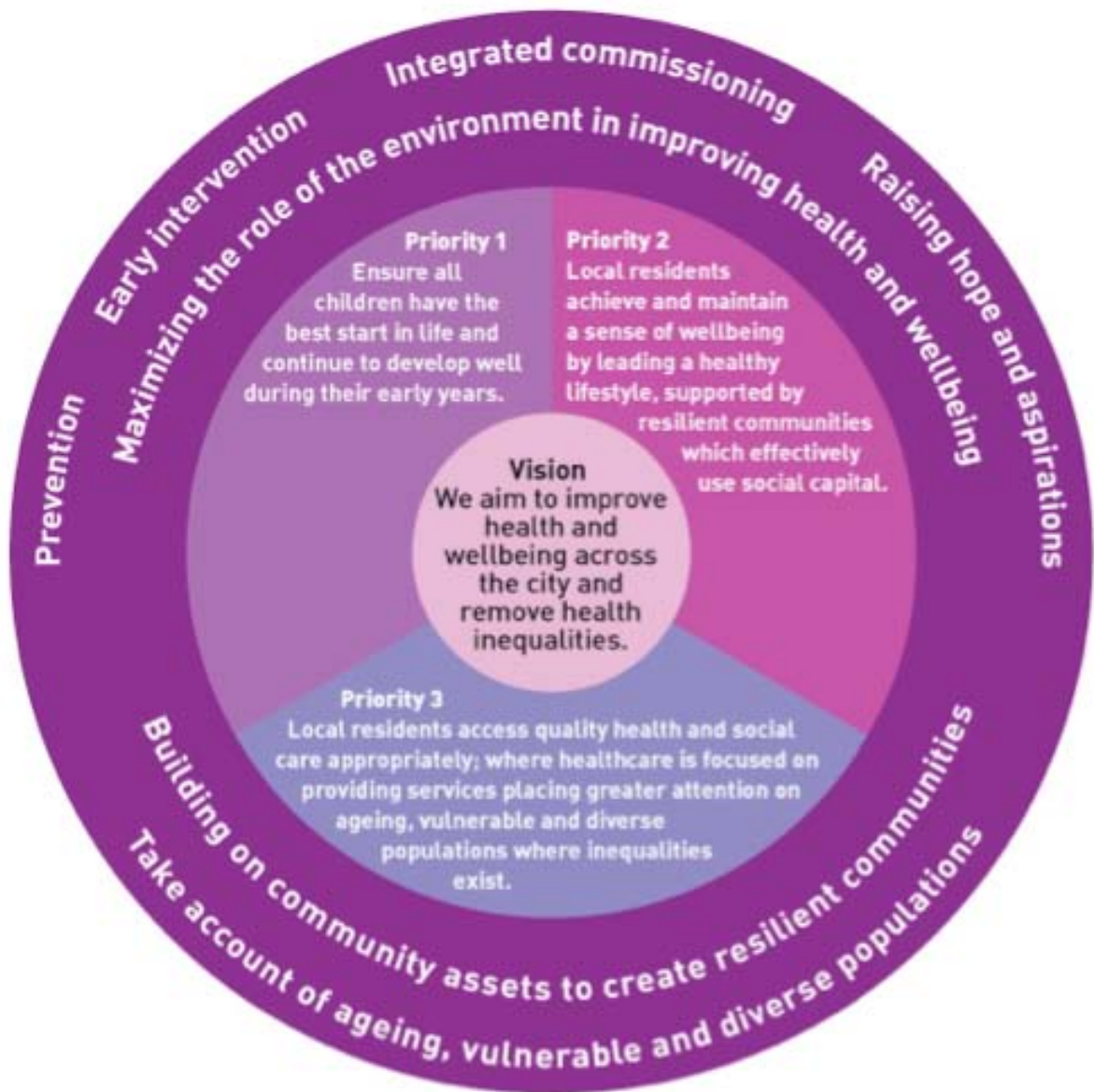


Salford's Joint Health and Wellbeing Strategy



Our vision for a healthier Salford by 2016



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Foreword from Ian Stewart, City Mayor

I'm delighted to welcome Salford's first Joint Health and Wellbeing Strategy.

There's no doubt about it, Salford faces significant health and financial challenges. We already have more problems with smoking, drinking, lack of exercise and unhealthy eating and more people with serious long-term health conditions than many other places in Britain.

Demand for health and social care has been increasing year on year and we have yet to see the full impact of catastrophic welfare reforms which will cut household budgets and affect people's mental and physical health.



At the same time we face sweeping public sector budget cuts which mean we cannot provide the same level of services as before. We are facing something of a perfect storm.

Clearly things have to change and this strategy is a key tool for the new Health and Wellbeing Board to use in improving health and well being in Salford. The strategy has been developed in consultation

with local residents and organisations to provide a framework for commissioning NHS, council and other services over the next three years.

From April the Health and Wellbeing Board, which brings together the NHS, social care, the voluntary sector and interested members of the public, will strategically influence commissioning decisions in health, public health, adult social care and children's services and other areas that



affect health and well being such as housing, education and the environment. The aim is to tackle the causes of ill health and help people lead longer, happier and healthier lives.

This strategy alone will not achieve results. It is the starting point for action and everyone in Salford needs to pull together and rise to the challenge we face.

We need residents to take more responsibility for improving and maintaining their own and their family's health and we need everyone in the public and voluntary sector to work creatively together to support them, while focusing scarce resources on the most vulnerable.

It is a huge challenge and the work starts now.

Foreword from the Deputy Chairs of the Health and Wellbeing Board

The joint health and wellbeing strategy represents the collective action of residents, elected members and officers from across our city's Strategic Partnership led and coordinated by Salford's Health and Wellbeing Board. Over the past twelve months, informed by the Joint Strategic Needs Assessment, the Board has undertaken an inclusive process to arrive at a clear set of priorities which will guide the commissioning of health and wellbeing services over the next three years.

Initially, through a series of development sessions, the Health and Wellbeing Board arrived at a vision and a long list of priorities. During the summer of 2012 an engagement exercise was carried out with local residents. The views gained from this course of action has directly shaped the content of the Joint Health and Wellbeing Strategy. The strategy was been further strengthened by an

extensive consultation with Salford City Council, NHS Salford Clinical Commissioning Group and the voluntary sector.

This approach has been taken to ensure that the greatest impact can be made by the Board in areas which it exercises strategic influence; whilst also being an advocate for health and wellbeing across the wider determinants of health. It is felt that the process with has developed the Joint Health and Wellbeing Strategy not only provides a road map for future action but demonstrates the drive and ambition of our city.

The Deputy Chairs of the Health and Wellbeing Board are Salford City Council's Assistant Mayor for Health and Wellbeing and the Chair of the Board of Salford's Clinical Commissioning Group.





1.0 Introduction

This strategy is built on a rich history of partnership working and strategic responses to addressing health and wellbeing in the city, which has included work through a partnership Health and Wellbeing Board since 2009. The new Pathfinder Health and Wellbeing Board has been in place since October 2011 in preparation for the requirements of the Health and Social Care Act for an established statutory Board from April 2013.

The Health and Wellbeing Board is the principal structure in Salford responsible for improving the health and wellbeing of Salford residents through partnership working. The Board is a partnership between local government, the NHS and the people of Salford. Members include senior local GPs, members of the Mayoral team, the Local Involvement Network (LINK) and senior officers from the city council.

The Health and Wellbeing Board has made a firm commitment to achieving the ambition it has set for 2016; it will rigorously monitor progress in the delivery of the outcomes in the Joint Health and Wellbeing Strategy.



For each of the priorities the board will develop a set of measures or indicators which will tell us how we are doing in our efforts to improve health and wellbeing in Salford. To ensure we are on course, this strategy will be supported by a strong performance management approach. This will demonstrate the progress we are making and quickly identify any areas where we are not making sufficient progress which will enable the board to provide the leadership required to turn it around.

There are indicators drawn from the major national frameworks, where possible, which will be used to provide this picture, and samples of the indicators are shown below against the priorities we have agreed. We will publish at least on an annual basis our performance against all the measures so that everyone can chart our progress towards the outcomes.

2.0 What is the Joint Health and Wellbeing Strategy?

Many predictors of health and wellbeing fall outside of the health care setting. Social, economic, and environmental factors all influence health. People benefiting from good education, stable employment, safe homes and neighbourhoods, and access to high quality preventive services tend to be healthier throughout their lives and live longer.

Under the terms of the Health and Social Care Act 2012 Salford's Health and Wellbeing Board will have strategic influence over commissioning decisions across health, social care and public health. Central to achieving the Health and Wellbeing Board responsibilities will be the production of a joint health and wellbeing strategy.

Our strategy focuses on prevention and the wider predictors of health. It identifies the top priorities for the Health and Wellbeing Board over the next three years where we can work together to make a difference in promoting the health and wellbeing of the people of Salford.



This strategy identifies proposed priorities and associated outcomes to tackle the most pressing health and wellbeing issues our city faces today, as recognised by the Joint Strategic Needs Assessment. The strategy not only focuses on needs but is built on local assets. Salford is already making strong progress in many key areas, as recognised by the case studies provided in section seven and many of the underpinning factors that influence good health such as economic regeneration and a strong sense of community.

3.0 Co-production of the strategy

The strategy has been developed through extensive engagement work with Salford City Council, NHS Salford Clinical Commissioning Group (CCG), local organisations and local citizens. Its development has been led by the Health and Wellbeing Board and is built on the evidence found in the 2012 Joint Strategic Needs Assessment, partnership strategies and informed by the annual report of the Director of Public Health.

Four developmental stages have been passed through to reach the final product.

Firstly, during two Health and Wellbeing Board development sessions the Board crafted a long list of priorities based on the evidence from key policy documents including the Marmot review; this produced a long list of seven emerging priorities.

Secondly, following a briefing session with the newly elected City Mayor and the Assistant Mayor for Health and Wellbeing the emerging priorities were taken out to the public for consultation using a range of methods (including social networks, web media and face-to-face discussions) to give people the widest opportunity to air their views on the long list of priorities. Further consultation has also taken place with new partners such as the CCG and the Local Healthwatch citizen's transition group. Salford LINK has also undertaken a review of its recent consultations to support the consultation process by identifying themes which have been expressed through those consultations which can inform the priority setting. By April 2013 Salford Healthwatch will be established to replace LINK and act as the main channel into the Health and Wellbeing Board for Salford people to contribute their voice and influence the future re-shaping of the strategy. We also plan to engage with providers to ensure that the board's work is informed by best practice in service delivery.

Thirdly, using the findings of the public engagement and consultation with partners the Health and Wellbeing Board reached agreement on the three priorities for the joint health and wellbeing strategy, outlined in section seven.

Finally, three working groups were established to develop an outcome framework. Each group was chaired by a senior officer of the city council with membership drawn from the Health and Wellbeing Board, the CCG and members of the City Mayoral Team. Following a rapid task and finish exercise three outcomes per priority were identified which will be used to guide future health and social care commissioning and policy decisions and will measure the progress of Salford's Joint Health and Wellbeing Strategy over the next three years (see section seven). At the midpoint of this final phase a further community engagement session was run with representatives of local health and social care organisations and residents to test the possible outcomes for suitability.

This engagement process will continue. Through formal and informal arrangements with the soon-to-be-established local Healthwatch, existing neighbourhood structures, and councilors acting as local champions, the Joint Health and Wellbeing Strategy will be continually shaped by opportunities and assets which can be harnessed to enhance the life chances of local people.





4.0 Why better health and wellbeing is important

Preventing disease and improving wellbeing is vital to Salford. When we invest in prevention, the benefits are shared across the city and across the life cycle. A healthy start in life means that our children grow up in communities, homes, and families that nurture them. Supporting healthy lifestyles means people can be productive and healthy. This brings wider business benefit because a healthier workforce is a more productive one and reduces healthcare cost to the city. A healthy workforce increases stability and productivity. Communities that offer a healthy, productive, stable workforce are attractive places for both people and businesses.

In addition to delivering better outcomes, investment in a more preventative health and social care system will benefit Salford by reducing the cost of services. There is evidence to suggest

that for every £1.20 spent by local government on prevention services a further £1 saving accrues to the NHS. In addition, the Local Government All Party Parliamentary Group report on the future of adult social care found that local authorities are deflecting an average cost increase of 4.1% as a result of investment into preventative services and service redesign.

Achieving the goal of improved health and wellbeing depends on a range of actions including health improvement and public health services, clinical prevention, health protection, support for healthy lifestyles and action that addresses social justice and health inequalities. Improving health and wellbeing in Salford will not only reduce the burden of ill health but is a key driver of economic growth.



We are building on strong foundations. These include the Sustainable Community Strategy which sets an ambitious vision to transform Salford into a thriving city, driving investment and developing the potential of the city as a place to work and live. In 2011 Salford launched Better off in Salford: A strategy to end family poverty and improve life chances which takes a life cycle approach and proposes a set of major changes to improve the way partners work together, as well as with local communities, to tackle family poverty. These focus on neighbourhood early intervention and prevention, employer engagement, joining up investment, skills and adult learning and financial inclusion. There are also a number of health and wellbeing focused strategies:

- A Good Life with Alcohol in Salford: An Alcohol Harm Reduction Strategy For 2010-2020
- Salford's tobacco control strategy 2010-15
- Breastfeeding and healthy weaning: an infant feeding strategy for Salford 2010-13
- Salford's Immunisation strategy 2008-13
- Salford infection control strategy 2008-13
- Positive about young people and their potential: Working together to improve Sexual Health and Wellbeing for young people in Salford 2010-2013

- Salford Mental Wellbeing Strategy 2011-15
- Improving the life chances of disabled citizens In Salford: A well-being strategy for people with physical and/or sensory impairments 2009-2013
- Integrated Care Programme for Older People
- Salford Mental Well Being Strategy 2010-15
- Promoting Positive Prevention - Salford's homelessness strategy 2008-2013

Recently completed strategy that remains relevant includes:

- Salford's Healthy Weight Strategy 2009-12
- Salford's Oral Health Strategy 2007-12
- Salford Sexual Health strategy 2006-10
- Growing older in Salford: a 'refreshed' strategy for wellbeing March 2009
- Salford Community Cohesion Strategy 2008-2011
- Salford Carers Strategy 2008-11
- Salford Royal Foundation Trust Quality Improvement Strategy 2008-11

The Marmot review 'Fair society healthy lives: strategic review of health inequalities in England (2010)' has strongly influenced the development of this local strategy. The review highlights that reducing health inequalities is an issue of fairness and social justice. Many people die prematurely each year as a result of health inequalities and the lower a person's social position, the worse his or her health. The review advocates that actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage (proportionate universalism). Six policy objectives set the broad scope of the report and a call to action for central and local government and the NHS in partnership with wider agencies and local communities:

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

The full Marmot Review can be accessed at www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report



5.0 Salford: opportunities and challenges for a healthy and successful future

Situated at the heart of the Greater Manchester City Region, Salford is well placed to be a city of international significance, a place where people and businesses are successful, and where people feel included and enjoy the highest quality of life. Salford's seven ambitions set out within the Sustainable Community Strategy underpin the ambition to make Salford a prosperous and welcoming city, driven by energetic and engaged communities.

Salford already has much to be proud of in striving to deliver these ambitions. 60% of the city is green space, including two Green Flag award-winning parks. It has cutting edge urban developments, including MediaCityUK, Chapel Street and Port Salford. It is a regional tourist destination with award-winning cultural venues; it has world-class sporting venues and an extensive network of community facilities. It has a rich heritage and is acknowledged to be the birthplace of the Industrial and transport revolutions.

In recent years Salford has undergone an economic renaissance. Even in the midst of recession steady growth and development have continued. The successful Salford economy is providing people with jobs, income and skills which improve their quality of life, but equally the economy needs healthy, productive, well-trained employees for it to grow - health and wellbeing going hand in hand with economic prosperity. In terms of health and wellbeing, sustainable paid employment is one of the best health improvement measures we can support.



The city's population is growing with an increasing number of children and young people mirroring the change seen across the country. This is a major opportunity for the city's future with the prospect of more aspirational and skilled young people contributing to our communities and economy. It also presents a challenge for us to ensure that Salford's young people get the best start in life and have the things they need to make the most of their talents.

Salford is also growing older: over the last ten years, the number of people aged over 65 has increased. By 2015 it is projected that 35,624 people living in Salford will be aged 65 and over. Whilst this is a success we want to ensure that life expectancy, and in particular healthy life expectancy, continues to increase.

As more people live longer it is inevitable that the numbers living with long-term conditions will rise also. For example it is estimated that 2,451 people currently live with dementia in Salford, and that this is set to rise to 3,488 by 2030. We need to take steps now to reduce the need for hospital and residential care by keeping people healthier and safer for longer, because the current level of support for the elderly will not be possible as the older population grows. Salford is already working to redesign its services to meet this challenge through its Integrated Care Programme for the elderly population.



Whilst we have seen some improvements in health and people in Salford are living longer than ever before, the significant health inequalities within the city remain a major challenge. Inequalities persist between neighbourhoods and in the health of some groups who experience discrimination, social exclusion and the effects of social and economic deprivation. The variation in Life Expectancy between the best and poorest wards is unacceptable at 12.1 years for men and 8.2 years for women. There is also a growing and significant threat to health from the way we live our lives, in particular through smoking, alcohol and overweight and obesity. People in Salford smoke and drink to excess more than most other districts in the country, causing higher death rates of related conditions like cancers of lung and liver.

These are difficult times with rising unemployment, incomes falling in real terms and increases in the cost of food, fuel and services posing additional challenges to people's health and wellbeing. We need to recognise this and support people to weather the recession and maintain and support individual and community mental wellbeing. We also need to keep a close check on the major challenge that welfare reform will present to many adults and families living on low incomes.

Like household budgets, the money available to public services and local councils is also reducing and the government has introduced reforms to public services to reduce public spending. This means we need to take a new approach. We know that doing the things we have always done in the way we have always done will not help us to tackle both the short and long-term challenges facing Salford. We have to make changes now. We need to focus on promoting health and wellbeing throughout the life course to improve the prospect of people

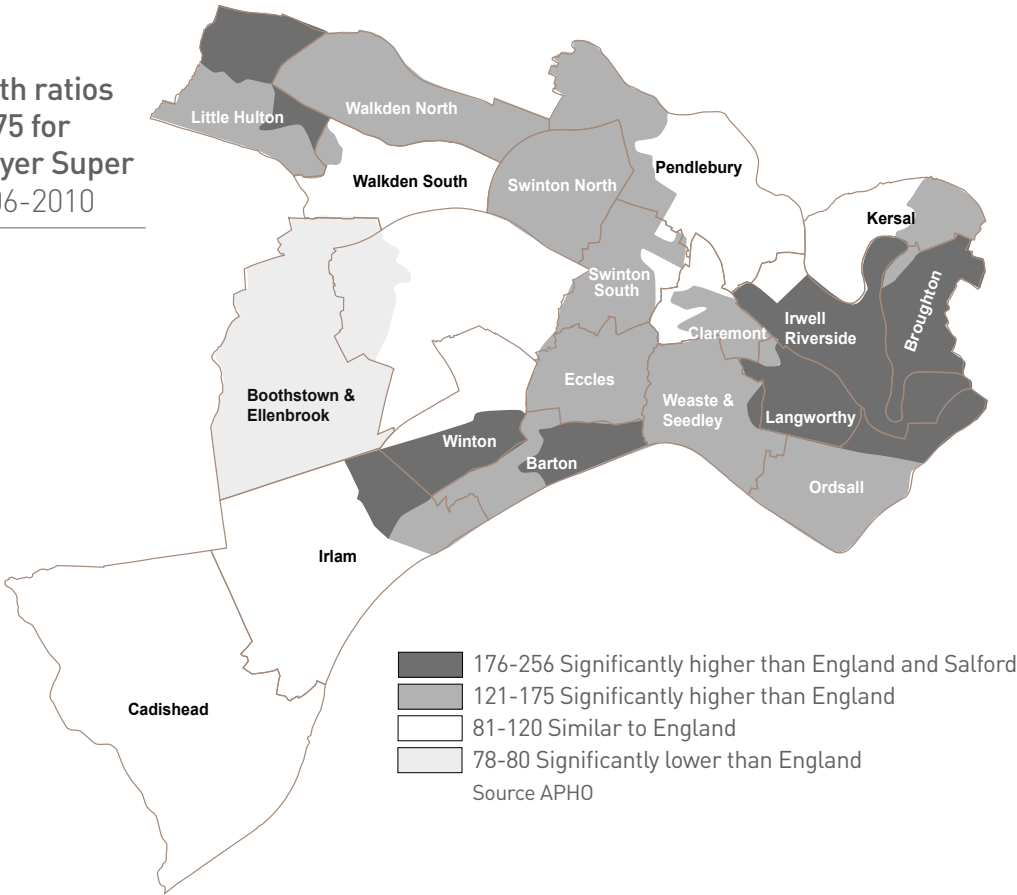


retaining good health in later years; intervene early to stop problems getting worse; ensure our services focus on stability and recovery as well as value for money; and make the most of the assets in our communities. Salford is committed to the implementation of the Marmot Review's life course approach to tackle health inequalities. This will enable us to re-balance our expenditure to make it sustainable for the long term.

We are confident we can achieve the aspiration set out here because Salford has a long history of working in partnership to make a real difference to people's lives. Health and wellbeing has long been seen as central to the future success of our city. This is because we know that health and wellbeing affects and is affected by all areas of life: better health and wellbeing often means people are able to learn, work, earn and be socially active; and unemployment, low educational attainment and isolation can damage people's health and wellbeing. We want people in Salford to be successful in everything they do but we know we have to address some of the underlying problems in the city to improve wellbeing and give everyone a chance to succeed.

5.1 Salford at a glance

Standardised death ratios under the age of 75 for Salford Middle Layer Super Output Areas, 2006-2010



Headline Health Facts

- 236,597 people live in Salford. By 2015 this will be 246,400.
- There are currently 45,705 children aged 16 and under living in Salford, this will reach 49,069 by 2015, an increase of 7.4%.
- Deprivation is higher than average and about 13,100 children live in poverty.
- Currently 34,220 adults living in Salford are aged 65 and over. By 2015 this will reach 35,624, an increase of 4.1%.
- The health of people in Salford is generally not as good as the England average.
- Life expectancy for both men and women is about 3 years less than the England average.
- The difference in life expectancy between least and most deprived wards is 12.1 years for men and 8.2 years for women.
- Over the last ten years, rates of early deaths under the age of 75 have fallen BUT:
- Early death rates from cancer, heart disease and stroke remain higher than the England average.
- The rate of infant death under the age of 1 in Salford has not shown the same downward trend as England and the figure for 2008-2010 stands at 6 deaths per 1000 live births (compared to 4.6 in England).
- Levels of hospital stays among those under 18, teenage pregnancy, alcohol-specific admissions and smoking in pregnancy are all higher than the England average.
- Levels of breast feeding initiation and GCSE attainment are lower than the England average.



6.0 The Vision¹

- **We aim to improve health and wellbeing across the city and remove health inequalities. We will create an integrated system that responds to local needs and gains public confidence**
- **We believe that prevention is better than cure and that by empowering people we can improve quality of life, improve the long-term health of communities in the city and promote individual responsibility and behavioural change.**

This is a holistic view of health and wellbeing. It reflects our understanding of the links between physical, social and psychological health, the environment in which people live and their economic circumstances. To achieve it we will need to think differently about where and what we

spend our money on and how we shape and buy services in a more integrated way. We will need to use our collective leadership and influence to improve the things that have the biggest impact on health and wellbeing – poverty, housing, early years and community infrastructure. It will also be important to develop a healthcare system that can support people with chronic ill health better in the community and by integrating services to meet their needs. We also want to support our local communities to engage through the voluntary sector in the planning and delivery of health interventions and to ensure all services are effective. In short, we want to empower people to be healthier throughout their lives; to control their own health; provide more community-based services to help people stay at or close to home when they do need help; and improve people’s experience of specialist services.



1. Vision and approach were established by Partners in Salford in the Community Strategy under “A Healthy City” theme; refreshed by HWB Board August 2012.

6.1 The scale of our ambition

- To improve life expectancy in Salford so that the gap between Salford and the UK average is reduced.
- To improve health and wellbeing at every stage of life



6.2 How we will achieve our ambition

These are the new ways in which we will all work together and which will guide our approach to health and wellbeing in Salford. This means that all the decisions we make will be shaped by the key principles below:

1. **Valuing the assets the people of Salford bring** - Salford people will be at the heart of everything we do. People will be able to make informed choices about their health and wellbeing, be supported to take charge of their lives, support themselves, their friends and families and to share decisions about the services they need.
2. **Supporting strong and vibrant neighbourhoods that promote health and wellbeing** - we will increase individual and community resilience and enable people to maintain and improve their quality of life throughout their lives. We will deliver health, social care, children's, housing and other services which are co-produced and delivered with local people, service users and their carers to ensure that local people are not passive recipients of care but actively delivering and designing the services in the future.
3. **Social Justice and tackling inequality** - everyone should get a fair chance to succeed in Salford and have access to the services they need. We know that some people and families need extra help to reach their full potential, particularly when they face multiple challenges; so tackling the inequality and injustice this can lead to will underpin all that we do.
4. **Health and wellbeing will be everyone's responsibility** - health services alone cannot improve health and wellbeing. We will make health and wellbeing a part of everything the city does, make it everyone's job.
5. **Partnership and integration of provision** - we will work in partnership with our local communities, the public, private and voluntary, community and faith sector organisations to improve the health and wellbeing of people in Salford. We will join up health, social care, education, children's services, housing and other local services. Where people need support from health and social care services, those services will be tailored to individual needs and help people and their support networks to maintain or regain the greatest level of independence for their personal circumstances.
6. **Prevention and early intervention throughout life** - we will stop problems occurring in the first place wherever we can and where they cannot be prevented we will respond efficiently to enable people to be independent again as quickly as possible. It is in everyone's best interests to tackle the root causes of ill health; it is the only way we can make Salford's health and social care system sustainable and affordable for future generations.
7. **Quality, innovation and evidence-based** - we will ensure that the health, social care, children's and housing services provided in Salford are high quality and innovative in meeting the needs of service users. We will use research expertise and national and local intelligence to ensure Salford's services are efficient, effective and meet the needs of people based on evidence of what works.



7.0 Our priorities

Three priorities have been selected as the primary focus of collaborative and integrated work by the Health and Wellbeing Board over the next three years. Each priority has been chosen based upon its significance but more importantly that the action needed to deliver change requires the strategic influence of the Health and Wellbeing Board. These priorities are supported by three cross-cutting themes: employment, poverty and the environment. The Health and Wellbeing Board will use its position of influence to promote work across all sectors of the local economy to see good employment a realistic prospect for all local citizens.

For each priority three outcomes were selected to enable progress to be measured. A number of the indicators have been selected from the national outcome frameworks for the NHS, Public Health and Adult Social Care. Where there is no suitable national measure a local indicator has been described which will be routinely collected.

In addition, three overarching outcomes have been identified: increased healthy life expectancy, reduced differences in life expectancy and healthy life expectancy between communities and infant mortality.

Figure: Salford’s Joint Health and Wellbeing Strategy at a glance

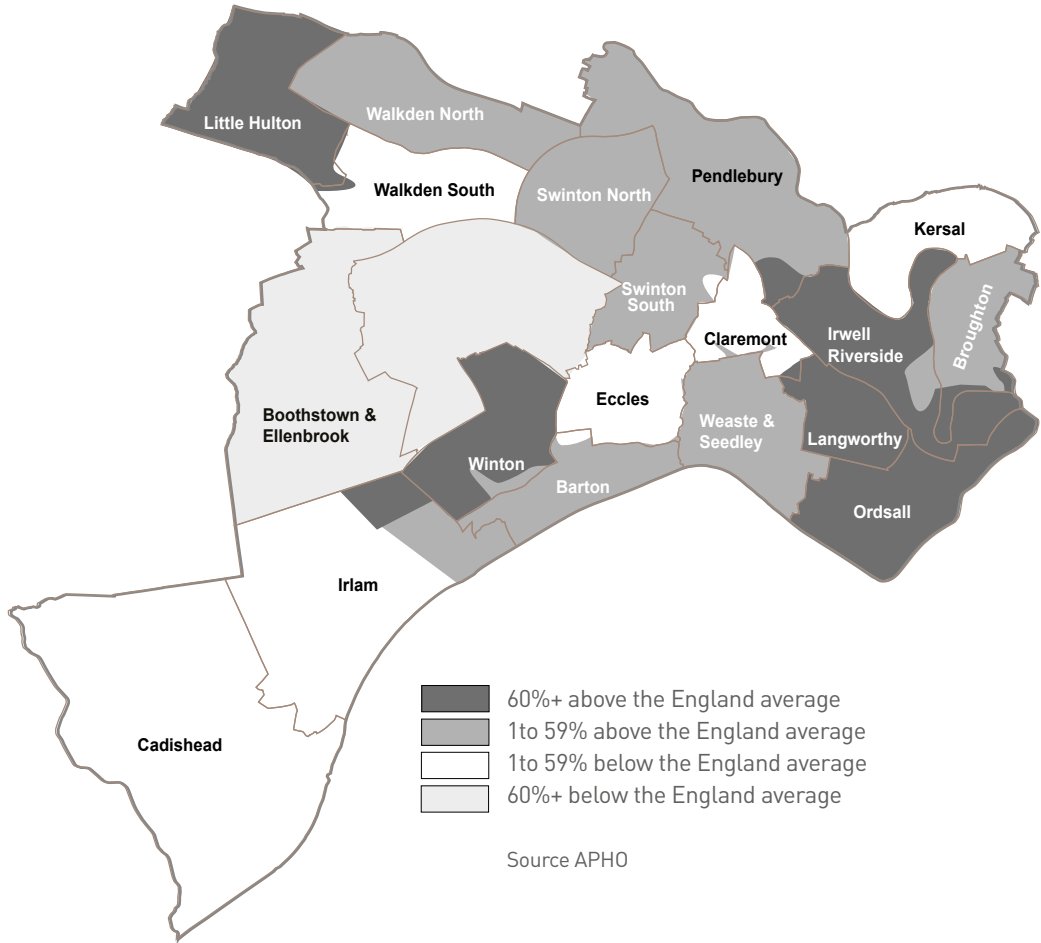


7.1 Ensure all children have the best start in life and continue to develop well during their early years

The Marmot review emphasised the importance of giving every child the best start in life as being crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development (physical, intellectual and emotional) are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing from obesity, heart disease and mental health, to educational achievement and economic status. To have an impact on health inequalities we need to address the social gradient in children’s access to positive early experiences. Salford has significant challenges to overcome if it is to give its children the best possible start they can have, for example we know that:

- Smoking at time of delivery has decreased in Salford over the past three years to 16% but remains 2% above the current average for England (14%), and 5% above the 2015 target set by the Department of Health (11%).
- 30% of children in Salford live in poverty. In real terms, this means that in 2008 more than 7,500 families and around 14,750 Salford children were living in poverty.
- Breast feeding initiation in 2011 was 60% which is 20% below the average for England (80%). By week six 36% of all mothers are still breastfeeding, 10% below the average for England (46%).

Distribution of child poverty in Salford Child poverty in Salford Wards 2009



Case study: Helping Families

In December 2011, the Department for Communities and Local Government wrote to all local authority chief executives asking them to commit to 'turn around the lives' of troubled families; the qualifying criteria for which are households that:

- ▶ have a young person involved in crime and/or family involved in anti-social behaviour
- ▶ have children excluded or regularly truant from school
- ▶ have an adult on unemployment benefits
- ▶ are cause for concern or high cost to the public purse

In Salford, the Troubled Families programme is called 'Helping Families' and builds on the impressive delivery models already in place to provide a holistic, family-centred Team around the Family approach. The case allocation and performance management will be co-ordinated by a multi-disciplinary locality resource panel consisting of local managers who will identify the most appropriate key worker and allocate the appropriate resources. Where cases are already open to a service with statutory responsibility, the accountability of the existing key worker will be retained.

The panels will meet on a monthly basis to assess new cases and check on progress of those being managed through the Team around the Family process. The expectation is that the Team around the Family will work on both a remedial and early intervention and prevention agenda, helping all members of the family to live safe, happy and prosperous lives.

The panels will have delegated authority to approve small scale expenditure on a case by case basis to support a specific piece of work with a household or individual. It will also have a key role in ensuring that a robust evidence base is being created and where necessary make recommendations to senior managers regarding commissioning / decommissioning of service provision in their locality based on assessments of the needs of the Helping Families cohort.

The programme provides Salford with an opportunity to forge ahead more quickly with its own agenda to improve the life chances of local residents and tackle family poverty through reforming the way public services are delivered.

This priority requires joined-up approaches to identifying need and offering early help. Salford already has some strong examples of joined-up working to identify need, for example the Multi-Agency Safeguarding Hub (MASH), Helping Families and Community Safety referral team meetings.

It is essential to ask families what they think they need and to gather valuable information from frontline staff such as breastfeeding group leaders and housing providers. As data can go out of date quickly, it is important to gain political agreement that services can be targeted on those most in need. Adults who may not otherwise want to engage with services, for example lifestyle drug users, may see the point of changing for the sake of their young children. The Health and Wellbeing Board has identified that schools are a key place to identify need early because they are common to all families and have significant parental input using a 'team around the school' approach. In addition to schools, grandparents may be a group who can help services reach parents and children with additional needs.

The outcomes to be used to measure this priority will be:

Outcome 1a: Promoting healthy weight at primary school age, in targeted schools.

Outcome 1b: Increasing breastfeeding initiation, with additional focus in wards currently less likely to breastfeed.

Outcome 1c: Reducing teenage conceptions with a particular focus on hotspot wards.

Whilst these indicators are 'health-oriented', they are taken to be indicators of parenting skills and therefore do reflect the broader 'Best Start In Life' agenda.



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

Lifestyle choices which can lead to premature morbidity and mortality such as smoking, being physically inactive or drinking to harmful or hazardous levels are influenced both positively and negatively by our sense of wellbeing. Wellbeing is used to describe a state in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. A strong sense of wellbeing should therefore not be a temporary state but be present throughout our lifetime to protect us all from the day-to-day challenges we all face.

Wellbeing is influenced by factors such as resilience, cohesion and the environment. Resilience is the ability of individuals or communities to cope positively with change, challenge, adversity and shock. Resilience helps to reduce the impact of risk factors from the external environment, such as the recent economic recession. Social cohesion is closely linked to resilience. Feeling connected to others, feeling in control, feeling capable, and having a sense of purpose all contribute to enabling a person to flourish and are indicators of social cohesion. Social cohesion enhances relationships within and between communities. Capacity building is the process to develop social cohesion and resilience; it does not happen in isolation but results in a strong sense of place.

Reducing harmful lifestyle choices is also important. In the short term, behaviours such as alcohol abuse have huge impact on hospital admissions and on our emergency services. There are significant links between alcohol and crime, incidence of preventable fires and mental health. Longer term impacts manifest themselves in preventable conditions such as type 2 diabetes, coronary heart disease and obesity.



The solutions to unhealthy lifestyles must be rooted in the causes of wellbeing and through whole system approaches at an industrial scale, such as Making Every Contact Count and the Way to Wellbeing Portal.

The outcomes to be used to measure this priority will be:

- Outcome 2a:** Provide more effective joined up systems and services to support the wellbeing of people who are vulnerable
- Outcome 2b:** Positively influence individual and neighbourhood health and wellbeing
- Outcome 2c:** Communities have the resilience to respond to and manage local community issues for wellbeing

Case study: Making Every Contact Count and the Way to Wellbeing Portal

Making Every Contact Count

The Making Every Contact Count (MECC) programme is a large-scale, city-wide initiative, which is designed to help front line workers, volunteers to engage with people they meet in their role, to deliver consistent wellbeing messages and support for local people to make positive steps to benefit their wellbeing.

Many, many workers are involved in conversations with members of the public on a daily basis and for some, delivering brief interventions to encourage behavior change is a key part of their role. MECC encourages workers to: make the most of each contact, by adding value to it, by steering the conversation round a relevant wellbeing issue, offering a brief piece of advice and signposting or actively supporting the person to make a next step.

35 organisations in Salford are signed into MECC – there are currently approx 1,400 workers who have completed their training and are using MECC in their day to day role.

Way to Wellbeing Portal

The challenge for the Way to Wellbeing Portal was to develop a web based set of tools, that provide Salford residents with a universal wellbeing offer to encourage self help and where appropriate, to steer the user to the most appropriate service to support their wellbeing pathway.

Through the portal, the user can prioritise a wellbeing topic to change, for example to quit smoking, or to help them manage a money issue. The portal offers a range of tools to encourage the user to make positive steps towards their wellbeing goal.

A range of features are being built into the portal:

- ▶ A wellbeing checker
- ▶ A range of self help tools

The portal links to the Salford Customer account, so the user can save their wellbeing profile, goals and tracking information. This means the portal is an ongoing tool for the user and over time they can build up their wellbeing profile through the progress they make. The portal can assess if the user would be best trying a self help approach, or to access more specialist services to help them achieve their goal.

The portal and MECC are closely linked; there will be many situations where the worker engaging in a MECC conversation will be able to signpost their client to the Way to Wellbeing Portal. Services will also be able to use it as a tool to support their face to face work.

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

This priority is focused on increasing appropriate access to health and social care by adults living in Salford or adults who are registered with a Salford GP. Quality of care is equally important and should not only be measured by physical improvements but also patient experience. Furthermore, where inequalities in access and the outcomes achieved during and following care exist they will be tackled.

Action will look at the characteristics that place residents at greater risk of inequality of access and outcomes by:

- Increasing awareness of what early intervention is. For example increasing levels of self help and screening programme uptake.
- Building residents aspiration for good health and wellbeing so that preventable ill health and reduced quality of life is not acceptable; by demanding services which they are entitled to as soon as an issue arises.
- Removing communication barriers, for example caused by sight, hearing, intellectual capacity or language.
- Removing access issues because of proximity to services, or an individual's physical or mental capacity.
- Addressing situational factors which make citizens less effective at looking after their own health, for example being a carer or being homeless.



Solutions to the challenges described above will focus on integrated health and social care – recognising that services often fail to address the needs of these client groups and where provided it can be disjointed and is often not delivered in the most appropriate setting.

The outcomes to be used to measure this priority will be:

Outcome 3a: Timeliness of access

Outcome 3b: Ensuring people feel supported to manage their condition

Outcome 3c: Enhanced quality of life for carers

Case study: Integrated Care Programme for older people

The Integrated Care Programme for older people is a pioneering city-wide project to improve the health and care of older people living in Salford. The Programme's aims are to promote independence and deliver better health and social care outcomes, improve the experience of service users and carers, and reduce health and social care costs.

There is a compelling case for focusing on older people in Salford. Older people are frequently socially isolated, with a poor quality of life. Services are often fragmented and older people are not supported to care for themselves. Salford has some of the highest rates of emergency admissions and admissions to residential/nursing care, with too many people receiving end of life care in hospital rather than at home.

The programme will help older people to get the right level of support to keep them healthy, independent and avoid them having to spend time in hospital and reduce the likelihood of being admitted to a care home. New ways of working are initially being trialled in Swinton, Pendlebury, Eccles, Winton and Barton (these five electoral wards include 14,000 older people, around 40% of the over 65s in Salford). If successful, the approach will be extended city-wide.

Changes being piloted range from signposting people to community groups and support to using the latest technology and telecare to help people maintain good health and stay in their own homes. It will bring organisations in Salford even closer together to pool health and social care budgets and improve records management systems so people only have to give information once instead of repeating to several different health or social care professionals.

The programme is a partnership between NHS Salford/Salford CCG, Salford City Council, Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust, plus local GP practices, care homes, charities and third sector organisations.



8.0 How we will show we are on course to deliver our ambition

The Health and Wellbeing Board has made a firm commitment to achieving the ambition it has set for 2016; it will rigorously monitor progress in the delivery of the outcomes in the Joint Health and Wellbeing Strategy.

Each one of the priorities has a set of measures or indicators which will tell us how we are doing in our efforts to improve health and wellbeing in Salford. To ensure we are on course this strategy will be supported by a strong performance management approach. This will demonstrate the progress we are making and quickly identify any areas where we are not making sufficient progress which will enable the board to provide the leadership required to turn it around.

An outcomes framework has been developed by members of the Health and Wellbeing Board, NHS Salford Clinical Commissioning Group and Salford councillors. These are indicators drawn from the major national frameworks, where possible, and will be used to guide future health and social care commissioning choices and will measure the progress of Salford's Joint Health and Wellbeing Strategy over the next three years. We will publish on an annual basis our performance against all the measures to ensure that everyone can chart our progress towards the outcomes.





9.0 How we will ensure people are accountable for delivering their part of the ambition

Where we have evidence that outcomes are not being achieved, the Health and Wellbeing Board will hold commissioners and providers to account through the Salford Partnership’s thematic Boards. The Health and Wellbeing Scrutiny Select Committee of Salford City Council will also be able to hold service providers to account and challenge them to improve. It is also vital that, as the Health and Wellbeing Board, we regularly assess whether we are focusing, commissioning and delivering the right things.

A new Terms of Reference for the Health and Wellbeing Board has been completed and includes clear governance lines and accountabilities. Successful delivery of the Joint Health and Wellbeing Strategy will require the Health and Wellbeing Board to be resilient and ambitious, not being afraid to take risks, be prepared to hold each other to account and get value for money from investments.

Within the new Terms of Reference is the proposal to establish three executive sub-groups of the Health and Wellbeing Board. Building on the working groups established to develop the outcomes framework these groups will act as forums to facilitate delivery. An example of the benefits to be gained from this approach is the arrangement struck between the Health and Wellbeing Board and the Children’s and Young People’s Trust to support priority one; ensure all children have the best start in life and continue to develop well during their early years, and the overarching outcome of infant mortality.





It is proposed further joint understandings will be set in motion to assist integrated approaches to common challenges. An example of a relationship to be firmed up will be around outcome 2c; communities have the resilience to respond

to and manage local community issues for wellbeing, whereby it is hoped that the Health and Wellbeing Board and the Community Safety Partnership can forge strong links.

The Joint Strategic Needs Assessment has informed this strategy and will provide a regular overview of the health and wellbeing issues in Salford, highlighting where new health challenges occur and where health and wellbeing is either improving or worsening. Whilst we are confident that the Health and Wellbeing Strategy addresses the main health and wellbeing opportunities and challenges for the next three years, we intend to review the Strategy in 2013. This is because in April 2013, the Government's health reforms become law and Salford's Health and Wellbeing Board will be a statutory body. We will have had the opportunity to plan out the work programmes and any gaps and will be clearer about how we involve the public and service providers in the work of the board.





10.0 Glossary of terms

CCG

Clinical Commissioning Group. Clinical Commissioning Groups have been established by the Health and Social Care Act, 2012. They are a clinically-led group of people who commission local health services with, and on behalf, of their communities.

MSOA

A Middle Layer Super Output Area is a geographic area designed to improve the reporting of small area statistics in England and Wales. The minimum population is 5000 and the mean is 7200.

JSNA

Joint Strategic Needs Assessment. This describes a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness. The Joint Strategic Needs Assessment identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population.



