and reduce health inequalities.
4. confirmed that the future accountability and reporting from the Economies for Healthier Lives project should go to the Salford Time to AcT (STAT) group and, through it, to have regular reports to the Health and Wellbeing Board.

10c. Food and Healthy Weight: Pledges for healthy weight strategy for Salford

PL provided a summary of the item report, which focused upon highlighting:

- the slogans behind each of these initiatives are intended to be inclusive and pluralistic to appeal to the diverse communities in Salford and promote healthy swaps.
- there is also a focus on local food supply chains and moving away from processed foods that have a heavy carbon footprint.
- supporting campaigns include:
 - Food for the Planet facts and FAQs: Every Mouthful Counts – a healthy, balanced vegetarian or vegan diet can give your body all the nutrients it needs, and no meat diets have a much lower ecological footprint than carnivorous ones – a campaign of Sustainable Food Places, led by food and farming charity Sustain.
 - The Plant Based Treaty: Eat Plants, Plant Trees – a grassroots individuals and organisations campaign being around promoting veganism, such as the 7-day vegan pledge.

- Love Food Hate Waste: Greater Value from Your Food – aims to reduce food that is wasted, lost or uneaten along all parts of the supply chain ... from farm, to production, to supermarkets and in our homes.
- NHS – How to eat a balanced diet: Live Well, Eat Well – information about eating a balanced diet, including advice about vegetarian and vegan diets.

Cllr Merry is concerned about how we communicate the intentions of these campaigns, as we need to ensure it's not just 'don't eat meat'.

AP believes that these campaigns are about incremental changes to our diets, aligned to other initiatives, such as physical activity, healthy weight and tackling poverty ... as agencies together as a Board, we should commit to change as a city trying to encourage sign-up to the Plant Based Treaty.

TR these are really powerful campaigns, bringing benefits to people via diet change, which is immense.

MK stated that she's really supportive and passionate about these campaigns, and as a Board we should be demonstrating what/ how eating healthier (and affordable) can be done.

Cllr Merry reiterated that in supporting such campaigns, we needed to invest and be clear on the healthy diet advice we give.

GM mentioned that historically our eating approach has been on tackling being overweight, whereas now it's more diverse, covering being healthy, more active and well-being.

CD advised that we mustn't overlook what some local people are already doing well, that we mustn't risk talking down to people.

AP believed that we needed a micro and macro approach to this campaign, akin to the Climate Emergency one, with incremental changes.

RESOLVED: THAT the Salford Health and Well-being Board:

1. The Health and Wellbeing Board are asked to note the general direction for Food and Healthy Weight in Salford under the shared leadership with the Climate Action Board and the Salford Way Inclusive Economy and Tackling Poverty strategies.
2. The Board are requested to note the pluralist approach for culturally appropriate food choices and some of the factors that are beyond personal choice such as cost and access to local supply. A key theme within the Food and Healthy Weight Strategy (with synergy to the Physical Activity Framework) will be enabling community 'Grow Your Own' schemes.
3. Healthy eating is an inclusive branding for the pledges around food in the city. All communications regarding food should be inclusive and should maintain the enabling environment along with the individual dietary choices.
4. It is proposed to formulate a set of pledges drawn from the different initiatives collated around the central Locality Plan pledge that: *As a family we will make healthy home cooked meals for less using apps that are available to help us, like NHS Easy Meals app and www.nhs.uk/change4life/recipes.*

11. Update from sub-groups (Verbal by exception)

11a. Report from the Health Protection Board

GM highlighted:

- there's been no meeting since autumn 2022.
- there's been a rise in COVID infections, with risk assessments on-going.
- response measures are in place in respect of the number of Scarlet Fever cases.

Cllr Merry stated that he was more concerned about the current rates of death from/ by flu. GM reiterated that collectively we needed to convince people of all ages to get their vaccinations.

AP believes that the CVS are one of the few organisations who are still COVID-19 testing, why is this? It seems that there is conflicting advice being issued. Are our hopes pinned on everyone being/ getting vaccinated? GM stated that current Health Security advice is if you're infected (or you believe you're infected ... having certain symptoms), stay at home – there is no national testing system.

ACTION: GM to ascertain clarity on the current advice position, share with the Board and ensure this appears at our on-line sites.

RESOLVED: THAT the Salford Health and Well-being Board noted the update.

11b. Report from the STAT Group

CD provided a summary of the item report, which focused upon highlighting:

- that as reported elsewhere on the agenda, the Health Foundation has awarded an additional two years' investment to continue the Economies for Healthier Lives project in Salford.
- thanks to Public Health colleagues, Unlimited Potential and the cross-sector colleagues on the STAT group for their support and collaboration on the project to date – both greatly appreciated and have contributed to the progress already made.
- the PCN Covid-19 vaccination Inequalities Improvement Programme is on-going.
- programme of work for 2023, includes:
 - Fire and Rescue low energy bulb to reduce avoidable energy costs.
 - establish food pantry offer linked to credit union membership.
 - recruit community debt coaches.
 - crowd fund into credit union.
 - explore the variability of establishing a SME/ cooperative for language translation services.
 - continued support the EHL programme with Unlimited Potential.
 - continued support and agility for any emerging system needs that have a spotlight on inequalities.

RESOLVED: THAT the Salford Health and Well-being Board noted the report.

11c. Report from the LPG/ JSSNA Group

AP provided a summary of the item report, which focused upon highlighting:

- topics explored in the LPG JSSNA meeting held on 25 November 2022:
 - the Locality Programme Group have continued to meet monthly throughout 2022/23 and act as the sub-group underpinning the Partners in Salford health and wellbeing activities, including 'testing' thematic items in advance of each Health and Wellbeing Board meeting.

- the group maintains a comprehensive Action Log in order to ensure progress is being made against our priorities.
- on behalf of the Health and Wellbeing Board, the group have formed the mental health champions sub-group to cascade training and wellbeing messages in addition to accessing services to support. The Mental Health Champions sub-group is working to rollout mental health first aid training for partners across the city.
- the Partners in Salford website is refreshed on an on-going basis.
- a sub-group are exploring the connections between Economy and Health and mutual synergies, including the role of the private sector in health and wellbeing and also the offer of health and wellbeing to local businesses, including SMEs and contributing to the EHL work.
- the Locality Programme Group oversees the JSSNA programme and the Locality Plan dashboard, which maintains up to date performance metrics for the Locality Plan.

RESOLVED: THAT the Salford Health and Well-being Board note the:

1. role of the LPG/ JSSNA group in driving delivery of the Locality Plan and setting the agenda for the Health and Wellbeing Board.
2. production of JSSNA deep dive chapters that have benefitted from multi-sectoral perspectives and community insights, covering priority areas identified through the annual prioritisation exercise.
3. programme of future meetings that will focus on topics in line with the forward plan of the Health and Wellbeing Board.

12. Updates from partners, and emerging issues

There were no updates from partners, nor emerging issues.

13. Any Other Business

There was one item of any other business:

13a. BSL/ Deaf Communities

SC highlighted the Salford's d/Deaf community hosted event of 7 November 2022, held to capture feedback on health and care services in the city ... from their first-hand experiences:

[Salford d/Deaf community shares insights with professionals and launch new feedback service at their first engagement event | Healthwatch Salford](#)

RESOLVED: THAT the Salford Health and Well-being Board noted the event.

Also CH asked Board members and attendees if they can ask their agencies, IT support, if overly restrictive size limits could be upped, as some agencies are blocking some meeting agenda packs and associated papers at only 5-10MB.

ACTION: Board members and attendees to ask their agencies IT support if they can increase the size limits for receipt of meeting agenda packs and associated papers, to above 10MB, ideally up to 20MB.

14. Date and Time of Next Meetings

All in the Salford Suite, Civic Centre, Swinton:

- Tuesday 14 March 2023, 2pm to 4pm
- Tuesday 9 May 2023, 2pm to 4pm

