

Delivering Salford's Joint Health and Wellbeing Strategy

Introduction



We want Salford people to have lives as healthy and happy as in the best parts of the UK. The Joint Health and Wellbeing Strategy sets out the Health and Wellbeing Board's first steps towards this goal. To succeed will take time. In fact, the first steps, which we aim to achieve by 2016, will require significant improvements across all Salford services.

The Health and Wellbeing Board have chosen some outcomes and measures to work on for the next three years. An outcome is the change we want to see for people in the future. Measures are things we monitor to see if we are making progress. The outcomes and measures will also be used to choose services for Salford and decide what these services should do.

The following Work Plans show more detail about the Health and Wellbeing Board's plans. They also show how we will measure the progress of Salford's Joint Health and Wellbeing Strategy.

Three working groups have been set up to develop and manage the Work Plans. Each working group includes members from the Health and Wellbeing Board, the Children and Young People's Trust, the Community Safety Partnership, Salford Clinical Commissioning

Group, voluntary and community sector representatives and elected members of Salford City Council.

Three priorities have been decided on for the Board's work over the next three years. Each priority has been chosen because it is important for our city. Also, all these priorities need the strategic influence of the Health and Wellbeing Board to make sure progress is made.

For each priority, three outcomes were chosen, including a 'headline indicator'. This is something we can measure which will let us monitor how we are doing. We have tried to use a national measure, which is something we already collect. Where there is no suitable national measure, a local indicator has been chosen.

As well as these priorities, the Board recognises the importance of employment, poverty and the environment on people's health. More people in work, fewer in poverty and a cleaner and greener environment will improve health in Salford.

As an example, to support this, 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 become a realistic prospect for all local citizens.

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.



Workplans

The aim of all of the work the Board is doing and supporting aims to:

- Increase healthy life expectancy
- Reduce differences between different areas of the city and for different groups (health inequalities)
- Reduce infant mortality (death)

The Healthy and Wellbeing Board will use the work plans to measure the overall progress of the joint health and wellbeing strategy, which will be reviewed in an annual report.



Priority 1 - Best start in life



Promoting healthy weight at primary school age, in targeted schools



2. Increasing breastfeeding initiation, with additional focus in wards currently less likely to breastfeed

3. Reducing teenage conceptions with a particular focus on hotspot wards

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

Outcome measure: 1a. Promoting healthy weight at primary school age

Headline indicator: Percentage of school children who are obese in Year 6

Baseline: 21% Salford (2011/12)

Aim: Reduce Year 6 obesity overall, and also reduce differences between neighbourhoods

Scope of work:

- Explore how to make it easier to eat healthily and take more exercise in Salford
- Share information to establish the link between adult obesity and childhood obesity
- Explore creating incentives for children to choose healthier options for food, particularly in schools

Deliverable activities include:

- Targeting areas with highest rates of Year 6 obesity – Incredible Edible (Patricroft) From Seed to Plate (Kersal)
- Targeted free swimming
- Irlam and Cadishead Community Food Festival



Priority 1 – Best start in life

Outcome measure: 1b. Increasing breastfeeding initiation

Headline indicator: Percentage of mothers starting breast feeding

Baseline: 64.2% 2010-11, 60.4% 2011-12, 58.2% 2012-13

Aim: Increase breastfeeding initiation to 61% (March 2014) and 64% (March 2015)

Scope of work:

- Make sure all the partners work together to support breastfeeding initiation during antenatal care
- Ensure an agreed integrated, multi-disciplinary Salford pathway for women through pregnancy and after the baby is born
- Work with families towards changing/ influencing how they think about breastfeeding

Deliverable activities include:

- A clear Salford specification for breastfeeding in antenatal services
- Mapping of antenatal sessions
- Creation of information source of the 'Salford offer'
- Contract specification for auditing services
- Refresh/creation of pathway/woman's journey
- Infant feeding DVD
- Return to work policies

Outcome measure: 1c. Reducing teenage conceptions

Headline indicator: Under-18 conception rate per 1,000 females aged 15-17

Baseline: 57.9% (Salford 2010)

Aim: reduction of 5% year on year

Scope of work:

- Adopting the use of 'Social Norming' group discussion approaches to encourage young people to adopt healthier lifestyles.
- Increasing young people's use of contraception
- Take a 'Making Every Contact Count' approach to reinforce messages
- Focus on those young people who are Not in Employment Education or Training (NEET) or in danger of becoming NEET

Deliverable activities include:

- Project to discuss attitudes to teenage conception in ten schools covering identified 'hot spot' areas (Langworthy, Ordsall, Little Hulton)
- Youth Innovation Advice and Guidance Service (YIAGS) – advice, guidance and support to young people (Irlam and Cadishead)
- Investigate how social marketing work can be used to target particular hotspot areas and seek funds for further delivery

Priority 2 - Wellbeing - leading a healthy lifestyle, supported by resilient communities



Outcome measure: 2a. Provide more effective joined up systems and services to support the wellbeing of people who are vulnerable

Headline indicator: Violent crime rate

Baseline: 2,381 crimes in 2012/13

Aim: Maintain and improve on current % reduction

Scope of work:

- Strategic, targeted and joined up approach to protecting vulnerable people
- Act as champion for data sharing around violence across the partnership
- Recognise the role of public spaces on health and wellbeing and plan accordingly
- Identify and influence where there are 'shared' responsibilities for commissioning

Deliverable activities include:

- Joint work across partnerships around domestic abuse
- GP communication resource pack for patients with severe communication difficulties
- Contribute to the OPCC/New Economy work on mental health and criminal justice
- Commission a programme for perpetrators of domestic abuse and their families
- 'Legal highs' educational project, including purchase of the TICTAC drugs database
- Identify vulnerable persons or groups who are victims of repeat offences of crime and disorder

Priority 2 - Wellbeing - leading a healthy lifestyle, supported by resilient communities

Outcome measure: 2b. Positively influence individual and neighbourhood health and wellbeing

Headline indicator: Alcohol related hospital admissions

Baseline: 3,480 admissions per annum/100,000 population (2011/12)

Aim: 3,339 (2012/13) and maintain a 1% reduction per year after that

Scope of work:

- Influence the supply aspect of alcohol, through control of licensing
- Ensure all partners sign up to the Alcohol Strategy
- Ensure there is roll out of brief interventions
- Influence the integrated commissioning of alcohol services.

Deliverable activities include:

- Develop a 'penalty points' system for licensees
- 'Cumulative Impact Zone Policy' blueprint for alcohol and tobacco in Salford.
- Volunteer/peer mentor approach to increase the influence of 'recovery'
- Raise awareness about the wider impacts of problem drinking
- Develop work on non-alcohol facilities begun via the Design Council
- Involve long-term drug and alcohol users in gardening/learning

Outcome measure: 2c. Local communities have the resilience to respond to and support community wellbeing

Headline indicator: Social connectedness

Baseline: Indicators will be selected which relate directly to work plan

Aim: Increase the resilience within communities, better manage demand for services

Scope of work:

- Define what a resilient community looks like.
- Work towards 'resilience' being embedded into community processes and structures
- Develop a 'connectedness' framework that will be applied to major planning/development decisions
- Focus on loneliness and building contacts
- Develop an approach to commissioning for social value

Deliverable activities include:

- Social values – participate in SEUK social value in health and care programme
- Resilient communities – develop a definition of a resilient community to shape future plans
- Develop projects around increasing contacts between people, make them more effective
- Community champions - good neighbours and street champion schemes
- Research – focus on finding out what people value about social connectedness at a local level

Priority 3 – Access to care – accessibility of quality health and social care, and its appropriate use



Outcome measure: 3a. Timeliness of access: Take up of NHS Health Checks programme by those eligible, joint new initiatives to increase uptake

Headline indicator: % of eligible population offered / received an NHS Health Check

Baseline: 00% offered, 30% received (July 2013)

Aim: Year on year improvement with a target to achieve 75% uptake by 2016, while retaining the level of checks offered

Scope of work:

- Identify gaps in Health Check provision
- Redesign systems / services to increase take-up
- Healthy Communities Collaborative across Salford to encourage greater uptake of the NHS Health Check

Deliverable activities include:

- Revise the invitation letter and translate it
- Deliver a media campaign to improve awareness and increase uptake
- Focus on work places – via SRFT, GMP, Chamber of Commerce
- Delivery by community pharmacies – supported by Innovation Fund
- Utilise Carer's database and MECC approach to targeting communities
- Research the demographic and geographic characteristics of lack of take up

Priority 3 – Access to care – accessibility of quality health and social care, and its appropriate use

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

Headline indicator: Proportion of people feeling supported ('EQ-5D' measure)

Baseline: to be established through the work plan

Aim: increase the proportion of people reporting that they feel supported to manage their condition (EQ-5D measure)

Scope of work:

- Mental health represents a proportion of those with a long term condition. Work to look at additional support for mental health is proposed and the headline indicator will be used as a proxy alongside other monitoring, including use of Section 136 and self-harm.




Outcome measure: 3c. Enhanced quality of life for carers

Headline indicator:

1. Number of Carers in Salford.
2. Proportion of carers who feel that they have been included/consulted in discussions about the person that they care for

Baseline:

1. 4790 (Carers Centre database Sept 2013)
2. 79.2% (Carers Survey 2012)

Aim:  Increase the numbers of carers identified and referred to the Carers Centre by a minimum of 5% per annum. Increase in satisfaction to 84.2% by 2014

Scope of work:

- Identification of all carers in Salford, offered advice and information/signposting
- Engage with carers, and analyse their identification and inclusion in records
- This work in the first instance will target three groups: lone young carers; carers of people with dementia; carers of those with severe mental illness

Deliverable activities include:

- Development of targets for individual organisations in the identification of carers
- Activities designed to increase the numbers of Carers having health checks (see 3a.)
- Innovation bids being considered: Development of a training and support programme delivered by AGE UK to carers of people with dementia, Support to adult and younger carers linked to Homestart programme, Targeted support into Primary Care to pilot different approaches to identify carers.

