



Public Health Annual Report 2011/12

Public health in clinical settings

*all part of
the service*

Foreword

Executive summary

Introduction

Chapter one Ensure all children have the best start in life and continue to develop well during their early years

Midwifery

Health visitors

Immunisation

Chapter two Local residents achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities.

Chronic and preventable disease

Long-term conditions

Cancer

Mental health and mental wellbeing

Obesity

Lifestyles and disease

Sexual health

Reducing risk: changing lifestyle habits, detecting disease early and preventing worsening of disease

Health checks

Cancer screening

Cancer early detection initiatives

Use of disease registers

Chapter three All local residents can access quality health and social care and use it appropriately.

Reducing patient health risks in healthcare locations

Making Every Contact Count

Lifestyle advice in primary care

Public Health and Corporate Social Responsibility at Salford Royal NHS Foundation Trust

Lifestyle advice in hospital

Dental health

Healthcare associated infection

Chapter four Recommendations, summary of future plans and update on last year's report



Melanie Sirotkin

As Salford's Director of Public Health, I am pleased to share my third Public Health Annual Report for Salford. This year, my report will explore the public health role of clinical staff who are in a unique position to contribute to public health as part of their daily job of providing treatment and care. This ranges from midwives and health visitors who support early years development through to doctors and specialist nurses in primary care, and hospital specialists at specific times of need.

My report recognises the continued commitment of Salford health staff to actions to reduce disease risk. Many clinical settings are signed up to the 'Making Every Contact Count' programme and are routinely advising the people they see on health and wellbeing. Stop smoking support is more accessible than ever, with more people quitting for at least four weeks. This year the majority of smokers were supported by staff in primary care.

Salford figures show some concerning trends for alcohol drinking and high rates of liver disease. By working with people with alcohol problems, a new hospital outreach team has reduced the number of repeat emergency hospital visits by more than half in the last year. Physical and mental health problems are very much linked and so this year the hospital has trained staff in mental wellbeing techniques. Our childhood immunisation programme continues to have amongst the best coverage in England and the results of Salford's screening programme for Chlamydia are good, showing it is reaching out to the right young people. I would like to draw attention to four key areas for future focus:

A thread throughout my report is the connection of **unhealthy behaviours** to long-term illness. Clinical staff can do much to support people to change and to make informed health choices. Intervening early with young people, a theme of my last report, is reinforced. There is an increasing need for all clinical staff to be aware of these issues and see this as all part of the service they provide.

Cancer is one of the main causes of death in Salford and many people are diagnosed at a late stage. Some people delay visiting their GP and our screening uptake is low compared to other areas. We must therefore better promote screening, ensure accessibility and develop the cancer

awareness and early detection programmes that we have started.

I emphasise the importance of **mental wellbeing** as it is strongly linked with physical illness. In Salford we have more people using mental health services than other areas of the country. We need to target further action to improving mental wellbeing to prevent mental health problems developing or escalating.

Inequalities continue in Salford, to the extent that people in some parts of the city die much earlier than the England average and substantially earlier than people who live in other parts of Salford. People working in healthcare settings have a particular role to play in ensuring access and targeting vulnerable individuals. These services see people at significant life events, when they are particularly receptive to health advice, and need to use these opportunities to make a difference. Access to healthcare is an agreed priority for our Joint Health and Wellbeing Strategy.

The factors affecting health are complex and therefore no single organisation is able to directly influence them all. What is required is a commitment across the public, private and voluntary sectors as well as academic institutions, schools and the media. In the future the management and co-ordination of public health will be the responsibility of councils. This offers new opportunities as councils already manage many of the other areas which help people stay healthy, such as education and environment. New partnerships in a new landscape are being formed and central to this is a shared vision and objectives. Clinical settings will continue to be key locations to adopting creative and innovative ways to improve public health.



Executive summary

Executive summary

One of the most important places we can see public health in action is in clinical locations where health professionals treat patients. Our report this year celebrates what has been achieved in these areas and links this to the Salford priorities for the future, as outlined in our Joint Health and Wellbeing Strategy.

Health is improving in Salford and people are living longer. The challenge for us is to remove inequalities across the city and for the health of people living in Salford to continue to improve and reach levels comparable to England averages.



Headline health figures include:

- Influenza vaccine uptake has improved in all at risk groups reaching 49% overall in 2011/12. Further improvement is needed to reach the 70% target for 2012/13.
- Cancer death rates have started to fall. There are 1,200 new cases of cancer each year and 600 deaths due to cancer, yet some cancers are preventable and many are treatable if diagnosed early.
- Salford's health survey in 2011 found that 69% of residents had good mental wellbeing and 76% had good life satisfaction. There are however around 36,500 adults and about 6,000 children living in Salford experiencing poor mental wellbeing.
- The proportion of women starting breastfeeding (60%) is lower than England (74%) and north west averages (63%).
- There are approximately 59,000 adults (aged 18 to 85+) living with one or more long-term conditions in Salford; the number is expected to increase significantly over the next twenty years to nearly 70,000 by 2030.
- The number of new cases of HIV each year is declining but Salford remains the fourth highest (four in every 1,000) in England (outside London) for overall numbers with HIV.



Examples of the actions taken include:

- Work with healthcare staff such as school nurses and GPs to promote vaccinations, targeting areas or groups with low vaccination uptake.
- Introduction of a behaviour change programme called 'Making Every Contact Count' which is embedding conversations about wellbeing consistently into contacts with the public.
- The co-ordination of a whole range of local and national cancer awareness initiatives for early recognition and detection of cancer. Evaluations have started to show an impact; for example with bowel cancer in one area of Salford there was an increase in cancers diagnosed at an early stage from 44% (in 2011) to 77% (in 2012).
- Attainment of UNICEF Baby Friendly accreditation stage one and commencement of a programme of mandatory training on breastfeeding management, which includes vitamin D.
- The introduction of a training programme for healthcare workers to support the emotional needs of patients with long-term conditions.
- Alcohol services have been redesigned and there is now a new outreach team which is delivering good improvements. There has been a reduction of repeat hospital attendances of 67%.

Recommendations for the future include:

- Develop a public health vision for Salford enshrined in a local public health charter to agree values and responsibilities within clinical and other settings to take forward into new partnerships.
- Joint work with maternity services, health visiting service, public health and the Salford Clinical Commissioning Group to review processes to support improvements for Salford women and children.
- Refresh our local campaigns to promote the flu vaccine to those who do not routinely accept it by using insight provided by a local project which looked at why people do not attend.
- Continue cancer awareness campaigns to widen coverage ensuring frontline staff working with people aged 50 and over are trained to deliver brief advice and raise awareness of cancer signs and symptoms, as part of their current roles.
- Promotion of mental wellbeing and signposting to information and self-help /management tools as a key part of prevention agenda in primary care and secondary care.
- Introduce a range of initiatives to increase uptake of health checks including exploring other settings and new promotional materials.
- HIV testing offers should be increased, including clinical settings and a pilot testing project at Salford Royal Hospital should be rolled out to other areas if successful.



Introduction

Introduction

What is public health and who does it involve?

Public health aims to help people to live healthier and longer lives. It involves organisations and communities working together to improve people's health and wellbeing and to avoid or reduce the risk of illness. This collective partnership approach is vital because influences to health and wellbeing are varied and diverse. This diversity is reflected in the range of job roles that positively contribute to improving the public's health. For example they include public health specialists, doctors, nurses, environmental health officers, dentists, social workers, health visitors, midwives, occupational health practitioners, teachers, criminal justice workers and many more.

What is this report about?

One of the most important places we can see public health in action are clinical locations where health professionals treat patients. Public health in these settings can help to:

- promote health enhancing activities
- provide people with personalised health information
- support self-care
- reduce the risk of long-term illnesses
- promote and develop action to tackle the causes and worsening of long-term illness
- access vulnerable individuals and people who do not routinely use or accept services
- identify local population health needs

This key role of clinical staff to public health is reflected in the 1948 aim of the National Health Service "to improve the physical and mental health of the people through the **prevention**, diagnosis and treatment of illness."



This report focuses on the role of clinical staff in public health celebrating the innovative approaches used in Salford, our achievements so far and the potential which new partnerships bring. We also outline the challenges faced by Salford to help people live longer, healthier lives and for this to be comparable to other areas of England where people are living up to ten years longer. Whilst health has improved in Salford our death rates have for many years been worse than England averages (see Graphs 1 and 2, p.9). We have seen some success during the last two to three years where we are beginning to come into line with other areas of the country that have similar deprivation levels to Salford (known as spearhead areas).



A central theme in longer, healthier lives is prevention and risk reduction, particularly of long-term health conditions. By this we mean those conditions which are not caused by infection and cannot be cured. This includes, for example, diabetes and coronary heart disease. We also include cancer and mental health conditions, as they can cause lengthy illnesses with a significant life impact. These conditions are what many people in Salford die from and are a public health priority (see Graphs 3 and 4, p.10). We will use the term chronic health conditions to group these health problems. The chances of a chronic health condition starting or getting worse can be reduced through good health and lifestyle choices. In this report we refer to this as reducing risks.

In 2011/12 Salford's pathfinder Health and Wellbeing Board led the development of our first Joint Health and Wellbeing Strategy. One aim is to improve how long people in Salford live for and the board has consulted the public for their views on priorities. The following priorities have been used to structure our report, demonstrating the key role of healthcare staff in improving health priorities for Salford. We will focus on how these staff support people to reduce health risks within each priority area. The report is generally split by primary care i.e. GPs and community-based services, and secondary care i.e. the hospital service. Most of the public health examples given do cut across sectors and care pathways.

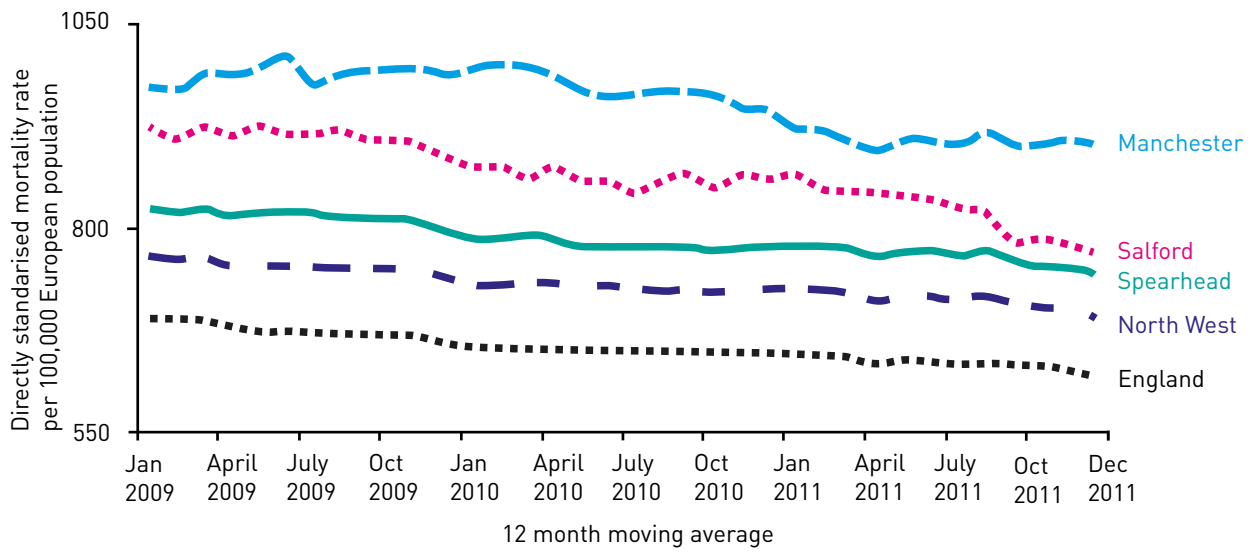
Priority one **Ensure all children have the best start in life and continue to develop well during their early years**

Priority two **Local residents achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities.**

Priority three **All local residents can access quality health and social care and use it appropriately.**

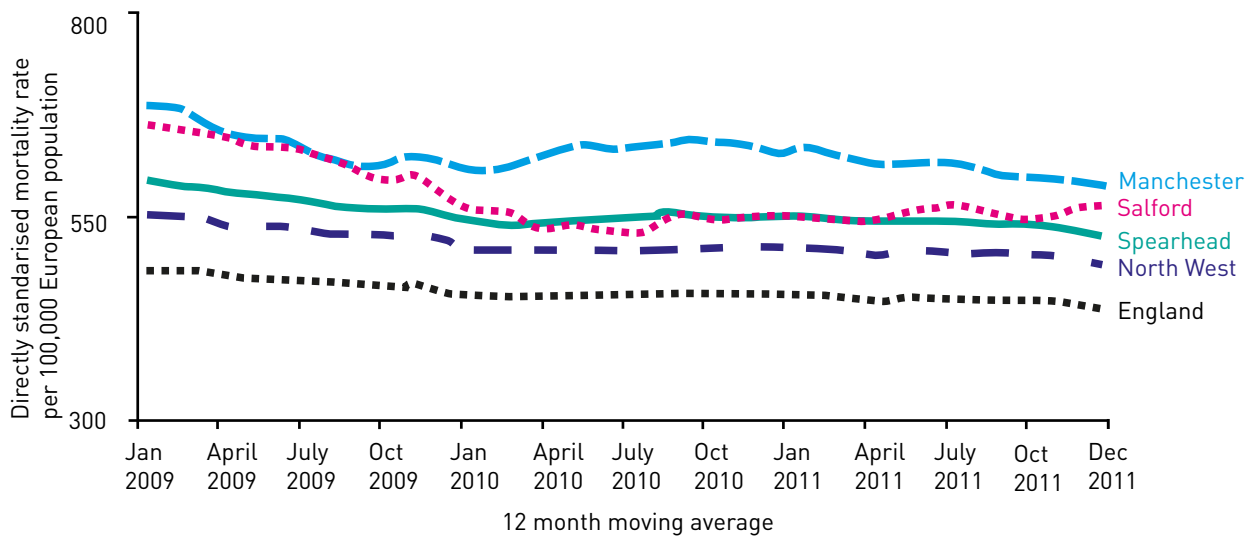
Graph 1

Death rates amongst males of all ages, 2009-2011



Graph 2

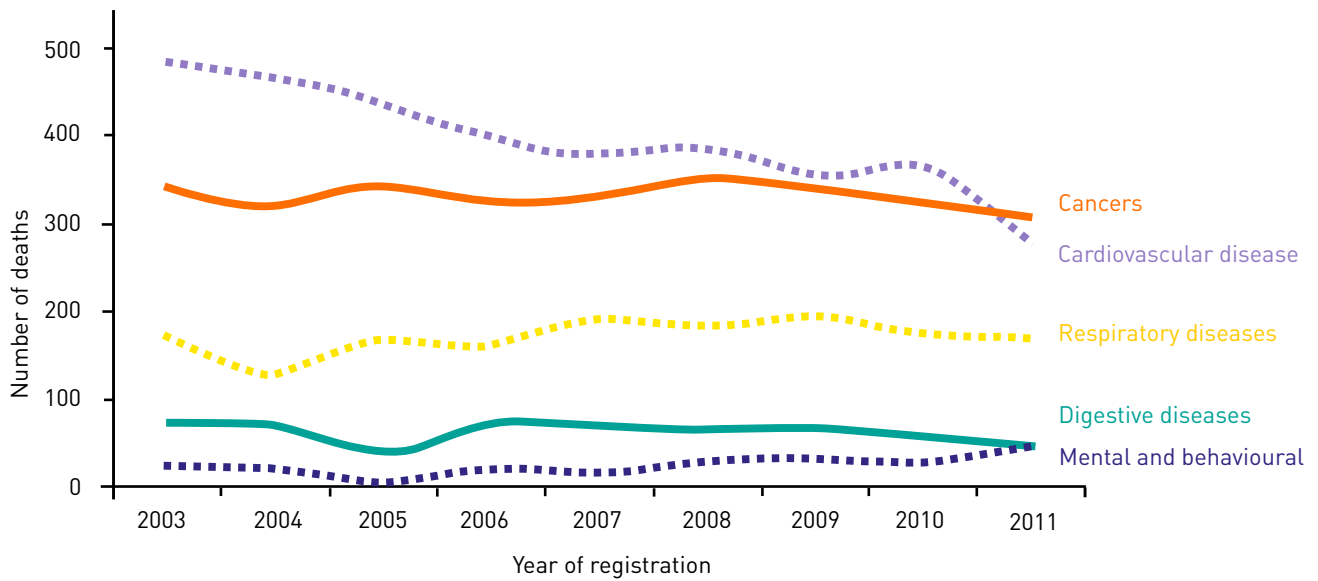
Death rates amongst females of all ages, 2009-2011



Source: Public Health Mortality File, October 2012

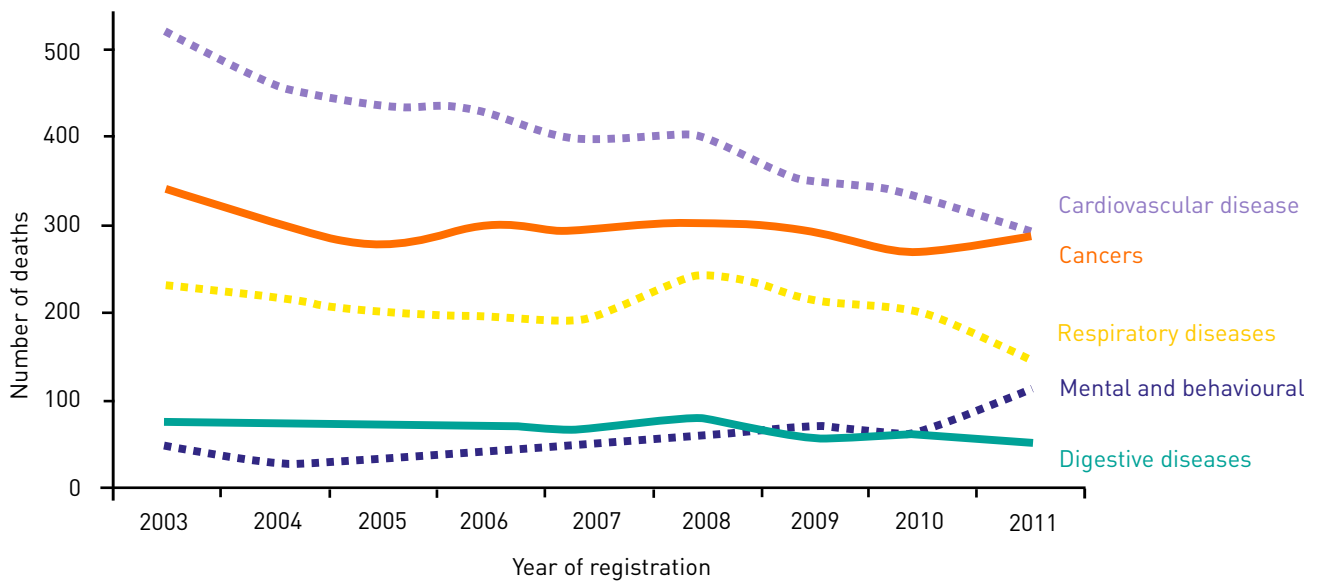
Graph 3

Top 5 causes of male deaths in Salford, 2003-2011



Graph 4

Top 5 causes of female deaths in Salford, 2003-2011



Children and young people

This report reflects on the priorities and progress made with our last Public Health Annual Report, which focused on children and young people. The health behaviours we adopt are often started early in life, for example the majority of smokers (82%) start to smoke when they are teenagers. The choices young people make can be influenced by friends, family, advertising and the media. Healthcare workers play a role in supporting children, young people and families to lead healthier lifestyles. Engaging early with children and young people will help support good health choices and influence health and wellbeing into adulthood.



A recent youth forum event

In October 2012, Salford held its first Youth Day which celebrated the positive contribution young people make to our communities. Lots of different celebrations took place throughout the day in youth centres and other venues across the city. For example there was pumpkin carving, tea with older people and bike riding. 1,600 youth wristbands were handed out. Youth Day demonstrated the good work and the range of activities young people are involved in. Activities like this can support good health by promoting wellbeing and our report later looks at the five ways to wellbeing. The young people we spoke to for last year's report highlighted good mental wellbeing as being important to them.



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Chapter one

Giving children the best start in life

Ensure all children have the best start in life and continue to develop well during their early years

Chapter one - Giving children the best start in life

In this section we will look at the central public health role of clinical staff in lowering health risks and supporting children to have the best start to life.

Midwifery

Midwives provide expert care to all mothers and babies during pregnancy, childbirth and in the postnatal period (after the birth) with their family. Midwives have a big impact on public health as part of their daily work and they are well placed to help children achieve a good start to life.

A midwife's public health role includes:

- Advising mothers before and after birth of folic acid and vitamin supplementation.
- Providing advice and support with feeding both before and after birth.
- Being the first professional contact to introduce learning about parenting.
- Advising, promoting and undertaking screening tests, for example the newborn blood spot at around five days after birth.
- Advising on safe sleeping for babies.
- Supporting overweight or obese women through the additional risks they will have in pregnancy and encouraging weight management after the baby is born.
- Influencing women regarding other positive health choices for themselves and their families, for example stopping or reducing smoking.
- Identifying and giving information on particular services for women who are vulnerable or have complex needs, for example women with drug and alcohol problems. Liaising with other agencies/ specialists to provide appropriate care.
- Assessing women at first contact for possible mental health problems, including the risk of developing postnatal depression.
- Identifying and acting on safeguarding concerns.
- Participating in initiatives to reduce early infant deaths such as promotion of early midwife booking.



Some of the challenges for Salford for which continued midwifery support and involvement is essential are:

- The number of deaths in children under the age of one year has been decreasing nationally and in the north west. In Salford the trend is up and down with higher numbers and wide variation across the city.
- The number of women that start breastfeeding and are still doing so at six to eight weeks is lower than England and north west averages (see Graph 5, p.14). Up until 2010/11 the number of women starting to breastfeed was increasing but since then it has started to reduce.
- In 2011/12 there were 16.3% of women smoking at the time of delivery. Our target is to reduce this to 11% by 2015.
- Uptake of Healthy Start, which is a government programme where eligible pregnant women and children under four can get free fruit/vegetable vouchers and vitamins. Salford's uptake is similar to England at 83.4%* overall but lower numbers for both children and women's vitamin uptake (3.6% children)*.
- Influenza vaccine uptake was 49% in 2011/12 and the target for 2012/13 is 70%.

*January to March 2012

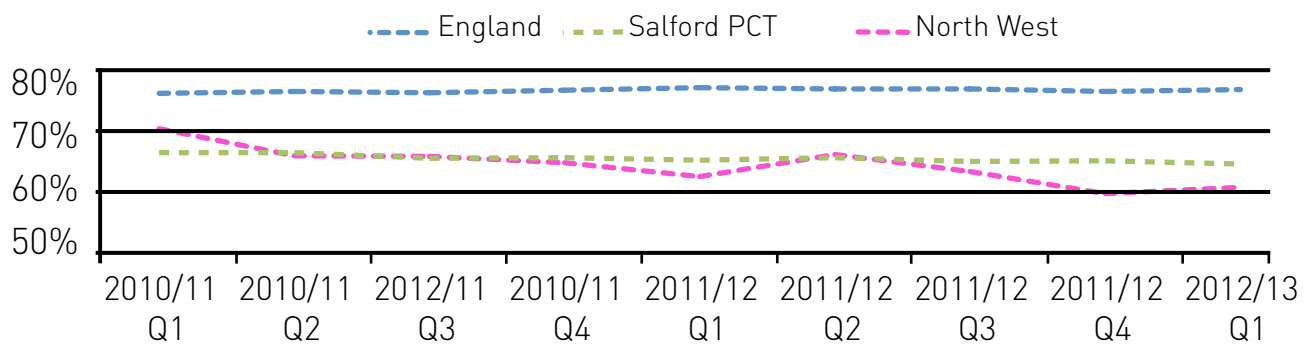
Recommendations

All midwives should maximise the opportunities available to them to ensure delivery of public health.

- Joint work with maternity services, public health and the Salford Clinical Commissioning Group to review breastfeeding figures and processes and achieve improvements for Salford women and babies. This will contribute to the Health and Wellbeing Board priority of ensuring every Salford child has the best start to life.
- Continue to promote and support the public health role of midwives and their central contribution to mothers' and children's health to include:
 - ▶ Promote the Choose to Change Service (as described on page 49) for women who have a raised BMI.
 - ▶ Ensure midwives are trained to provide vitamin information, particularly vitamin D, and that there is consistent vitamin advice given to women.
 - ▶ The initial support visit for families after mum and baby are home are important for many of the public health areas discussed. Midwives should audit their practice and seek feedback from parents to continually improve this support.
 - ▶ Ensure handover to health visiting includes the relevant public health update to help maintain focus and support.
 - ▶ The use of appropriate tools for the detection of mental health problems to ensure adequate support during pregnancy.

Graph 5

Breastfeeding initiation % of all maternities



Q1 = quarter 1 (April, May, June)

Data Source: Department of Health, November 2012

Health visitors

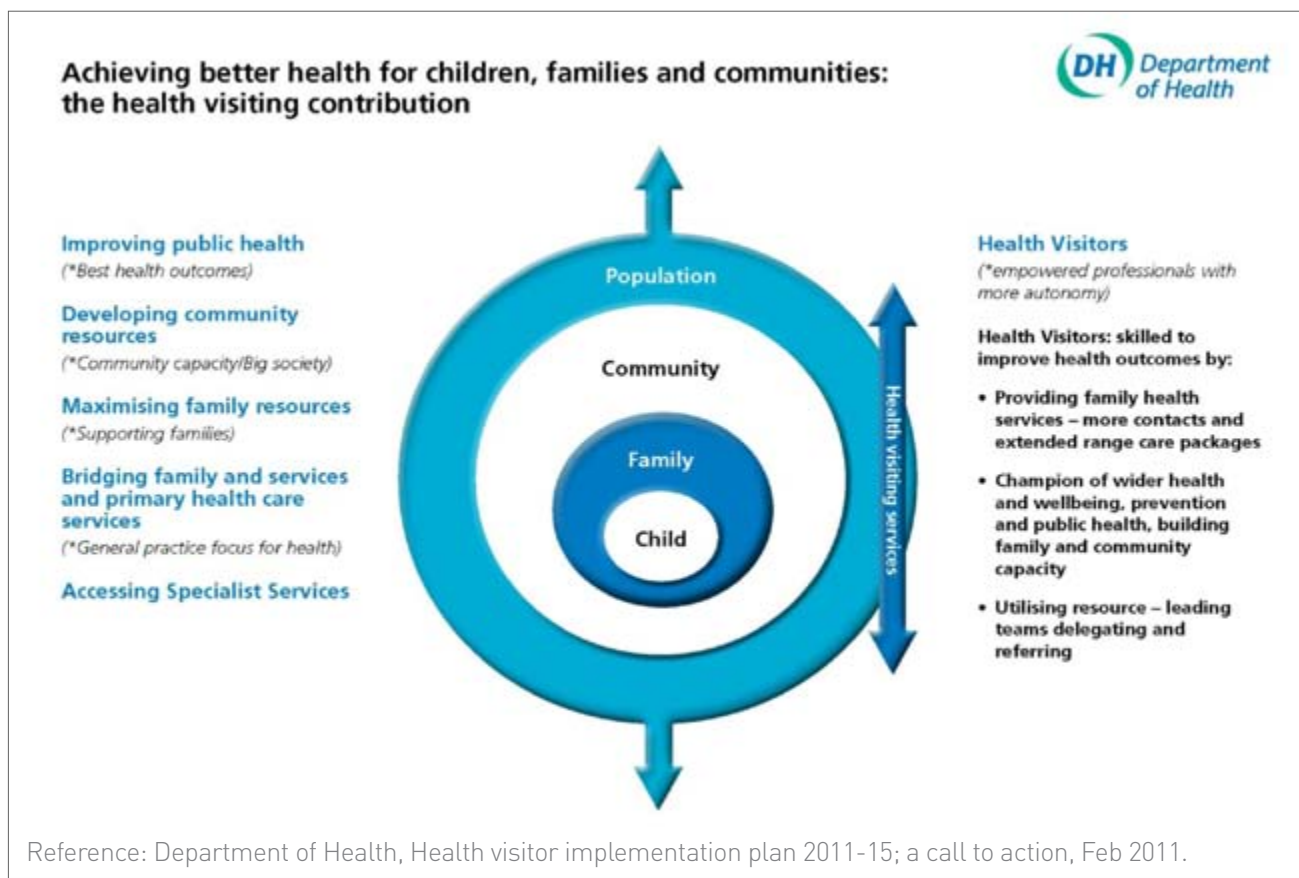
Health visitors are public health nurses and a vital part of the public health workforce. They work with other agencies, professions and communities to promote health in the early years.

The health visiting profession celebrated its 150th anniversary this year. Most children in Salford will have been supported in their early years through the health visiting service; this is called a universal offer. Health visitors also offer additional support for families with identified needs. Our health visitors implement the National Healthy Child Programme as follows:

- **In pregnancy**
They offer antenatal support that covers screening, smoking, diet and relationships.
- **For the child**
They support general physical health and development, emotional behavioural and social development, speech and language development, attachment between parent and child, vision, hearing and immunisations.
- **For parents**
They promote the importance of emotional warmth/stability, talking, play, safety and protection from abuse/neglect. Health visitors offer additional support where families have issues that affect their ability to parent e.g. domestic abuse.
- **For families**
They support families' health and wellbeing in addition to other areas of family life such as relationships, housing and finance.



The diagram below illustrates how the health visitor service has a wide ranging impact.



Our health visitor service operates in area teams and includes health visitors, staff nurses and nursery nurses.

A national plan to increase health visitor numbers is in progress as the coalition government has made a pledge to increase health visitor numbers nationally by 4,200 by 2015. In Salford we aim to achieve a team of 69 health visitors by April 2015, which will assist in providing an enhanced health visiting service for children and families.

In Salford during the last year we have:

- Steadily increased the health visitor numbers in line with the Prime Minister's call to action.
- Completed a service review, consultation and changed the team structure to support both the increased numbers of staff and a new specification for the service set at a Greater Manchester (GM) level.¹
- Achieved UNICEF Baby Friendly accreditation – certificate of commitment and stage one.
- Worked to strengthen the antenatal work of health visitors.
- Commenced a programme of mandatory training on breastfeeding management (including vitamin D).
- Agreed a 'Breastfeeding support in Salford' pathway with other partners.
- Participated in the Sleep Safe campaign.
- Adopted the 'Greater Manchester Red Book' which will ensure consistency and sharing of best practice.
- Continued to safeguard children using a targeted approach, ensuring that policies and procedures are implemented and seeking advice from designated safeguarding leads as required.

The challenges for health visiting in the coming years include continued recruitment of staff to achieve the call to action targets. Increased staff numbers will enable health visitors to focus on their wider public health role. There are also challenges connected to liaison with an increased number of maternity providers and the timeliness and quality of handover.

The health visiting service will need to continue to consider the challenges of a changing ethnic make-up of local communities.

Recommendations

- The health visitor service should support the development of public health expertise within the team and continue to grow their role as public health nurses at a community level.
- The health visitor service will work to develop, implement, monitor and review multi-disciplinary care pathways for all common conditions in children, ensuring clarity of roles and responsibilities reducing duplication and eliminating gaps.
- Continue work to embed the two year child development check.
- Progression of UNICEF Baby Friendly to achieve stage 2 accreditation.
- Continued audit of the breastfeeding pathway with a focus on sharing and learning across teams.
- Participation in Greater Manchester audit of vitamin D.
- Continued commitment to encouraging breastfeeding including developing expertise to manage more complex breastfeeding issues across the team.
- Support the delivery of 'baby's first food' groups in local areas.
- Continue screening to identify postnatal depressive disorders which would otherwise be undetected.

1. From April 2013 until 2015 a new organisation called the National Commissioning Board will be responsible for commissioning health visiting and will continue to use the GM specification.

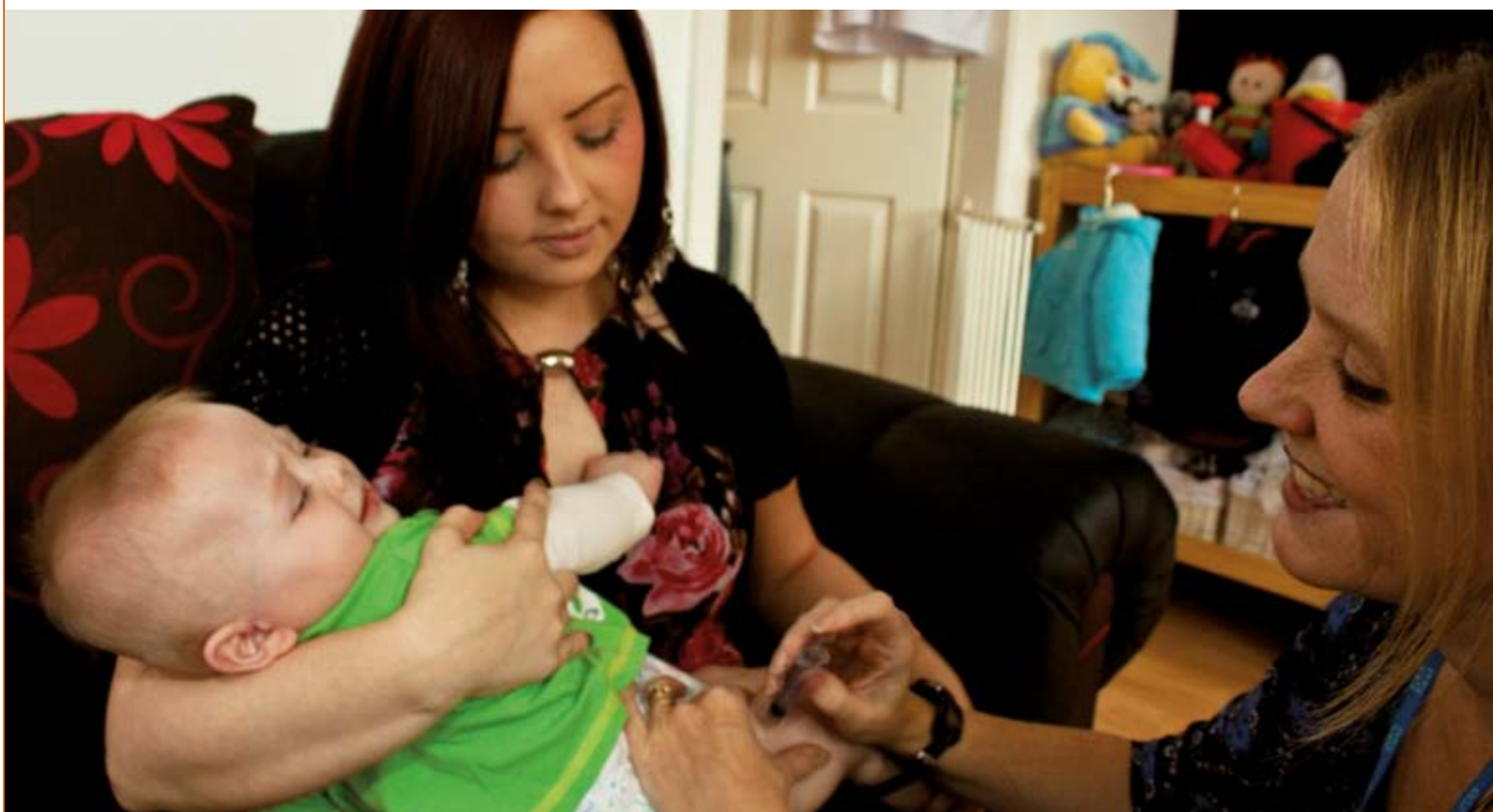
Immunisation

Immunisation protects us against some types of infectious diseases. These are different diseases to the long-term conditions or chronic conditions described in the introduction. What is similar is that these diseases can be prevented by taking early action and clinical settings offer the main location to do this. These diseases we prevent through childhood immunisation are listed in Table 1.

Table 1

Immunisation targets and Salford uptake 2011/12

Immunisation	Target	2011/2012 Uptake
Diphtheria, tetanus, pertussis (whooping cough), polio, and Haemophilus influenzae type b at aged one (DTaP/ IPV/ Hib)	95%	97.9%
Pneumococcal conjugate vaccine (PCV) aged 2	90%	96%
Haemophilus influenza Hib/ Meningitis C aged 2	90%	96.9%
Measles, mumps and rubella (MMR) aged 2	95%	97.2%
DTaP/ IPV aged 5 years	90%	96%
MMR aged 5 years	95%	95.3%
Neonatal Hepatitis B at one year	No target	95.2%
Neonatal Hepatitis B at 2 years	No target	90%
Human Papillomavirus (HPV)	90%	81% -3 rd dose



In Salford we have been improving the numbers who are immunised year-on-year since 2008 and we now have the highest uptake in the UK for the 0-5 years childhood immunisations. We have achieved this through partnership working and through:

- The introduction of a new database enabling children who have missed vaccinations to be identified easily.
- Working with GP practices with poor vaccination uptake.
- Visiting families at home where they had previously not attended appointments.
- Additional promotion of vaccination in areas with low uptake.

There have been huge improvements in the uptake of the Human Papillomavirus (HPV) vaccine which has been low in previous years. The Orthodox Jewish population is 9% of those eligible for HPV and some have not taken up the vaccine on religious or cultural grounds. Uptake in 2011/12 for first and second dose of HPV was 86% and 84% respectively. To improve uptake the school health teams and the immunisation team have worked closely together.

Flu is a highly infectious and very common viral illness, for which there is an annual vaccination for vulnerable groups (those at risk). Salford’s annual flu vaccine uptake has also increased considerably as shown in Table 2.

Table 2

Flu Vaccine uptake in Salford

At risk group	2010 / 2011	2011 / 2012	Increased by:	% increase required to meet 12/13 target
Over 65s	74.3 %	77.2 %	2.9 %	-
Clinical risk groups	50 %	55 %	5 %	15%
Pregnant	39 %	49 %	10 %	21%
Healthcare workers	48.1%	63%	14.9%	7%

Recommendations

- Raise awareness of the flu vaccine to encourage clinical risk groups and the over 65s to take up the vaccine. Run media campaigns to promote the vaccine to those who do not routinely accept it using insight provided by a local project which looked at why people do not attend.
- Healthcare organisations to actively support and encourage healthcare workers to have the flu vaccination.

Chapter two

Leading a healthy lifestyle and improving resilience



*Local residents
achieve and
maintain a sense of
wellbeing by leading a
healthy lifestyle supported
by resilient communities.*

Chapter two - Leading a healthy lifestyle and improving resilience

In this section we will look at the diseases which are linked to the way we live our lives. We consider lifestyles and what communities can do to reduce their risk of illness. This includes taking up health screening offers but also supporting people to develop knowledge, awareness and confidence around health issues.

Chronic and preventable disease

Long-term conditions

People are living longer in Salford than ever before but there remains a gap in life expectancy between Salford and England and between different areas of the city (see Map 1 and 2). There is also a gap in the time spent in good health (healthy life expectancy) which is in part the result of long-term illness. A long-term condition (LTC) usually refers to cardiovascular diseases (CVD) such as stroke and heart disease or diabetes, as well as respiratory disease (for example, Chronic Obstructive Pulmonary Disease or emphysema) and for Salford these contribute around 50% of the life expectancy gap. These diseases are the largest single cause of long-term ill-health and disability across the country. A major concern for Salford is that people here become ill younger than people living in many other towns and cities.



There are approximately 59,000 adults (aged 18 to 85+) living with one, or more, long-term conditions in Salford; the number is expected to increase significantly over the next twenty years to nearly 70,000 by 2030. As more people live longer and there are more people living with LTCs, maintaining independence and good quality of life becomes increasingly difficult for individuals.

Prevalence of long-term conditions

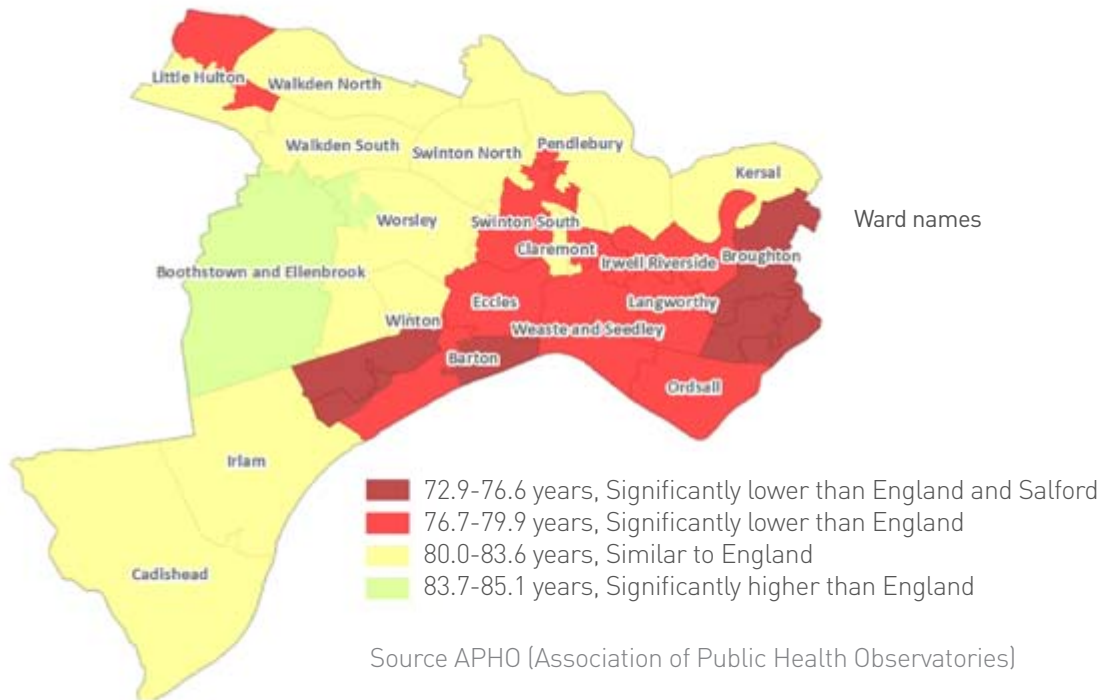
	Salford	England
Diabetes	4.5%	4.2%
Coronary Heart Disease	4%	3.5%
Stroke	3.26%	2.54%
Chronic Obstructive Pulmonary Disease	2.6%	1.6%

Source: Quality and Outcomes Framework, NHS Information Centre, 2012

CVD causes about 3% of hospital admissions for Salford residents. Of these 57% are related to heart disease and 23% following a stroke.

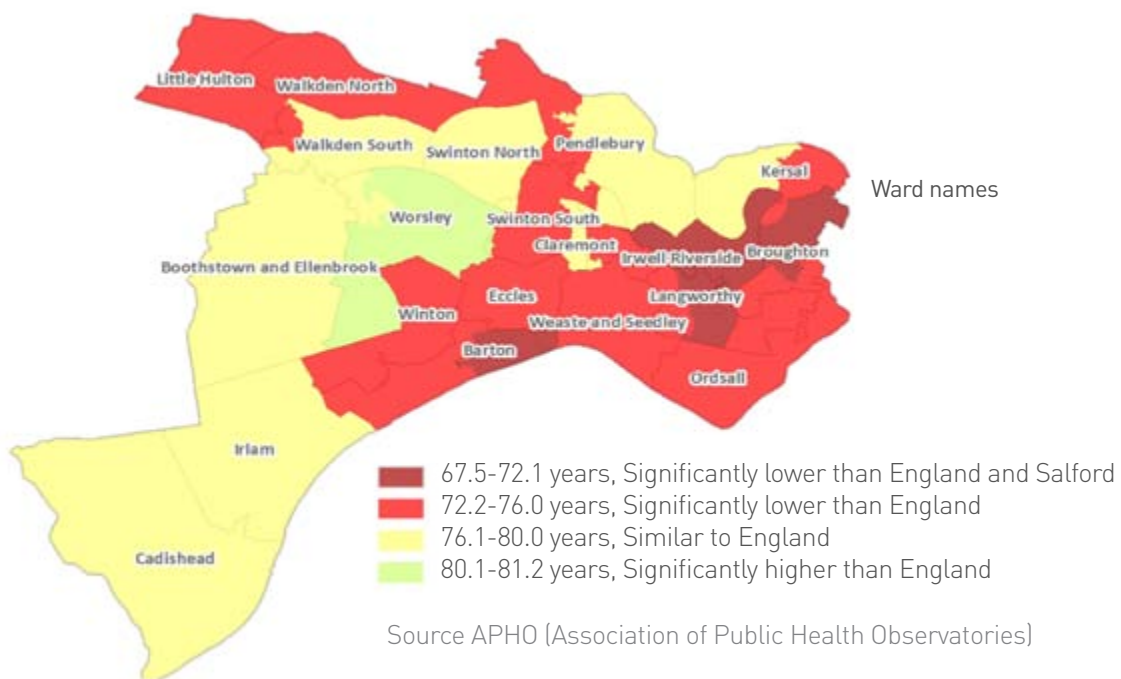
Map1

Female life expectancy during 2006-2010 in Salford



Map 2

Male life expectancy during 2006-2010 in Salford



Cancer

In Salford the number of new cases of cancer is the second highest in the country. There are 1,200 new cases each year and 600 deaths due to cancer, yet some cancers are preventable and many are treatable if diagnosed early. Within Greater Manchester for people under 75 years old, Salford has the:

- highest rate of new cases of bowel cancer
- second highest rate of new lung cancer cases
- third highest rate of new breast cancer cases.

New diagnoses of lung cancer in males are falling but they are increasing in females. Prostate cancer has the highest new diagnoses for males, while breast cancer is the highest for females (which is still rising).

Cancer deaths have fallen in Salford over the past few years but they are still amongst the highest in the country. The types which cause the largest number of deaths in Salford are lung, bowel, breast and throat/stomach. The total number of deaths

is greater in males than in females, particularly deaths before the age of 75 years. Cancer death rates under the age of 75 years across Greater Manchester show that in 2009, Salford had the:

- second highest death rate for males
- highest death rate for females.

Around 40% of cancers are attributable to lifestyle and environmental factors such as smoking, alcohol consumption, diet and exercise.¹

Less than half of patients diagnosed with lung, colorectal or throat/stomach cancer are diagnosed at an early stage. Earlier diagnosis of these cancers could significantly extend life.

1. Parkin D.M., Boyd L. & Walker L.C. (2011) The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010 British Journal of Cancer 105, S77-S81



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IN Salford

Mental health and mental wellbeing

Mental wellbeing is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.

Mental wellbeing is important as it helps us to live our lives to the full. It is about being content and fulfilled with life and this helps us manage life's ups and downs. Mental wellbeing can be gained¹ through:

- connecting with the people around us
- being active
- taking notice of the world around us
- learning new things
- giving and doing good things for people around us.

Good mental wellbeing can help prevent mental health problems from developing. This is important as these problems form the largest single source of disability in the United Kingdom: '23% of the total burden of disease'.² Many people with long-term physical health conditions and cancer will also experience mental health problems. For instance depression is two to three times more common in people with a chronic physical health problem than in people who are in good physical health.³ Some forms of 'severe mental illness' are similar to long-term conditions as they can be long lasting and affect quality of life. Our report considers common mental health conditions that can be reduced through initiatives which promote good mental wellbeing.

The challenge for public health is to ensure that the stresses of daily life and the mental distress associated with life events such as bereavement, separation, unemployment, and managing long-term physical health conditions do not become mental health problems requiring clinical intervention.

Salford's health survey in 2011 found that 69% of residents had good mental wellbeing and 76% had good life satisfaction. There are however around 36,500 adults and about 6,000 children living in Salford experiencing poor mental wellbeing. About 50% of people claiming Incapacity Benefit do so for mental health reasons.⁴ 11,800 adults of working age are likely to have depression, learning problems, mental problems and nervous disorders.

Salford has a higher proportion of people using mental health services compared to the England average. For example there are 3.78 people per 1,000 using adult and elderly secondary mental health services compared to the 2.55 England average. Also there are 305.50 in-year bed days for mental health per 1,000 population compared to an England average of 192.85.⁵

1. New Economics Foundation. Five ways to wellbeing, July 2011.
2. Kings fund. Long-term Conditions and Mental Health: the cost of co-morbidities. February 2012.
3. Department of Health. No health without mental health: a cross government strategy for people of all ages – Analysis of impact on Equality. February 2011
4. Salford Mental Wellbeing Needs Assessment, 2010.
5. Community Mental Health Profile 2012 <http://www.nepho.org.uk/cmhp/index.php?pdf=E08000006>. [Accessed 5.11.12]

Obesity

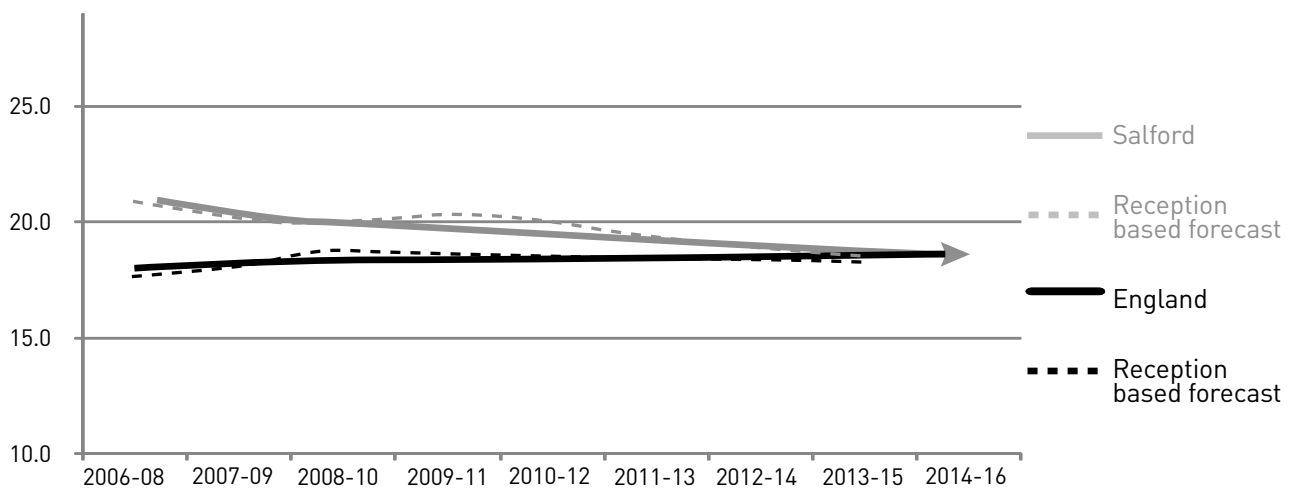
Obesity in adults is commonly defined as a body mass index (BMI) of 30 or more. Obesity contributes to a range of health problems including the long-term conditions we have discussed. Carrying too much fatty tissue increases wear on joints, causes sleep apnoea and can increase the psychological and social difficulties caused by altered body image and stigma. Much of the impact of obesity is linked to 'invisible' changes such as an increase of fat in blood and an altered response to insulin. There are also indirect effects through lifestyle factors associated with obesity, such as poor diet and sedentary lifestyle.

In Salford 23.5%¹ of adults are obese, which is similar to the England average, but an increase of 15% since 1993. This rapid increase is matched by the steep rise in childhood obesity over the same time period. Currently in Salford 9.9% of four to five year olds are obese. By the time Salford children reach ten to 11 years old this figure has doubled to 23.1%.² The number is starting to level off and between 2007 and 2011 obesity in ten to 11 year olds declined, compared to a small increase at a national level, see Graph 6.

Graph 6

Trends in Year 6 (10-11 year olds) obesity in Salford 2006-2016

Trends in childhood obesity 3 year pooled averages Year 6 (aged 10/12)



Data-Source: National Child Measurement Programme, NHS Information Centre, 2012

1. Public Health Observations (2011) Health Profile: Salford http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50302

2. Department of Health (2011) National Child Measurement Programme: England, 2010/11 school year <http://www.ic.nhs.uk/ncmp>. (Accessed: 5.11.12)

Lifestyles and disease

Long-term conditions, cancer, obesity and mental health conditions have a big impact on quality of life yet much can be done to prevent them. Clinical settings have a central role to play in chronic disease prevention.

There are lifestyle choices which can increase the likelihood of developing these conditions as described below. We call these lifestyle behaviours 'avoidable risk factors'.

Smoking

Smoking remains the main cause of preventable illness and early death in England. Nationally it causes¹:

- 18% (81,400) of all deaths
- 80% of chronic obstructive pulmonary disease
- 80% of all cases of lung cancer
- 30% of all deaths from cancer
- 90% of cases of peripheral vascular disease
- 17% of cases of coronary heart disease.

People living in Salford are almost twice as likely to die from Chronic Obstructive Pulmonary Disease as people living in other areas of England.

Alcohol

In 2010/11 Salford's admissions to hospital for alcohol-related reasons were the worst in England. The demand for alcohol is partly driven by the easy availability of low cost alcohol and Salford has the highest number of off-licences in England, apart from London.² Excessive drinking causes problems for about one in three adult residents in Salford³ and the city has amongst the highest rates of liver disease in England.⁴ Of great concern is that about 16% of young people aged 14-17 in Salford report that they binge drink and alcohol admissions for under 18s are the highest in Greater Manchester.²

Physical activity

Physical activity is critical to good health – it reduces the risk of heart disease, Stroke or Type 2 Diabetes by up to 50%, and risk of premature (before the age of 75) death by 20-30%. It also helps to improve wellbeing and mental health, which is particularly beneficial for maintaining independence and good health of older people. However, inactivity is a major public health problem: only one in three adults meet minimum recommended level of physical activity; for older people it is less than one in five. Two in three adults are obese or overweight. In 2011 Salford residents were surveyed and 38% reported they did vigorous exercise once per week.

Diet

The availability of healthy food, and in particular fresh produce, is often worse in deprived areas due to the mix of shops that tend to locate in these neighbourhoods. Low-income groups are more likely to consume fat spreads, non-diet soft drinks, meat dishes, pizzas, processed meats, whole milk and table sugar than the better-off. The Salford 2011 health survey found that 45% of residents eat five or more fruit and vegetables a day and 46% add salt to their cooking.

¹ Healthy Lives, Healthy People: a tobacco control plan for England' March 2010

² Alcohol Concern, One on Every Corner, 2011

³ Alcohol National Research Project (2004) and as updated by the National Alcohol Strategy (2012)

⁴ Beynon C (North West Public Health Observatory) and Hungerford D (Health Protection Agency North West) 'Burden of liver disease and inequalities in the North West of England' (2012)

Sexual health

Prevention of Sexually Transmitted Infections (STI) has long been on the agenda for public health as unintended pregnancies and STIs can have a long lasting impact on people's lives. In the past the services for STIs were focused in clinical settings in hospital Genito-Urinary Medicine clinics. In 2006 Salford widened access using a 'hub and spoke' service model, with the complete range of services accessible in one place. This has given Salford amongst the best access in the country. Clinical settings remain key, particularly to the identification of risk taking sexual behaviour, contraceptive access and providing advice/ education.

Since 2006 Salford has had greater diagnostic facilities, allowing us to diagnose and treat more infections. Over time, this will lead to a decrease in infections, as spread will slow and so we should see our figures getting closer to the England average.

Chlamydia and HIV are two infections listed in the table with specific national targets. Chlamydia is the most common STI in the UK and although symptoms are often mild or even absent it can have serious effects, such as infertility. In 2003 a national screening programme started to help identify and treat people with Chlamydia. The highest number of people with Chlamydia are aged 15 to 24 years and so the programme targets this age group. In 2011/12 Salford exceeded the National Chlamydia Screening Programme recommended target of diagnosing 2,400 cases (or 2.4%) of Chlamydia per 100,000 population. Salford's diagnostic rate was 2,891 per 100,000 (or 2.89%). Salford is not only doing well with screening people for this infection (second in Greater Manchester, third in the north west and fifteenth nationally) but the number of confirmed (positive) Chlamydia tests show Salford is encouraging the right people to be screened. Salford had the best positivity rate (10.8%) in both Greater Manchester and the north west in 2011/12.



There's only one
way to be clear

A simple test,
a clear result

RU CLEAR ? Call 0800 0461303
(Confidential Advice Line)

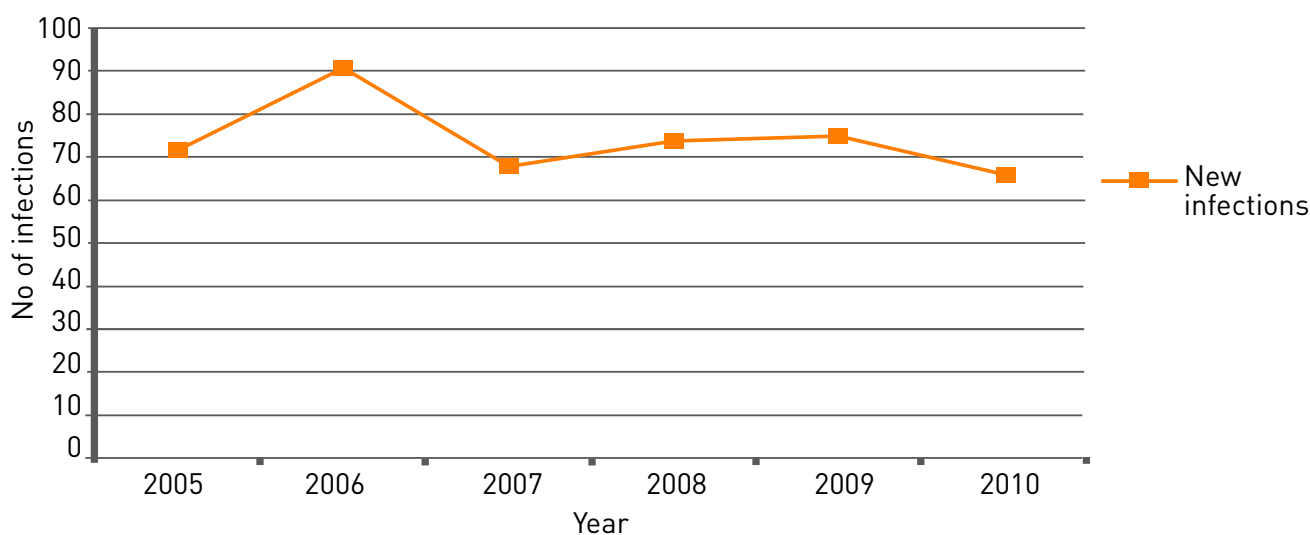


Salford has the fourth highest rate of HIV infection (four in every 1,000) in England, although new cases are declining (Graph 7). The sooner a person with HIV is diagnosed the sooner they can benefit from effective treatment when indicated and make any behavioural changes to prevent further HIV transmission. HIV tests should be offered to all individuals aged 15-59 registering in general practice as well as to all general medical admissions. Salford Royal NHS Foundation Trust is developing a pilot scheme to offer a HIV test to all unscheduled hospital admissions. If

this is successful it will also be proposed for General Practice. From 2013 the wide range of sexual health services will be commissioned by three organisations: the local authority, the Clinical Commissioning Group and the NHS Commissioning Board. This may lead to some changes in services. The Greater Manchester Sexual Health Network has developed a sexual health service specification that is based on the Salford model. This recommends retaining locally accessible HIV treatment and care.

Graph 7

New HIV Infections by Year 2005 - 2010



Source: HIV & AIDS in the North West of England 2010 (North West Public Health Observatory 2011)

Recommendations

- Joint working across Greater Manchester should continue to develop best value sexual health services.
- HIV testing offers should be increased, including clinical settings, in line with national guidelines. The pilot testing project at Salford Royal NHS Foundation Trust should be rolled out to other areas if successful.
- The Chlamydia Screening Programme should continue and new methods of awareness raising to target appropriate individuals considered.
- All providers of services to young people should understand their part in preventing teenage pregnancy and should participate in the Making Every Contact Count programme described on page 37, providing advice and signposting, where appropriate.

Reducing risk: changing lifestyle habits, detecting disease early and preventing worsening of disease

Screening

Screening is a key public health service to identify people who are likely to be helped by further treatment or tests, which will reduce their risk of a disease or its complications. Screening programmes invite large numbers of apparently healthy individuals (a target population) to test for particular conditions or diseases, even though they may not have symptoms. This helps to identify diseases early so that treatment can be provided and therefore screening can save lives.

There are thirteen national screening programmes which Salford takes part in, covering the following areas:

- Antenatal and newborn testing (includes six programmes).
- Cancer (cervical, breast and bowel).
- Other adult screening programmes: diabetic retinopathy, abdominal aortic aneurysm (AAA), health checks, Chlamydia.

Each screening programme has standards and targets to ensure equitable access and quality. We monitor screening programmes and investigate where standards are not met or where uptake is low. With any screening test there will however be small numbers wrongly reported as having the condition (false positive results) and wrongly reported as not having the condition (false negative results).

The report will focus on the screening programmes which Salford organises locally and which are linked to the chronic diseases we have described earlier. We discussed the Chlamydia programme within the sexual health section.



Health checks

The NHS Health Check programme aims to identify people at risk of developing Coronary Heart Disease (CHD), stroke, diabetes and Chronic Kidney Disease. The programme is for men aged 40-74 and women aged 45-74 who have not already been diagnosed as having one of these conditions.

Finding out early that there is a risk of developing these conditions means that people have the opportunity to change their lifestyle to prevent the disease developing in the first place. If they already have the disease, then early identification allows their GP to better care for them to help prevent the disease worsening. There will also be reduced costs to the NHS as the more advanced the disease the more costly it becomes to manage.

How does it work?

GP practices identify patients between 40-45 to 75 years who are not on a chronic disease register and invite them to attend for a NHS Health Check. They assess their risk of the diseases and offer them advice or medication, if required. Those at high risk will have an annual review. In 2013/14 the health checks will also include the Alcohol Use Disorders Identification Test (AUDIT) screening to identify those with alcohol problems.



"Catching my condition early has ensured I'll be around to watch her grow up."



Providing FREE Help, Support and Reassurance through NHS Salford Health Checks

- Stroke
- Heart disease
- Diabetes
- Kidney disease

Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.



Providing FREE Help, Support and Reassurance through NHS Salford Health Checks



- Stroke
- Heart disease
- Diabetes
- Kidney disease

Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.



What is the potential impact of the NHS Health Check?

It was introduced across Salford in 2011. It is estimated that the following benefits will be seen by year three of the programme:

- **11 deaths prevented** among every 2,000 health check patients.
- **13 strokes prevented**, increasing to 85 by year six.
- **31 non-fatal heart attack events prevented**, rising to 124 by year six.

One way of assessing the NHS Health Check Programme is by measuring how many patients are invited each year. For 2011/12 the Salford target for invitations was 18% which was not achieved (see Table 3). At the time of writing this report, Salford is however on target to meet the 2012/13 outcome of inviting 20% of those eligible.

Improving the numbers having health checks is a priority for us over the coming years. It is important as in Salford many people have unidentified risk factors which can be picked up and action taken through health checks. We plan to review the service and focus on promotion to encourage people to attend. As part of this we will look at other reasons why people may not attend such as accessibility. We are currently testing out new ways to deliver health checks in Salford.

Recommendations

- To introduce a range of initiatives to increase uptake of health checks including:
 - Seeking views of the target population of the delivery of the checks and any barriers to their attendance.
 - Introducing a range of promotional materials and identifying opportunities in a range of settings.
 - Exploring other settings for the delivery of health checks such as the health bus.
- To introduce the AUDIT alcohol screening tool into the health checks for 2013/14.

Table 3

NHS health checks offered and received in Salford 2011/12

	2011/12					
	Target	Year	Q1	Q2	Q3	Q4
NHS Health checks offered	18.0%	14.9%	2.9%	3.8%	2.9%	5.3%
NHS Health checks received	10.0%	2.7%	0.5%	0.9%	0.6%	0.6%

Q1 = quarter one (April, May, June)

Cancer screening

Evidence shows that the national cancer screening programmes have had a major impact on reducing deaths from cancer and could have an even greater impact if uptake is improved across the population. Screening for cancers before they develop symptoms or screening for cancer signs can help diagnose cancers earlier.

Bowel cancer screening is offered every two years to men and women aged 60 to 75. Uptake in Salford is amongst the lowest in the north west but we have the highest rate of positive results for individuals screened. Uptake is improving but is lower among men than women. There is evidence to suggest endorsement of a screening programme by GPs can significantly improve uptake.

Women aged 25-64 are invited to participate in the **cervical screening programme**. Coverage in Salford was below target in 2011/12 with lower uptake in the 25-29 (66%) and 55-64 (72%) age bands. To improve uptake and reduce inequalities we have introduced Saturday clinics and disability clinics.

Women aged 50-70 are routinely invited for **breast screening**. Salford has achieved the 70% coverage target for the previous three years however there is variation between the different screening locations in Salford, with some sites achieving below 60%. Following a successful pilot of reminder letters in an area with low uptake, these letters will now be used in other areas.

Recommendations

- Continual review of data and intelligence is required to analyse uptake and inequalities, to help target interventions to improve uptake.
- Greater endorsement, support and involvement of primary care in cancer screening uptake is needed to improve uptake and reduce variations across the city. Opportunities to provide information and encouragement around cancer screening should be used, such as when patients attend for their flu vaccination.
- Cancer screening messages should be incorporated into other large scale health and wellbeing programmes such as Make Every Contact Count and the Way to Wellbeing Portal.

Cancer early detection initiatives

Some patients do not approach their GP with symptoms until their cancer has progressed. We know from hospital staging information that a significant number of patients are diagnosed late and one in three cancers are diagnosed as part of an emergency hospital admission. It is therefore important that people have an understanding of the symptoms of cancer and are prepared to go to the doctor if they are worried. A number of initiatives are therefore running in Salford, aimed at improving early diagnosis.

In primary care, GPs are examining patient pathways and looking at barriers and reasons for late patient referral. A package of support is being provided consisting of practice-level information on cancer outcomes, local patient perceptions, evidence based recommendations and a number of support tools.

Work is also underway between commissioners and Salford Royal NHS Foundation Trust to investigate access to diagnostics. The aim is to provide GPs with better direct access to diagnostics for patients who do not meet the two week wait referral guidelines.

'The collaborative' is a community based programme run in Langworthy, Broughton and Barton, which are some of the areas with the highest rates of death from cancer. Project volunteers go into their communities (for example attending clubs, sheltered housing, community events) and raise awareness of cancer signs and symptoms, encouraging people with symptoms to visit their GP. We know from local research that this is a good method of reaching the people we need to. Results from the first two years suggest that the numbers of referrals GPs make with suspected cancer is increasing. In 2013 the project will be expanded to other areas of Salford.

Salford has participated in a number of local, regional and national awareness campaigns, for example 'Be Clear on Cancer'. Results from pre- and post-campaign surveys showed that there has been an increase in the proportion of people who recognised key cancer symptoms.



**BE CLEAR
ON CANCER**

Recommendations

- The early detection of cancer should be a key local priority, endorsed and fully supported by the Clinical Commissioning Group and the Health and Wellbeing Board.
- Cancer campaigns should widen coverage - 'making it everyone's business in Salford'.
- Frontline staff working with people aged 50 and over, should be trained to deliver brief advice and raise awareness of cancer signs and symptoms as part of their current roles. This should form part of the Making Every Contact Count programme described on page 38.
- Targeted awareness work with communities and local groups should continue to develop and expand.
- Rigorous evaluation should be built into projects to establish effectiveness and cost effectiveness of community approaches. Identification of the successful elements will inform further developments.
- The use of national and local cancer information should be improved, to support reviewing care pathways and tracking referral rates for specific cancer types.
- Encourage primary care to use their practice specific information alongside other tools to understand and improve their referral patterns for cancer.
- Audit of patient journeys through secondary care will help to understand and identify improvement areas both before and after diagnosis.



Disease registers

The Quality and Outcomes Framework (QOF) rewards GP practices for the provision of 'quality care' and helps to standardise improvements in the delivery of clinical care. Practice participation in QOF is voluntary but most Salford practices take part. An important feature of the QOF is the requirement of GPs to keep 'disease registers' of patients who have particular conditions (see Table 4). The registers help with management and monitoring of patients who have a long-term condition. GPs assess against standards based on research. For example, for people on the high blood pressure register GPs are required to monitor this every nine months and a target is set to reduce blood pressure. Another example is the dementia register where GPs have to show people are reviewed every 15 months and that certain blood tests are done six months before or after entry on the register.

The registers can also help with understanding what proportion of the population has particular conditions and in some cases what the survival and death rates are. They therefore help to plan health services to improve care for these patients.

Table 4
Disease registers

<ul style="list-style-type: none"> • Stroke • High blood pressure • Chronic Obstructive Pulmonary Disease (COPD) • Epilepsy • Hypothyroidism • Cancer • Schizophrenia, bipolar affective disorder and other psychoses • Osteoporosis 	<ul style="list-style-type: none"> • Dementia • Chronic kidney disease • Obesity • Diabetes • Asthma • Patients in need of palliative care • Atrial fibrillation • Learning disabilities • Peripheral arterial disease
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Practices have systems in place to maintain a high-quality register although it is recognised that registers may not cover all people with the condition. The percentage on each register can be compared with the average for England and considering this alongside the demographics of the population will give GPs an idea if there are people missing from their register. In Salford the Data Quality Team undertake long-term conditions data quality assessments to check some of the registers. These assessments:

- Ensure patients are being recalled at appropriate intervals.
- Prevent patients slipping through the net.
- Ensure accurate (expected) numbers across all disease areas.
- Identify patients who should no longer be on disease registers.

Recommendations

- Practices continue to develop their systems for identifying patients to include on the register. In particular the data recorded should be accurate and coded appropriately. Regular practice-level audit should take place.
- Information from practices is integrated with hospital information to form the Salford Integrated Record (SIR). The use of this information system to inform public health actions should be fully explored with the Clinical Commissioning Group.



*All local residents
can access quality
health and social
care and use it
appropriately.*

Chapter three - Accessing quality health and social care

In this section we will look specifically at healthcare services and the work clinical staff do to help people reduce their risk of the diseases which are linked to lifestyle. We will consider access and reach of the services and so the role in reducing health variations or inequalities.

Reducing patient health risks in healthcare locations

Making Every Contact Count



Everyday across Salford, front line services have opportunities to talk to the people they see about health and wellbeing. Making Every Contact Count (MECC) is about staff using these chances to support people to take positive steps to manage their health and wellbeing. It works through structured conversations which provide advice and encouragement around an area of a person's life. The conversation is called a brief intervention.

Clinical settings and healthcare staff are in a very good position to make every contact count, as these conversations fall naturally into what they do. Our Salford programme is not limited to these settings though and many organisations and staff are involved. The more of these structured conversations that take place the more people will be advised and signposted to the support that they need.

MECC started in November 2011 and 35 Salford services and organisations are now signed up. This includes clinical settings: Salford Royal NHS Foundation Trust and five GPs. Other key partners include Salford City Council and a number of voluntary and community organisations who engage with Salford residents on a day to day basis, for example the Citizens Advice Bureau. When an organisation agrees to develop its MECC role, staff work through an online assessment tool and from there, can access MECC training. This training helps staff to build their confidence in initiating conversations with their clients around wellbeing issues, and to offer a nudge in the right direction where this is appropriate.

MECC supports people to take responsibility for their wellbeing and is a way to ensure that this happens consistently across the city and into the future. People do not want to be told to stop smoking, but a nudge about where to get support might be welcomed for someone who is thinking about quitting. It is also about Salford residents knowing that services are interested in their wellbeing. MECC will help with all the risk factors we have discussed earlier and so promote improved health of Salford people. The programme will also help ensure appropriate referral and so better use of services.

Recommendations

- MECC roll out should continue and reach more organisations across Salford including more clinical settings such as GPs and dental surgeries.
- The plans to sustain and embed MECC into routine practices should continue to be developed and implemented with sharing and learning across the city of approaches used.
- The evaluation of MECC should inform further development of the programme in 2013.

Some examples of MECC in action are given below.

David works in a gym and is always talking to customers to help them get the best from their workout. He had a conversation with one of his clients who told him that he finds it really good coming to the gym but is wondering if he can keep coming as he is struggling to meet the membership payments. The conversation ended with the client talking to David about how he is on income support and on the verge of going to a loan shop. David suggested he try going to the Debt Advice Centre and asking for some support and that maybe there is a discounted gym membership option for him.

Jane was helping out at a wellbeing event in the city and was offering leaflets on some positive parenting programmes that were taking place at a children's centre. A mother was with her young daughter having her face painted. Jane asked her where she was from and asked her if she was enjoying the event. The mum said she was and it would be great to go on a parenting programme as she isn't always sure what to do when her little girl gets a tantrum for no reason. She says she can't afford the bus fare though so there wasn't any point trying to. Jane asked where she lived – other side of the city! Jane knew all the children's centres in the city and gave her the contact information of the one nearest to her. The mum was really motivated and said she would go over there in the week and see what's there.

If these two people have conversations with other MECC workers / volunteers then it's more likely they will act as advised by Jane and David.



A still taken from the Making Every Contact Count video. It can be viewed by visiting www.makingeverycontactcountinsalford.org.uk/Development/DVD.aspx

Lifestyle advice in primary care

Smoking cessation

For many years GPs and practice nurses have encouraged their patients to quit smoking because of the health benefits. Stop smoking support should be easily accessible to all smokers at GP practices. Our figures have shown that GPs advising their patients to stop smoking result in 35 to 40 percent quitting for at least four weeks. The nurse or assistant practitioner offers support and several types of medication can be prescribed by the GP. Smokers are also referred to the specialist stop smoking service if they have made repeated quit attempts and need more intensive support.

Community pharmacies are also important. Many smokers attend pharmacies with minor ailments such as coughs and colds, where they can be offered advice to quit. Larger pharmacies are now open in the evening and at the weekend, providing support when other services are not available. Trained staff in nearly all community pharmacies can offer smokers (who live or work in Salford) support and Nicotine Replacement Therapy (NRT), nicotine gum and patches through a voucher scheme (prescription charges apply).

Table 5 shows that the majority (63%) of the four week quitters for Salford in 2011/12 came through primary care services (GPs and community pharmacies).

Table 5

Where smokers were seen in Salford April 2011 to March 2012.

Where smokers were seen in 2011-12	Number setting a quit date	Number successfully quit at four weeks
GPs	3,642	1,156
Community pharmacies	1,007	350
Hospital (Salford Royal NHS Foundation Trust)	290	182
Specialist Stop Smoking Service	987	482
Other non-clinical stop smoking services	459	216
Total	6,385	2,386

Source: NHS Salford, June, 2012

The number of smokers seen last year in primary care venues was higher than in previous years. The Face Your Demons marketing campaign took place in this year and so helped encourage smokers to attend stop smoking services.



Recommendations

- Primary care continues to be an accessible and important source of ongoing support for smokers and opportunistic interventions should be encouraged wherever appropriate.
- Patients or clients should be encouraged to 'have another go' if they relapse as this is a normal part of the process.
- The number of patients and clients who quit smoking for four weeks is probably under-reported so more innovative approaches should be used to make contact with them such as text messaging.
- As over 70% of smokers start when they are teenagers education and awareness of harm for this age group is particularly important. Primary care services should offer advice where possible.

Alcohol

It is important to give early warnings to people drinking alcohol at unhealthy levels, particularly those at risk of obesity, liver disease, diabetes, cancer and heart disease and other long-term illness. Every year approximately 14,000 people are screened by GPs and practice nurses and up to half are given advice on how to cut down their drinking.

Extra support and referral into more specialist treatment if necessary and as early as possible is also important. This year services have offered:

- 6,000 sessions of screening, brief advice and brief interventions in GP surgeries, Salford Royal NHS Foundation Trust and the Criminal Justice System.
- 200 patients have received 'personal budgets' to help in their recovery after treatment – some of these patients have undertaken training, some have found jobs and some have even set up businesses.

Recommendations

- Primary care should continue to identify individuals with alcohol drinking problems and support people to reduce alcohol amount.
- Primary care can support identification of children and young people with substance misuse problems and ensure signposting to further support such as the Salford Substance Misuse Advice and Referral Team.
- Utilisation of existing screening programmes such as health checks, Making Every Contact Count and other well person checks should encompass alcohol.
- Participation in local and national awareness programmes such as the 'Hair of the dog' campaign.



HAIR OF THE DOG? 

OVER 45s ARE THREE TIMES MORE LIKELY TO DRINK ALCOHOL EVERY DAY. DID YOU KNOW THAT?

PEOPLE WHO WORK ARE MORE LIKELY TO DRINK ALCOHOL THAN UNEMPLOYED PEOPLE. DID YOU EXPECT THAT?

AROUND 200,000 PEOPLE COME TO WORK WITH A HANGOVER EVERY DAY. MAKES YOU THINK DOESN'T IT?

ALCOHOL IS THE SECOND BIGGEST RISK FACTOR FOR CANCER AFTER SMOKING. HOW DOES THAT MAKE YOU FEEL?

 WWW.ALCOHOLCONCERN.ORG.UK

Mental wellbeing

GP practices and community staff are in a good position to detect mental health problems early and identify people who feel lonely, isolated, have low self-esteem and associated physical health problems. Primary care is also the gateway to access other low intensity mental health and wellbeing services.

As good mental wellbeing can protect physical health and support recovery, a training programme for community staff was introduced in 2012. The Emotional Aspects of Consultation (EAC) course has been developed and implemented in Salford for frontline workers caring for people with long-term conditions (LTC). The aim of the course is to increase awareness among all those in contact with people with LTC of the nature of mental health problems affecting this group. The course covers:

- Understanding the emotional impact of chronic health problems.
- Simple skills / techniques to uncover individual emotional barriers to chronic disease management.
- Helping patients to clarify problems for resolution.

By April 2013 more than 100 community staff will have been trained to support the emotional needs of patients with long-term conditions which should contribute to more people being supported to manage their condition.

Recommendations

- The training is suitable for GPs and extension of the training to include practice staff is recommended.
- Other areas of Greater Manchester using this approach should be contacted to ensure learning is applied to further roll out.
- Promotion of mental wellbeing and signposting to information and self-help / management tools should be a key part of the prevention agenda in primary care. This should include children and young people.



Diet and physical activity in primary care

Primary care staff play a vital role supporting individuals and families to maintain or manage their weight. By monitoring and identifying weight issues appropriate and timely actions can be taken. Talking about someone's weight is not always easy; it can lead to surprise, anger, denial or disbelief. Each response may reduce the person's ability or willingness to change so it is important health staff raise this appropriately. The health impact of obesity will place continued pressure on Salford's local health and social care system for years to come. By 2050 obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children.¹ It is for this reason that continued innovation and industrial scale intervention must be encouraged and implemented.

Recommendations

- Health professionals in all primary care settings should ensure that preventing and managing obesity is a priority. Dedicated resources should be allocated for action.
- All primary care settings should allocate adequate time and space for staff to take action.
- Enhance the opportunities for health professionals to engage with a range of organisations and to develop multidisciplinary teams.

1. Department of Health (2007) Foresight – Tackling Obesity – Future Choices Project http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH_079713 [Accessed: 5.11.12]



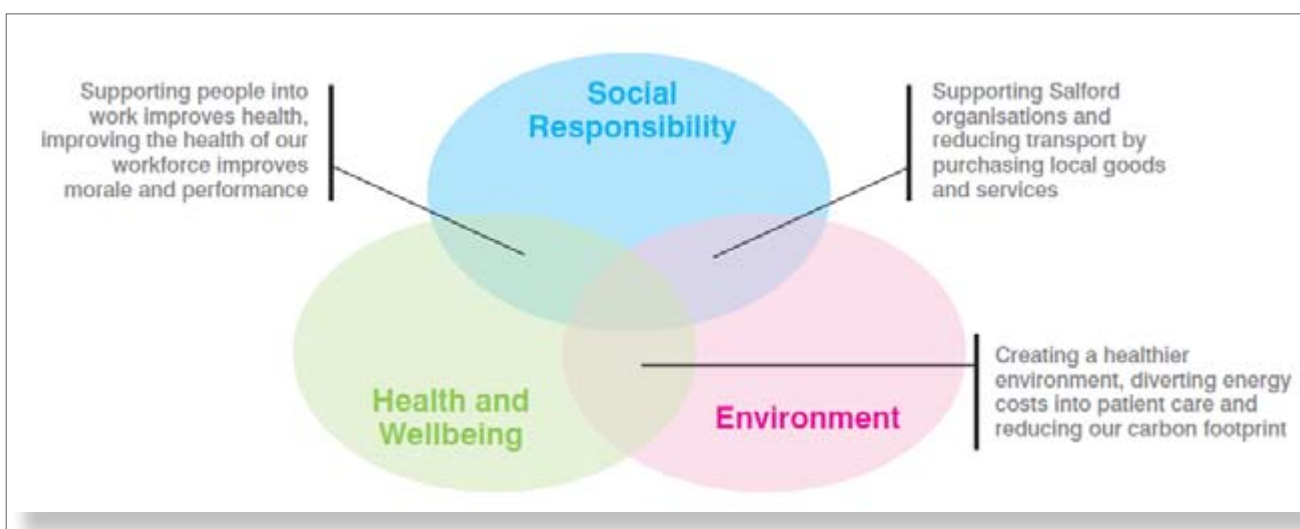
Public Health and Corporate Social Responsibility at Salford Royal NHS Foundation Trust

Salford Royal NHS Foundation Trust is committed to improving the health and wellbeing of patients and staff, ensuring that the Trust contributes positively to the lives of local people, the environment and society in which they live.

As the largest NHS provider in Salford, one of the largest public bodies and the second largest employer, Salford Royal recognises that it has to play its part in this. Community and hospital services make a significant contribution to preventing illness and promoting good health, which is a core theme of the strategy.

The strategy, **Live Well, Work Well**, has three areas of focus:

1. **Patient and staff health and wellbeing** – what they currently do to support the health and wellbeing of patients and staff, as well as their key priorities for the future.
2. **Social responsibility** – how they support the local community to gain employment, by providing various work preparation placements, volunteering opportunities, mentoring and work experience for local high school and college students.
3. **Sustainability and environmental impact** – the way the Trust is reducing its impact on the environment and how they will build sustainability into everyday business.



Significant progress has been made since the strategy was published in April 2011.

Patient and staff health and wellbeing

- Health screening days held by the Trust's Health and Wellbeing Team.
- Weight reduction programme supported by the Health and Wellbeing Team.
- SRFiT classes introduced onsite in evenings for staff, which include circuit training, street dance and pilates.

Social responsibility

- Volunteer scheme refreshed and expanded, supported by dedicated manager. Wider range of roles developed.
- Working with local schools to offer work placements which has assisted a number of school leavers into employment.
- Skills for health: placements of ten weeks duration provided, with all trainees obtaining work or further training on completion.
- Insight Days for sixth form students, publicising community careers.



Sustainability and environmental impact

- Energy saving awareness campaign.
- Use of light motion sensors in toilets, cupboards and stairwells.
- Car sharing schemes publicised across organisation.
- Active 'Cycle to work' group.
- Suppliers requested to submit their sustainability policy as part of the tender process.



Lifestyle advice in hospital

Smoking

Specialist stop smoking support has been available at Salford Royal NHS Foundation Trust for the past ten years for in-patients with smoking-related heart disease, stroke and respiratory illnesses. Identifying patients who smoke is the first step in offering them help to quit. The smoking status of patients attending outpatients and the pre-operative assessment clinic is recorded in the electronic health record for each patient. Salford Royal supports frontline staff, from a wide range of departments, to raise the issue of quitting smoking with all patients who are coming into hospital and to refer those who want help to the hospital-based stop smoking advisers or community-based alternatives. Patients who smoke are strongly advised to quit smoking before surgery as they are more likely to suffer complications during and following surgery than non-smokers.

Recommendations

- All hospital departments should record the smoking status of their patients in their electronic health record so that smokers can be offered help to quit.
- Planned operations are a good opportunity for hospital staff to explain the physiological benefits of quitting smoking.

Alcohol

For patients needing more specialised alcohol treatment, Greater Manchester West NHS Mental Health Foundation Trust offers a wide range of treatment.

- 2,000 patients have received a range of specialist community based psychological interventions and detoxification.
- 450 patients have received non complex residential detoxification. This includes access to the Chapman Barker Unit which is the regional complex drug and alcohol detoxification centre.
- 50 patients per year are also offered residential drug and alcohol rehabilitation including a local facility operated by the THOMAS project, which also offers second stage recovery housing and related facilities.

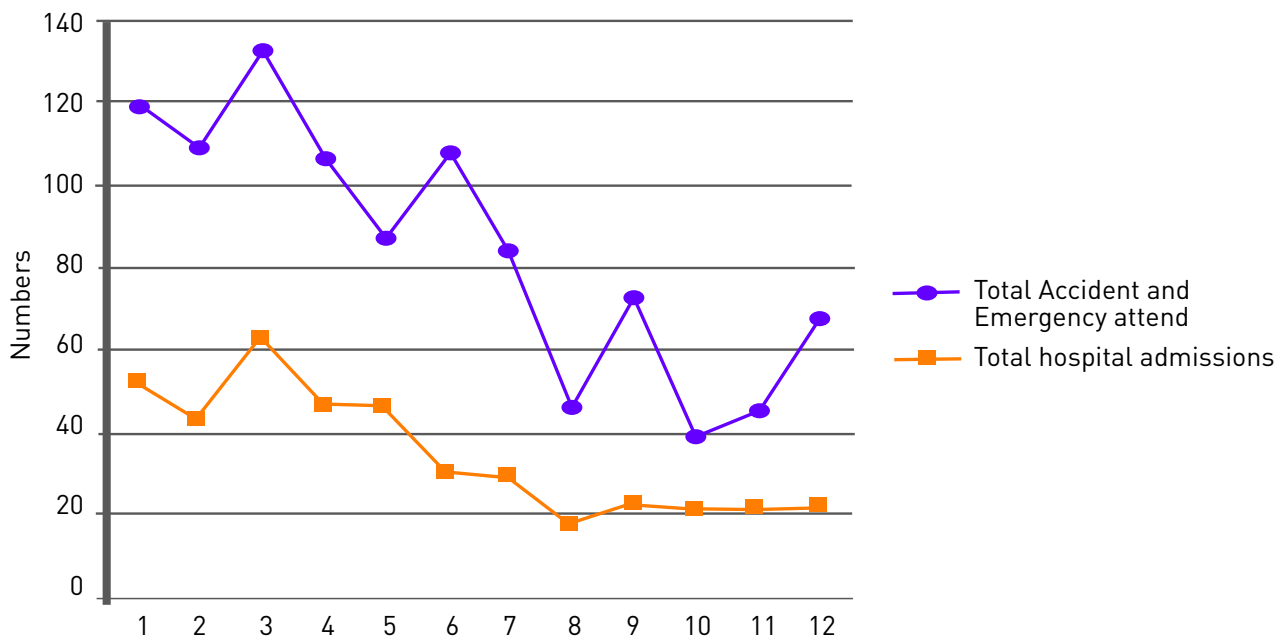
A notable success during 2011/2012 has been the Salford Royal Alcohol Assertive Outreach Service which was commissioned after a review of evidence and admission patterns. This specialist team is jointly led by an Emergency Medicine Consultant and Consultant in Addiction and includes nurses, psychologists, social workers and support workers. The team help the most vulnerable patients who present most frequently at the Emergency Department with complex physical, mental and social problems.

The service has been shown to dramatically reduce the need for patients to come to the Emergency Department in crisis or be admitted to hospital – admissions have reduced by 43% annually. The impact of the service on numbers of accident and emergency visits and hospital admissions at Salford Royal is shown in Graph 8.

Graph 8

Accident and Emergency attendances and hospital admissions for alcohol related reasons 2011/12

Source: Salford Royal NHS Foundation Trust, 2012



This service has attracted national attention, and features in the latest National Institute for Health and Clinical Excellence (NICE) Guidance as a model of good practice. The service has also been highly commended in the North West Public Health Awards. Salford Royal has also been chosen along with Wigan to pilot a unique 'fast track' pathway for the most at risk patients direct from the Emergency Department to the Chapman Barker Unit.

Recommendations

Our alcohol recommendations focus on partnership work.

- Further develop the pathways for patients at risk of developing alcohol related liver disease.
- Services should engage and encourage patients to move from treatment into recovery.
- Focus on action to reduce the demand for alcohol. For example alcohol licensing and supporting local alcohol-free sport, social and cultural events.
- Alcohol intake is linked to some long-term conditions and so support to reduce alcohol intake should be provided, for example through inclusion in health checks programme (see page 31).

Mental wellbeing

Over the last three years, between 16 to 19% of people admitted for self-harm had previously attended Accident and Emergency. In 2010/11 there were 837 admissions to Salford Accident and Emergency for self-harm which is one of the highest in Greater Manchester. Our aim is to reduce the numbers of people self-harming and to support people who do by ensuring an early psychosocial assessment takes place if they go to Accident and Emergency. This means that patients will be asked if their injury or poisoning is self-inflicted and if it is a referral is made to the Mental Health Liaison Team.

Salford Royal NHS Foundation Trust, Greater Manchester West Mental Health Trust and NHS Salford have agreed a programme to train 90% of staff involved in the triage process within the Emergency Department, in the identification, management and referral of self-harm patients to the Mental Health Liaison Team. The expected outcome is an improvement in the quality of care for everyone attending Accident and Emergency for self-harm and a reduction in the number of people re-attending.

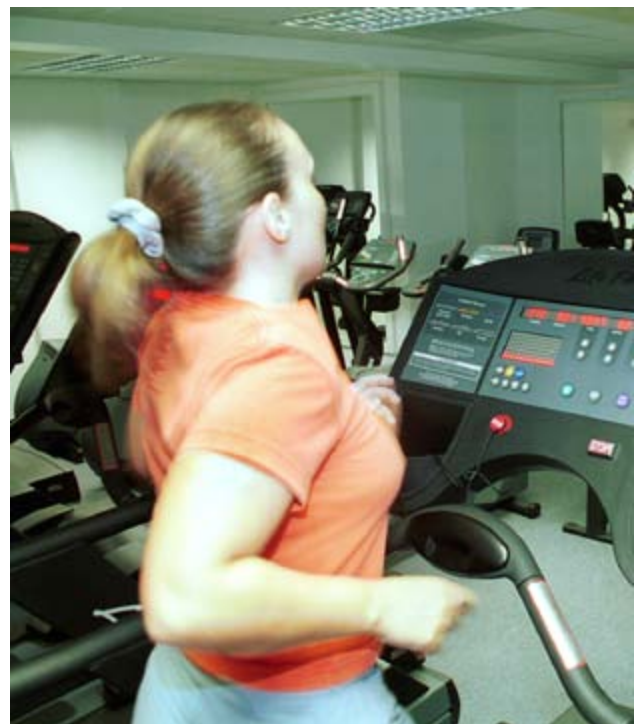
Our self-harm focus is not limited to clinical settings; for example much work is done to reach young people in schools, with training available for teachers.

Recommendations

- To ensure that the psychosocial assessment carried out in Accident and Emergency for people who attend for self-harm is followed up and further referrals for treatment and support are made.
- The training of frontline staff on emotional aspects of consultation (see page 42) should be extended to hospital settings as coexisting mental health problems are common in hospital patients. For example, approximately one in four acute hospital beds are occupied by people with dementia.

Diet and physical activity

At times, individuals or families will require extra support to tackle a weight issue. It is at this time that referral to more intensive services (secondary care) can be appropriate. Salford has developed weight management pathways and has a proven track record of sector-led innovation. For example, the Healthwise service is a multidisciplinary dietetic and physical activity service, which provides accessible local group-based weight management support for adults. The Choose to Change project, with Oldham and Manchester, is a group based six-month lifestyle programme. It looks at behaviour change tools, diet management, physical activity, self-monitoring, social support and relapse prevention for adults who have a BMI of 35 or above. Choose to Change also offers psychology support, provides pharmacotherapy monitoring, support for pregnant women with a BMI over 30 and bariatric surgery assessment. In Salford obesity surgery is at the end stage of the weight management pathway for patients who have a BMI of 50 or above.



Dental health

Dental practices are an important location where public health and prevention are firmly embedded. Dental problems can often dramatically affect people's daily lives through pain, distress and affecting eating. Having a dental check-up at least once every two years is similar to screening, as regular check-ups help with spotting problems early. Dentists provide advice regarding avoiding dental problems and to stop them getting worse, so reducing risks. They advise on self-care actions such as brushing and diet, but also provide preventative treatments such as fluoride varnish and fluoride tablets.

Every four years a national dental survey of five-year-old children's teeth is carried out. This helps us monitor children's dental health and target actions to help improve dental health. The decay levels in children give us a good indication of the decay levels in adults. The last survey (2007/8) found that 42% of Salford children had one or more decayed, missing or filled teeth, which is much higher than England (see Table 6). In Salford local dental practices are now linked with children's centres in six areas to help improve access.

Table 6

Results of 2007-8 survey of dental health of 5 year olds

	Average number of decayed missing or filled teeth	% children affected
England	1.11	30.9
North West	1.52	38.1
Salford	1.86	42.4

Source: North West Public Health Observatory, 2011

The incidence of oral cancer is increasing across the country. There has been a 30% rise in ten years. In Salford there were 36 new cases in 2011. The number per 100,000 population is higher than England and the north west. There is evidence to show that smoking and alcohol drinking are linked to oral cancer and therefore we re-emphasise the actions described earlier around changing these lifestyle habits. Dentists are in a unique position to help identify oral cancer and promote prevention messages.

In Salford the population of older people is likely to increase by 30% by 2030. Older people are more at risk of conditions such as periodontal disease and therefore we need to specifically look at support and prevention for this age group. This should include accessibility of seeing a dentist at home for those who may need this.

Recommendations

- Improving the oral health of young children is a priority. Clinical settings and health staff should promote good oral health practices to parents.
- Work to improve access to preventive dental treatment and community-based specialist dental services should continue.
- Awareness work with clinical settings and dentists is required to help increase patients awareness of the signs and symptoms of oral cancer.
- Dentists should Make Every Contact Count and promote health and wellbeing as part of routine appointments. There are currently no dental practices in the MECC programme featured on page 37.

Healthcare associated infection

Healthcare associated infections are caused by bacteria or viruses spread to patients through their contact with healthcare services. These infections can cause very serious illness and even death. An estimated 30% are avoidable and so it is a national and local imperative that clinical settings continue to strive to reduce infection.

The targets to reduce healthcare associated infections have been challenging for Salford over the last four years, however we have seen good and continual reductions (see Graph 9). For Salford settings together there were seven cases of Methicillin Resistant Staphylococcus Aureus (MRSA) in 2011/12. Those residents affected by Clostridium Difficile infection reduced by over 40% in 12 months (see Graph 10) making Salford one of only ten areas in the North of England in 2011/12 to have achieved both MRSA and Clostridium Difficile targets. Salford Royal NHS Foundation Trust achieved its specific MRSA target and had five cases while, there were 58 Clostridium Difficile infections against a target of 87.

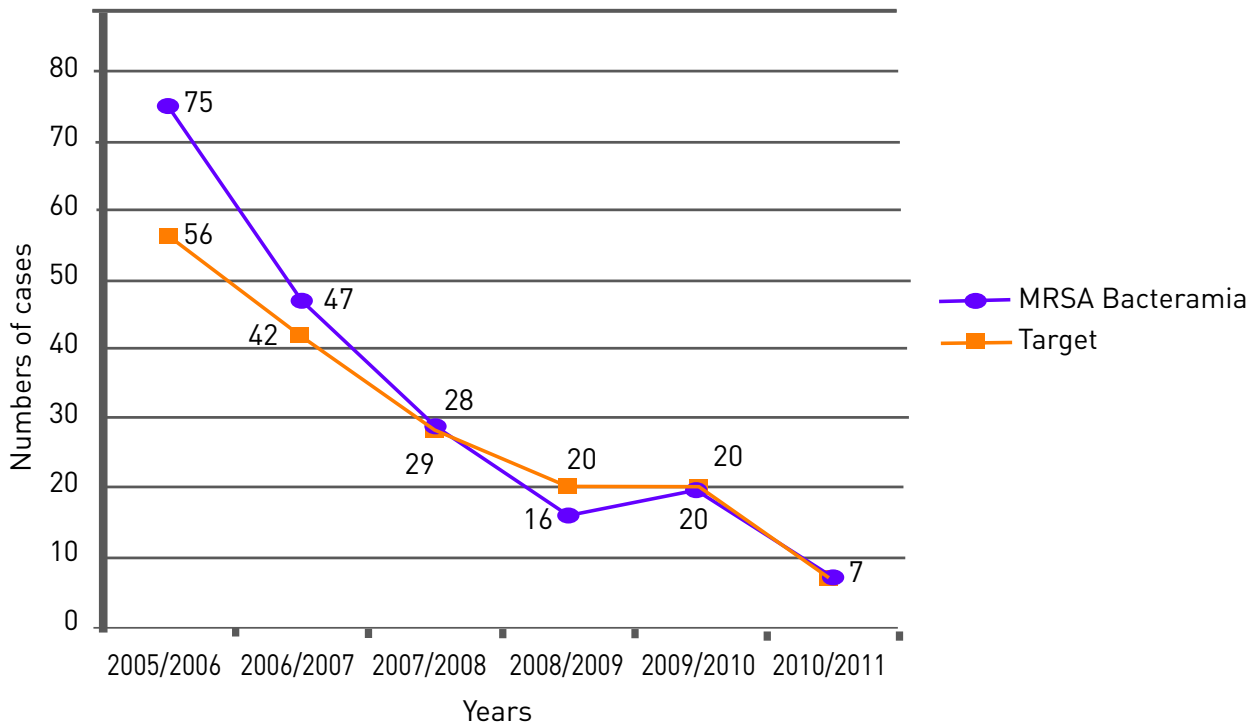
Infections can be spread through hands or the environment and so clinical settings work in specific ways to keep good standards of cleanliness and hygiene. The simple yet most important thing is regular hand washing. Within the hospital each clinical area now has a link practitioner to support the dedicated infection control nurses. The team strive to share best practice and maintain the highest standards to prevent infection spread.

Where patients do acquire an infection, in any setting, an in depth investigation is conducted to establish the root cause. Lessons learnt are shared and changes to ways of working are made if needed. Investigation themes in Salford in 2011/12 related to antibiotic prescribing and that infected patients tended to have serious underlying health conditions. Antibiotic prescribing policies in both hospital and primary care settings have been updated and audits of prescribing have been undertaken. The hospital took the opportunity of European antibiotic awareness day in November 2011 to focus ward visits and launch a range of new awareness materials. A patient held card indicating that they may be at risk and a new patient information leaflet have also been introduced.

Training in Infection Prevention and Control is compulsory for hospital staff. It is also offered and available to all GPs and dental practices across Salford through the community infection control team. The team have worked in partnership with GPs to manage patients with infection. Many of the GP practice buildings have been upgraded this year to improve the flooring and sinks to meet infection prevention and control standards. Dental practices have also been supported to update decontamination systems.

Graph 9

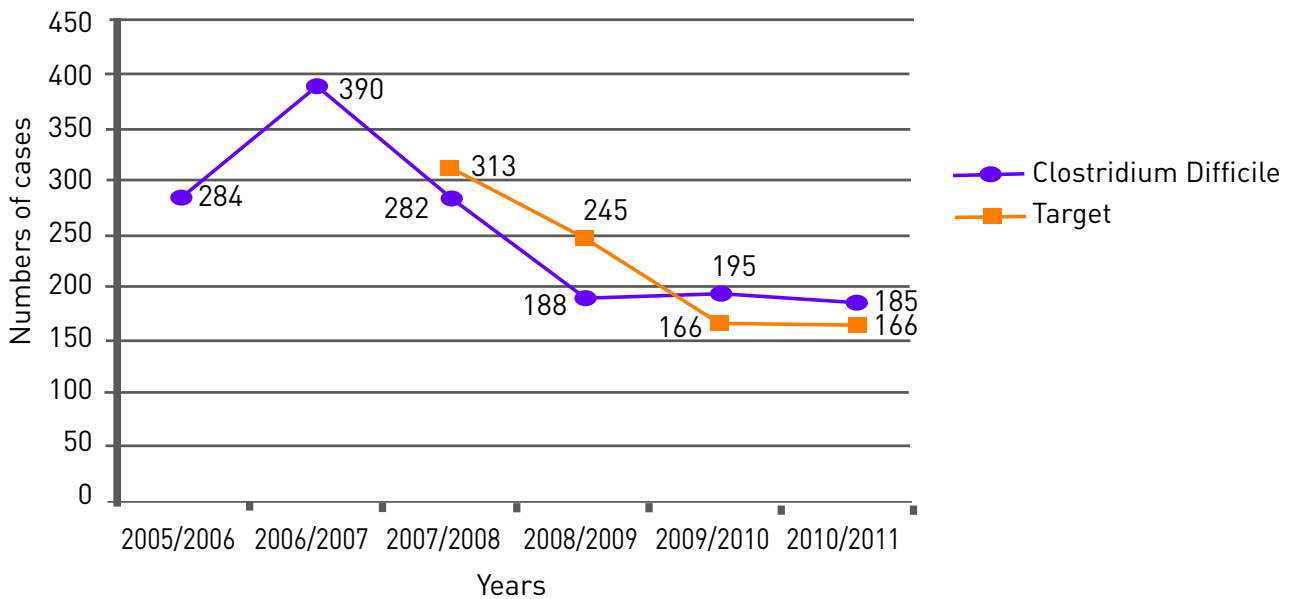
Cases of MRSA in Salford 2006 to 2011



Source: NHS Salford, September 2012

Graph 10

Cases of Clostridium Difficile in Salford 2006 to 2011



Source: NHS Salford, September 2012

Recommendations

- To monitor and learn from Methicillin Sensitive Staphylococcus Aureus (MSSA) and e.coli infections.
- To continue to develop education and audit across clinical settings.
- The operation of infection prevention and control provision will change in the future as the PCT is closed. It is therefore recommended that expert infection prevention and control advice and analytical skills are part of the commissioning and contracting process across the system into the future.



Recommendations, summary of future plans and update on last year's annual report



Chapter four - Recommendations, summary of future plans and update on last year's annual report

One of the main recommendations of our report this year is to set a vision for public health in Salford and to work with people, including healthcare staff, to develop an agreement on public health. This work will aim to ensure people are signed up to the same set of core principles to improving public health. It will help everyone understand their important role and how they make a real difference to public health. For healthcare staff this would include:

- For midwives and health visitors the agreement would outline the central actions referenced on pages 13 to 15 emphasising that this is part of routine practice for all women, children and babies.
- The role of primary care is critical to risk reduction as staff see large numbers of patients and often hold knowledge of individuals to enable tailored advice, support and signposting. The agreement would detail the expectation that staff continue and build on the areas described in this report for example Making Every Contact Count, supporting early detection of chronic disease, promoting screening and identifying at risk or vulnerable individuals.
- Many patients in secondary care have some form of illness and can be open to advice around reducing risk. The agreement would outline the commitment for these staff to risk identification and both primary and secondary prevention.
- For all clinical staff it is expected that care pathway developments will include relevant public health interventions including prevention and early intervention initiatives.

Healthcare public health is one part of the jigsaw to improve the health of people living in Salford. There are many more actions which Salford people and organisations need to take together. It is therefore recommended that clinical staff work collaboratively and continue to be a key partner in developing public health solutions and actions. This year we have developed a unique computerised tool with John Moores University to help target areas to improve how long people live for in Salford. The tool includes the lifestyle areas we have discussed in the report but also wider areas such as education. It explains and quantifies the impact of changing 27 different areas on life expectancy. This is important as into the future we will need to influence other areas than those covered in this report.

An important partnership development which started this year and will develop over the coming year is the Centre for Population Health. Salford Royal NHS Foundation Trust, Salford Clinical Commissioning Group and Manchester Academic Health Sciences Centre are working together with Public Health to design this new centre for health and healthcare improvement. The purpose of the centre is to bring together people and programmes of work which focus on delivering change at a large scale across Salford. The primary focus will be on population health, building on the foundations which already exist and aligning with the priorities we have outlined in this report. The centre offers a unique opportunity to accelerate population health improvement. In addition the centre will focus on improving healthcare, focussing on the reliability and safety of the healthcare people receive in Salford. Consultation on the design and purpose of the centre began in January 2013 and the centre will open in April 2013.¹

1. For further information contact Maxine Power (Director of Innovation and Improvement, Salford Royal NHS Foundation Trust and MAHSC domain lead for population health and implementation) by emailing maxine.power@nhs.net

Our last report noted our aim to redesign health improvement services. This year we have planned what this will look like, how it will happen and appointed organisations to lead it. We will launch the Way to Wellbeing Service in 2013 and alongside this will sit an internet tool called the Way to Wellbeing Portal. These are important developments as they will help support people in changing the lifestyle habits which put them at greater risk of the diseases we have described. The portal will help build motivation for self led change and to signpost people to specific services if needed. The wellbeing services will aim to see at least 9,000 people over three years. Each person will be assigned a wellbeing practitioner to tailor support for specific needs.

'Making Every Contact Count' is a key recommendation of our report this year. Our MECC programme has made good progress this year. The Way to Wellbeing Service and Portal will work together with MECC to support people with steps to healthier lifestyles.

This report has been structured with reference to Salford's Joint Health and Wellbeing Strategy priorities. During the coming year there will be new projects and initiatives starting around these three priority areas in order to improve the outcomes which the Health and Wellbeing Board will agree.

Update on last year

Many of our recommendations which we made around children's health in last year's report have been taken forward. For example UNICEF Baby Friendly stage one accreditation has been achieved and work has commenced to reach the next level. A parenting pathway is being developed and a helping families project has started. This is aiming to support families at an earlier stage before problems mount up, get worse and impact on health. Delivery of the Family Poverty Strategy described last year is a continued priority for Salford.

Smoke free spaces have now reached out to one third of Salford children and there has been a 1% decrease in women smoking in pregnancy. We need to improve this further particularly as our infant death rate is not improving. Salford partners will continue to work around the risk factors for infant deaths, which we identified in last year's report and further work has started to look at neonatal deaths (under 28 days).

Three areas we discussed with reference to young people were:

Smoking

In 2011-12 the Smoke Free Spaces service continued to develop for a fourth year. By the end of the year families in over 11,000 homes had been involved which has protected over 13,000 children under 16 from second-hand smoke. Families with a smoke free home were also keen to have a smoke free car and the service recorded 4,500 smoke free cars (50% owned by a smoker). A sample of about 100 parents were consulted about not smoking in children's play areas so that children don't see adult smoking as normal and the majority agreed with the proposal.

The Youth Service continued to work with young people in all the Salford colleges where they talked to over 800 young smokers throughout the year. Nearly 100 of those decided to try to quit smoking and 30 managed to quit for at least four weeks, which is a good quit rate for young people.

Teenage pregnancy

In our last report we reported 54.1 conceptions for every 1,000 15-17 year olds. The most recent data release (for Quarter 3 2011) gives a quarterly rolling under 18 conception rate of 49.0 per 1,000. This represents the lowest rate for Salford since 1998. The under 19 repeat abortion rate for 2011 was 9%. This is a reduction from 2010 and lower than the rate for England (11%).

During 2011/12 we have continued to work with providers to change sexual health service specifications to meet the needs of young people and to target vulnerable groups earlier. We have found that some vulnerable young people may be sexually active (and having unprotected sex), have drug or alcohol problems and experience mental health problems. We are planning a single integrated young people's wellbeing service, aimed at vulnerable young people under 20 (with a focus on under 18s) responding to issues of sexual health, mental health and substance misuse.

Alcohol and drugs

Services continue to target young people most in need, helping to prevent future dependency and the problems of long-term drug or alcohol misuse. A new system has been introduced to measure how well SMART, our specialist treatment service, meets the needs of the young people they work with. Results show improved outcomes across a range of issues for those young people accessing this service.

In Salford there are fewer young people accessing treatment for the most harmful illegal drugs such as heroin; this is in line with the national trend of reduced drug use amongst young people. We are now working with partner agencies to reduce the impact caused by the increased variety and availability of new drugs, often called 'legal highs' as well as alcohol, which remains a significant problem for the city.

We are targeting substance misuse training at those who work most closely with the most vulnerable groups of young people in the city. This training will better equip staff to screen young people for substance misuse issues and where necessary provide brief interventions themselves or make referrals to specialist treatment.

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